# ALLIANCE HEALTH Updates

## January, 2023

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/06/2023 | *soolantra* | *ivermectin (rosacea)* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *lastacaft* | *alcaftadine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *solifenacin succinate* | *solifenacin succinate* | REMOVE UM: SUM9 | 456 URINARY TRACT ANTISPASMODICS | |
| 01/06/2023 | *gloperba* | *colchicine* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 01/06/2023 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *glyburide* | *glyburide* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *capex* | *fluocinolone acetonide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *lamotrigine* | *lamotrigine* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *keflex* | *cephalexin* | REMOVE UM: AUTHORIZATION | | |
| 01/06/2023 | *labetalol hcl* | *labetalol hcl* | REMOVE UM: SUM9 | 454 BETA BLOCKERS | |
| 01/06/2023 | *solifenacin succinate* | *solifenacin succinate* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *nitroglycerin er* | *nitroglycerin* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *lastacaft* | *alcaftadine* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *lansoprazole* | *lansoprazole* | REMOVE UM: SUM9 | 585 PROTON PUMP INHIBITORS | |

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| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/06/2023 | *dexamethasone* | *dexamethasone* | REMOVE UM: SUM9 | 491 GLUCOCORTICOIDS, ORAL | |
| 01/06/2023 | *amlodipine besylate* | *amlodipine besylate* | REMOVE UM: SUM9 | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS | |
| 01/06/2023 | *lubiprostone* | *lubiprostone* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 01/06/2023 | *leukine* | *sargramostim* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *twyneo* | *tretinoin-benzoyl peroxide* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *clobex* | *clobetasol propionate* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *famotidine* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *clonidine hcl* | *clonidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *capex* | *fluocinolone acetonide* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *prednisone* | *prednisone* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | REMOVE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | |
| 01/06/2023 | *meloxicam* | *meloxicam* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *clobex spray* | *clobetasol propionate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *meloxicam* | *meloxicam* | REMOVE UM: SUM9 | 552 NSAIDS | |
| 01/06/2023 | *prednisone* | *prednisone* | REMOVE UM: SUM9 | 491 GLUCOCORTICOIDS, ORAL | |
| 01/06/2023 | *epiduo forte* | *adapalene-benzoyl peroxide* | REMOVE UM: SUM9 | 402 TOPICAL RETINOIDS | |

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|---|---|---|---|---|---|
| 01/06/2023 | *metoprolol succinate er* | *metoprolol succinate* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *rosanil cleanser* | *sulfacetamide sodium w/ sulfur* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *metformin hcl* | *metformin hcl* | REMOVE UM: SUM9 | 514 HYPOGLYCEMICS, BIGUANIDE TYPE | |
| 01/06/2023 | *oxycodone hcl er* | *oxycodone hcl* | CHANGE TIER | PDL Non-Preferred | Covered |
| 01/06/2023 | *metrocream* | *metronidazole (topical)* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *methylphenidate hcl er* | *methylphenidate hcl* | REMOVE UM: AUTHORIZATION | | |
| 01/06/2023 | *soolantra* | *ivermectin (rosacea)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *aklief* | *trifarotene* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *olmesartan medoxomil* | *olmesartan medoxomil* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *olmesartan medoxomil* | *olmesartan medoxomil* | REMOVE UM: SUM9 | 413 ANGIOTENSIN RECEPTOR BLOCKERS | |
| 01/06/2023 | *keflex* | *cephalexin* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *metoclopramide hcl* | *metoclopramide hcl* | ADD TO FORMULARY | | Non-Formulary |

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|---|---|---|---|---|---|
| 01/06/2023 | *pravastatin sodium* | *pravastatin sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *acyclovir* | *acyclovir* | REMOVE UM: SUM9 | 613 HERPES ANTIVIRALS | |
| 01/06/2023 | *lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *pancreaze* | *pancrelipase (lipase-protease-amylase)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *ibuprofen* | *ibuprofen* | REMOVE UM: SUM9 | 552 NSAIDS | |
| 01/06/2023 | *aklief* | *trifarotene* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *temazepam* | *temazepam* | REMOVE UM: SUM9 | 587 SEDATIVE HYPNOTICS | |
| 01/06/2023 | *acyclovir* | *acyclovir* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *oxycodone hcl er* | *oxycodone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/06/2023 | *metoclopramide hcl* | *metoclopramide hcl* | REMOVE UM: SUM9 | 430 ANTIEMETIC/ANTIVERTIGO AGENTS | |
| 01/06/2023 | *zontivity* | *vorapaxar sulfate* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *epsolay* | *benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *gloperba* | *colchicine* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 01/06/2023 | *oxycodone hcl er* | *oxycodone hcl* | REMOVE UM: SUM9 | 406 NARCOTICS: LONG ACTING | |

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| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/06/2023 | *dexamethasone* | *dexamethasone* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *zontivity* | *vorapaxar sulfate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *omeprazole* | *omeprazole* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *pancreaze* | *pancrelipase (lipase-protease-amylase)* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *epiduo forte* | *adapalene-benzoyl peroxide* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *diclofenac potassium(migraine)* | *diclofenac potassium (migraine)* | CHANGE UM: SUM9 | 552 NSAIDS | 440 ANTIMIGRAINE AGENTS, OTHER |
| 01/06/2023 | *diltiazem hcl* | *diltiazem hcl* | REMOVE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | |
| 01/06/2023 | *epsolay* | *benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *mupirocin* | *mupirocin* | REMOVE UM: SUM9 | 420 TOPICAL ANTIBIOTIC | |
| 01/06/2023 | *rosanil cleanser* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *metrogel* | *metronidazole (topical)* | REMOVE UM: SUM9 | 586 ROSACEA AGENTS, TOPICAL | |
| 01/06/2023 | *rivastigmine tartrate* | *rivastigmine tartrate* | REMOVE UM: SUM9 | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS | |
| 01/06/2023 | *lubiprostone* | *lubiprostone* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |

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| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/06/2023 | *mirvaso* | *brimonidine tartrate (topical)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *metrogel* | *metronidazole (topical)* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *clonidine hcl* | *clonidine hcl* | REMOVE UM: SUM9 | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS | |
| 01/06/2023 | *lisinopril* | *lisinopril* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *mirvaso* | *brimonidine tartrate (topical)* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *omeprazole* | *omeprazole* | REMOVE UM: SUM9 | 585 PROTON PUMP INHIBITORS | |
| 01/06/2023 | *diltiazem hcl* | *diltiazem hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | REMOVE UM: SUM9 | 443 ANTIPARKINSON'S AGENTS | |
| 01/06/2023 | *temazepam* | *temazepam* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *metformin hcl* | *metformin hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *lamotrigine* | *lamotrigine* | REMOVE UM: SUM9 | 427 SECOND GENERATION ANTICONVULSANTS | |
| 01/06/2023 | *stalevo 125* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *famotidine* | *famotidine* | REMOVE UM: SUM9 | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS | |
| 01/06/2023 | *paroxetine hcl* | *paroxetine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *paroxetine hcl* | *paroxetine hcl* | REMOVE UM: SUM9 | 429 SSRIS | |

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|---|---|---|---|---|---|
| 01/06/2023 | *stalevo 125* | *carbidopa-levodopa-entacapone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *clobex spray* | *clobetasol propionate* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *glyburide* | *glyburide* | REMOVE UM: SUM9 | 612 2ND GENERATION SULFONYLUREAS | |
| 01/06/2023 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | REMOVE UM: SUM9 | 588 SKELETAL MUSCLE RELAXANTS | |
| 01/06/2023 | *mupirocin* | *mupirocin* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *clobex* | *clobetasol propionate* | REMOVE UM: SUM9 | 593 STEROIDS, TOPICAL VERY HIGH | |
| 01/06/2023 | *labetalol hcl* | *labetalol hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *metrocream* | *metronidazole (topical)* | REMOVE UM: SUM9 | 586 ROSACEA AGENTS, TOPICAL | |
| 01/06/2023 | *amlodipine besylate* | *amlodipine besylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *differin* | *adapalene* | REMOVE UM: SUM9 | 402 TOPICAL RETINOIDS | |
| 01/06/2023 | *leukine* | *sargramostim* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *metoprolol succinate er* | *metoprolol succinate* | REMOVE UM: SUM9 | 454 BETA BLOCKERS | |

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|---|---|---|---|---|---|
| 01/06/2023 | *twyneo* | *tretinoin-benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/06/2023 | *differin* | *adapalene* | ADD TO FORMULARY | | Covered |
| 01/06/2023 | *ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 01/06/2023 | *pravastatin sodium* | *pravastatin sodium* | REMOVE UM: SUM9 | 541 STATINS | |
| 01/06/2023 | *lisinopril* | *lisinopril* | REMOVE UM: SUM9 | 412 ACE INHIBITORS | |
| 01/12/2023 | *abilify mycite maintenance kit* | *aripiprazole with sensor, strips, & pod* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *orencia* | *abatacept* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *skytrofa* | *lonapegsomatropin-tcgd* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *glyburide micronized* | *glyburide micronized* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *sure-fine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *px mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *methadose sugar-free* | *methadone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *wakix* | *pitolisant hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *hysingla er* | *hydrocodone bitartrate* | ADD TO FORMULARY | | PDL Non-Preferred |

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|---|---|---|---|---|---|
| 01/12/2023 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *naratriptan hcl* | *naratriptan hcl* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *escitalopram oxalate* | *escitalopram oxalate* | CHANGE UM: QUANTITY | 20 UNITS / 1 DAYS | 20 UNITS / 1 DAYS |
| 01/12/2023 | *onglyza* | *saxagliptin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *alprazolam xr* | *alprazolam* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *qc allergy relief* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *humira pen-ps/uv/adol hs start* | *adalimumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *unifine safecontrol pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *fintepla* | *fenfluramine hcl (anticonvulsant)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *tramadol hcl er* | *tramadol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ultracare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *trikafta* | *elexacaftor-tezacaftor-ivacaftor* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *stelara* | *ustekinumab* | ADD TO FORMULARY | | PDL Non-Preferred |

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|---|---|---|---|---|---|
| 01/12/2023 | *percocet* | *oxycodone w/ acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *mucinex allergy* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *modafinil* | *modafinil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *meclizine hcl* | *meclizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *estazolam* | *estazolam* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *rizatriptan benzoate* | *rizatriptan benzoate* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *risperdal consta* | *risperidone microspheres* | CHANGE UM: QUANTITY | 2 UNITS / 28 DAYS | 2 UNITS / 28 DAYS |
| 01/12/2023 | *chantix starting month pak* | *varenicline tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *tadalafil* | *tadalafil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *careone unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *loratadine-d 24hr* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *ziprasidone hcl* | *ziprasidone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *griseofulvin ultramicrosize* | *griseofulvin ultramicrosize* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *clozapine* | *clozapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *clindamycin hcl* | *clindamycin hcl* | ADD TO FORMULARY | | PDL Preferred |

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|---|---|---|---|---|---|
| 01/12/2023 | *emgality (300 mg dose)* | *galcanezumab-gnlm* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *diflorasone diacetate* | *diflorasone diacetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *asenapine maleate* | *asenapine maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *cyclosporine* | *cyclosporine (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *abilify maintena* | *aripiprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *tascenso odt* | *fingolimod lauryl sulfate* | CHANGE UM: AUTHORIZATION | Preferred Step Trial Required | Preferred Step Trial Required |
| 01/12/2023 | *cialis* | *tadalafil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *xeomin* | *incobotulinumtoxina* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *narcan* | *naloxone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *aum readygard duo pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *vigadrone* | *vigabatrin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *easy touch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *diastat acudial* | *diazepam (anticonvulsant)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *sertraline hcl* | *sertraline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

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|---|---|---|---|---|---|
| 01/12/2023 | *vivitrol* | *naltrexone* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *methadone hcl* | *methadone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *conzip* | *tramadol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *xolair* | *omalizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *adderall xr* | *amphetamine-dextroamphetamine* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *steglatro* | *ertugliflozin l-pyroglutamic acid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *aristada* | *aripiprazole lauroxil* | CHANGE UM: QUANTITY | 1.6 UNITS / 30 DAYS | 1.6 UNITS / 30 DAYS |
| 01/12/2023 | *global easy glide pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *suboxone* | *buprenorphine hcl-naloxone hcl dihydrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *femhrt* | *norethindrone acetate-ethinyl estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *xeljanz* | *tofacitinib citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *lybalvi* | *olanzapine-samidorphan l-malate* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *freestyle libre 14 day sensor* | *continuous blood glucose system sensor* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

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| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *fetzima* | *levomilnacipran hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *cibinqo* | *abrocitinib* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *aristada initio* | *aripiprazole lauroxil* | CHANGE UM: QUANTITY | 2.4 UNITS / 30 DAYS | 2.4 UNITS / 30 DAYS |
| 01/12/2023 | *zoledronic acid* | *zoledronic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ulticare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *taltz* | *ixekizumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *almotriptan malate* | *almotriptan malate* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *relion mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *savella* | *milnacipran hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *seroquel xr* | *quetiapine fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *nitroglycerin er* | *nitroglycerin* | CHANGE UM: SUM9 | 603 VASODILATORS, CORONARY | 603 VASODILATORS, CORONARY |
| 01/12/2023 | *salsalate* | *salsalate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *haloperidol decanoate* | *haloperidol decanoate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *healthwise micron pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *bupropion hcl er (xl)* | *bupropion hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *emgality (300 mg dose)* | *galcanezumab-gnlm* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *sovaldi* | *sofosbuvir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *apap-caff-dihydrocodeine* | *acetaminophen-caff-dihydrocod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *loratadine-d 24hr* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *pantoprazole sodium* | *pantoprazole sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *hm allergy complete-d* | *cetirizine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *gnp allergy/congestion relief* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *fexofenadine hcl* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *megestrol acetate* | *megestrol acetate (appetite)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *butalbital-asa-caff-codeine* | *butalbital-aspirin-caffeine w/cod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *invokamet xr* | *canagliflozin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zyprexa relprevv* | *olanzapine pamoate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *effient* | *prasugrel hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *goodsense clickfine pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *farxiga* | *dapagliflozin propanediol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *adlyxin* | *lixisenatide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *flecainide acetate* | *flecainide acetate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *savella titration pack* | *milnacipran hcl* | CHANGE UM: QUANTITY | 55 UNITS / 180 DAYS | 55 UNITS / 180 DAYS |
| 01/12/2023 | *nuplazid* | *pimavanserin tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ms contin* | *morphine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *methadone hcl intensol* | *methadone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *pristiq* | *desvenlafaxine succinate* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *orphenadrine citrate* | *orphenadrine citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *entresto* | *sacubitril-valsartan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *adderall* | *amphetamine-dextroamphetamine* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *chantix starting month pak* | *varenicline tartrate* | CHANGE UM: QUANTITY | 6 FILLS / 180 DAYS | 6 FILLS / 180 DAYS |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *gattex* | *teduglutide (rdna)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *infliximab* | *infliximab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ajovy* | *fremanezumab-vfrm* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *1st tier unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *gnp allergy/congestion relief* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *methylphenidate hcl* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *alprazolam er* | *alprazolam* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *pentazocine-naloxone hcl* | *pentazocine w/ naloxone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zembrace symtouch* | *sumatriptan succinate* | CHANGE UM: QUANTITY | 6 UNITS / 30 DAYS | 6 UNITS / 30 DAYS |
| 01/12/2023 | *dexcom g6 transmitter* | *continuous blood glucose system transmitter* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *oxycodone hcl* | *oxycodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *acyclovir* | *acyclovir topical* | ADD TO FORMULARY | | PDL Non-Preferred |

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# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *belbuca* | *buprenorphine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *opzelura* | *ruxolitinib phosphate (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *skyrizi pen* | *risankizumab-rzaa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *dilantin* | *phenytoin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *fetzima titration* | *levomilnacipran hcl* | CHANGE UM: QUANTITY | 28 UNITS / 28 DAYS | 28 UNITS / 28 DAYS |
| 01/12/2023 | *zithromax* | *azithromycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ilaris* | *canakinumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *hydromorphone hcl er* | *hydromorphone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *abilify maintena* | *aripiprazole* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *valsartan* | *valsartan* | CHANGE UM: SUM9 | 413 ANGIOTENSIN RECEPTOR BLOCKERS | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 01/12/2023 | *aptiom* | *eslicarbazepine acetate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *zolpidem tartrate er* | *zolpidem tartrate* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *quetiapine fumarate* | *quetiapine fumarate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *levalbuterol hcl* | *levalbuterol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *hydrocodone bitartrate er* | *hydrocodone bitartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *phenobarbital* | *phenobarbital* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *stelara* | *ustekinumab (iv)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *metformin hcl er* | *metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *repatha* | *evolocumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *lovastatin* | *lovastatin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *cimzia starter kit* | *certolizumab pegol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *incontrol ulticare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *trandolapril* | *trandolapril* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *goodsense pen needle penfine* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *clonidine hcl* | *clonidine hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *olanzapine* | *olanzapine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *lamotrigine* | *lamotrigine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *sm all day allergy-d* | *cetirizine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *suboxone* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD TO FORMULARY | | PDL Preferred |

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# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *actiq* | *fentanyl citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *wegmans unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *simponi aria* | *golimumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *spritam* | *levetiracetam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *novofine plus pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *ascomp-codeine* | *butalbital-aspirin-caffeine w/cod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *skyrizi* | *risankizumab-rzaa (crohn's)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *allergy/congestion relief* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *sumatriptan* | *sumatriptan* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *oxcarbazepine* | *oxcarbazepine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *gnp clickfine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *all day allergy-d* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *dexcom g6 transmitter* | *continuous blood glucose system transmitter* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *metoclopramide hcl* | *metoclopramide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

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# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *antihistamine & nasal deconges* | *fexofenadine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *methylphenidate hcl er (xr)* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *moxifloxacin hcl* | *moxifloxacin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *desonate* | *desonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ramipril* | *ramipril* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *alogliptin benzoate* | *alogliptin benzoate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *todays health mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *comfort touch insulin pen need* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *nystatin* | *nystatin (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *risperdal consta* | *risperidone microspheres* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *metronidazole* | *metronidazole* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *sofosbuvir-velpatasvir* | *sofosbuvir-velpatasvir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *janumet xr* | *sitagliptin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *sumatriptan-naproxen sodium* | *sumatriptan-naproxen sodium* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *trimethobenzamide hcl* | *trimethobenzamide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *alprazolam intensol* | *alprazolam* | CHANGE UM: QUANTITY | 6 UNITS / 1 DAYS | 6 UNITS / 1 DAYS |
| 01/12/2023 | *12hr allergy & congestion* | *fexofenadine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *gnp ulticare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *geodon* | *ziprasidone hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *reyvow* | *lasmiditan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *valproic acid* | *valproic acid* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *geodon* | *ziprasidone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *divalproex sodium* | *divalproex sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *ciclopirox olamine* | *ciclopirox olamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *siliq* | *brodalumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *levetiracetam* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *qtern* | *dapagliflozin-saxagliptin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ultracet* | *tramadol-acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *exondys 51* | *eteplirsen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *humira pen-cd/uc/hs starter* | *adalimumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *dexcom g6 sensor* | *continuous blood glucose system sensor* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *clindamycin phosphate in nacl* | *clindamycin phosphate in nacl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *quinapril-hydrochlorothiazide* | *quinapril-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *klonopin* | *clonazepam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *lamictal starter* | *lamotrigine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zolgensma 5.6-6.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *sustol* | *granisetron* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ziprasidone hcl* | *ziprasidone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *paroxetine hcl* | *paroxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *oseltamivir phosphate* | *oseltamivir phosphate* | CHANGE UM: SUM9 | 452 INFLUENZA | 452 INFLUENZA |
| 01/12/2023 | *zofran* | *ondansetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *sure comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *sunosi* | *solriamfetol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *symbyax* | *olanzapine-fluoxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *allergy childrens* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *sublocade* | *buprenorphine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *pamidronate disodium* | *pamidronate disodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *cetirizine-pseudoephedrine er* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *nabumetone* | *nabumetone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *otezla* | *apremilast* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *elyxyb* | *celecoxib (migraine)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *assure id safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *testosterone* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *cimzia* | *certolizumab pegol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *kevzara* | *sarilumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *emsam* | *selegiline* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *synercid* | *quinupristin-dalfopristin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zolgensma 6.1-6.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *1st tier unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *epipen jr 2-pak* | *epinephrine (anaphylaxis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *nystatin-triamcinolone* | *nystatin-triamcinolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *methadone hcl* | *methadone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *butalbital-apap-caff-cod* | *butalbital-acetaminophen-caffeine w/ codeine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *fentanyl* | *fentanyl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *evekeo* | *amphetamine sulfate* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *zolgensma 10.1-10.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *wellbutrin xl* | *bupropion hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *carbatrol* | *carbamazepine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *austedo* | *deutetrabenazine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *treximet* | *sumatriptan-naproxen sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *roweepra* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *zyprexa zydis* | *olanzapine* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *carbidopa-levodopa-entacapone* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zubsolv* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zolgensma 8.6-9.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *humira pen* | *adalimumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *shopko unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *rasagiline mesylate* | *rasagiline mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *humira pen-pediatric uc start* | *adalimumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *carbamazepine* | *carbamazepine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *depakote* | *divalproex sodium* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *orphenadrine citrate er* | *orphenadrine citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ivermectin* | *ivermectin* | CHANGE UM: QUANTITY | 10 UNITS / 30 DAYS | 10 UNITS / 30 DAYS |
| 01/12/2023 | *risperdal* | *risperidone* | CHANGE UM: QUANTITY | 360 UNITS / 30 DAYS | 360 UNITS / 30 DAYS |
| 01/12/2023 | *accu-chek guide* | *blood glucose monitoring supplies* | CHANGE UM: C1 | Pref: ACCU-CHEK Guide & Guide Me - Use the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643. | Pref: ACCU-CHEK Guide & Guide Me - Use the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643. |
| 01/12/2023 | *duloxetine hcl* | *duloxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *skyrizi* | *risankizumab-rzaa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *acuvail* | *ketorolac tromethamine (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *acyclovir sodium* | *acyclovir sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *viibryd* | *vilazodone hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *zolgensma 13.1-13.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *clonazepam* | *clonazepam* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *paroxetine hcl* | *paroxetine hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *microdot pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *paxil* | *paroxetine hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *rinvoq* | *upadacitinib* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *pimecrolimus* | *pimecrolimus* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *gocovri* | *amantadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *adlyxin starter pack* | *lixisenatide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *carefine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *repatha pushtronex system* | *evolocumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *clobazam* | *clobazam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *freestyle libre 14 day sensor* | *continuous blood glucose system sensor* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *nembutal* | *pentobarbital sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *invokana* | *canagliflozin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *fanapt* | *iloperidone* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *hydromorphone hcl er* | *hydromorphone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *lortab* | *hydrocodone-acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *prevent safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *mavyret* | *glecaprevir-pibrentasvir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *hm ulticare mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *trijardy xr* | *empagliflozin-linagliptin-metformin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *amphetamine-dextroamphet er* | *amphetamine-dextroamphetamine* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *invega hafyera* | *paliperidone palmitate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *fanapt titration pack* | *iloperidone* | CHANGE UM: QUANTITY | 8 UNITS / 4 DAYS | 8 UNITS / 4 DAYS |
| 01/12/2023 | *sumatriptan succinate* | *sumatriptan succinate* | CHANGE UM: QUANTITY | 6 UNITS / 30 DAYS | 6 UNITS / 30 DAYS |
| 01/12/2023 | *olumiant* | *baricitinib* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zonalon* | *doxepin hcl (antipruritic)* | CHANGE UM: QUANTITY | 45 UNITS / 90 DAYS | 45 UNITS / 90 DAYS |
| 01/12/2023 | *aum mini insulin pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *cosentyx* | *secukinumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *nucala* | *mepolizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *temazepam* | *temazepam* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *allergy relief d-12* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *allergy relief d-24* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *simvastatin* | *simvastatin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *aripiprazole* | *aripiprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *cephalexin* | *cephalexin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *gnp all day allergy-d* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *metformin hcl* | *metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *easy comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *tazorac* | *tazarotene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *bydureon bcise* | *exenatide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *chantix* | *varenicline tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *qudexy xr* | *topiramate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *hm all day allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *endocet* | *oxycodone w/ acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *omnitrope* | *somatropin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *epipen 2-pak* | *epinephrine (anaphylaxis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *sm loratadine d 12hr* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *fenofibric acid* | *choline fenofibrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *abilify mycite maintenance kit* | *aripiprazole with sensor, strips, & pod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *bd pen needle mini u/f* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *bacitracin* | *bacitracin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *xeljanz* | *tofacitinib citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *h-e-b incontrol pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *methylin* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 15 UNITS / 1 DAYS | 15 UNITS / 1 DAYS |
| 01/12/2023 | *seroquel* | *quetiapine fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *dropsafe safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *aum safety pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *mysoline* | *primidone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *meperidine hcl* | *meperidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *elyxyb* | *celecoxib (migraine)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *strattera* | *atomoxetine hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *humira pen-pediatric uc start* | *adalimumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *enbrel* | *etanercept* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *nystatin* | *nystatin (mouth-throat)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *tramadol hcl er (biphasic)* | *tramadol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *allergy relief d* | *cetirizine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *keppra xr* | *levetiracetam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *valtoco 10 mg dose* | *diazepam (anticonvulsant)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *lybalvi* | *olanzapine-samidorphan l-malate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *rexulti* | *brexpiprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *bupropion hcl er (xl)* | *bupropion hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *perphenazine* | *perphenazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ilaris* | *canakinumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *oxycodone hcl er* | *oxycodone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *simponi aria* | *golimumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *daytrana* | *methylphenidate* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *amphetamine sulfate* | *amphetamine sulfate* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *simponi* | *golimumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *janumet* | *sitagliptin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *telmisartan-hctz* | *telmisartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *chantix* | *varenicline tartrate* | CHANGE UM: QUANTITY | 6 FILLS / 180 DAYS | 6 FILLS / 180 DAYS |
| 01/12/2023 | *hysingla er* | *hydrocodone bitartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *dextroamphetamine sulfate* | *dextroamphetamine sulfate* | CHANGE UM: QUANTITY | 60 UNITS / 1 DAYS | 60 UNITS / 1 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *orencia* | *abatacept* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ultilet pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *latuda* | *lurasidone hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *kroger pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *morphine sulfate* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zolgensma 9.6-10.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *chlorpromazine hcl* | *chlorpromazine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *dexedrine* | *dextroamphetamine sulfate* | CHANGE UM: QUANTITY | 2 / 1 day(s) | 2 / 1 day(s) |
| 01/12/2023 | *ambien cr* | *zolpidem tartrate* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *zolgensma 2.6-3.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *sympazan* | *clobazam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *dayvigo* | *lemborexant* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *tradjenta* | *linagliptin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *nurtec* | *rimegepant sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *divalproex sodium er* | *divalproex sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *litetouch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *dysport* | *abobotulinumtoxina* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ativan* | *lorazepam* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *valproic acid* | *valproate sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *zolgensma 9.1-9.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *restoril* | *temazepam* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *vigabatrin* | *vigabatrin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *cleocin phosphate* | *clindamycin phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *arcalyst* | *rilonacept* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *fasenra pen* | *benralizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *rabeprazole sodium* | *rabeprazole sodium* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *fifty50 pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *comfort ez pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *tremfya* | *guselkumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *glatopa* | *glatiramer acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *pen needles 3/16"* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *phenytoin infatabs* | *phenytoin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *diazepam* | *diazepam (anticonvulsant)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *linezolid* | *linezolid* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *freestyle libre 2 sensor* | *continuous blood glucose system sensor* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *metaxalone* | *metaxalone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *elepsia xr* | *levetiracetam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *albuterol sulfate* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *humira* | *adalimumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *morphine sulfate er beads* | *morphine sulfate beads* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *droplet pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *oxycodone hcl* | *oxycodone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *phenytoin* | *phenytoin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *meijer pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *exel comfort point pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *venlafaxine hcl er* | *venlafaxine hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *oxymorphone hcl er* | *oxymorphone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *risperidone* | *risperidone* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *selenium sulfide* | *selenium sulfide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *bupropion hcl er (sr)* | *bupropion hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *imitrex* | *sumatriptan* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *ampicillin sodium* | *ampicillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *viekira pak* | *ombitasvir-paritaprevir-ritonavir-dasabuvir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ultomiris* | *ravulizumab-cwvz* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *pure comfort pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *fentanyl citrate* | *fentanyl citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ultra-thin ii mini pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *simponi* | *golimumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *byetta 10 mcg pen* | *exenatide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *sm lorata-dine d* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *diazepam* | *diazepam* | CHANGE UM: QUANTITY | 1200 UNITS / 30 DAYS | 1200 UNITS / 30 DAYS |
| 01/12/2023 | *relpax* | *eletriptan hydrobromide* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *alosetron hcl* | *alosetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *xanax* | *alprazolam* | CHANGE UM: QUANTITY | 6 UNITS / 1 DAYS | 6 UNITS / 1 DAYS |
| 01/12/2023 | *pc unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *synjardy* | *empagliflozin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *aurora unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *jentadueto* | *linagliptin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *bd pen needle nano 2nd gen* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *caretouch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *mirtazapine* | *mirtazapine* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *focalin xr* | *dexmethylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *accupril* | *quinapril hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *eysuvis* | *loteprednol etabonate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *gabitril* | *tiagabine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *xenazine* | *tetrabenazine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *vyvanse* | *lisdexamfetamine dimesylate* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *siliq* | *brodalumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *humira pen* | *adalimumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *onzetra xsail* | *sumatriptan succinate* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *emgality* | *galcanezumab-gnlm* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *insupen ultrafin* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *paliperidone er* | *paliperidone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *conzip* | *tramadol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *desvenlafaxine er* | *desvenlafaxine* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *omnitrope* | *somatropin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *paliperidone er* | *paliperidone* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *lucemyra* | *lofexidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *clarithromycin* | *clarithromycin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *relistor* | *methylnaltrexone bromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *oxtellar xr* | *oxcarbazepine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *humira pen-psor/uveit starter* | *adalimumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *effexor xr* | *venlafaxine hcl* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *topamax sprinkle* | *topiramate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *aplenzin* | *bupropion hydrobromide* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *amerge* | *naratriptan hcl* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *dupixent* | *dupilumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *dexcom g6 sensor* | *continuous blood glucose system sensor* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *topamax* | *topiramate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ultra thin pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *freestyle libre 2 reader* | *continuous blood glucose system receiver* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *zaleplon* | *zaleplon* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *stelara* | *ustekinumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *doxepin hcl* | *doxepin hcl (antipruritic)* | CHANGE UM: QUANTITY | 45 UNITS / 90 DAYS | 45 UNITS / 90 DAYS |
| 01/12/2023 | *primidone* | *primidone* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *olmesartan medoxomil* | *olmesartan medoxomil* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *allergy relief* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *memantine hcl* | *memantine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *vyepti* | *eptinezumab-jjmr* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *equetro* | *carbamazepine (antipsychotic)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *gnp allergy & congestion* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *jentadueto xr* | *linagliptin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *levorphanol tartrate* | *levorphanol tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *diazepam intensol* | *diazepam* | CHANGE UM: QUANTITY | 8 UNITS / 1 DAYS | 8 UNITS / 1 DAYS |
| 01/12/2023 | *ezetimibe* | *ezetimibe* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *nucynta er* | *tapentadol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *cosentyx* | *secukinumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *lincomycin hcl* | *lincomycin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *topcare clickfine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *imitrex statdose refill* | *sumatriptan succinate* | CHANGE UM: QUANTITY | 6 UNITS / 30 DAYS | 6 UNITS / 30 DAYS |
| 01/12/2023 | *clindamycin phosphate* | *clindamycin phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *global ease inject pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *inflectra* | *infliximab-dyyb* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *xyrem* | *sodium oxybate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *methadose* | *methadone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *fentora* | *fentanyl citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *drug mart unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *depakote er* | *divalproex sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *subvenite* | *lamotrigine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *actemra actpen* | *tocilizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *tranxene-t* | *clorazepate dipotassium* | CHANGE UM: QUANTITY | 6 UNITS / 1 DAYS | 6 UNITS / 1 DAYS |
| 01/12/2023 | *eletriptan hydrobromide* | *eletriptan hydrobromide* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *zorbtive* | *somatropin (non-refrigerated)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *anzemet* | *dolasetron mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *olanzapine-fluoxetine hcl* | *olanzapine-fluoxetine hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *norditropin flexpro* | *somatropin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *cleocin* | *clindamycin palmitate hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *orkambi* | *lumacaftor-ivacaftor* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *gnp fexofenadine/pseer* | *fexofenadine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *prevent dropsafe pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *zolgensma 7.1-7.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zomig zmt* | *zolmitriptan* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *clindamycin palmitate hcl* | *clindamycin palmitate hydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *crinone* | *progesterone (vaginal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ulticare micro pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *adbry* | *tralokinumab-ldrm* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *quetiapine fumarate er* | *quetiapine fumarate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *enspryng* | *satralizumab-mwge* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *symbyax* | *olanzapine-fluoxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *aristada initio* | *aripiprazole lauroxil* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *zolgensma 3.6-4.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *cosentyx sensoready pen* | *secukinumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *rufinamide* | *rufinamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zubsolv* | *buprenorphine hcl-naloxone hcl dihydrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *fluphenazine decanoate* | *fluphenazine decanoate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *calcium acetate (phos binder)* | *calcium acetate (phosphate binder)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *allergy/congestion relief* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *versacloz* | *clozapine* | CHANGE UM: QUANTITY | 540 UNITS / 30 DAYS | 540 UNITS / 30 DAYS |
| 01/12/2023 | *olanzapine-fluoxetine hcl* | *olanzapine-fluoxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *kineret* | *anakinra* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *cimzia* | *certolizumab pegol* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *skyrizi* | *risankizumab-rzaa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *telmisartan* | *telmisartan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *butrans* | *buprenorphine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *preferred plus unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *qelbree* | *viloxazine hcl (adhd)* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *allergy childrens* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *desoxyn* | *methamphetamine hcl* | CHANGE UM: QUANTITY | 5 UNITS / 1 DAYS | 5 UNITS / 1 DAYS |
| 01/12/2023 | *risperdal* | *risperidone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *paxil cr* | *paroxetine hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *adapalene* | *adapalene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *tysabri* | *natalizumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *fanapt titration pack* | *iloperidone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ceftriaxone sodium* | *ceftriaxone sodium* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *cleocin* | *clindamycin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *wellbutrin sr* | *bupropion hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *advocate insulin pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *xtampza er* | *oxycodone* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *tamsulosin hcl* | *tamsulosin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *comfort ez micro pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *entyvio* | *vedolizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *oxycodone hcl er* | *oxycodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zevrx pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *nayzilam* | *midazolam (anticonvulsant)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *cosentyx sensoready pen* | *secukinumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *felbamate* | *felbamate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *intuniv* | *guanfacine hcl (adhd)* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *ubrelvy* | *ubrogepant* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *tyrvaya* | *varenicline tartrate (cholinergic agonist)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *lorcet* | *hydrocodone-acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ra pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *frovatriptan succinate* | *frovatriptan succinate* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *loratadine-d 12hr* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *desoximetasone* | *desoximetasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *topiramate er* | *topiramate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *remeron* | *mirtazapine* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *ilumya* | *tildrakizumab-asmn* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *montelukast sodium* | *montelukast sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *prudoxin* | *doxepin hcl (antipruritic)* | CHANGE UM: QUANTITY | 45 UNITS / 90 DAYS | 45 UNITS / 90 DAYS |
| 01/12/2023 | *saphris* | *asenapine maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *nurtec* | *rimegepant sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *diltiazem hcl er beads* | *diltiazem hcl extended release beads* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *vusion* | *miconazole-zinc oxide-white petrolatum* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *imitrex* | *sumatriptan succinate* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *allergy relief/nasal decongest* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *lorcet hd* | *hydrocodone-acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *frova* | *frovatriptan succinate* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *treximet* | *sumatriptan-naproxen sodium* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *ultracet* | *tramadol-acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *topiramate* | *topiramate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *lincocin* | *lincomycin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *hm allergy relief/nasal decong* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *remicade* | *infliximab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ciloxan* | *ciprofloxacin hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *dexmethylphenidate hcl er* | *dexmethylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *lamictal xr* | *lamotrigine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *otezla* | *apremilast* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zolmitriptan* | *zolmitriptan* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *invega sustenna* | *paliperidone palmitate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *forfivo xl* | *bupropion hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *kalydeco* | *ivacaftor* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *valtoco 20 mg dose* | *diazepam (anticonvulsant)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *doxepin hcl* | *doxepin hcl (sleep)* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *freestyle libre 2 reader* | *continuous blood glucose system receiver* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *dilantin* | *phenytoin sodium extended* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *aurora pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *clonidine hcl er* | *clonidine hcl (adhd)* | CHANGE UM: QUANTITY | 4 UNITS / 1 DAYS | 4 UNITS / 1 DAYS |
| 01/12/2023 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *cetirizine hcl* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *qc loratadine-d* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *zolgensma 11.6-12.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *healthy accents unifine pentip* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *lorazepam* | *lorazepam* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *hetlioz lq* | *tasimelteon* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *chantix continuing month pak* | *varenicline tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *sufentanil citrate* | *sufentanil citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *allergy relief-d* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *stelara* | *ustekinumab (iv)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *oxycontin* | *oxycodone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *emgality* | *galcanezumab-gnlm* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *lidoderm* | *lidocaine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *praluent* | *alirocumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *synagis* | *palivizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *vyondys 53* | *golodirsen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zarontin* | *ethosuximide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *rexulti* | *brexpiprazole* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *xeljanz xr* | *tofacitinib citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *levalbuterol hcl* | *levalbuterol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *secuado* | *asenapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *xofluza (80 mg dose)* | *baloxavir marboxil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *inbrija* | *levodopa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *dextroamphetamine sulfate er* | *dextroamphetamine sulfate* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *ajovy* | *fremanezumab-vfrm* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *humira* | *adalimumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *concerta* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *maxalt* | *rizatriptan benzoate* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *onfi* | *clobazam* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *enbrel sureclick* | *etanercept* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *tazorac* | *tazarotene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *accu-chek multiclix lancets* | *lancets* | CHANGE UM: QUANTITY | 204 / 30 day(s) | 204 / 30 day(s) |
| 01/12/2023 | *rinvoq* | *upadacitinib* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *nucynta er* | *tapentadol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *citalopram hydrobromide* | *citalopram hydrobromide* | CHANGE UM: QUANTITY | 20 UNITS / 1 DAYS | 20 UNITS / 1 DAYS |
| 01/12/2023 | *metformin hcl er (mod)* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *triazolam* | *triazolam* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *enbrel sureclick* | *etanercept* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *pip pen needles 32g x 4mm* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *hydrocodone-ibuprofen* | *hydrocodone-ibuprofen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *sumatriptan succinate refill* | *sumatriptan succinate* | CHANGE UM: QUANTITY | 6 UNITS / 30 DAYS | 6 UNITS / 30 DAYS |
| 01/12/2023 | *escitalopram oxalate* | *escitalopram oxalate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *vida mia unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *perseris* | *risperidone* | ADD TO FORMULARY | | PDL Preferred |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *codeine sulfate* | *codeine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *provigil* | *modafinil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zohydro er* | *hydrocodone bitartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *kombiglyze xr* | *saxagliptin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *myobloc* | *rimabotulinumtoxinb* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *tegretol* | *carbamazepine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *methylphenidate hcl er* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *freestyle libre 14 day reader* | *continuous blood glucose system receiver* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *venlafaxine hcl* | *venlafaxine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *ms contin* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zomig* | *zolmitriptan* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *skyrizi* | *risankizumab-rzaa (crohn's)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *jardiance* | *empagliflozin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *hm allergy complete-d* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ulticare mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *acetic acid* | *acetic acid (otic)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *methylphenidate hcl er (cd)* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ubrelvy* | *ubrogepant* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *tremfya* | *guselkumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *carbamazepine er* | *carbamazepine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *doxycycline hyclate* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *arcalyst* | *rilonacept* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *drug mart unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *haloperidol lactate* | *haloperidol lactate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *varenicline tartrate* | *varenicline tartrate* | CHANGE UM: QUANTITY | 6 FILLS / 180 DAYS | 6 FILLS / 180 DAYS |
| 01/12/2023 | *trokendi xr* | *topiramate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *clindamycin phosphate in d5w* | *clindamycin phosphate in d5w* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *tolterodine tartrate er* | *tolterodine tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *fanapt* | *iloperidone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *true comfort pro pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *hm allergy & congestion* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *zyprexa* | *olanzapine* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *saizen* | *somatropin (non-refrigerated)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *humatrope* | *somatropin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *levetiracetam er* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *abilify* | *aripiprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *loratadine-d 12hr* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *methylphenidate hcl er (osm)* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *vancomycin hcl* | *vancomycin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *segluromet* | *ertugliflozin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *uplizna* | *inebilizumab-cdon* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *hm allergy relief/nasal decong* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *techlite pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *symlinpen 120* | *pramlintide acetate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *fioricet/codeine* | *butalbital-acetaminophen-caffeine w/ codeine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *inflectra* | *infliximab-dyyb* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *valumark pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *clozaril* | *clozapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zolgensma 11.1-11.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *adlyxin* | *lixisenatide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *felodipine er* | *felodipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *enbrel mini* | *etanercept* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *allergy relief/indoor/outdoor* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *risperidone* | *risperidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *abilify mycite starter kit* | *aripiprazole with sensor, strips, & pod* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *catapres* | *clonidine hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *serostim* | *somatropin (non-refrigerated)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *sm loratadine d 12hr* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *amlodipine besy-benazepril hcl* | *amlodipine besylate-benazepril hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *atovaquone* | *atovaquone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *diastat pediatric* | *diazepam (anticonvulsant)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *minocycline hcl* | *minocycline hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *buprenorphine* | *buprenorphine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *pip pen needles 31g x 5mm* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *renflexis* | *infliximab-abda* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *celecoxib* | *celecoxib* | CHANGE UM: SUM9 | 552 NSAIDS | 552 NSAIDS |
| 01/12/2023 | *klonopin* | *clonazepam* | CHANGE UM: QUANTITY | 6 UNITS / 1 DAYS | 6 UNITS / 1 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *imitrex statdose system* | *sumatriptan succinate* | CHANGE UM: QUANTITY | 6 UNITS / 30 DAYS | 6 UNITS / 30 DAYS |
| 01/12/2023 | *victoza* | *liraglutide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *maxalt-mlt* | *rizatriptan benzoate* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *vivitrol* | *naltrexone* | CHANGE UM: QUANTITY | 1 UNITS / 28 DAYS | 1 UNITS / 28 DAYS |
| 01/12/2023 | *latuda* | *lurasidone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *abilify mycite starter kit* | *aripiprazole with sensor, strips, & pod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *actemra* | *tocilizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *dexmethylphenidate hcl* | *dexmethylphenidate hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *mometasone furoate* | *mometasone furoate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *bd pen needle nano u/f* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *nutropin aq nuspin 20* | *somatropin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *nutropin aq nuspin 10* | *somatropin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ezetimibe-simvastatin* | *ezetimibe-simvastatin* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *symdeko* | *tezacaftor-ivacaftor* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *xtampza er* | *oxycodone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *fexofenadine-pseudoephed er* | *fexofenadine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *pravastatin sodium* | *pravastatin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *goodsense all day allergy-d* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *morphine sulfate (concentrate)* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *linezolid in sodium chloride* | *linezolid in sodium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *morphine sulfate er* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *vraylar* | *cariprazine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *buprenorphine hcl* | *buprenorphine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *flurazepam hcl* | *flurazepam hcl* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *fluoxetine hcl* | *fluoxetine hcl* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *retacrit* | *epoetin alfa-epbx* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *granisetron hcl* | *granisetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *clozaril* | *clozapine* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *aptensio xr* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *zolgensma 12.1-12.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *depakote sprinkles* | *divalproex sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *fasenra* | *benralizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *fiorinal/codeine #3* | *butalbital-aspirin-caffeine w/cod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *blephamide* | *sulfacetamide sod-prednisolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ranitidine hcl* | *ranitidine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *accu-chek guide me* | *blood glucose monitoring supplies* | CHANGE UM: C1 | Pref: ACCU-CHEK Guide & Guide Me - Use the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643. | Pref: ACCU-CHEK Guide & Guide Me - Use the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643. |
| 01/12/2023 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *insupen pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *clorazepate dipotassium* | *clorazepate dipotassium* | CHANGE UM: QUANTITY | 6 UNITS / 1 DAYS | 6 UNITS / 1 DAYS |
| 01/12/2023 | *accu-chek smartview control* | *blood glucose calibration* | CHANGE UM: QUANTITY | 4 / 1 year(s) | 4 / 1 year(s) |
| 01/12/2023 | *benzhydrocodone-acetaminophen* | *benzhydrocodone hcl-acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *valtoco 15 mg dose* | *diazepam (anticonvulsant)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *zomacton* | *somatropin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *fluocinonide* | *fluocinonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *humira pen-psor/uveit starter* | *adalimumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *qc loratadine-d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *carisoprodol* | *carisoprodol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *butrans* | *buprenorphine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *vyepti* | *eptinezumab-jjmr* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *clickfine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *kadian* | *morphine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *perseris* | *risperidone* | CHANGE UM: QUANTITY | 1 UNITS / 30 DAYS | 1 UNITS / 30 DAYS |
| 01/12/2023 | *tramadol hcl* | *tramadol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *armodafinil* | *armodafinil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *gnp allergy & congestion* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *gnp ultiguard safepack needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *invega trinza* | *paliperidone palmitate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *ledipasvir-sofosbuvir* | *ledipasvir-sofosbuvir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *relion pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *ethosuximide* | *ethosuximide* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *h-e-b incontrol unifine pentip* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *unifine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *glyburide* | *glyburide* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *trileptal* | *oxcarbazepine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *tramadol-acetaminophen* | *tramadol-acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *clobazam* | *clobazam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *accu-chek compact plus control* | *blood glucose calibration* | CHANGE UM: QUANTITY | 4 / 1 year(s) | 4 / 1 year(s) |
| 01/12/2023 | *qulipta* | *atogepant* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zyprexa zydis* | *olanzapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *oxycontin* | *oxycodone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *aimovig* | *erenumab-aooe* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *kazano* | *alogliptin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *accu-chek compact plus* | *glucose blood* | CHANGE UM: SUM9 | 842 DIABETES TEST STRIPS | 842 DIABETES TEST STRIPS |
| 01/12/2023 | *celontin* | *methsuximide* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *zolgensma 8.1-8.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *clonazepam* | *clonazepam* | CHANGE UM: QUANTITY | 6 UNITS / 1 DAYS | 6 UNITS / 1 DAYS |
| 01/12/2023 | *zolgensma 3.1-3.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *leader unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *zolgensma 5.1-5.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *aciphex sprinkle* | *rabeprazole sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *soliqua* | *insulin glargine-lixisenatide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *estradiol valerate* | *estradiol valerate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *xywav* | *calcium, magnesium, potassium, & sodium oxybates* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *glucotrol* | *glipizide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *trueplus pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *avsola* | *infliximab-axxq* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *oseni* | *alogliptin-pioglitazone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *seglentis* | *celecoxib-tramadol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *px extra short pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *vosevi* | *sofosbuvir-velpatasvir-voxilaprevir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *metaxall* | *metaxalone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *procentra* | *dextroamphetamine sulfate* | CHANGE UM: QUANTITY | 60 UNITS / 1 DAYS | 60 UNITS / 1 DAYS |
| 01/12/2023 | *enbrel* | *etanercept* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *bupropion hcl* | *bupropion hcl* | CHANGE UM: QUANTITY | 6 UNITS / 1 DAYS | 6 UNITS / 1 DAYS |
| 01/12/2023 | *skyrizi (150 mg dose)* | *risankizumab-rzaa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *hm fexofenadine hcl* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *bydureon* | *exenatide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *orencia clickject* | *abatacept* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zolpidem tartrate* | *zolpidem tartrate* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *cosentyx sensoready (300 mg)* | *secukinumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *quetiapine fumarate er* | *quetiapine fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ambien* | *zolpidem tartrate* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *caplyta* | *lumateperone tosylate* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *eszopiclone* | *eszopiclone* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *caplyta* | *lumateperone tosylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *enspryng* | *satralizumab-mwge* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *gnp fexofenadine/pseer* | *fexofenadine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *penicillin g potassium* | *penicillin g potassium* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *vesicare* | *solifenacin succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *olumiant* | *baricitinib* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *nuedexta* | *dextromethorphan hbr-quinidine sulfate* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *kineret* | *anakinra* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *celexa* | *citalopram hydrobromide* | CHANGE UM: QUANTITY | 1.5 UNITS / 1 DAYS | 1.5 UNITS / 1 DAYS |
| 01/12/2023 | *benlysta* | *belimumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *gnp all day allergy-d* | *cetirizine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *ztlido* | *lidocaine* | CHANGE UM: QUANTITY | 3 / 1 day(s) | 3 / 1 day(s) |
| 01/12/2023 | *trulicity* | *dulaglutide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *aranesp (albumin free)* | *darbepoetin alfa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *lidocaine* | *lidocaine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *emflaza* | *deflazacort* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zolgensma 10.6-11.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ultiguard safepack pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *phenytek* | *phenytoin sodium extended* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *gonitro* | *nitroglycerin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *alprazolam* | *alprazolam* | CHANGE UM: QUANTITY | 6 UNITS / 1 DAYS | 6 UNITS / 1 DAYS |
| 01/12/2023 | *freestyle libre 2 sensor* | *continuous blood glucose system sensor* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *tetrabenazine* | *tetrabenazine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *apadaz* | *benzhydrocodone hcl-acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *qc unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *unifine ultra pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *zonisamide* | *zonisamide* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *actemra actpen* | *tocilizumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *duloxetine hcl* | *duloxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *qc cetirizine allergy relief* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *belsomra* | *suvorexant* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *genotropin miniquick* | *somatropin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *rozerem* | *ramelteon* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *morphine sulfate (pf)* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *mounjaro* | *tirzepatide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *lorazepam intensol* | *lorazepam* | CHANGE UM: QUANTITY | 5 UNITS / 1 DAYS | 5 UNITS / 1 DAYS |
| 01/12/2023 | *cequa* | *cyclosporine (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ramelteon* | *ramelteon* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *cosentyx (300 mg dose)* | *secukinumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *lamictal odt* | *lamotrigine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *sm lorata-dine d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *trintellix* | *vortioxetine hbr* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *byetta 5 mcg pen* | *exenatide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *haldol decanoate* | *haloperidol decanoate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *enbrel mini* | *etanercept* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *synjardy xr* | *empagliflozin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *dexcom g6 receiver* | *continuous blood glucose system receiver* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *invega trinza* | *paliperidone palmitate* | CHANGE UM: QUANTITY | 0.875 UNITS / 28 DAYS | 0.875 UNITS / 28 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *dextroamphetamine sulfate er* | *dextroamphetamine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *saizenprep* | *somatropin (non-refrigerated)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *tegretol-xr* | *carbamazepine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *salex* | *salicylic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *hetlioz* | *tasimelteon* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *adapalene* | *adapalene* | CHANGE UM: SUM10 | PDL | PDL |
| 01/12/2023 | *qc pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *zolgensma 7.6-8.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *amlodipine besylate* | *amlodipine besylate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *robaxin* | *methocarbamol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *remicade* | *infliximab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *dexmethylphenidate hcl er* | *dexmethylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *azulfidine en-tabs* | *sulfasalazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *focalin* | *dexmethylphenidate hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *halog* | *halcinonide* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *fluvoxamine maleate er* | *fluvoxamine maleate* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *lacosamide* | *lacosamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *allergy relief d* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *naloxone hcl* | *naloxone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *xultophy* | *insulin degludec-liraglutide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *invokamet* | *canagliflozin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *rybelsus* | *semaglutide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *levofloxacin* | *levofloxacin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *trueplus 5-bevel pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *silenor* | *doxepin hcl (sleep)* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *olanzapine* | *olanzapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *healthwise short pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *xeljanz xr* | *tofacitinib citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *epidiolex* | *cannabidiol* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *juxtapid* | *lomitapide mesylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *botox* | *onabotulinumtoxina* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *cibinqo* | *abrocitinib* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *xanax xr* | *alprazolam* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *paroxetine hcl er* | *paroxetine hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *fluvoxamine maleate* | *fluvoxamine maleate* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *ritalin* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *trazodone hcl* | *trazodone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *true comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *miconazole-zinc oxide-petrolat* | *miconazole-zinc oxide-white petrolatum* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *venlafaxine hcl* | *venlafaxine hcl* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 01/12/2023 | *goodsense all day allergy-d* | *cetirizine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *humira pediatric crohns start* | *adalimumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *uplizna* | *inebilizumab-cdon* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *fluconazole in sodium chloride* | *fluconazole in nacl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *morphine sulfate er beads* | *morphine sulfate beads* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *secuado* | *asenapine* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *chlordiazepoxide hcl* | *chlordiazepoxide hcl* | CHANGE UM: QUANTITY | 360 UNITS / 30 DAYS | 360 UNITS / 30 DAYS |
| 01/12/2023 | *invega* | *paliperidone* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *belbuca* | *buprenorphine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *dexcom g6 receiver* | *continuous blood glucose system receiver* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *lastacaft* | *alcaftadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *methamphetamine hcl* | *methamphetamine hcl* | CHANGE UM: QUANTITY | 5 UNITS / 1 DAYS | 5 UNITS / 1 DAYS |
| 01/12/2023 | *lisinopril* | *lisinopril* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *tosymra* | *sumatriptan* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 01/12/2023 | *candesartan cilexetil-hctz* | *candesartan cilexetil-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *symlinpen 60* | *pramlintide acetate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *gabapentin* | *gabapentin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *tramadol hcl er* | *tramadol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *shopko unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *halobetasol propionate* | *halobetasol propionate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *natacyn* | *natamycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zomacton (for zoma-jet 10)* | *somatropin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *cholestyramine* | *cholestyramine* | CHANGE UM: SUM9 | 535 | 535 |
| 01/12/2023 | *epitol* | *carbamazepine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *osmolex er* | *amantadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *glyburide-metformin* | *glyburide-metformin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *mircera* | *methoxy polyethylene glycol-epoetin beta* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *restasis multidose* | *cyclosporine (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *hm allergy & congestion* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *starlix* | *nateglinide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *humira pediatric crohns start* | *adalimumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *dilaudid* | *hydromorphone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *repatha sureclick* | *evolocumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *goodsense all day allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *oxymorphone hcl er* | *oxymorphone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *procrit* | *epoetin alfa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *methylphenidate hcl* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *oxymorphone hcl* | *oxymorphone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *allergy relief/nasal decongest* | *cetirizine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *nitrolingual* | *nitroglycerin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *cyclosporine* | *cyclosporine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *sabril* | *vigabatrin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *methylphenidate hcl er (cd)* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *valsartan* | *valsartan* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *harvoni* | *ledipasvir-sofosbuvir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *actemra* | *tocilizumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ingrezza* | *valbenazine tosylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *medicine shoppe pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *skyrizi pen* | *risankizumab-rzaa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *zoloft* | *sertraline hcl* | CHANGE UM: QUANTITY | 360 UNITS / 30 DAYS | 360 UNITS / 30 DAYS |
| 01/12/2023 | *clobetasol propionate* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *abilify* | *aripiprazole* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *allergy relief/nasal decongest* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *evrysdi* | *risdiplam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *meloxicam* | *meloxicam* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *ilumya* | *tildrakizumab-asmn* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zyprexa* | *olanzapine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *mm pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *diathrive pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *vilazodone hcl* | *vilazodone hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *losartan potassium* | *losartan potassium* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *aripiprazole* | *aripiprazole* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *dsuvia* | *sufentanil citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *viltepso* | *viltolarsen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *oxazepam* | *oxazepam* | CHANGE UM: QUANTITY | 8 UNITS / 1 DAYS | 8 UNITS / 1 DAYS |
| 01/12/2023 | *zyvox* | *linezolid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *lexapro* | *escitalopram oxalate* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *actoplus met* | *pioglitazone hcl-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *raya sure pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *healthwise mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *fosinopril sodium-hctz* | *fosinopril sodium & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *12hr allergy & congestion* | *fexofenadine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *roxicodone* | *oxycodone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *nutropin aq nuspin 5* | *somatropin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *all day allergy-d* | *cetirizine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *epidiolex* | *cannabidiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *kloxxado* | *naloxone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *taltz* | *ixekizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *invega sustenna* | *paliperidone palmitate* | CHANGE UM: QUANTITY | 0.25 UNITS / 28 DAYS | 0.25 UNITS / 28 DAYS |
| 01/12/2023 | *kevzara* | *sarilumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *restasis* | *cyclosporine (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *reblozyl* | *luspatercept-aamt* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *cymbalta* | *duloxetine hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *edluar* | *zolpidem tartrate* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *clozapine* | *clozapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *kadian* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *sivextro* | *tedizolid phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *nuvigil* | *armodafinil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *nucynta* | *tapentadol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *oxycodone-aspirin* | *oxycodone-aspirin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *epclusa* | *sofosbuvir-velpatasvir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *infliximab* | *infliximab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *nicardipine hcl* | *nicardipine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *healthwise unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *epogen* | *epoetin alfa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *fiorinal/codeine #3* | *butalbital-aspirin-caffeine w/cod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *sm all day allergy-d* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *remeron soltab* | *mirtazapine* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *atomoxetine hcl* | *atomoxetine hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *careone unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *humira pen-ps/uv/adol hs start* | *adalimumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *leader unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *pexeva* | *paroxetine mesylate* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *meperidine hcl* | *meperidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *qulipta* | *atogepant* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *lunesta* | *eszopiclone* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *allergy relief d-12* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *allergy relief d-24* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *invega* | *paliperidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *freestyle libre 14 day reader* | *continuous blood glucose system receiver* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *protonix* | *pantoprazole sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *ultra flo insulin pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *halcion* | *triazolam* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 01/12/2023 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *cefoxitin sodium* | *cefoxitin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *fosaprepitant dimeglumine* | *fosaprepitant dimeglumine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *abstral* | *fentanyl citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *sm fexofenadine hcl* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *asenapine maleate* | *asenapine maleate* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/12/2023 | *chantix continuing month pak* | *varenicline tartrate* | CHANGE UM: QUANTITY | 6 FILLS / 180 DAYS | 6 FILLS / 180 DAYS |
| 01/12/2023 | *ritalin la* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *fentanyl* | *fentanyl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *buprenorphine hcl* | *buprenorphine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *glyxambi* | *empagliflozin-linagliptin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *fluocinolone acetonide* | *fluocinolone acetonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *antihistamine & nasal deconges* | *fexofenadine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *fexofenadine-pseudoephed er* | *fexofenadine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *symjepi* | *epinephrine (anaphylaxis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *steglujan* | *ertugliflozin-sitagliptin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *nesina* | *alogliptin benzoate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *cimzia starter kit* | *certolizumab pegol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *januvia* | *sitagliptin phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *naltrexone hcl* | *naltrexone hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *versacloz* | *clozapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *voltaren* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *phenytoin sodium extended* | *phenytoin sodium extended* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *freds pharmacy unifine pentip+* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *maxicomfort ii pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *renflexis* | *infliximab-abda* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ongentys* | *opicapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *aimovig* | *erenumab-aooe* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *buprenorphine* | *buprenorphine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *noxafil* | *posaconazole* | CHANGE UM: AUTHORIZATION | Preferred Step Trial Required | Preferred Step Trial Required |
| 01/12/2023 | *demerol* | *meperidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *quillivant xr* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 360 UNITS / 30 DAYS | 360 UNITS / 30 DAYS |
| 01/12/2023 | *aristada* | *aripiprazole lauroxil* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *abouttime pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *vraylar* | *cariprazine hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *morphabond er* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zolgensma 4.6-5.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *freds pharmacy unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/12/2023 | *azstarys* | *serdexmethylphenidate chloride-dexmethylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *zolgensma 6.6-7.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zolgensma 4.1-4.5 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *repaglinide* | *repaglinide* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *morphine sulfate er* | *morphine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *cosentyx sensoready (300 mg)* | *secukinumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *savaysa* | *edoxaban tosylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *methylphenidate hcl er (la)* | *methylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/12/2023 | *keppra* | *levetiracetam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *cetirizine-pseudoephedrine er* | *cetirizine-pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *tiagabine hcl* | *tiagabine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *aprepitant* | *aprepitant* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *desloratadine* | *desloratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *zolgensma 12.6-13.0 kg* | *onasemnogene abeparvovec-xioi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *increlex* | *mecasermin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *hydromorphone hcl* | *hydromorphone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *azithromycin* | *azithromycin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *entocort ec* | *budesonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *orencia clickject* | *abatacept* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *humira pen-cd/uc/hs starter* | *adalimumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *lamictal* | *lamotrigine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *calan sr* | *verapamil hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *entyvio* | *vedolizumab* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *hydrocodone bitartrate er* | *hydrocodone bitartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *valtoco 5 mg dose* | *diazepam (anticonvulsant)* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *avsola* | *infliximab-axxq* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *risedronate sodium* | *risedronate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/12/2023 | *cosentyx (300 mg dose)* | *secukinumab* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *epinephrine* | *epinephrine (anaphylaxis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *allergy relief/nasal decongest* | *loratadine & pseudoephedrine* | CHANGE UM: QUANTITY | 102 UNITS / 365 DAYS | 102 UNITS / 365 DAYS |
| 01/12/2023 | *sublocade* | *buprenorphine* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *xigduo xr* | *dapagliflozin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zepatier* | *elbasvir-grazoprevir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *ultram* | *tramadol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *saphris* | *asenapine maleate* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *dilantin infatabs* | *phenytoin* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *skyrizi (150 mg dose)* | *risankizumab-rzaa* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/12/2023 | *butorphanol tartrate* | *butorphanol tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/12/2023 | *zimhi* | *naloxone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/12/2023 | *stromectol* | *ivermectin* | CHANGE UM: QUANTITY | 10 UNITS / 30 DAYS | 10 UNITS / 30 DAYS |
| 01/12/2023 | *botox cosmetic* | *onabotulinumtoxina (cosmetic)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/13/2023 | *amoxicillin* | *amoxicillin* | ADD TO FORMULARY | | PDL Preferred |
| 01/13/2023 | *duloxetine hcl* | *duloxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/13/2023 | *nicardipine hcl* | *nicardipine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *urelle* | *methenamine-hyosc-methylene blue-sod phos-phenyl sal* | ADD TO FORMULARY | | Non-Formulary |
| 01/13/2023 | *anucort-hc* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 01/13/2023 | *sm omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *posaconazole* | *posaconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *duloxetine hcl* | *duloxetine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *olmesartan medoxomil* | *olmesartan medoxomil* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 01/13/2023 | *eszopiclone* | *eszopiclone* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/13/2023 | *tasimelteon* | *tasimelteon* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *briumvi* | *ublituximab-xiiy* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *pb-hyoscy-atropine-scopolamine* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Non-Formulary |
| 01/13/2023 | *topiramate er* | *topiramate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *lamotrigine* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 01/13/2023 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD TO FORMULARY | | PDL Preferred |
| 01/13/2023 | *betoptic-s* | *betaxolol hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *brimonidine tartrate* | *brimonidine tartrate (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *dexamethasone* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 01/13/2023 | *diclofenac potassium(migraine)* | *diclofenac potassium (migraine)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *tobradex* | *tobramycin-dexamethasone* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/13/2023 | *nitroglycerin er* | *nitroglycerin* | ADD TO FORMULARY | | Non-Formulary |
| 01/13/2023 | *sm omeprazole* | *omeprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *tobradex* | *tobramycin-dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 01/13/2023 | *phenobarbital* | *phenobarbital* | REMOVE UM: SUM9 | 826 ANTICONVULSANTS | |
| 01/13/2023 | *nitroglycerin er* | *nitroglycerin* | REMOVE UM: SUM9 | 603 VASODILATORS, CORONARY | |
| 01/13/2023 | *hyoscyamine sulfate* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/13/2023 | *lubiprostone* | *lubiprostone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *phenobarbital* | *phenobarbital* | ADD TO FORMULARY | | Non-Formulary |
| 01/13/2023 | *fesoterodine fumarate er* | *fesoterodine fumarate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *tasimelteon* | *tasimelteon* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 01/13/2023 | *briumvi* | *ublituximab-xiiy* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *nicardipine hcl* | *nicardipine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *olmesartan medoxomil* | *olmesartan medoxomil* | ADD TO FORMULARY | | PDL Preferred |
| 01/13/2023 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/13/2023 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | CHANGE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | 468 NONDIHYDROPYRIDINE CCB'S |
| 01/13/2023 | *hydrocortisone acetate* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 01/13/2023 | *fesoterodine fumarate er* | *fesoterodine fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *betoptic-s* | *betaxolol hcl (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *isoxsuprine hcl* | *isoxsuprine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/13/2023 | *dexamethasone* | *dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 01/13/2023 | *topiramate er* | *topiramate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *amoxicillin* | *amoxicillin* | ADD UM: SUM9 | | 835 PENICILLINS |
| 01/13/2023 | *posaconazole* | *posaconazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *lubiprostone* | *lubiprostone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/13/2023 | *diclofenac potassium(migraine)* | *diclofenac potassium (migraine)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD UM: SUM9 | | 452 INFLUENZA |
| 01/13/2023 | *eszopiclone* | *eszopiclone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/13/2023 | *brimonidine tartrate* | *brimonidine tartrate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/13/2023 | *lamotrigine* | *lamotrigine* | ADD TO FORMULARY | | PDL Preferred |
| 01/18/2023 | *montelukast sodium* | *montelukast sodium* | REMOVE UM: SUM9 | 532 LEUKOTRIENE MODIFIERS | |
| 01/18/2023 | *montelukast sodium* | *montelukast sodium* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 01/18/2023 | *adapalene* | *adapalene* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 01/18/2023 | *catapres* | *clonidine hcl* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 01/18/2023 | *pantoprazole sodium* | *pantoprazole sodium* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 01/18/2023 | *tasimelteon* | *tasimelteon* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 01/18/2023 | *adapalene* | *adapalene* | CHANGE UM: SUM10 | NPD | PDL |
| 01/18/2023 | *adapalene* | *adapalene* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/18/2023 | *catapres* | *clonidine hcl* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 01/18/2023 | *pantoprazole sodium* | *pantoprazole sodium* | REMOVE UM: SUM9 | 585 PROTON PUMP INHIBITORS | |
| 01/20/2023 | *ulticare micro pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *healthy accents unifine pentip* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/20/2023 | *gnp ultiguard safepack needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *advocate insulin pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *qc loratadine allergy relief* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *careone unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | Non-Formulary | Covered |
| 01/20/2023 | *pip pen needles 31g x 5mm* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *zevrx pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *ultra-thin ii mini pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *comfort ez micro pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *techlite pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *zomig* | *zolmitriptan* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/20/2023 | *healthwise unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *clickfine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *guanfacine hcl* | *guanfacine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *relion pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *ra pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/20/2023 | *pure comfort pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *litetouch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *methyldopa* | *methyldopa* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *abouttime pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *insupen pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *drug mart unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *careone unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *aum safety pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *vida mia unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *aurora unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *unifine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *leqembi* | *lecanemab-irmb* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/20/2023 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 01/20/2023 | *cholestyramine light* | *cholestyramine light* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 01/20/2023 | *unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/20/2023 | *diathrive pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *posaconazole* | *posaconazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/20/2023 | *caretouch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *levetiracetam* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 01/20/2023 | *1st tier unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *oxybutynin chloride* | *oxybutynin chloride* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *losartan potassium* | *losartan potassium* | REMOVE UM: SUM9 | 413 ANGIOTENSIN RECEPTOR BLOCKERS | |
| 01/20/2023 | *global ease inject pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *clobetasol propionate* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *preferred plus unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *incontrol ulticare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *easy comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/20/2023 | *ultiguard safepack pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *clonazepam* | *clonazepam* | ADD UM: QUANTITY | | 6 UNITS / 1 DAY |
| 01/20/2023 | *guanfacine hcl* | *guanfacine hcl* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 01/20/2023 | *shopko unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *oxybutynin chloride* | *oxybutynin chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 01/20/2023 | *leader unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *oxcarbazepine* | *oxcarbazepine* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 01/20/2023 | *h-e-b incontrol unifine pentip* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *pip pen needles 32g x 4mm* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *amlodipine besylate* | *amlodipine besylate* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 01/20/2023 | *ultilet pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *levetiracetam* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/20/2023 | *ultra thin pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *valsartan* | *valsartan* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *arformoterol tartrate* | *arformoterol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/20/2023 | *h-e-b incontrol pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *droplet pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *true comfort pro pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *nevanac* | *nepafenac* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/20/2023 | *colchicine* | *colchicine* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *carefine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *comfort ez pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *pc unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *hm ulticare mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *fifty50 pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *goodsense clickfine pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *microdot pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/20/2023 | *posaconazole* | *posaconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/20/2023 | *pen needles 3/16"* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *drug mart unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *1st tier unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *healthwise micron pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *losartan potassium* | *losartan potassium* | ADD TO FORMULARY | | Non-Formulary |
| 01/20/2023 | *gnp ulticare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *valsartan* | *valsartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 01/20/2023 | *zomig* | *zolmitriptan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/20/2023 | *global easy glide pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *comfort touch insulin pen need* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *ulticare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *ampicillin sodium* | *ampicillin sodium* | CHANGE UM: SUM9 | 835 PENICILLINS | 835 PENICILLINS |
| 01/20/2023 | *aum readygard duo pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/20/2023 | *auvi-q* | *epinephrine (anaphylaxis)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 01/20/2023 | *colchicine* | *colchicine* | ADD UM: SUM9 | | 437 ORAL AGENTS FOR GOUT: MISC |
| 01/20/2023 | *px mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *cholestyramine light* | *cholestyramine light* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *leader unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *freds pharmacy unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *assure id safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *freds pharmacy unifine pentip+* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *ultracare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *shopko unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *ozempic (0.25 or 0.5 mg/dose)* | *semaglutide* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *clobetasol propionate* | *clobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 01/20/2023 | *dropsafe safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/20/2023 | *sure comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *clonazepam* | *clonazepam* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *healthwise short pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *wegmans unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *bd pen needle nano 2nd gen* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *unifine safecontrol pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *methyldopa* | *methyldopa* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 01/20/2023 | *oxybutynin chloride er* | *oxybutynin chloride* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *arformoterol tartrate* | *arformoterol tartrate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/20/2023 | *goodsense pen needle penfine* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *nevanac* | *nepafenac* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/20/2023 | *ozempic (0.25 or 0.5 mg/dose)* | *semaglutide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/20/2023 | *oxybutynin chloride er* | *oxybutynin chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 01/20/2023 | *bd pen needle mini u/f* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *kroger pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *ampicillin sodium* | *ampicillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *enoxaparin sodium* | *enoxaparin sodium* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 01/20/2023 | *aum mini insulin pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *auvi-q* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/20/2023 | *unifine ultra pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *trueplus pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *qc unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *true comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *raya sure pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *bd pen needle nano u/f* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *trueplus 5-bevel pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/20/2023 | *ultra flo insulin pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *novofine plus pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *qc loratadine allergy relief* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 01/20/2023 | *easy touch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *leqembi* | *lecanemab-irmb* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/20/2023 | *sure-fine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *enoxaparin sodium* | *enoxaparin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *mm pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/20/2023 | *oxcarbazepine* | *oxcarbazepine* | ADD TO FORMULARY | | PDL Preferred |
| 01/20/2023 | *amlodipine besylate* | *amlodipine besylate* | ADD TO FORMULARY | | PDL Preferred |
| 01/26/2023 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/26/2023 | *levemir flexpen* | *insulin detemir* | ADD TO FORMULARY | | PDL Preferred |
| 01/26/2023 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *xeljanz* | *tofacitinib citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *diltiazem hcl* | *diltiazem hcl* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/26/2023 | *metformin hcl* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *gnp omeprazole* | *omeprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *roflumilast* | *roflumilast* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *clonazepam* | *clonazepam* | ADD UM: QUANTITY | | 10 UNITS / 1 DAYS |
| 01/26/2023 | *omeprazole magnesium* | *omeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *chantix starting month pak* | *varenicline tartrate* | CHANGE UM: QUANTITY | 6 FILLS / 180 DAYS | 6 FILLS / 365 DAYS |
| 01/26/2023 | *dymista* | *azelastine hcl-fluticasone propionate* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *sm esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *valacyclovir hcl* | *valacyclovir hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/26/2023 | *tascenso odt* | *fingolimod lauryl sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *xhance* | *fluticasone propionate (nasal)* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *azelastine-fluticasone* | *azelastine hcl-fluticasone propionate* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *cyclosporine modified* | *cyclosporine modified (for microemulsion)* | ADD TO FORMULARY | | PDL Preferred |
| 01/26/2023 | *cholestyramine* | *cholestyramine* | CHANGE UM: SUM9 | 535 | 535 BILE ACID SEQUESTRANTS |
| 01/26/2023 | *flunisolide* | *flunisolide (nasal)* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD UM: QUANTITY | | 1.5 UNITS / 1 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/26/2023 | *hm lansoprazole* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *diclofenac potassium(migraine)* | *diclofenac potassium (migraine)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *lubiprostone* | *lubiprostone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/26/2023 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/26/2023 | *gnp esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *oxcarbazepine* | *oxcarbazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 01/26/2023 | *esomeprazole magnesium* | *esomeprazole magnesium* | REMOVE UM: AGE | 0 to 12 yrs old | |
| 01/26/2023 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD TO FORMULARY | | PDL Preferred |
| 01/26/2023 | *roflumilast* | *roflumilast* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/26/2023 | *methadose* | *methadone hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 01/26/2023 | *clonazepam* | *clonazepam* | REMOVE UM: QUANTITYCUSTOM | QL= 360 UNITS / 30 DAYS ages 18 years and older, 300 UNITS / 30 DAYS under 18 years of age | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/26/2023 | *desonide* | *desonide* | REMOVE UM: AGE | 0 to 12 yrs old | |
| 01/26/2023 | *prochlorperazine* | *prochlorperazine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/26/2023 | *hm esomeprazole magnesium dr* | *esomeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *xeljanz* | *tofacitinib citrate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 01/26/2023 | *nexium* | *esomeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *phenobarbital* | *phenobarbital* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 01/26/2023 | *oxcarbazepine* | *oxcarbazepine* | ADD TO FORMULARY | | PDL Preferred |
| 01/26/2023 | *levemir flexpen* | *insulin detemir* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 01/26/2023 | *zetonna* | *ciclesonide (nasal)* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *carisoprodol-aspirin-codeine* | *carisoprodol w/ aspirin & codeine* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 01/26/2023 | *azelastine hcl* | *azelastine hcl* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 01/26/2023 | *omnaris* | *ciclesonide (nasal)* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *mometasone furoate* | *mometasone furoate (nasal)* | ADD UM: AGE | | Up to 4 yrs old |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/26/2023 | *metformin hcl* | *metformin hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/26/2023 | *sotyktu* | *deucravacitinib* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 01/26/2023 | *phenobarbital* | *phenobarbital* | ADD TO FORMULARY | | PDL Preferred |
| 01/26/2023 | *lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Preferred |
| 01/26/2023 | *sm lansoprazole* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *desloratadine* | *desloratadine* | CHANGE UM: AGE | 0 to 12 yrs old | 0 to 2 yrs old |
| 01/26/2023 | *klonopin* | *clonazepam* | ADD UM: QUANTITY | | 10 UNITS / 1 DAYS |
| 01/26/2023 | *norvasc* | *amlodipine besylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *varenicline tartrate* | *varenicline tartrate* | CHANGE UM: QUANTITY | 6 FILLS / 180 DAYS | 6 FILLS / 365 DAYS |
| 01/26/2023 | *zegerid* | *omeprazole-sodium bicarbonate* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *chantix continuing month pak* | *varenicline tartrate* | CHANGE UM: QUANTITY | 6 FILLS / 180 DAYS | 6 FILLS / 365 DAYS |
| 01/26/2023 | *diclofenac potassium(migraine)* | *diclofenac potassium (migraine)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/26/2023 | *compro* | *prochlorperazine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/26/2023 | *xaciato* | *clindamycin phosphate vaginal* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/26/2023 | *retacrit* | *epoetin alfa-epbx* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *omeprazole* | *omeprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *omeprazole-sodium bicarbonate* | *omeprazole-sodium bicarbonate* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *spevigo* | *spesolimab-sbzo* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 01/26/2023 | *lubiprostone* | *lubiprostone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *qnasl childrens* | *beclomethasone dipropionate (nasal)* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *xaciato* | *clindamycin phosphate vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *chantix* | *varenicline tartrate* | CHANGE UM: QUANTITY | 6 FILLS / 180 DAYS | 6 FILLS / 365 DAYS |
| 01/26/2023 | *cyclosporine modified* | *cyclosporine modified (for microemulsion)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 01/26/2023 | *tascenso odt* | *fingolimod lauryl sulfate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/26/2023 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/26/2023 | *methadose sugar-free* | *methadone hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/26/2023 | *klonopin* | *clonazepam* | REMOVE UM: QUANTITYCUSTOM | QL= 360 UNITS / 30 DAYS ages 18 years and older, 300 UNITS / 30 DAYS under 18 years of age | |
| 01/26/2023 | *patanase* | *olopatadine hcl (nasal)* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *viibryd starter pack* | *vilazodone hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 01/26/2023 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | REMOVE UM: AGE | 0 to 2 yrs old | |
| 01/26/2023 | *qnasl* | *beclomethasone dipropionate (nasal)* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *sinuva* | *mometasone furoate (nasal)* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *kadian* | *morphine sulfate* | REMOVE UM: QUANTITY | 1 UNITS / 1 DAYS | |
| 01/26/2023 | *valacyclovir hcl* | *valacyclovir hcl* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 01/26/2023 | *beconase aq* | *beclomethasone diprop monohyd* | ADD UM: AGE | | Up to 4 yrs old |
| 01/26/2023 | *posaconazole* | *posaconazole* | ADD UM: SUM10 | | NPD |
| 01/26/2023 | *goodsense esomeprazole* | *esomeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/26/2023 | *qc esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 01/27/2023 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/27/2023 | *monoject insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *elite-thin insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *diltiazem hcl er* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/27/2023 | *fifty50 superior comfort syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *insulin glargine* | *insulin glargine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/27/2023 | *easy touch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *ultilet insulin syringe short* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 01/27/2023 | *amlodipine besylate* | *amlodipine besylate* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 01/27/2023 | *easy touch insulin safety syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *clever choice comfort ez* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *vimpat* | *lacosamide* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 01/27/2023 | *freestyle precision ins syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *glucopro insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *carisoprodol* | *carisoprodol* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/27/2023 | *careone unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *healthwise insulin syr/needle* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *pantoprazole sodium* | *pantoprazole sodium* | CHANGE UM: SUM9 | 585 PROTON PUMP INHIBITORS | 585 PROTON PUMP INHIBITORS |
| 01/27/2023 | *catapres* | *clonidine hcl* | ADD UM: QUANTITY | | 2 UNITS / 1 DAYS |
| 01/27/2023 | *preferred plus insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *1st tier unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *paroxetine hcl er* | *paroxetine hcl* | CHANGE UM: SUM7 | 72 HR Fill | 72 HR Fill |
| 01/27/2023 | *1st tier unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *healthwise pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 01/27/2023 | *tretinoin* | *tretinoin* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 01/27/2023 | *ultra flo insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *comfort ez insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *sm all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 01/27/2023 | *shopko unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *global insulin syringes* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *metoprolol succinate er* | *metoprolol succinate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 01/27/2023 | *safety insulin syringes* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *insulin glargine* | *insulin glargine* | CHANGE UM: SUM10 | NPD | PDL |
| 01/27/2023 | *ibuprofen* | *ibuprofen* | ADD UM: SUM9 | | 552 NSAIDS |
| 01/27/2023 | *rosuvastatin calcium* | *rosuvastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 01/27/2023 | *techlite insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *diltiazem hcl er* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 01/27/2023 | *global inject ease insulin syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *shopko unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *rebyota* | *fecal microbiota, live-jslm* | REMOVE UM: AUTHORIZATION | Preferred Step Trial Required | |
| 01/27/2023 | *todays health pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *bd safetyglide insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *metformin hcl* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 01/27/2023 | *ultra flo insulin syr 1/2 unit* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *labetalol hcl* | *labetalol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 01/27/2023 | *medicine shoppe pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *raya sure pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *voriconazole* | *voriconazole* | ADD UM: SUM9 | | 431 NEW GENERATION AZOLES |
| 01/27/2023 | *trueplus insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *bd insulin syringe u/f 1/2unit* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *px pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *qc pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *bd insulin syringe u/f* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *accu-chek compact plus* | *glucose blood* | CHANGE UM: QUANTITYCUSTOM | QL= 300/month ages 0-20, 200/month age 21 and over | QL= 300/month ages 0-20, 200/month age 21 and over |
| 01/27/2023 | *precision suredose plus syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *mirtazapine* | *mirtazapine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 01/27/2023 | *advocate insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *amantadine hcl* | *amantadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/27/2023 | *gnp ultra com insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *droplet insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *bd insulin syr ultrafine ii* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *tasimelteon* | *tasimelteon* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/27/2023 | *topcare ultra comfort ins syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *insulin syringes* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *ultiguard safepack syr/needle* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *insulin glargine* | *insulin glargine* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 01/27/2023 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 01/27/2023 | *cholestyramine* | *cholestyramine* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 01/27/2023 | *longs insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *insulin syringe-needle u-100* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *sure comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *easy touch sheathlock syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *albuterol sulfate hfa* | *albuterol sulfate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/27/2023 | *valumark pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *techlite pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *px insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *medic insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *pen needles 1/2"* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *fenofibrate* | *fenofibrate* | CHANGE UM: SUM7 | 72 HR Fill | 72 HR Fill |
| 01/27/2023 | *adapalene* | *adapalene* | CHANGE UM: SUM10 | PDL | PDL |
| 01/27/2023 | *clonidine hcl* | *clonidine hcl* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 01/27/2023 | *acebutolol hcl* | *acebutolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 01/27/2023 | *ultra-comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *granisetron hcl* | *granisetron hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *bd insulin syringe microfine* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *acthib* | *haemophilus b polysac conj vac* | CHANGE UM: AGE | At least 19 yrs old | Up to 19 yrs old |
| 01/27/2023 | *ra insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 01/27/2023 | *insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *gnp insulin syringes 31gx5/16"* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *meloxicam* | *meloxicam* | ADD UM: SUM9 | | 552 NSAIDS |
| 01/27/2023 | *cholestyramine light* | *cholestyramine light* | ADD TO FORMULARY | | PDL Preferred |
| 01/27/2023 | *doxazosin mesylate* | *doxazosin mesylate* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 01/27/2023 | *ultra flo insulin pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *rosuvastatin calcium* | *rosuvastatin calcium* | ADD TO FORMULARY | | PDL Preferred |
| 01/27/2023 | *temazepam* | *temazepam* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 01/27/2023 | *bd insulin syringe half-unit* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *easy touch insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *quetiapine fumarate er* | *quetiapine fumarate* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *insupen pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *ulticare insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *prodigy insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *global easy glide insulin syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *amantadine hcl* | *amantadine hcl* | ADD UM: SUM9 | | 452 INFLUENZA |
| 01/27/2023 | *ms insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *careone insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *aurora pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *ultra-thin ii ins syr short* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *venlafaxine hcl er* | *venlafaxine hcl* | CHANGE UM: SUM7 | 72 HR Fill | 72 HR Fill |
| 01/27/2023 | *rebyota* | *fecal microbiota, live-jslm* | ADD TO FORMULARY | | Non-Formulary |
| 01/27/2023 | *vida mia unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/27/2023 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/27/2023 | *true comfort pro insulin syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *dexmethylphenidate hcl er* | *dexmethylphenidate hcl* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 01/27/2023 | *trueplus pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *lisinopril* | *lisinopril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 01/27/2023 | *careone unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *lamotrigine* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 01/27/2023 | *mm insulin syringe/needle* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *bd insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *acyclovir* | *acyclovir* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 01/27/2023 | *carisoprodol* | *carisoprodol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/27/2023 | *kroger pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *bcg vaccine* | *bcg vaccine* | CHANGE UM: AGE | At least 19 yrs old | Up to 19 yrs old |
| 01/27/2023 | *relion pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *easy comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *precision sure-dose syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *prednisone* | *prednisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 01/27/2023 | *exel comfort point pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *exel comfort point insulin syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *stalevo 125* | *carbidopa-levodopa-entacapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 01/27/2023 | *caretouch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *sb insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *quetiapine fumarate er* | *quetiapine fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 01/27/2023 | *rebyota* | *fecal microbiota, live-jslm* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 01/27/2023 | *loratadine* | *loratadine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/27/2023 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | REMOVE UM: SUM9 | 581 PLATELET INHIBITORS | |
| 01/27/2023 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 01/27/2023 | *zevrx insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *clonazepam* | *clonazepam* | REMOVE UM: SUM7 | 72 HR Fill | |
| 01/27/2023 | *vanishpoint insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *kroger insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *unifine pentips plus* | *insulin pen needle* | ADD UM: QUANTITY | | 200 / 30 day(s) |
| 01/27/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Preferred |
| 01/27/2023 | *unifine pentips* | *insulin pen needle* | ADD UM: QUANTITY | | 200 / 30 day(s) |
| 01/27/2023 | *diltiazem hcl* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 01/27/2023 | *sarafem* | *fluoxetine hcl (pmdd)* | CHANGE UM: QUANTITY | 3 / 1 day(s) | 3 / 1 day(s) |
| 01/27/2023 | *kinray insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *mirtazapine* | *mirtazapine* | ADD UM: QUANTITY | | 1 / 1 day(s) |
| 01/27/2023 | *ultracare insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *true comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *naratriptan hcl* | *naratriptan hcl* | ADD UM: QUANTITY | | 12 UNITS / 30 DAYS |
| 01/27/2023 | *gnp insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *gnp insulin syringes 30gx5/16"* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *vp insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *h-e-b incontrol pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *eql insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *sm all day allergy childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/27/2023 | *comfort assist insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *meijer pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *doxazosin mesylate* | *doxazosin mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 01/27/2023 | *ursodiol* | *ursodiol* | ADD UM: SUM9 | | 455 BILE SALTS |
| 01/27/2023 | *omeprazole* | *omeprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 01/27/2023 | *montelukast sodium* | *montelukast sodium* | ADD UM: SUM9 | | 532 LEUKOTRIENE MODIFIERS |
| 01/27/2023 | *famotidine* | *famotidine* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 01/27/2023 | *tretinoin* | *tretinoin* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 01/27/2023 | *qc loratadine allergy relief* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 01/27/2023 | *mesalamine er* | *mesalamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *insulin glargine solostar* | *insulin glargine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/27/2023 | *bd insulin syringe ultrafine* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *bexsero* | *meningococcal vac group b (recombant omv adjuvanted)* | CHANGE UM: AGE | At least 19 yrs old | Up to 19 yrs old |
| 01/27/2023 | *paroxetine hcl* | *paroxetine hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 01/27/2023 | *insulin glargine solostar* | *insulin glargine* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 01/27/2023 | *ultra comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *phenobarbital* | *phenobarbital* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 01/27/2023 | *cholestyramine light* | *cholestyramine light* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 01/27/2023 | *glyburide* | *glyburide* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 01/27/2023 | *monoject ultra comfort syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *mesalamine er* | *mesalamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/27/2023 | *easy touch fliplock insulin sy* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *relion insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *caretouch insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *sure-ject insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *albuterol sulfate hfa* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/27/2023 | *global ease inject pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *loratadine* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/27/2023 | *ultilet insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *preferred plus unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *droplet pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *ursodiol* | *ursodiol* | ADD TO FORMULARY | | PDL Preferred |
| 01/27/2023 | *qc loratadine allergy relief* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 01/27/2023 | *leader insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *litetouch insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *insupen ultrafin* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *carefine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *healthy accents unifine pentip* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *drug mart unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/27/2023 | *cholestyramine* | *cholestyramine* | ADD TO FORMULARY | | PDL Preferred |
| 01/27/2023 | *metoclopramide hcl* | *metoclopramide hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 01/27/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 01/27/2023 | *insulin glargine solostar* | *insulin glargine* | CHANGE UM: SUM10 | NPD | PDL |
| 01/27/2023 | *hm ulticare insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *pro comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *safesnap insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *pc unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/27/2023 | *gnp insulin syringes* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *hyperhep b* | *hepatitis b immune globulin (human)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pacerone* | *amiodarone hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *prometrium* | *progesterone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *folitin-z* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *qc allergy relief* | *fexofenadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *norethindron-ethinyl estrad-fe* | *norethindrone acetate-ethinyl estradiol-fe* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *temsirolimus* | *temsirolimus* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *microgestin 1.5/30* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *abacavir sulfate-lamivudine* | *abacavir sulfate-lamivudine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *emtricitabine-tenofovir df* | *emtricitabine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *gabapentin* | *gabapentin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *recorlev* | *levoketoconazole* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *loreev xr* | *lorazepam* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *myleran* | *busulfan* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *asmanex (60 metered doses)* | *mometasone furoate (inhalation)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *pemetrexed disodium* | *pemetrexed disodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *heparin sodium (porcine) pf* | *heparin sodium (porcine)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hectorol* | *doxercalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pioglitazone hcl* | *pioglitazone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *droxidopa* | *droxidopa* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *xenpozyme* | *olipudase alfa-rpcp* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *rebyota* | *fecal microbiota, live-jslm* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *tri-lo-mili* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *topiramate* | *topiramate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *gamifant* | *emapalumab-lzsg* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *baclofen* | *baclofen* | REMOVE UM: SUM9 | 588 SKELETAL MUSCLE RELAXANTS | |
| 01/30/2023 | *doxycycline hyclate* | *doxycycline hyclate* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 01/30/2023 | *montelukast sodium* | *montelukast sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *cabergoline* | *cabergoline* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lidocaine hcl* | *lidocaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ribavirin* | *ribavirin* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *talzenna* | *talazoparib tosylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *triamterene-hctz* | *triamterene & hydrochlorothiazide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ranitidine hcl* | *ranitidine hcl* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *cardene iv* | *nicardipine hcl in sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *oxycodone hcl er* | *oxycodone hcl* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 01/30/2023 | *glyburide-metformin* | *glyburide-metformin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *emtricitabine-tenofovir df* | *emtricitabine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *docetaxel* | *docetaxel* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *evoxac* | *cevimeline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ferriprox* | *deferiprone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nabi-hb* | *hepatitis b immune globulin (human)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ventrixyl fe* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hiberix* | *haemophilus b polysac conj vac* | ADD UM: AGE | | Up to 19 yrs old |
| 01/30/2023 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate (contraceptive)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *phenazopyridine hcl* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vabysmo* | *faricimab-svoa* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acebutolol hcl* | *acebutolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *endometrin* | *progesterone (vaginal)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lydexa* | *lidocaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fosfomycin tromethamine* | *fosfomycin tromethamine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *efavirenz-emtricitab-tenofo df* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *truseltiq (100mg daily dose)* | *infigratinib phosphate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tretinoin* | *tretinoin* | CHANGE UM: AUTHORIZATION | Preferred Step Trial Required | PREFERRED STEP TRIAL REQUIRED |
| 01/30/2023 | *procort* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *opdualag* | *nivolumab-relatlimab-rmbw* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *gabapentin* | *gabapentin* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 01/30/2023 | *copiktra* | *duvelisib* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sodium phenylbutyrate* | *sodium phenylbutyrate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *dermacinrx dotremin* | *folic acid-cholecalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *capecitabine* | *capecitabine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sodium chloride* | *sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *morphine sulfate (pf)* | *morphine sulfate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *rabavert* | *rabies vaccine, pcec* | ADD UM: AGE | | Up to 19 yrs old |
| 01/30/2023 | *sterile diluent flolan ph 12* | *glycine diluent* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *susvimo (implant refill)* | *ranibizumab* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ampicillin sodium* | *ampicillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 01/30/2023 | *tranexamic acid* | *tranexamic acid* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *atorvastatin calcium* | *atorvastatin calcium* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *erythromycin base* | *erythromycin base* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 01/30/2023 | *ventrixyl* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ipratropium bromide* | *ipratropium bromide* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 01/30/2023 | *propafenone hcl er* | *propafenone hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *nucala* | *mepolizumab* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *rifampin* | *rifampin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *potassium chloride crys er* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *naratriptan hcl* | *naratriptan hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 01/30/2023 | *atomoxetine hcl* | *atomoxetine hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *precedex* | *dexmedetomidine hcl in sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *klor-con* | *potassium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lorcet hd* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *quetiapine fumarate er* | *quetiapine fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *ceftriaxone sodium* | *ceftriaxone sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *isoproterenol hcl* | *isoproterenol hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *soltamox* | *tamoxifen citrate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *verapamil hcl* | *verapamil hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ezetimibe* | *ezetimibe* | ADD UM: SUM9 | | 538 LIPOTROPICS: CAI |
| 01/30/2023 | *eplerenone* | *eplerenone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lamotrigine* | *lamotrigine* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sodium phosphates* | *sodium phosphates (sodium phosphate dibasic & monobasic)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cephalexin* | *cephalexin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *igalmi* | *dexmedetomidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *imipenem-cilastatin* | *imipenem-cilastatin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *dexamethasone sod phosphate pf* | *dexamethasone sodium phosphate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *oxycodone hcl* | *oxycodone hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 01/30/2023 | *acebutolol hcl* | *acebutolol hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 01/30/2023 | *chlordiazepoxide hcl* | *chlordiazepoxide hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *truseltiq (50mg daily dose)* | *infigratinib phosphate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tramadol hcl* | *tramadol hcl* | REMOVE UM: QUANTITY | 40 UNITS / 5 DAYS | |
| 01/30/2023 | *dexamethasone sodium phosphate* | *dexamethasone sodium phosphate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sensorcaine* | *bupivacaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *travatan z* | *travoprost* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *adapalene* | *adapalene* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *diphenoxylate-atropine* | *diphenoxylate w/ atropine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *abacavir sulfate* | *abacavir sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *diphtheria-tetanus toxoids dt* | *diphtheria-tetanus toxoids (dt)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *tamoxifen citrate* | *tamoxifen citrate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *sm vitamin b-6* | *pyridoxine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *quetiapine fumarate er* | *quetiapine fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 01/30/2023 | *fyremadel* | *ganirelix acetate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *glycopyrrolate (pf)* | *glycopyrrolate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *haloperidol lactate* | *haloperidol lactate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *clobazam* | *clobazam* | CHANGE UM: SUM9 | 826 ANTICONVULSANTS | 427 SECOND GENERATION ANTICONVULSANTS |
| 01/30/2023 | *naratriptan hcl* | *naratriptan hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *corlanor* | *ivabradine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lidocaine* | *lidocaine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *saphris* | *asenapine maleate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *morphine sulfate* | *morphine sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *sulfadiazine* | *sulfadiazine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *flovent diskus* | *fluticasone propionate (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 01/30/2023 | *urea* | *urea* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *oxytocin* | *oxytocin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *theophylline* | *theophylline* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *macrilen* | *macimorelin acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *voxzogo* | *vosoritide* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 01/30/2023 | *granisetron hcl* | *granisetron hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 01/30/2023 | *mannitol* | *mannitol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *analpram hc* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *lisinopril* | *lisinopril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 01/30/2023 | *atazanavir sulfate* | *atazanavir sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *nafcillin sodium* | *nafcillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *vonjo* | *pacritinib citrate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tobramycin sulfate* | *tobramycin sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *norethindrone* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pheburane* | *sodium phenylbutyrate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *atropine sulfate* | *atropine sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tibsovo* | *ivosidenib* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *gnp lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *albuterol sulfate* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *norepinephrine bitartrate* | *norepinephrine bitartrate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *ceftriaxone sodium* | *ceftriaxone sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *phytonadione* | *phytonadione* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *diltiazem hcl er beads* | *diltiazem hcl extended release beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 01/30/2023 | *triferic avnu* | *ferric pyrophosphate citrate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *methotrexate sodium (pf)* | *methotrexate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *moderna covid-19 bival 6m-5y* | *covid-19 mrna bivalent virus vaccine (moderna)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *diclofenac sodium* | *diclofenac sodium (topical)* | REMOVE UM: AUTHORIZATION | | |
| 01/30/2023 | *voriconazole* | *voriconazole* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 01/30/2023 | *repaglinide* | *repaglinide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *allopurinol* | *allopurinol* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *saphnelo* | *anifrolumab-fnia* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *labetalol hcl* | *labetalol hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *midazolam hcl* | *midazolam hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sodium fluoride 5000 plus* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *dextrose* | *dextrose* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *camcevi* | *leuprolide mesylate (6 month)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *esmolol hcl-sodium chloride* | *esmolol hcl-sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *zafirlukast* | *zafirlukast* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | REMOVE UM: QUANTITY | 40 UNITS / 10 DAYS | |
| 01/30/2023 | *vibativ* | *telavancin hcl* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *azacitidine* | *azacitidine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *paclitaxel* | *paclitaxel* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *jynneos* | *smallpox & monkeypox vaccine, live, non-replicating* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *bacitracin* | *bacitracin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *leukeran* | *chlorambucil* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pravastatin sodium* | *pravastatin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *nevirapine* | *nevirapine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *perphenazine* | *perphenazine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *exemestane* | *exemestane* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *furosemide* | *furosemide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pilocarpine hcl* | *pilocarpine hcl (oral)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *azurette* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *midazolam hcl (pf)* | *midazolam hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *metoprolol tartrate* | *metoprolol tartrate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *glycate* | *glycopyrrolate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *voriconazole* | *voriconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *flarex* | *fluorometholone acetate* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORI ES |
| 01/30/2023 | *carboplatin* | *carboplatin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fosphenytoin sodium* | *fosphenytoin sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lisinopril* | *lisinopril* | REMOVE UM: SUM9 | 412 ACE INHIBITORS | |
| 01/30/2023 | *elliotts b* | *intrathecal electrolytes w/ dextrose* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fem ph* | *acetic acid-oxyquinoline vaginal* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *enjaymo* | *sutimlimab-jome* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *indocin* | *indomethacin* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *temozolomide* | *temozolomide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tri-vylibra lo* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *insulin glargine solostar* | *insulin glargine* | CHANGE UM: SUM10 | PDL | PDL |
| 01/30/2023 | *amvuttra* | *vutrisiran sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *zafemy* | *norelgestromin-ethinyl estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cyproheptadine hcl* | *cyproheptadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *methylphenidate hcl er* | *methylphenidate hcl* | REMOVE UM: QUANTITY | 1 UNITS / 1 DAYS | |
| 01/30/2023 | *lorcet* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *oxbryta* | *voxelotor* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cimerli* | *ranibizumab-eqrn* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *lithobid* | *lithium carbonate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *sod benz-sod phenylacet* | *sod benzoate & sod phenylacetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *fyarro* | *sirolimus protein-bound particles* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *provayblue* | *methylene blue (antidote)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sm lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *ertapenem sodium* | *ertapenem sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *granisetron hcl* | *granisetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *chlorpromazine hcl* | *chlorpromazine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *provera* | *medroxyprogesterone acetate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *deferoxamine mesylate* | *deferoxamine mesylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *rocuronium bromide* | *rocuronium bromide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *propecia* | *finasteride (alopecia)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *taysofy* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cefazolin sodium* | *cefazolin sodium* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *milrinone lactate in dextrose* | *milrinone lactate in dextrose* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *procainamide hcl* | *procainamide hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *rylaze* | *asparaginase erwinia chrysanthemi (recombinant)-rywn* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *livtencity* | *maribavir* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *triamcinolone acetonide* | *triamcinolone acetonide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *buspirone hcl* | *buspirone hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *robinul-forte* | *glycopyrrolate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ryplazim* | *plasminogen, human-tvmh* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bd pen needle mini u/f* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *lorazepam* | *lorazepam* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tramadol hcl er* | *tramadol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *nembutal* | *pentobarbital sodium* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *merzee* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *dexmedetomidine hcl in nacl* | *dexmedetomidine hcl in sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tretinoin* | *tretinoin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *apretude* | *cabotegravir* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *rapaflo* | *silodosin* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *dermacinrx lidogel* | *lidocaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *romidepsin* | *romidepsin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *dihydroergotamine mesylate* | *dihydroergotamine mesylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *thiothixene* | *thiothixene* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *trimethoprim* | *trimethoprim* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *mirtazapine* | *mirtazapine* | CHANGE UM: QUANTITY | 1 / 1 day(s) | 1 UNITS / 1 DAYS |
| 01/30/2023 | *jynneos* | *smallpox & monkeypox vaccine, live, non-replicating* | ADD UM: AGE | | Up to 19 yrs old |
| 01/30/2023 | *foltrexyl* | *folic acid-cholecalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *daptomycin* | *daptomycin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clomipramine hcl* | *clomipramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *aminosyn ii* | *amino acid infusion* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *amantadine hcl* | *amantadine hcl* | ADD UM: SUM9 | | 452 INFLUENZA |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *dalfampridine er* | *dalfampridine* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *lidocaine hcl urethral/mucosal* | *lidocaine hcl* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *aloxi* | *palonosetron hcl* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *anucort-hc* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *penicillin v potassium* | *penicillin v potassium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 01/30/2023 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *opdivo* | *nivolumab* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acetazolamide* | *acetazolamide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *trophamine* | *amino acid infusion* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lithium* | *lithium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *cholestyramine light* | *cholestyramine light* | CHANGE UM: SUM9 | 535 BILE ACID SEQUESTRANTS | 535 BILE ACID SEQUESTRANTS |
| 01/30/2023 | *cystaran* | *cysteamine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *eptifibatide* | *eptifibatide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vancomycin hcl* | *vancomycin hcl* | CHANGE TIER | PDL Non-Preferred | Covered |
| 01/30/2023 | *zemdri* | *plazomicin sulfate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *zinc sulfate* | *zinc sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *levofloxacin in d5w* | *levofloxacin in d5w* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *fluorouracil* | *fluorouracil (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *truseltiq (125mg daily dose)* | *infigratinib phosphate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *rezipres* | *ephedrine hcl (pressors)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *trelstar mixject* | *triptorelin pamoate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *lamivudine-zidovudine* | *lamivudine-zidovudine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *dexmethylphenidate hcl er* | *dexmethylphenidate hcl* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *atomoxetine hcl* | *atomoxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *lacosamide* | *lacosamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *lithium carbonate* | *lithium carbonate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *fluoxetine hcl* | *fluoxetine hcl* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 01/30/2023 | *unifine pentips plus* | *insulin pen needle* | CHANGE UM: QUANTITY | 200 / 30 day(s) | 200 / 30 day(s) |
| 01/30/2023 | *estradiol* | *estradiol* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *mitomycin* | *mitomycin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *erythromycin lactobionate* | *erythromycin lactobionate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *folotyn* | *pralatrexate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *insulin glargine solostar* | *insulin glargine* | REMOVE UM | | |
| 01/30/2023 | *diazepam* | *diazepam* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *protonix* | *pantoprazole sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *rebyota* | *fecal microbiota, live-jslm* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *atorvastatin calcium* | *atorvastatin calcium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *esomeprazole magnesium* | *esomeprazole magnesium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *digoxin* | *digoxin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *thalomid* | *thalidomide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *sm all day allergy childrens* | *cetirizine hcl* | CHANGE UM: SUM9 | 434 LOW SEDATING ANTIHISTAMINES | 434 LOW SEDATING ANTIHISTAMINES |
| 01/30/2023 | *baciim* | *bacitracin* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *estradiol* | *estradiol vaginal* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *cephalexin* | *cephalexin* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *hiberix* | *haemophilus b polysac conj vac* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *fluoxetine hcl* | *fluoxetine hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *ketorolac tromethamine* | *ketorolac tromethamine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *cefoxitin sodium* | *cefoxitin sodium* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *betaine* | *betaine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *sure comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *truseltiq (75mg daily dose)* | *infigratinib phosphate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *labetalol hcl* | *labetalol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *qc allergy relief* | *loratadine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bludigo* | *indigotindisulfonate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *celestone soluspan* | *betamethasone sod phosphate & acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *true comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *analpram hc singles* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *miacalcin* | *calcitonin (salmon)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *carglumic acid* | *carglumic acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *isotretinoin* | *isotretinoin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *demerol* | *meperidine hcl* | CHANGE TIER | PDL Non-Preferred | Covered |
| 01/30/2023 | *doxorubicin hcl liposomal* | *doxorubicin hcl liposomal* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pacerone* | *amiodarone hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *clonidine hcl* | *clonidine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *desonide* | *desonide* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *imbruvica* | *ibrutinib* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *argatroban* | *argatroban* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cisatracurium besylate (pf)* | *cisatracurium besylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vyvgart* | *efgartigimod alfa-fcab* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nuvaring* | *etonogestrel-ethinyl estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lorazepam* | *lorazepam* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 01/30/2023 | *metformin hcl* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 01/30/2023 | *scemblix* | *asciminib hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *octreotide acetate* | *octreotide acetate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *glucagon hcl (diagnostic)* | *glucagon hcl (diagnostic)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tazorac* | *tazarotene* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/30/2023 | *dermacinrx davimet* | *multiple vitamin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *insulin glargine* | *insulin glargine* | CHANGE UM: SUM10 | PDL | PDL |
| 01/30/2023 | *doxycycline hyclate* | *doxycycline hyclate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *protonix* | *pantoprazole sodium* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *ringers irrigation* | *ringer's irrigation* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cefoxitin sodium* | *cefoxitin sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *qc omeprazole* | *omeprazole* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *metoprolol succinate er* | *metoprolol succinate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *pfizer covid-19 bival 6mo-4yr* | *covid-19 mrna bivalent virus vaccine (pfizer)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *fluoxetine hcl* | *fluoxetine hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 01/30/2023 | *priorix* | *measles, mumps & rubella virus vaccines* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *panzyga* | *immune globulin (human)-ifas* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *leqvio* | *inclisiran sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *iodixanol* | *iodixanol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *busulfan* | *busulfan* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *leuprolide acetate* | *leuprolide acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *klor-con 10* | *potassium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lorcet* | *hydrocodone-acetaminophen* | REMOVE UM: QUANTITY | 40 UNITS / 10 DAYS | |
| 01/30/2023 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *baclofen* | *baclofen* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pemetrexed ditromethamine* | *pemetrexed ditromethamine* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *dermacinrx foltamin* | *folic acid-cholecalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *allopurinol* | *allopurinol* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *bivigam* | *immune globulin (human) iv* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *potassium chloride* | *potassium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *repaglinide* | *repaglinide* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *chlordiazepoxide-clidinium* | *chlordiazepoxide hcl-clidinium bromide* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *definity rt* | *perflutren lipid microsphere* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *topiramate* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 01/30/2023 | *hydralazine hcl* | *hydralazine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *biktarvy* | *bictegravir-emtricitabine-tenofovir alafenamide fumarate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *koate* | *antihemophilic factor (human)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sulfamethoxazole-trimethoprim* | *sulfamethoxazole-trimethoprim* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tralement* | *trace minerals (cu-mn-se-zn)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *erythromycin* | *erythromycin (acne aid)* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *flovent diskus* | *fluticasone propionate (inhalation)* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *gavreto* | *pralsetinib* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *synagis* | *palivizumab* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *stalevo 125* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *tobradex* | *tobramycin-dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *amantadine hcl* | *amantadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *telmisartan-hctz* | *telmisartan-hydrochlorothiazide* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *dexcom g5 mob/g4 plat sensor* | *continuous blood glucose system sensor* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *byfavo* | *remimazolam besylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pioglitazone hcl* | *pioglitazone hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *glyburide* | *glyburide* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *diltiazem hcl* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *calcium gluconate-nacl* | *calcium gluconate-sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *norepinephrine-dextrose* | *norepinephrine bitartrate-dextrose* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *simliya* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *travatan z* | *travoprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 01/30/2023 | *ranitidine hcl* | *ranitidine hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *tri-nymyo* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *artesunate* | *artesunate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nylia 1/35* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *carvykti* | *ciltacabtagene autoleucel* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hydroxychloroquine sulfate* | *hydroxychloroquine sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cortrophin* | *corticotropin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fluconazole* | *fluconazole* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 01/30/2023 | *doxepin hcl* | *doxepin hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vasostrict* | *vasopressin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *labetalol hcl* | *labetalol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 01/30/2023 | *hydrocortisone-iodoquinol* | *iodoquinol-hc* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *dermacinrx urea* | *urea* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *zynrelef* | *bupivacaine-meloxicam* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ultravist* | *iopromide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *folixapure* | *folic acid-cholecalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *enbrel* | *etanercept* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *tivdak* | *tisotumab vedotin-tftv* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acetazolamide er* | *acetazolamide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *signifor* | *pasireotide diaspartate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pylarify* | *piflufolastat f 18* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *pantoprazole sodium* | *pantoprazole sodium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 01/30/2023 | *biorphen* | *phenylephrine hcl (pressors)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clobetasol propionate* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *kybella* | *deoxycholic acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *letrozole* | *letrozole* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *doxazosin mesylate* | *doxazosin mesylate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *proctocort* | *hydrocortisone (rectal)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *adapalene* | *adapalene* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *mekinist* | *trametinib dimethyl sulfoxide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *glostrips* | *fluorescein sodium topical* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *javygtor* | *sapropterin dihydrochloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *methocarbamol* | *methocarbamol* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *gvoke kit* | *glucagon* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tolvaptan* | *tolvaptan* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fluconazole in sodium chloride* | *fluconazole in nacl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *phenylephrine hcl* | *phenylephrine hcl (mydriatic)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *alymsys* | *bevacizumab-maly* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *sm lansoprazole* | *lansoprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/30/2023 | *asmanex (60 metered doses)* | *mometasone furoate (inhalation)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *mafenide acetate* | *mafenide acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *foliflex* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ayuna* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *midazolam hcl (pf)* | *midazolam hcl* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *alphanine sd* | *coagulation factor ix* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 01/30/2023 | *zoledronic acid* | *zoledronic acid* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *irinotecan hcl* | *irinotecan hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *levocetirizine dihydrochloride* | *levocetirizine dihydrochloride* | REMOVE UM: SUM9 | 434 LOW SEDATING ANTIHISTAMINES | |
| 01/30/2023 | *cinacalcet hcl* | *cinacalcet hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *aloxi* | *palonosetron hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *ziprasidone mesylate* | *ziprasidone mesylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tobi* | *tobramycin* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *haloperidol* | *haloperidol* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *catapres* | *clonidine hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 01/30/2023 | *insulin glargine* | *insulin glargine* | REMOVE UM | | |
| 01/30/2023 | *midodrine hcl* | *midodrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *est estrogens-methyltest* | *esterified estrogens & methyltestosterone* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *venexa fe* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *testosterone cypionate* | *testosterone cypionate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fulvestrant* | *fulvestrant* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *loperamide hcl* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *insulin lispro (1 unit dial)* | *insulin lispro* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *pancreaze* | *pancrelipase (lipase-protease-amylase)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nafcillin sodium* | *nafcillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 01/30/2023 | *hydrochlorothiazide* | *hydrochlorothiazide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *methenamine hippurate* | *methenamine hippurate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *mycophenolate mofetil* | *mycophenolate mofetil hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *somavert* | *pegvisomant* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fluphenazine hcl* | *fluphenazine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *caldolor* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *methenamine mandelate* | *methenamine mandelate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *qc omeprazole* | *omeprazole* | REMOVE UM: AUTHORIZATION | | |
| 01/30/2023 | *hydrocortisone acetate* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *bexarotene* | *bexarotene* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *entecavir* | *entecavir* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *bivalirudin trifluoroacetate* | *bivalirudin trifluoroacetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *phenobarbital* | *phenobarbital* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *cinryze* | *c1 esterase inhibitor (human)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *olopatadine hcl* | *olopatadine hcl* | ADD UM: SUM9 | | 562 OPHTHALMIC ANTIHISTAMINES |
| 01/30/2023 | *proctocort* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *levocarnitine* | *levocarnitine (metabolic modifiers)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | REMOVE UM: SUM9 | 619 BETA BLOCKER/DIURETIC COMBINATIONS | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *fludrocortisone acetate* | *fludrocortisone acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *albutein* | *albumin, human* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *efavirenz* | *efavirenz* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *meloxicam* | *meloxicam* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *timolol maleate* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *sod citrate-citric acid* | *sodium citrate & citric acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pirfenidone* | *pirfenidone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *potassium citrate-citric acid* | *potassium citrate-citric acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *heparin sodium (porcine)* | *heparin sodium (porcine)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *nitroglycerin er* | *nitroglycerin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ic green* | *indocyanine green* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nembutal* | *pentobarbital sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *bd insulin syringe microfine* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *timolol maleate* | *timolol maleate (ophth)* | REMOVE UM: AUTHORIZATION | Preferred Step Trial Required | |
| 01/30/2023 | *desipramine hcl* | *desipramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *epsolay* | *benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *hiprex* | *methenamine hippurate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *erlotinib hcl* | *erlotinib hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *montelukast sodium* | *montelukast sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *pluvicto* | *lutetium lu 177 vipivotide tetraxetan* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *microgestin fe 1.5/30* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vuity* | *pilocarpine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *thiothixene* | *thiothixene* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *telmisartan* | *telmisartan* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nitrofurantoin monohyd macro* | *nitrofurantoin monohyd macro* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *oxycodone hcl* | *oxycodone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *lidocaine hcl urethral/mucosal* | *lidocaine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *lithium carbonate er* | *lithium carbonate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *strensiq* | *asfotase alfa* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acyclovir* | *acyclovir topical* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *solifenacin succinate* | *solifenacin succinate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *vasopressin* | *vasopressin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *besremi* | *ropeginterferon alfa-2b-njft* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bexarotene* | *bexarotene (topical)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *methotrexate* | *methotrexate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *aquasol a* | *vitamin a* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sumatriptan* | *sumatriptan* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 01/30/2023 | *oracea* | *doxycycline (rosacea)* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *nucala* | *mepolizumab* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *glyburide micronized* | *glyburide micronized* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 01/30/2023 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *gabapentin* | *gabapentin* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *fenofibrate micronized* | *fenofibrate micronized* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *estradiol* | *estradiol* | REMOVE UM: SUM9 | 487 TRANSDERMAL ESTROGENS | |
| 01/30/2023 | *clonidine hcl* | *clonidine hcl* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 01/30/2023 | *diazepam* | *diazepam* | REMOVE UM: QUANTITY | 40 UNITS / 1 DAYS | |
| 01/30/2023 | *enoxaparin sodium* | *enoxaparin sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *illuccix configuration a* | *gallium ga 68 psma-11* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *acamprosate calcium* | *acamprosate calcium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *illuccix configuration b* | *gallium ga 68 psma-11* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cholestyramine light* | *cholestyramine light* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *tigecycline* | *tigecycline* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *magnesium sulfate* | *magnesium sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acetaminophen childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *vijoice* | *alpelisib (pros agents)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *doxercalciferol* | *doxercalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *urelle* | *methenamine-hyosc-methylene blue-sod phos-phenyl sal* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *akovaz* | *ephedrine sulfate (pressors)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 01/30/2023 | *phenohytro* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *ethacrynic acid* | *ethacrynic acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *procainamide hcl* | *procainamide hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *remifentanil hcl* | *remifentanil hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *unifine pentips* | *insulin pen needle* | CHANGE UM: QUANTITY | 200 / 30 day(s) | 200 / 30 day(s) |
| 01/30/2023 | *cisatracurium besylate* | *cisatracurium besylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *methylergonovine maleate* | *methylergonovine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lokelma* | *sodium zirconium cyclosilicate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *gamifant* | *emapalumab-lzsg* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *retrovir* | *zidovudine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fludarabine phosphate* | *fludarabine phosphate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *estradiol valerate* | *estradiol valerate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *arsenic trioxide* | *arsenic trioxide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *disulfiram* | *disulfiram* | REMOVE UM: AUTHORIZATION | Preferred Step Trial Required | |
| 01/30/2023 | *injectafer* | *ferric carboxymaltose* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sumatriptan* | *sumatriptan* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *dexrazoxane hcl* | *dexrazoxane hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *saline bacteriostatic* | *bacteriostatic sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *dartisla odt* | *glycopyrrolate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *natpara* | *parathyroid hormone (recombinant)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acetylcysteine* | *acetylcysteine (antidote)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *betamethasone dipropionate aug* | *betamethasone dipropionate augmented* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *oxaliplatin* | *oxaliplatin* | ADD TO FORMULARY | | Non-Formulary |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *tezspire* | *tezepelumab-ekko* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *cocaine hcl* | *cocaine hcl (nasal anesthetic)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *esomeprazole sodium* | *esomeprazole sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *darifenacin hydrobromide er* | *darifenacin hydrobromide* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *flurandrenolide* | *flurandrenolide* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *deferiprone* | *deferiprone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *mili* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pot & sod cit-cit ac* | *pot & sod citrates w/citric ac* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *thalitone* | *chlorthalidone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *plenamine* | *amino acid infusion* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tezspire* | *tezepelumab-ekko* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *epsolay* | *benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tobradex* | *tobramycin-dexamethasone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *bethanechol chloride* | *bethanechol chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lidocaine* | *lidocaine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *meropenem* | *meropenem* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *qc all day allergy relief* | *cetirizine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *prednisone* | *prednisone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *mesna* | *mesna* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sodium chloride (pf)* | *sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sarafem* | *fluoxetine hcl (pmdd)* | ADD UM: QUANTITY | | 3 / 1 day(s) |
| 01/30/2023 | *provera* | *medroxyprogesterone acetate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *sterile water for injection* | *water for injection, sterile* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lidocort* | *lidocaine-hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *prenatryl* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *protamine sulfate* | *protamine sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *temazepam* | *temazepam* | REMOVE UM: QUANTITY | 15 UNITS / 30 DAYS | |
| 01/30/2023 | *lioresal* | *baclofen* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *carbamazepine* | *carbamazepine* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *nafcillin sodium* | *nafcillin sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *abacavir sulfate-lamivudine* | *abacavir sulfate-lamivudine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *atovaquone* | *atovaquone* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *haloperidol lactate* | *haloperidol lactate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *solifenacin succinate* | *solifenacin succinate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 01/30/2023 | *phospholine iodide* | *echothiophate iodide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *albuterol sulfate* | *albuterol sulfate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *pyrazinamide* | *pyrazinamide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nuwiq* | *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clonazepam* | *clonazepam* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 01/30/2023 | *abiraterone acetate* | *abiraterone acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bss* | *ophthalmic irrigation solution - intraocular* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *radicava ors starter kit* | *edaravone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ibuprofen* | *ibuprofen* | ADD UM: SUM9 | | 552 NSAIDS |
| 01/30/2023 | *hydromorphone hcl* | *hydromorphone hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *flumist quadrivalent* | *influenza virus vaccine live quadrivalent* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *ezetimibe-simvastatin* | *ezetimibe-simvastatin* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *phenytoin* | *phenytoin* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 01/30/2023 | *azithromycin* | *azithromycin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clorazepate dipotassium* | *clorazepate dipotassium* | REMOVE UM: QUANTITY | 6 UNITS / 1 DAYS | |
| 01/30/2023 | *venclexta* | *venetoclax* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *analpram-hc* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *naloxone hcl* | *naloxone hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *aztreonam* | *aztreonam* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *nuzyra* | *omadacycline tosylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *eluryng* | *etonogestrel-ethinyl estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *maraviroc* | *maraviroc* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *wesnate dha* | *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nifedipine* | *nifedipine* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *tetracaine hcl* | *tetracaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pyrukynd taper pack* | *mitapivat sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *kimyrsa* | *oritavancin diphosphate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *triumeq pd* | *abacavir-dolutegravir-lamivudine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *imipramine hcl* | *imipramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *leucovorin calcium* | *leucovorin calcium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lidocaine hcl* | *lidocaine hcl (local anesth.)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *desoximetasone* | *desoximetasone* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *naropin* | *ropivacaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *magnesium sulfate in d5w* | *magnesium sulfate in dextrose* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hydromorphone hcl* | *hydromorphone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *kerendia* | *finerenone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *insulin lispro (1 unit dial)* | *insulin lispro* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *catapres* | *clonidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *methylprednisolone acetate* | *methylprednisolone acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ganirelix acetate* | *ganirelix acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *diltiazem hcl* | *diltiazem hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *safyral* | *drospirenone-ethinyl estradiol-levomefolate calcium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *chlorpromazine hcl* | *chlorpromazine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *trimipramine maleate* | *trimipramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cytogam* | *cytomegalovirus immune globulin (human)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fluocinonide* | *fluocinonide* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *tri-mili* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *klor-con m15* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *klor-con m10* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *klor-con m20* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *butalbital-aspirin-caffeine* | *butalbital-aspirin-caffeine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *amikacin sulfate* | *amikacin sulfate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *abacavir sulfate* | *abacavir sulfate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *methylprednisolone sodium succ* | *methylprednisolone sod succ* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *farydak* | *panobinostat lactate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *heparin sodium (porcine) pf* | *heparin sodium (porcine)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *glyburide* | *glyburide* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLURE AS |
| 01/30/2023 | *effer-k* | *potassium bicarbonate-citric acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *asmanex (120 metered doses)* | *mometasone furoate (inhalation)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *nexplanon* | *etonogestrel* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *meperidine hcl* | *meperidine hcl* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 01/30/2023 | *hydrocortisone ace-pramoxine* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *carboprost tromethamine* | *carboprost tromethamine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *crinone* | *progesterone (vaginal)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *glycopyrrolate* | *glycopyrrolate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *qc allergy relief* | *fexofenadine hcl* | REMOVE UM: AUTHORIZATION | | |
| 01/30/2023 | *hydromorphone hcl* | *hydromorphone hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *qc allergy relief* | *loratadine* | REMOVE UM: AUTHORIZATION | | |
| 01/30/2023 | *colistimethate sodium (cba)* | *colistimethate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *peg 3350* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vectical* | *calcitriol (topical)* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *fluorouracil* | *fluorouracil* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sensorcaine-mpf* | *bupivacaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nystatin* | *nystatin (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *zoledronic acid* | *zoledronic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *temazepam* | *temazepam* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *thiotepa* | *thiotepa* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *byooviz* | *ranibizumab-nuna* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *phenytoin sodium* | *phenytoin sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *finzala* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *propofol* | *propofol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lenalidomide* | *lenalidomide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tramadol hcl er* | *tramadol hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 01/30/2023 | *aurovela 1.5/30* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *phenoxybenzami ne hcl* | *phenoxybenzamine hcl* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *drospirenone-ethinyl estradiol* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *visipaque* | *iodixanol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *marcaine spinal* | *bupivacaine in dextrose* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *descovy* | *emtricitabine-tenofovir alafenamide fumarate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pemetrexed* | *pemetrexed* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *selzentry* | *maraviroc* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *simpesse* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *telmisartan* | *telmisartan* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *clinolipid* | *fat emulsion plant based (soy/olive)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tlando* | *testosterone undecanoate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *enoxaparin sodium* | *enoxaparin sodium* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 01/30/2023 | *ameluz* | *aminolevulinic acid hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nitroprusside sodium* | *nitroprusside sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *microgestin 1/20* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *crinone* | *progesterone (vaginal)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 01/30/2023 | *alphanate* | *antihemophilic factor/von willebrand factor complex (human)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *profilnine* | *factor ix complex* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *liothyronine sodium* | *liothyronine sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acetazolamide sodium* | *acetazolamide sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *24hr allergy & congestion reli* | *fexofenadine-pseudoephedrine* | CHANGE UM: SUM9 | 434 LOW SEDATING ANTIHISTAMINES | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 01/30/2023 | *camzyos* | *mavacamten* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lidocaine-prilocaine* | *lidocaine-prilocaine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 01/30/2023 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/30/2023 | *tecartus* | *brexucabtagene autoleucel* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clorazepate dipotassium* | *clorazepate dipotassium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *propafenone hcl er* | *propafenone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *omniscan* | *gadodiamide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *est estrogens-methyltest hs* | *esterified estrogens & methyltestosterone* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *qc cetirizine allergy relief* | *cetirizine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sodium acetate* | *sodium acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *exkivity* | *mobocertinib succinate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *zovia 1/35 (28)* | *ethynodiol diacet & eth estrad* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *est estrogens-methyltest ds* | *esterified estrogens & methyltestosterone* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *dermacinrx zintrexyl-c* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *adapalene* | *adapalene* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 402 TOPICAL RETINOIDS |
| 01/30/2023 | *hydroquinone* | *hydroquinone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *heparin sodium (porcine)* | *heparin sodium (porcine)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *imatinib mesylate* | *imatinib mesylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *kimmtrak* | *tebentafusp-tebn* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nitrofurantoin macrocrystal* | *nitrofurantoin macrocrystal* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ipratropium bromide* | *ipratropium bromide* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *losartan potassium* | *losartan potassium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *folditam* | *folic acid-cholecalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *jynarque* | *tolvaptan* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *letrozole* | *letrozole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *dexcom g5 mob/g4 plat sensor* | *continuous blood glucose system sensor* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 01/30/2023 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pyrukynd* | *mitapivat sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *takhzyro* | *lanadelumab-flyo* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *signifor lar* | *pasireotide pamoate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lopreeza* | *estradiol & norethindrone acetate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *theophylline er* | *theophylline* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *foscarnet sodium* | *foscarnet sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *clobetasol propionate* | *clobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 01/30/2023 | *ciprofloxacin in d5w* | *ciprofloxacin in d5w* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vazculep* | *phenylephrine hcl (pressors)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *caspofungin acetate* | *caspofungin acetate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *progesterone* | *progesterone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *butalbital-apap-caffeine* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acyclovir sodium* | *acyclovir sodium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *symax-sl* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *prenatrix* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *udamin sp* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *prazosin hcl* | *prazosin hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *calcitonin (salmon)* | *calcitonin (salmon)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *glyburide-metformin* | *glyburide-metformin* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *saphris* | *asenapine maleate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 01/30/2023 | *erythromycin base* | *erythromycin base* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *adenosine (diagnostic)* | *adenosine (diagnostic)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *potassium citrate er* | *potassium citrate (alkalinizer)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *efavirenz* | *efavirenz* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *metolazone* | *metolazone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *insulin glargine solostar* | *insulin glargine* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *levothyroxine sodium* | *levothyroxine sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *melphalan hcl* | *melphalan hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bosentan* | *bosentan* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *thalomid* | *thalidomide* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *methyltestosterone* | *methyltestosterone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *cefepime hcl* | *cefepime hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *losartan potassium* | *losartan potassium* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *potassium phosphates(71 meq k)* | *potassium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nitisinone* | *nitisinone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *flarex* | *fluorometholone acetate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *beovu* | *brolucizumab-dbll* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *dodex* | *cyanocobalamin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *doxorubicin hcl* | *doxorubicin hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ontruzant* | *trastuzumab-dttb* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *decitabine* | *decitabine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *finasteride* | *finasteride* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 01/30/2023 | *iclevia* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *metoprolol succinate er* | *metoprolol succinate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 01/30/2023 | *gnp olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *baciim* | *bacitracin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *methotrexate sodium* | *methotrexate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *phenadoz* | *promethazine hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *diphenhydramine hcl* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | CHANGE UM: SUM9 | 443 ANTIPARKINSON'S AGENTS | 443 ANTIPARKINSON'S AGENTS |
| 01/30/2023 | *dimethyl fumarate* | *dimethyl fumarate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *levetiracetam* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 01/30/2023 | *hydrocortisone ace-pramoxine* | *pramoxine-hc* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *fluocinolone acetonide* | *fluocinolone acetonide* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *zilretta* | *triamcinolone acetonide* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *carbinoxamine maleate* | *carbinoxamine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *trogarzo* | *ibalizumab-uiyk* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *misoprostol* | *misoprostol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *metoclopramide hcl* | *metoclopramide hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *polyethylene glycol 3350* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pamidronate disodium* | *pamidronate disodium* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *lopreeza* | *estradiol & norethindrone acetate* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *qc esomeprazole magnesium* | *esomeprazole magnesium* | REMOVE UM: SUM9 | 585 PROTON PUMP INHIBITORS | |
| 01/30/2023 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *phenylephrine hcl* | *phenylephrine hcl (pressors)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *glyburide micronized* | *glyburide micronized* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *famotidine (pf)* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *diphtheria-tetanus toxoids dt* | *diphtheria-tetanus toxoids (dt)* | ADD UM: AGE | | Up to 19 yrs old |
| 01/30/2023 | *valproate sodium* | *valproate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pravastatin sodium* | *pravastatin sodium* | ADD UM: SUM9 | | 541 STATINS |
| 01/30/2023 | *tramadol hcl* | *tramadol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *clobazam* | *clobazam* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *adenosine* | *adenosine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vimpat* | *lacosamide* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *sm all day allergy childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *penicillin v potassium* | *penicillin v potassium* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *venexa* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *metformin hcl* | *metformin hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *trifluoperazine hcl* | *trifluoperazine hcl* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *neostigmine methylsulfate* | *neostigmine methylsulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *mirtazapine* | *mirtazapine* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *wescap-pn dha* | *prenatal without a w/ fe fumarate-l methylfolate-fa-dha* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nymyo* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hydrocortisone valerate* | *hydrocortisone valerate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/30/2023 | *uptravi* | *selexipag* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *necon 0.5/35 (28)* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *amlodipine besylate* | *amlodipine besylate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *carospir* | *spironolactone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *naloxone hcl* | *naloxone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 01/30/2023 | *hyosyne* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *pamidronate disodium* | *pamidronate disodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *ultiguard safepack pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *chlorhexidine gluconate* | *chlorhexidine gluconate (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *stalevo 125* | *carbidopa-levodopa-entacapone* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 01/30/2023 | *briviact* | *brivaracetam* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pantoprazole sodium* | *pantoprazole sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *lisinopril* | *lisinopril* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *potassium chloride er* | *potassium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nifedipine* | *nifedipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 01/30/2023 | *afirmelle* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *bumetanide* | *bumetanide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *famotidine* | *famotidine* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 01/30/2023 | *micafungin sodium* | *micafungin sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hydrocortisone butyrate* | *hydrocortisone butyrate* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *synagis* | *palivizumab* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *folic acid* | *folic acid* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *radicava ors* | *edaravone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *methimazole* | *methimazole* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *travatan z* | *travoprost* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *zorvolex* | *diclofenac* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *levetiracetam* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *succinylcholine chloride* | *succinylcholine chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hydrocortisone valerate* | *hydrocortisone valerate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *trelstar mixject* | *triptorelin pamoate* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *qc cetirizine allergy relief* | *cetirizine hcl* | REMOVE UM: SUM9 | 434 LOW SEDATING ANTIHISTAMINES | |
| 01/30/2023 | *lo-zumandimine* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fluconazole* | *fluconazole* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *trifluoperazine hcl* | *trifluoperazine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *xenleta* | *lefamulin acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *anusol-hc* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *methocarbamol* | *methocarbamol* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 01/30/2023 | *trudhesa* | *dihydroergotamine mesylate hfa* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *dextrose-sodium chloride* | *dextrose w/ sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *finasteride* | *finasteride* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *fluconazole in sodium chloride* | *fluconazole in nacl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *botox cosmetic* | *onabotulinumtoxina (cosmetic)* | ADD UM: QUANTITY | | 6 UNITS / 90 DAYS |
| 01/30/2023 | *hydroxyzine hcl* | *hydroxyzine hcl* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *etomidate* | *etomidate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *doxy 100* | *doxycycline hyclate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *molindone hcl* | *molindone hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *aurovela 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *lacosamide* | *lacosamide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/30/2023 | *atazanavir sulfate* | *atazanavir sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *spironolactone-hctz* | *spironolactone & hydrochlorothiazide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | REMOVE UM: SUM10 | PDL | |
| 01/30/2023 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | REMOVE UM: QUANTITY | 40 UNITS / 10 DAYS | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *demerol* | *meperidine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *econazole nitrate* | *econazole nitrate* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *oracit* | *sodium citrate & citric acid* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *paroxetine hcl* | *paroxetine hcl* | REMOVE UM: QUANTITY | 1 UNITS / 1 DAYS | |
| 01/30/2023 | *disulfiram* | *disulfiram* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *adynovate* | *antihemophilic factor (recombinant) pegylated* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *gadoterate meglumine* | *gadoterate meglumine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tilia fe* | *norethindrone acetate-ethinyl estradiol-fe* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *rifabutin* | *rifabutin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *doxazosin mesylate* | *doxazosin mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *lorcet hd* | *hydrocodone-acetaminophen* | REMOVE UM: QUANTITY | 40 UNITS / 10 DAYS | |
| 01/30/2023 | *allopurinol sodium* | *allopurinol sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *desmopressin acetate pf* | *desmopressin acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hydroxyzine pamoate* | *hydroxyzine pamoate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nocdurna* | *desmopressin acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *dermacinrx pretrate* | *prenatal multivit-min w/fe-fa* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *paroxetine hcl* | *paroxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *microgestin 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *atorvastatin calcium* | *atorvastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 01/30/2023 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *omeprazole* | *omeprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 01/30/2023 | *carmustine* | *carmustine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *accutane* | *isotretinoin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *midazolam-sodium chloride* | *midazolam-sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *welireg* | *belzutifan* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hydrocortisone* | *hydrocortisone (intrarectal)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bortezomib* | *bortezomib* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clonazepam* | *clonazepam* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *aurovela 1/20* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nystatin* | *nystatin (topical)* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 01/30/2023 | *qbrexza* | *glycopyrronium tosylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *metronidazole* | *metronidazole* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *zorvolex* | *diclofenac* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *nelarabine* | *nelarabine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *amiodarone hcl* | *amiodarone hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 01/30/2023 | *chlorthalidone* | *chlorthalidone* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vitamin d (ergocalciferol)* | *ergocalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *fentanyl citrate (pf)* | *fentanyl citrate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bloxiverz* | *neostigmine methylsulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sunitinib malate* | *sunitinib malate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *paclitaxel protein-bound part* | *paclitaxel protein-bound particles* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *flumist quadrivalent* | *influenza virus vaccine live quadrivalent* | ADD UM: AGE | | Up to 19 yrs old |
| 01/30/2023 | *sodium nitroprusside* | *nitroprusside sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *radiaura* | *lidocaine-hydrocortisone acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ruconest* | *c1 esterase inhibitor (recombinant)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *dalfampridine er* | *dalfampridine* | ADD UM: SUM9 | | 546 ANCILLARY ORAL AGENTS FOR MULTIPLE SCLEROSIS TREATMENT |
| 01/30/2023 | *amiodarone hcl* | *amiodarone hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *scenesse* | *afamelanotide acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clorazepate dipotassium* | *clorazepate dipotassium* | ADD UM: QUANTITY | | 6 UNITS / 1 DAYS |
| 01/30/2023 | *nylia 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hyoscyamine sulfate* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *qc esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *comfort ez pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *donnatal* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *dicyclomine hcl* | *dicyclomine hcl* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *solifenacin succinate* | *solifenacin succinate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *nexviazyme* | *avalglucosidase alfa-ngpt* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nicardipine hcl* | *nicardipine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *isoxsuprine hcl* | *isoxsuprine hcl* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *ezetimibe* | *ezetimibe* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *chlordiazepoxide hcl* | *chlordiazepoxide hcl* | REMOVE UM: QUANTITY | 360 UNITS / 30 DAYS | |
| 01/30/2023 | *phenobarbital* | *phenobarbital* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 01/30/2023 | *penicillamine* | *penicillamine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acetylcysteine* | *acetylcysteine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *prednisone* | *prednisone* | ADD TO FORMULARY | | PDL Preferred |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *calquence* | *acalabrutinib maleate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *mefloquine hcl* | *mefloquine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acamprosate calcium* | *acamprosate calcium* | REMOVE UM: AUTHORIZATION | Preferred Step Trial Required | |
| 01/30/2023 | *qc all day allergy relief* | *cetirizine hcl* | REMOVE UM: AUTHORIZATION | | |
| 01/30/2023 | *omnipaque* | *iohexol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *wescap-c dha* | *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *embrace pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *fluconazole* | *fluconazole* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 01/30/2023 | *cimetidine hcl* | *cimetidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *deferasirox* | *deferasirox* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ruconest* | *c1 esterase inhibitor (recombinant)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *levetiracetam in nacl* | *levetiracetam in sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *gentamicin sulfate* | *gentamicin sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 01/30/2023 | *ferumoxytol* | *ferumoxytol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *hydroxyurea* | *hydroxyurea* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *amitriptyline hcl* | *amitriptyline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *desogestrel-ethinyl estradiol* | *desogestrel & ethinyl estradiol* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *trientine hcl* | *trientine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *stivarga* | *regorafenib* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nystatin-triamcinolone* | *nystatin-triamcinolone* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *accrufer* | *ferric maltol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pantoprazole sodium* | *pantoprazole sodium* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 01/30/2023 | *perphenazine* | *perphenazine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *atropine sulfate* | *atropine sulfate (ophthalmic)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *lidocaine-prilocaine* | *lidocaine-prilocaine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *morphine sulfate* | *morphine sulfate* | CHANGE TIER | PDL Preferred | Covered |
| 01/30/2023 | *ionosol-mb in d5w* | *electrolyte-mb in dextrose* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *revcovi* | *elapegademase-lvlr* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tamoxifen citrate* | *tamoxifen citrate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clobazam* | *clobazam* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *aminocaproic acid* | *aminocaproic acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *korsuva* | *difelikefalin acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lopinavir-ritonavir* | *lopinavir-ritonavir* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *morphine sulfate* | *morphine sulfate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 01/30/2023 | *icatibant acetate* | *icatibant acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *everolimus* | *everolimus* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *benztropine mesylate* | *benztropine mesylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sucralfate* | *sucralfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *enoxaparin sodium* | *enoxaparin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 01/30/2023 | *cromolyn sodium* | *cromolyn sodium (mastocytosis)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | REMOVE UM: SUM9 | 588 SKELETAL MUSCLE RELAXANTS | |
| 01/30/2023 | *famotidine* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *milrinone lactate* | *milrinone lactate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *dexmedetomidine hcl* | *dexmedetomidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acyclovir* | *acyclovir* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *soltamox* | *tamoxifen citrate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pyrimethamine* | *pyrimethamine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cyanocobalamin* | *cyanocobalamin* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *na sulfate-k sulfate-mg sulf* | *sodium sulfate-potassium sulfate-magnesium sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bacitracin* | *bacitracin* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *amphotericin b liposome* | *amphotericin b liposome* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *valganciclovir hcl* | *valganciclovir hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nevirapine* | *nevirapine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *cromolyn sodium* | *cromolyn sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lansoprazole* | *lansoprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/30/2023 | *hydrocort-pramoxine (perianal)* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *priorix* | *measles, mumps & rubella virus vaccines* | ADD UM: AGE | | Up to 19 yrs old |
| 01/30/2023 | *aurovela fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *dimethyl fumarate* | *dimethyl fumarate* | REMOVE UM: SUM9 | 547 MULTIPLE SCLEROSIS AGENTS | |
| 01/30/2023 | *desmopressin acetate* | *desmopressin acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *methocarbamol* | *methocarbamol* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 01/30/2023 | *ciprodex* | *ciprofloxacin-dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *votrient* | *pazopanib hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *insulin lispro* | *insulin lispro* | REMOVE UM: SUM10 | PDL | |
| 01/30/2023 | *pb-hyoscy-atropine-scopolamine* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *vancomycin hcl* | *vancomycin hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *robinul* | *glycopyrrolate* | ADD TO FORMULARY | | Non-Formulary |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *diflorasone diacetate* | *diflorasone diacetate* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *lyleq* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *levofloxacin in d5w* | *levofloxacin in d5w* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *leflunomide* | *leflunomide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cardene iv* | *nicardipine hcl in sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *gnp lansoprazole* | *lansoprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 01/30/2023 | *acyclovir sodium* | *acyclovir sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *polymyxin b sulfate* | *polymyxin b sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sodium fluoride* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *tabloid* | *thioguanine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *diltiazem hcl er beads* | *diltiazem hcl extended release beads* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *ephedrine sulfate* | *ephedrine sulfate (pressors)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *morphine sulfate (pf)* | *morphine sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *pramosone* | *pramoxine-hc* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *rabavert* | *rabies vaccine, pcec* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *phenobarbital* | *phenobarbital* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *lamivudine* | *lamivudine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lidorex* | *lidocaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *insulin glargine* | *insulin glargine* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *phenytoin* | *phenytoin* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *primaquine phosphate* | *primaquine phosphate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *phenadoz* | *promethazine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 01/30/2023 | *fulvestrant* | *fulvestrant* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ropivacaine hcl* | *ropivacaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *indocin* | *indomethacin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *enbrel* | *etanercept* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 01/30/2023 | *spironolactone* | *spironolactone* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *lanreotide acetate* | *lanreotide acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *clobetasol propionate* | *clobetasol propionate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *pemfexy* | *pemetrexed* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tazorac* | *tazarotene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 01/30/2023 | *acyclovir* | *acyclovir topical* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *fresenius propoven* | *propofol* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *asmanex (120 metered doses)* | *mometasone furoate (inhalation)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/30/2023 | *caffeine citrate* | *caffeine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *zafirlukast* | *zafirlukast* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *anastrozole* | *anastrozole* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *nalmefene hcl* | *nalmefene hcl (antidote)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *tirosint-sol* | *levothyroxine sodium* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *bupivacaine hcl (pf)* | *bupivacaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sm clearlax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vecuronium bromide* | *vecuronium bromide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *argatroban in sodium chloride* | *argatroban in sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *iodoquinol-hc-aloe polysacch* | *iodoquinol-hydrocortisone-aloe polysaccharide* | ADD TO FORMULARY | | Covered |
| 01/30/2023 | *selenious acid* | *selenious acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *aczone* | *dapsone (topical)* | REMOVE UM: SUM10 | NPD | |
| 01/30/2023 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 01/30/2023 | *levocetirizine dihydrochloride* | *levocetirizine dihydrochloride* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *atovaquone* | *atovaquone* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *multrys* | *trace minerals (cu-mn-se-zn)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lidotran* | *lidocaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lidotral* | *lidocaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *ampicillin sodium* | *ampicillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *susvimo (implant 1st fill)* | *ranibizumab* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sajazir* | *icatibant acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *etravirine* | *etravirine* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *twyneo* | *tretinoin-benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *cyclophosphamide* | *cyclophosphamide* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *norethin ace-eth estrad-fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *abiraterone acetate* | *abiraterone acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 01/30/2023 | *estradiol valerate* | *estradiol valerate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *diclofenac sodium* | *diclofenac sodium (actinic keratoses)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *entecavir* | *entecavir* | ADD UM: SUM9 | | 497 HEPATITIS B - ORAL |
| 01/30/2023 | *caspofungin acetate* | *caspofungin acetate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *microgestin fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *kp folic acid* | *folic acid* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/30/2023 | *doxycycline hyclate* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *dermacinrx ribotin-e* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *aminosyn-pf 7%* | *amino acid infusion* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *sorafenib tosylate* | *sorafenib tosylate* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Preferred |
| 01/30/2023 | *ixinity* | *coagulation factor ix (recombinant)* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *lactulose* | *lactulose* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *wescaps* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 01/30/2023 | *vibativ* | *telavancin hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 01/30/2023 | *glycopyrrolate pf* | *glycopyrrolate* | ADD TO FORMULARY | | Non-Formulary |
| 01/31/2023 | *ketorolac tromethamine* | *ketorolac tromethamine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 01/31/2023 | *cafcit* | *caffeine citrate* | TERM AUTO RULE | | |
| 01/31/2023 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 01/31/2023 | *adderall xr* | *amphetamine-dextroamphetamine* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 3 / 1 day(s) |
| 01/31/2023 | *xenical* | *orlistat* | TERM AUTO RULE | | |
| 01/31/2023 | *ketorolac tromethamine* | *ketorolac tromethamine* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 01/31/2023 | *orlistat* | *orlistat* | TERM AUTO RULE | | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 01/31/2023 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 01/31/2023 | *cafcit* | *caffeine citrate* | UM AUTO RULE: AUTHORIZATION | | Prior Authorization Required |
| 01/31/2023 | *orlistat* | *orlistat* | UM AUTO RULE: AUTHORIZATION | | Prior Authorization Required |
| 01/31/2023 | *xenical* | *orlistat* | NEW AUTO RULE | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

## February, 2023

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/01/2023 | *sumatriptan succinate* | *sumatriptan succinate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 02/01/2023 | *zembrace symtouch* | *sumatriptan succinate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 02/01/2023 | *sumatriptan succinate* | *sumatriptan succinate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 02/01/2023 | *zolmitriptan* | *zolmitriptan* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 02/03/2023 | *brisdelle* | *paroxetine mesylate (vasomotor)* | ADD TO FORMULARY | | Covered |
| 02/03/2023 | *bupropion hcl* | *bupropion hcl* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *guanfacine hcl* | *guanfacine hcl* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 02/03/2023 | *sotalol hcl* | *sotalol hcl* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 02/03/2023 | *amoxicillin* | *amoxicillin* | ADD TO FORMULARY | | PDL Preferred |
| 02/03/2023 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 02/03/2023 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/03/2023 | *pioglitazone hcl* | *pioglitazone hcl* | REMOVE UM: SUM9 | 517 THIAZOLIDINEDIONES-ORAL ANTIDIABETIC | |
| 02/03/2023 | *valproic acid* | *valproate sodium* | REMOVE UM: SUM9 | 426 FIRST GENERATION ANTICONVULSANTS | |
| 02/03/2023 | *rosuvastatin calcium* | *rosuvastatin calcium* | ADD TO FORMULARY | | PDL Preferred |
| 02/03/2023 | *minocycline hcl er* | *minocycline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | REMOVE UM: QUANTITY | 1 UNITS / 1 DAYS | |
| 02/03/2023 | *pioglitazone hcl* | *pioglitazone hcl* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *lurasidone hcl* | *lurasidone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/03/2023 | *sotalol hcl* | *sotalol hcl* | REMOVE UM: SUM9 | 454 BETA BLOCKERS | |
| 02/03/2023 | *flurazepam hcl* | *flurazepam hcl* | ADD TO FORMULARY | | Covered |
| 02/03/2023 | *dexlansoprazole* | *dexlansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/03/2023 | *topiramate er* | *topiramate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/03/2023 | *solifenacin succinate* | *solifenacin succinate* | ADD TO FORMULARY | | PDL Preferred |
| 02/03/2023 | *varenicline tartrate* | *varenicline tartrate* | ADD UM: QUANTITY | | 6 / 365 |
| 02/03/2023 | *varenicline tartrate* | *varenicline tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 02/03/2023 | *valproic acid* | *valproate sodium* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/03/2023 | *bupropion hcl* | *bupropion hcl* | REMOVE UM: QUANTITY | 6 UNITS / 1 DAYS | |
| 02/03/2023 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 02/03/2023 | *difluprednate* | *difluprednate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/03/2023 | *solifenacin succinate* | *solifenacin succinate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 02/03/2023 | *minocycline hcl er* | *minocycline hcl* | REMOVE UM: AUTHORIZATION | | |
| 02/03/2023 | *fluvoxamine maleate* | *fluvoxamine maleate* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 02/03/2023 | *cosopt pf* | *dorzolamide hcl-timolol maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/03/2023 | *dexamethasone* | *dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 02/03/2023 | *diclofenac sodium* | *diclofenac sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/03/2023 | *fenofibrate* | *fenofibrate* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 02/03/2023 | *nadolol* | *nadolol* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *ribavirin* | *ribavirin (hepatitis c)* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *amoxicillin* | *amoxicillin* | ADD UM: SUM9 | | 835 PENICILLINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/03/2023 | *azithromycin* | *azithromycin* | ADD TO FORMULARY | | PDL Preferred |
| 02/03/2023 | *flurazepam hcl* | *flurazepam hcl* | REMOVE UM: QUANTITY | 15 UNITS / 30 DAYS | |
| 02/03/2023 | *solifenacin succinate* | *solifenacin succinate* | REMOVE UM: SUM9 | 456 URINARY TRACT ANTISPASMODICS | |
| 02/03/2023 | *nadolol* | *nadolol* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/03/2023 | *zioptan* | *tafluprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/03/2023 | *cosopt* | *dorzolamide hcl-timolol maleate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/03/2023 | *brisdelle* | *paroxetine mesylate (vasomotor)* | REMOVE UM: AUTHORIZATION | | |
| 02/03/2023 | *metoclopramide hcl* | *metoclopramide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *amantadine hcl* | *amantadine hcl* | REMOVE UM: SUM9 | 452 INFLUENZA | |
| 02/03/2023 | *timolol maleate* | *timolol maleate (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 02/03/2023 | *lovastatin* | *lovastatin* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *gabapentin* | *gabapentin* | CHANGE UM: SUM9 | 549 NEUROPATHIC PAIN | 549 NEUROPATHIC PAIN |
| 02/03/2023 | *gabapentin* | *gabapentin* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/03/2023 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | REMOVE UM: SUM9 | 619 BETA BLOCKER/DIURETIC COMBINATIONS | |
| 02/03/2023 | *cortisone acetate* | *cortisone acetate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/03/2023 | *lovastatin* | *lovastatin* | REMOVE UM: SUM9 | 541 STATINS | |
| 02/03/2023 | *azasite* | *azithromycin (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/03/2023 | *clonazepam* | *clonazepam* | ADD UM: QUANTITY | | 6 / 1 |
| 02/03/2023 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *metoclopramide hcl* | *metoclopramide hcl* | REMOVE UM: SUM9 | 430 ANTIEMETIC/ANTIVERTIGO AGENTS | |
| 02/03/2023 | *diclofenac sodium* | *diclofenac sodium* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *linezolid* | *linezolid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/03/2023 | *timolol maleate* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 02/03/2023 | *ribavirin* | *ribavirin (hepatitis c)* | REMOVE UM: SUM9 | 500 RIBAVIRINS | |
| 02/03/2023 | *rizatriptan benzoate* | *rizatriptan benzoate* | REMOVE UM: QUANTITY | 12 UNITS / 30 DAYS | |
| 02/03/2023 | *cosopt* | *dorzolamide hcl-timolol maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/03/2023 | *cortisone acetate* | *cortisone acetate* | ADD TO FORMULARY | | Covered |
| 02/03/2023 | *cosopt pf* | *dorzolamide hcl-timolol maleate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/03/2023 | *rizatriptan benzoate* | *rizatriptan benzoate* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *linezolid* | *linezolid* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/03/2023 | *oxycodone hcl er* | *oxycodone hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 02/03/2023 | *zioptan* | *tafluprost* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/03/2023 | *guanfacine hcl* | *guanfacine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 02/03/2023 | *amantadine hcl* | *amantadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *fluvoxamine maleate* | *fluvoxamine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 02/03/2023 | *azithromycin* | *azithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 02/03/2023 | *clonazepam* | *clonazepam* | ADD TO FORMULARY | | PDL Preferred |
| 02/03/2023 | *rosuvastatin calcium* | *rosuvastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 02/03/2023 | *topiramate er* | *topiramate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/03/2023 | *oxycodone hcl er* | *oxycodone hcl* | ADD TO FORMULARY | | Covered |
| 02/03/2023 | *difluprednate* | *difluprednate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/03/2023 | *azasite* | *azithromycin (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/03/2023 | *dexlansoprazole* | *dexlansoprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/03/2023 | *dexamethasone* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 02/03/2023 | *lurasidone hcl* | *lurasidone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 02/03/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Preferred |
| 02/08/2023 | *invega trinza* | *paliperidone palmitate* | CHANGE UM: QUANTITY | 0.875 UNITS / 28 DAYS | 0.88 / 28 day(s) |
| 02/10/2023 | *quazepam* | *quazepam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/10/2023 | *amjevita* | *adalimumab-atto* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/10/2023 | *orphengesic forte* | *orphenadrine w/ aspirin & caff* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *vilazodone hcl* | *vilazodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/10/2023 | *tamsulosin hcl* | *tamsulosin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 02/10/2023 | *metoprolol succinate er* | *metoprolol succinate* | ADD TO FORMULARY | | PDL Preferred |
| 02/10/2023 | *apap-caff-dihydrocodeine* | *acetaminophen-caff-dihydrocod* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/10/2023 | *tramadol hcl* | *tramadol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/10/2023 | *montelukast sodium* | *montelukast sodium* | REMOVE UM: SUM9 | 532 LEUKOTRIENE MODIFIERS | |
| 02/10/2023 | *norgesic* | *orphenadrine w/ aspirin & caff* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *orphenadrine-aspirin-caffeine* | *orphenadrine w/ aspirin & caff* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *montelukast sodium* | *montelukast sodium* | ADD TO FORMULARY | | Non-Formulary |
| 02/10/2023 | *oravig* | *miconazole (mouth-throat)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *prednisone* | *prednisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 02/10/2023 | *norgesic* | *orphenadrine w/ aspirin & caff* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/10/2023 | *doral* | *quazepam* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *memantine hcl* | *memantine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 02/10/2023 | *apap-caff-dihydrocodeine* | *acetaminophen-caff-dihydrocod* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *doral* | *quazepam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/10/2023 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/10/2023 | *memantine hcl* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 02/10/2023 | *calan sr* | *verapamil hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/10/2023 | *calan sr* | *verapamil hcl* | ADD TO FORMULARY | | Non-Formulary |
| 02/10/2023 | *oravig* | *miconazole (mouth-throat)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/10/2023 | *orphenadrine-aspirin-caffeine* | *orphenadrine w/ aspirin & caff* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/10/2023 | *vilazodone hcl* | *vilazodone hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD TO FORMULARY | | PDL Preferred |
| 02/10/2023 | *amjevita* | *adalimumab-atto* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *quazepam* | *quazepam* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *tramadol hcl* | *tramadol hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 02/10/2023 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *hydrocortisone valerate* | *hydrocortisone valerate* | ADD TO FORMULARY | | Non-Formulary |
| 02/10/2023 | *aponvie* | *aprepitant* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/10/2023 | *metoprolol succinate er* | *metoprolol succinate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 02/10/2023 | *lubiprostone* | *lubiprostone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/10/2023 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD UM: SUM9 | | 552 NSAIDS |
| 02/10/2023 | *hydrocortisone* | *hydrocortisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 02/10/2023 | *prednisone* | *prednisone* | ADD TO FORMULARY | | PDL Preferred |
| 02/10/2023 | *lubiprostone* | *lubiprostone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/10/2023 | *hydrocortisone valerate* | *hydrocortisone valerate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/10/2023 | *hydrocortisone* | *hydrocortisone* | ADD TO FORMULARY | | PDL Preferred |
| 02/10/2023 | *tamsulosin hcl* | *tamsulosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 02/10/2023 | *orphengesic forte* | *orphenadrine w/ aspirin & caff* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/10/2023 | *aponvie* | *aprepitant* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/15/2023 | *hm ulticare mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd insulin syr ultrafine ii* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *vanishpoint insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *carefine pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *qc unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultiguard safepack syr/needle* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *prevent safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultilet insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *aum mini insulin pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *exel comfort point pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultiguard safepack pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *relion insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *dropsafe safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd autoshield* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *sure-ject insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultra-thin ii insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *eql insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultilet pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *meijer pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *trueplus 5-bevel pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *zyprexa relprevv* | *olanzapine pamoate* | CHANGE UM: QUANTITYCUSTOM | QL= 2 UNITS / 1 DAYS ages 18 years and older, 0.08 UNITS / 1 DAYS under 18 years of age | QL= 2 UNITS / 28 DAYS ages 18 years and older, 1 UNIT / 28 DAYS under 18 years of age |
| 02/15/2023 | *maxicomfort ii pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *mm pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *healthwise short pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *diathrive pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *value health insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *shopko unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *pen needles 3/16"* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *microdot pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *kroger pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *safesnap insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd pen needle mini u/f* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *techlite insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *pc unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *vp insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *gnp ultra com insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *precision suredose plus syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *px extra short pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *gnp insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *droplet pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *raya sure pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *kmart valu insulin syringe 29g* | *insulin syringes (disposable)* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *pip pen needles 32g x 4mm* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *precision sure-dose syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *novofine plus pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *advocate insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *comfort ez pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *aurora pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *ms insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *h-e-b incontrol unifine pentip* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *trueplus pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *h-e-b incontrol pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *global easy glide insulin syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *true comfort pro insulin syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *gnp insulin syringes 28gx1/2"* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *gnp ulticare pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *comfort touch insulin pen need* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *droplet insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ra pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ulticare insulin syr 1/2 unit* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *longs insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *relion short pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *leader unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *mm insulin syringe/needle* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *assure id safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *easy touch sheathlock syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *insulin syringe-needle u-100* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *kmart valu insulin syringe 30g* | *insulin syringes (disposable)* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *comfort ez insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *healthy accents unifine pentip* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *aum readygard duo pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *glucopro insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *kroger insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *px mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *novofine autocover pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *caretouch insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *novofine pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *ultra-thin ii pen needle short* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultra flo insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *insupen sensitive* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *leader insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ulticare mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *insupen pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ulticare insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *true comfort pro pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *pro comfort pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *drug mart unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *maxi-comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *litetouch insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *easy glide pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *healthwise micron pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *goodsense clickfine pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *wegmans unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *gnp insulin syringes* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultra thin pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *comfort assist insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *securesafe insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *caretouch pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *aurora unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *zevrx insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *true comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultra-thin ii ins syr short* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultra-thin ii mini pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *exel comfort point insulin syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *preferred plus unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *pure comfort pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *insupen ultrafin* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *bd veo insulin syringe u/f* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *litetouch pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *comfort ez short pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd pen needle nano 2nd gen* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *aum safety pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *vida mia unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultra comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd insulin syringe ultrafine* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ulticare pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *reli-on insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *topcare clickfine pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *maxicomfort syr 27g x 1/2"* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *drug mart unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *prevent dropsafe pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ulticare micro pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *px shortlength pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *maxi-comfort safety pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *safety insulin syringes* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd insulin syringe microfine* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *hm ulticare insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *unifine ultra pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *topcare ultra comfort ins syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *gnp insulin syringes 31gx5/16"* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *1st tier unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd insulin syringe u/f* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *preferred plus insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *securesafe safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *fifty50 pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd safetyglide insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *gnp insulin syringes 30gx5/16"* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *global ease inject pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd safety-lok insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *pro comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *medicine shoppe pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd veo insulin syr u/f 1/2unit* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *goodsense pen needle penfine* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultra flo insulin syr 1/2 unit* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultra flo insulin pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultracare insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *easy touch insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *easy touch fliplock insulin sy* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *easy touch insulin safety syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd pen needle short u/f* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *px pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *novotwist pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *pip pen needles 31g x 5mm* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *unifine pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *shopko unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *sure comfort pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *global insulin syringes* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd pen needle original u/f* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *gnp clickfine pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ra insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd autoshield duo* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *monoject ultra comfort syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *magellan insulin safety syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *monoject insulin syringe* | *insulin syringes (disposable)* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultilet insulin syringe short* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *true comfort pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *relion pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *healthwise pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *todays health mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *incontrol ulticare pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *todays health pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultracare pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *freestyle precision ins syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *embrace pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *clickfine pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *marathon medical pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *clever choice comfort ez* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *droplet micron* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *easy comfort pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *kinray insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *valumark pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd pen needle nano u/f* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *techlite pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *global easy glide pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *healthwise insulin syr/needle* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultra-thin ii pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *careone unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *1st tier unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *insulin syringe/needle* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *pen needles 1/2"* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *medic insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *easy touch safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *advocate insulin pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *easy comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *px insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *zevrx pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ultra-comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *elite-thin insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd insulin syringe half-unit* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *easy touch pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *prodigy insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *relion mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ulticare insulin safety syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *monoject insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *gnp ultiguard safepack needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd insulin syringe* | *insulin syringes (disposable)* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *fifty50 superior comfort syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *gnp insulin syringes 29gx1/2"* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *unifine safecontrol pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *hm ulticare short pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *sure-fine pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *reality insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *global inject ease insulin syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *aum pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *sb insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *careone unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *todays health short pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *careone insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *ulticare short pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *healthwise mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *pen needles 5/16"* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd insulin syringe u/f 1/2unit* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *sure comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *bd pen needle micro u/f* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *qc pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/15/2023 | *trueplus insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *abouttime pen needle* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *assure id insulin safety syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *leader unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *comfort ez micro pen needles* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *insulin syringes* | *insulin syringe/needle u-100* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *healthwise unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *freds pharmacy unifine pentip+* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/15/2023 | *freds pharmacy unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | Covered |
| 02/17/2023 | *imovax rabies* | *rabies virus vaccine, hdc* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *errin* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *easy comfort insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *novofine autocover pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *charlotte 24 fe* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ulticare micro pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ultra-comfort insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *maxi-comfort insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *insulin syringe/needle* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *accu-chek softclix lancet dev* | *lancets misc.* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *pirmella 1/35* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *accu-chek fastclix lancets* | *lancets* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *bekyree* | *desogestrel-ethinyl estradiol (biphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *flucelvax quadrivalent* | *influenza virus vaccine tissue-cultured subunit quadrivalent* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *px insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *mibelas 24 fe* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *leader insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ultra-thin ii pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ra pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *relion pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *divalproex sodium er* | *divalproex sodium* | ADD TO FORMULARY | | PDL Preferred |
| 02/17/2023 | *iclevia* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *zevrx pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *loestrin 1.5/30 (21)* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *true comfort pro pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *balziva* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ranolazine er* | *ranolazine* | ADD UM: SUM9 | | 416 ANTIANGINAL & ANTI-ISCHEMIC |
| 02/17/2023 | *vyfemla* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *eluryng* | *etonogestrel-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *nexplanon* | *etonogestrel* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *kyleena* | *levonorgestrel (iud)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *insulin syringes* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *incassia* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *gnp insulin syringes 28gx1/2"* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *metronidazole* | *metronidazole (topical)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 02/17/2023 | *blisovi fe 1/20* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *nortrel 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *norgestimate-eth estradiol* | *norgestimate-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *aubra eq* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *tulana* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *vida mia unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ms insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *aurora pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *monoject ultra comfort syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ultra comfort insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *clickfine pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *leena* | *norethindrone-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pen needles 5/16"* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ultra-thin ii mini pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *drug mart unifine pentips plus* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *tri-mili* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *comfort ez micro pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *advocate insulin pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ramelteon* | *ramelteon* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *levonorgestrel* | *levonorgestrel (emergency oc)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *twinrix* | *hepatitis a (inactivated)-hepatitis b (recombinant) vaccines* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *liletta (52 mg)* | *levonorgestrel (iud)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *mm insulin syringe/needle* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *aurora unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *valumark pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *techlite pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *seasonique* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *embrace pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *flecainide acetate* | *flecainide acetate* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 02/17/2023 | *pentacel* | *diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *safyral* | *drospirenone-ethinyl estradiol-levomefolate calcium* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *magellan insulin safety syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *true comfort pro insulin syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *global easy glide insulin syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *assure id insulin safety syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *aurovela fe 1.5/30* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *daysee* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *accu-chek guide* | *glucose blood* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *juleber* | *desogestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *dexcom g6 receiver* | *continuous blood glucose system receiver* | CHANGE UM: SUM7 | 72 Hour Fill List | $0 Diabetic |
| 02/17/2023 | *tri-vylibra* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *microgestin 1/20* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *norethin-eth estradiol-fe* | *norethindrone & ethinyl estradiol-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *bd insulin syringe u/f 1/2unit* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *diflunisal* | *diflunisal* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/17/2023 | *acarbose* | *acarbose* | ADD UM: SUM9 | | 503 ALPHA-GLUCOSIDASE INHIBITORS-ORAL ANTIDIABETIC |
| 02/17/2023 | *aurovela 1.5/30* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *mirena (52 mg)* | *levonorgestrel (iud)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *zevrx insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *rivelsa* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *bd pen needle nano u/f* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *accu-chek multiclix lancets* | *lancets* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *kinrix* | *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *pediarix* | *diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *easy touch fliplock insulin sy* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *trivora (28)* | *levonorgestrel-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *flumist quadrivalent* | *influenza virus vaccine live quadrivalent* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *litetouch pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *sb insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ultra flo insulin syr 1/2 unit* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *junel fe 1/20* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *larin 1.5/30* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *proquad* | *measles-mumps-rubella-varicella virus vaccines* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *medicine shoppe pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *unifine pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *tri-lo-estarylla* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *nortrel 1/35 (28)* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *leader unifine pentips plus* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *nortrel 1/35 (21)* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *comfort assist insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ella* | *ulipristal acetate* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *kaitlib fe* | *norethindrone & ethinyl estradiol-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *blisovi 24 fe* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *falessa* | *levonorgestrel-ethinyl estradiol & folic acid* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *simpesse* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *healthwise mini pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *camila* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *careone insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ulticare insulin syr 1/2 unit* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *exel comfort point insulin syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *sharobel* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *securesafe insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *pure comfort pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *unifine pentips plus* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *diathrive pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *kmart valu insulin syringe 29g* | *insulin syringes (disposable)* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *accu-chek compact plus control* | *blood glucose calibration* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *caretouch pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *bd safetyglide insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *marlissa* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *tri-estarylla* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *px extra short pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *ulticare mini pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *m-m-r ii* | *measles, mumps & rubella virus vaccines* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *bd autoshield duo* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *alyacen 1/35* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *precision sure-dose syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *drospirenone-ethinyl estradiol* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *prevnar 13* | *pneumococcal 13-valent conjugate vaccine* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *comirnaty* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *zovia 1/35e (28)* | *ethynodiol diacet & eth estrad* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pip pen needles 31g x 5mm* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *isibloom* | *desogestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ranolazine er* | *ranolazine* | ADD TO FORMULARY | | PDL Preferred |
| 02/17/2023 | *terbinafine hcl* | *terbinafine hcl* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 02/17/2023 | *estrostep fe* | *norethindrone acetate-ethinyl estradiol-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *zumandimine* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *moderna covid-19 vacc 6m-5y* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD UM: SUM7 | | $0 Covid |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *aranelle* | *norethindrone-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *gnp ultiguard safepack needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *dasetta 1/35* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *heather* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *necon 0.5/35 (28)* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *kroger pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *insupen pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *moderna covid-19 vacc 6-11y* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *camrese* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *nora-be* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *rotateq* | *rotavirus vaccine, live oral pentavalent* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *mili* | *norgestimate-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *jencycla* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *menquadfi* | *meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *kroger insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *prodigy insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ulticare insulin safety syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *my way* | *levonorgestrel (emergency oc)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *lutera* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *afluria quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *tdvax* | *tetanus-diphtheria toxoids (td)* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *ocella* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ultiguard safepack syr/needle* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *flulaval quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *lo-zumandimine* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *nikki* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *terbinafine hcl* | *terbinafine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 02/17/2023 | *hailey 24 fe* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *topcare ultra comfort ins syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *spikevax covid-19 vaccine* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD UM: SUM7 | | $0 Covid |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *fluarix quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *estarylla* | *norgestimate-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *priorix* | *measles, mumps & rubella virus vaccines* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *dexcom g6 sensor* | *continuous blood glucose system sensor* | CHANGE UM: SUM7 | 72 Hour Fill List | $0 Diabetic |
| 02/17/2023 | *havrix* | *hepatitis a vaccine* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *lojaimiess* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *divalproex sodium er* | *divalproex sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 02/17/2023 | *tarina fe 1/20 eq* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *maxi-comfort safety pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *nylia 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *value health insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *qc unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *securesafe safety pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *larin fe 1/20* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *unifine ultra pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *yasmin 28* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *lessina* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pfizer-biontech covid-19 vacc* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *reclipsen* | *desogestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *enskyce* | *desogestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *norethindrone acet-ethinyl est* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *aviane* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *paragard intrauterine copper* | *copper (iud)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *gnp insulin syringes 31gx5/16"* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *bd insulin syringe microfine* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *levonorgestrel-ethinyl estrad* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *kurvelo* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *nabumetone* | *nabumetone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/17/2023 | *levonorg-eth estrad triphasic* | *levonorgestrel-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ra insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *trueplus pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *melodetta 24 fe* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *gnp clickfine pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *tilia fe* | *norethindrone acetate-ethinyl estradiol-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *safety pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *varivax* | *varicella virus vaccine live* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *sure comfort insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *vaxneuvance* | *pneumococcal 15-valent conjugate vaccine* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *aurovela 1/20* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *monoject insulin syringe* | *insulin syringes (disposable)* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *azurette* | *desogestrel-ethinyl estradiol (biphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pedvax hib* | *haemophilus b polysac conj vac* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *freestyle libre 2 sensor* | *continuous blood glucose system sensor* | CHANGE UM: SUM7 | 72 Hour Fill List | $0 Diabetic |
| 02/17/2023 | *vienva* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *nabumetone* | *nabumetone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/17/2023 | *bd insulin syringe u/f* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *qc pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *droplet insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *accu-chek softclix lancets* | *lancets* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *droplet micron* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *true comfort pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *aurovela fe 1/20* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *todays health pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *insulin syringe-needle u-100* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *easy touch sheathlock syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *tri-linyah* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *moderna covid-19 bival 6m-5y* | *covid-19 mrna bivalent virus vaccine (moderna)* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *vylibra* | *norgestimate-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *dasetta 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *balcoltra* | *levonorgestrel-ethinyl estradiol-ferrous bisglycinate* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *bd insulin syr ultrafine ii* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *longs insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *tydemy* | *drospirenone-ethinyl estradiol-levomefolate calcium* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *careone unifine pentips plus* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *norlyda* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *cyclafem 1/35* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *vaqta* | *hepatitis a vaccine* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *ultra flo insulin pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *mircette* | *desogestrel-ethinyl estradiol (biphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *annovera* | *segesterone acetate-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *bexsero* | *meningococcal vac group b (recombant omv adjuvanted)* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *easy touch insulin safety syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *accu-chek fastclix lancet* | *lancets misc.* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *omnipod 5 g6 intro (gen 5)* | *insulin infusion disposable pump* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *norethin ace-eth estrad-fe* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *cryselle-28* | *norgestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *abouttime pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *mono-linyah* | *norgestimate-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *taytulla* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *accu-chek aviva plus* | *glucose blood* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *loryna* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *camrese lo* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *healthwise unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *px pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *hailey fe 1.5/30* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *flecainide acetate* | *flecainide acetate* | ADD TO FORMULARY | | PDL Preferred |
| 02/17/2023 | *moderna covid-19 vac (booster)* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *boostrix* | *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *bcg vaccine* | *bcg vaccine* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *fifty50 superior comfort syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *microgestin fe 1/20* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pfizer covid-19 vac-tris 6m-4y* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *trueplus insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *novofine plus pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *jaimiess* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *raya sure pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *tarina fe 1/20* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *chateal* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *aum pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *levora 0.15/30 (28)* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *bd pen needle micro u/f* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *pimtrea* | *desogestrel-ethinyl estradiol (biphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *loseasonique* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *diflunisal* | *diflunisal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/17/2023 | *easy touch pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *mm pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *amethia* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *acarbose* | *acarbose* | ADD TO FORMULARY | | PDL Preferred |
| 02/17/2023 | *freestyle libre 14 day reader* | *continuous blood glucose system receiver* | CHANGE UM: SUM7 | 72 Hour Fill List | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *ashlyna* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *hm ulticare short pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *bd insulin syringe* | *insulin syringes (disposable)* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *fluad quadrivalent* | *influenza virus vacc types a & b surf antigen adjuvant quad* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *ulticare short pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *maxicomfort ii pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *bd autoshield* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *lillow* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *accu-chek compact plus* | *glucose blood* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/17/2023 | *todays health short pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *loestrin fe 1.5/30* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *easy touch insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *fluzone quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *pen needles 1/2"* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *sure-fine pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *reality insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *gnp insulin syringes 29gx1/2"* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *trueplus 5-bevel pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *lyleq* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *bd insulin syringe half-unit* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *tri-sprintec* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *levonorgestrel-ethinyl estrad* | *levonorgestrel-ethinyl estradiol (continuous)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pirmella 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *trumenba* | *meningococcal group b vaccine (recombinant)* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *fluad* | *influenza virus vaccine types a & b surface antigen adjuvant* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *econtra one-step* | *levonorgestrel (emergency oc)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *relion short pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *flublok quadrivalent* | *influenza virus vac recomb hemagglutinin (ha) quadrivalent* | ADD UM: SUM7 | | $0 Vaccine |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *careone unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *hailey fe 1/20* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ultra flo insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *aum readygard duo pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *reli-on insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *larin 24 fe* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *healthwise insulin syr/needle* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *tarina 24 fe* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *previfem* | *norgestimate-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *aubra* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *quartette* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *tri-lo-mili* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *novofine pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *1st tier unifine pentips plus* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *vestura* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *lyza* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *yaz* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *comfort ez insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *medic insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *gemmily* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *erythromycin ethylsuccinate* | *erythromycin ethylsuccinate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/17/2023 | *nortrel 0.5/35 (28)* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 02/17/2023 | *pneumovax 23* | *pneumococcal vac polyvalent* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *engerix-b* | *hepatitis b vaccine (recomb)* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *xulane* | *norelgestromin-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *accu-chek smartview* | *glucose blood* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *adacel* | *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *ultilet insulin syringe short* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *bd insulin syringe ultrafine* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *px shortlength pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *gnp ulticare pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *comfort touch insulin pen need* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *opcicon one-step* | *levonorgestrel (emergency oc)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ultra-thin ii pen needle short* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *option 2* | *levonorgestrel (emergency oc)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *nextstellis* | *drospirenone-estetrol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *femynor* | *norgestimate-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *moderna covid-19 vaccine* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *ultracare pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *easy touch safety pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *amethia lo* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *accu-chek guide control* | *blood glucose calibration* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *insupen sensitive* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *portia-28* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *diclofenac epolamine* | *diclofenac epolamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/17/2023 | *freestyle precision ins syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *assure id safety pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *freds pharmacy unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *desogestrel-ethinyl estradiol* | *desogestrel-ethinyl estradiol (biphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *px mini pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ulticare pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *freds pharmacy unifine pentip+* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *altavera* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *leader unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *gianvi* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *junel fe 1.5/30* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *global easy glide pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *tri-legest fe* | *norethindrone acetate-ethinyl estradiol-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *glucopro insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *caziant* | *desogestrel-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *marathon medical pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *pfizer covid-19 vac bival 5-11* | *covid-19 mrna bivalent virus vaccine (pfizer)* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *techlite insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *rabavert* | *rabies vaccine, pcec* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *global inject ease insulin syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *vp insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *hailey 1.5/30* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *my choice* | *levonorgestrel (emergency oc)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *tri-lo-sprintec* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *wera* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *shopko unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *apri* | *desogestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *zafemy* | *norelgestromin-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *tri-vylibra lo* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *sure comfort pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *tenivac* | *tetanus-diphtheria toxoids (td)* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *gnp ultra com insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *etonogestrel-ethinyl estradiol* | *etonogestrel-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *bd pen needle short u/f* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *bd veo insulin syringe u/f* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *global insulin syringes* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *goodsense pen needle penfine* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/17/2023 | *omnipod dash pods (gen 4)* | *insulin infusion disposable pump* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *merzee* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *sronyx* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *bd pen needle nano 2nd gen* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *bd pen needle original u/f* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *comfort ez short pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *advocate insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *dolishale* | *levonorgestrel-ethinyl estradiol (continuous)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ramelteon* | *ramelteon* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/17/2023 | *precision suredose plus syr* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *shopko unifine pentips plus* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *relion mini pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *meijer pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *slynd* | *drospirenone* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *setlakin* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *elite-thin insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *accu-chek aviva* | *blood glucose calibration* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *healthwise short pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *volnea* | *desogestrel-ethinyl estradiol (biphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *prevnar 20* | *pneumococcal 20-valent conjugate vaccine* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *wegmans unifine pentips plus* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *cyclafem 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *infanrix* | *diphtheria, acellular pertussis & tetanus toxoids* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *dexcom g5 mob/g4 plat sensor* | *continuous blood glucose system sensor* | CHANGE UM: SUM7 | 72 Hour Fill List | $0 Diabetic |
| 02/17/2023 | *loestrin 1/20 (21)* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *afirmelle* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ipol* | *poliovirus vaccine, ipv* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *benazepril hcl* | *benazepril hcl* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 02/17/2023 | *dropsafe safety pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *accu-chek smartview control* | *blood glucose calibration* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *levonest* | *levonorgestrel-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *eql insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *beyaz* | *drospirenone-ethinyl estradiol-levomefolate calcium* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *econtra ez* | *levonorgestrel (emergency oc)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pro comfort pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *deblitane* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *chateal eq* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *aum mini insulin pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *easy glide pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *cyred eq* | *desogestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *novotwist pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *kariva* | *desogestrel-ethinyl estradiol (biphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *unifine safecontrol pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *healthwise micron pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *low-ogestrel* | *norgestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *shingrix* | *zoster vaccine recombinant adjuvanted* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *janssen covid-19 vaccine* | *covid-19 (sars-cov-2) adenovirus vaccine* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *bd veo insulin syr u/f 1/2unit* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *fluzone high-dose* | *influenza virus vaccine split high-dose preservative free* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *novavax covid-19 vaccine* | *covid-19 (sars-cov-2) subunit (spike) protein virus vaccine* | ADD UM: SUM7 | | $0 Covid |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *vaxelis* | *diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *fayosim* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *monoject insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/17/2023 | *recombivax hb* | *hepatitis b vaccine (recomb)* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *zostavax* | *zoster vaccine live* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *menveo* | *meningococcal (a,c,y&w-135) oligosaccharide conjugate vac* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *wymzya fe* | *norethindrone & ethinyl estradiol-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *freestyle libre 14 day sensor* | *continuous blood glucose system sensor* | CHANGE UM: SUM7 | 72 Hour Fill List | $0 Diabetic |
| 02/17/2023 | *hm ulticare mini pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *bd pen needle mini u/f* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *drospiren-eth estrad-levomefol* | *drospirenone-ethinyl estradiol-levomefolate calcium* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *amethyst* | *levonorgestrel-ethinyl estradiol (continuous)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *benazepril hcl* | *benazepril hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *1st tier unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *safety insulin syringes* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *vanishpoint insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *pen needles 3/16"* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *hm ulticare insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *briellyn* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ultiguard safepack pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *levonorgest-eth estrad 91-day* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *levonorgest-eth est & eth est* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *relion insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *tri-previfem* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *preferred plus insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *alyacen 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *skyla* | *levonorgestrel (iud)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *junel 1.5/30* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *ethynodiol diac-eth estradiol* | *ethynodiol diacet & eth estrad* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *healthwise pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *nuvaring* | *etonogestrel-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *exel comfort point pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *emoquette* | *desogestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *moderna covid-19 bival booster* | *covid-19 mrna bivalent virus vaccine (moderna)* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *ultilet insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *prevent safety pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *omnipod 5 g6 pod (gen 5)* | *insulin infusion disposable pump* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *aurovela 24 fe* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *introvale* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pfizer covid-19 bival 6mo-4yr* | *covid-19 mrna bivalent virus vaccine (pfizer)* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *carefine pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *hiberix* | *haemophilus b polysac conj vac* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *h-e-b incontrol pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *ultra-thin ii insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *natazia* | *estradiol valerate-dienogest* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *bd insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *todays health mini pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *comfort ez pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *dexcom g6 transmitter* | *continuous blood glucose system transmitter* | CHANGE UM: SUM7 | 72 Hour Fill List | $0 Diabetic |
| 02/17/2023 | *larin fe 1.5/30* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *jolessa* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *h-e-b incontrol unifine pentip* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *omnipod dash intro (gen 4)* | *insulin infusion disposable pump* | ADD UM: SUM7 | | $0 Diabetic |
| 02/17/2023 | *gardasil 9* | *human papillomavirus (hpv) 9-valent recombinant vaccine* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *pfizer covid-19 vac-tris 5-11y* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *maxicomfort syr 27g x 1/2"* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *enpresse-28* | *levonorgestrel-eth estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ortho micronor* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *viorele* | *desogestrel-ethinyl estradiol (biphasic)* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *kelnor 1/35* | *ethynodiol diacet & eth estrad* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *kelnor 1/50* | *ethynodiol diacet & eth estrad* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *acthib* | *haemophilus b polysac conj vac* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *philith* | *norethindrone & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *twirla* | *levonorgestrel-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *clever choice comfort ez* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *prehevbrio* | *hepatitis b vaccine 3-antigen recombinant* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *tyblume* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *kinray insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *easy comfort pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *incontrol ulticare pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *kmart valu insulin syringe 30g* | *insulin syringes (disposable)* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *quadracel* | *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *larin 1/20* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *orsythia* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *heplisav-b* | *hepatitis b vaccine recombinant adjuvanted* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *aum safety pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *generess fe* | *norethindrone & ethinyl estradiol-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *simliya* | *desogestrel-ethinyl estradiol (biphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *syeda* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *topcare clickfine pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *menactra* | *meningococcal (a,c,y&w-135) polysacch diphth conj vaccine* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *daptacel* | *diphtheria, acellular pertussis & tetanus toxoids* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *velivet* | *desogestrel-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *sprintec 28* | *norgestimate-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *depo-subq provera 104* | *medroxyprogesterone acetate (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *norethindrone* | *norethindrone (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ayuna* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ultra-thin ii ins syr short* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *safesnap insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *true comfort insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *layolis fe* | *norethindrone & ethinyl estradiol-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *gnp insulin syringes* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *gnp insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *minastrin 24 fe* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ultra thin pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *pip pen needles 32g x 4mm* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *prevent dropsafe pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *erythromycin ethylsuccinate* | *erythromycin ethylsuccinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/17/2023 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 02/17/2023 | *freestyle libre 2 reader* | *continuous blood glucose system receiver* | CHANGE UM: SUM7 | 72 Hour Fill List | $0 Diabetic |
| 02/17/2023 | *diclofenac epolamine* | *diclofenac epolamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/17/2023 | *pfizer-biont covid-19 vac-tris* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *diphtheria-tetanus toxoids dt* | *diphtheria-tetanus toxoids (dt)* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *elinest* | *norgestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *depo-provera* | *medroxyprogesterone acetate (contraceptive)* | ADD UM: SUM7 | | $0 Contraception |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *droplet pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *preferred plus unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *pfizer covid-19 vac bivalent* | *covid-19 mrna bivalent virus vaccine (pfizer)* | ADD UM: SUM7 | | $0 Covid |
| 02/17/2023 | *ulticare insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *zarah* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *larissia* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *fifty50 pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *gnp insulin syringes 30gx5/16"* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *new day* | *levonorgestrel (emergency oc)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *jasmiel* | *drospirenone-ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *sure-ject insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *falmina* | *levonorgestrel & eth estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *cyred* | *desogestrel & ethinyl estradiol* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *goodsense clickfine pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *drug mart unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *litetouch insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *ultracare insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *insupen ultrafin* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *jynneos* | *smallpox & monkeypox vaccine, live, non-replicating* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *microdot pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *microgestin fe 1.5/30* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/17/2023 | *blisovi fe 1.5/30* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *metronidazole* | *metronidazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 02/17/2023 | *lo loestrin fe* | *norethindrone acetate-ethinyl estradiol-fe fum (biphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pc unifine pentips* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *junel 1/20* | *norethindrone acet & eth estra* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *caretouch insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *norgestim-eth estrad triphasic* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *bd safety-lok insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/17/2023 | *healthy accents unifine pentip* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *fluzone high-dose quadrivalent* | *influenza virus vac split high-dose quad preservative free* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *global ease inject pen needles* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *loestrin fe 1/20* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *ultilet pen needle* | *insulin pen needle* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *tri femynor* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *pro comfort insulin syringe* | *insulin syringe/needle u-100* | UM AUTO RULE: SUM7 | | $0 Diabetic |
| 02/17/2023 | *rotarix* | *rotavirus vaccine, live oral* | ADD UM: SUM7 | | $0 Vaccine |
| 02/17/2023 | *junel fe 24* | *norethin acet & estrad-fe* | ADD UM: SUM7 | | $0 Contraception |
| 02/17/2023 | *tri-lo-marzia* | *norgestimate-ethinyl estradiol (triphasic)* | ADD UM: SUM7 | | $0 Contraception |
| 02/24/2023 | *methylphenidate hcl er* | *methylphenidate hcl* | CHANGE UM: SUM10 | NPD | PDL |
| 02/24/2023 | *asmanex hfa* | *mometasone furoate (inhalation)* | CHANGE TIER | PDL Non-Preferred | Covered |
| 02/24/2023 | *gloperba* | *colchicine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/24/2023 | *fml* | *fluorometholone (ophth)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/24/2023 | *lurasidone hcl* | *lurasidone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/24/2023 | *pradaxa* | *dabigatran etexilate mesylate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/24/2023 | *adderall* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *asmanex hfa* | *mometasone furoate (inhalation)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/24/2023 | *dulera* | *mometasone furoate-formoterol fumarate dihydrate* | CHANGE TIER | PDL Preferred | Covered |
| 02/24/2023 | *terazosin hcl* | *terazosin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *blephamide s.o.p.* | *sulfacetamide sod-prednisolone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/24/2023 | *allopurinol* | *allopurinol* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *timolol maleate* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *nizatidine* | *nizatidine* | ADD TO FORMULARY | | Covered |
| 02/24/2023 | *timolol maleate* | *timolol maleate (ophth)* | CHANGE UM: SUM9 | 567 BETA BLOCKERS-GLAUCOMA | 567 BETA BLOCKERS-GLAUCOMA |
| 02/24/2023 | *nifedipine er osmotic release* | *nifedipine* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *cardura* | *doxazosin mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/24/2023 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *corgard* | *nadolol* | CHANGE TIER | PDL Non-Preferred | Covered |
| 02/24/2023 | *veregen* | *sinecatechins* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/24/2023 | *cefpodoxime proxetil* | *cefpodoxime proxetil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/24/2023 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | ADD TO FORMULARY | | Covered |
| 02/24/2023 | *amphetamine-dextroamphet er* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *diclofenac potassium* | *diclofenac potassium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/24/2023 | *adderall* | *amphetamine-dextroamphetamine* | CHANGE UM: SUM10 | NPD | PDL |
| 02/24/2023 | *pred-g s.o.p.* | *gentamicin-prednisolone acetate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/24/2023 | *methylphenidate hcl er (osm)* | *methylphenidate hcl* | CHANGE UM: SUM10 | NPD | PDL |
| 02/24/2023 | *nizatidine* | *nizatidine* | REMOVE UM: SUM9 | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS | |
| 02/24/2023 | *fml* | *fluorometholone (ophth)* | CHANGE TIER | PDL Non-Preferred | Covered |
| 02/24/2023 | *augmentin* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/24/2023 | *gloperba* | *colchicine* | ADD TO FORMULARY | | Covered |
| 02/24/2023 | *methylphenidate hcl er (osm)* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *isosorbide mononitrate er* | *isosorbide mononitrate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/24/2023 | *duloxetine hcl* | *duloxetine hcl* | ADD UM: QUANTITYCUSTOM | | QL= 3 UNITS / 1 DAYS ages 18 years and older, 1 UNITS / 1 DAYS under 18 years of age |
| 02/24/2023 | *brimonidine tartrate-timolol* | *brimonidine tartrate-timolol maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/24/2023 | *blephamide s.o.p.* | *sulfacetamide sod-prednisolone* | ADD TO FORMULARY | | Covered |
| 02/24/2023 | *diclofenac potassium* | *diclofenac potassium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/24/2023 | *lurasidone hcl* | *lurasidone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 02/24/2023 | *dulera* | *mometasone furoate-formoterol fumarate dihydrate* | REMOVE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | |
| 02/24/2023 | *augmentin* | *amoxicillin & pot clavulanate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/24/2023 | *amiodarone hcl* | *amiodarone hcl* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 02/24/2023 | *corgard* | *nadolol* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/24/2023 | *cefpodoxime proxetil* | *cefpodoxime proxetil* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/24/2023 | *amiodarone hcl* | *amiodarone hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/24/2023 | *duloxetine hcl* | *duloxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *isosorbide mononitrate er* | *isosorbide mononitrate* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 02/24/2023 | *benazepril hcl* | *benazepril hcl* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *oxybutynin chloride er* | *oxybutynin chloride* | ADD TO FORMULARY | | PDL Preferred |
| 02/24/2023 | *benazepril hcl* | *benazepril hcl* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 02/24/2023 | *brimonidine tartrate-timolol* | *brimonidine tartrate-timolol maleate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/24/2023 | *sure comfort insulin syringe* | *insulin syringe/needle u-100* | DRUG ATTR CHANGE OVERRIDE | Covered | Covered |
| 02/24/2023 | *amphetamine-dextroamphet er* | *amphetamine-dextroamphetamine* | CHANGE UM: SUM10 | NPD | PDL |
| 02/24/2023 | *zocor* | *simvastatin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 02/24/2023 | *terazosin hcl* | *terazosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 02/24/2023 | *oxybutynin chloride er* | *oxybutynin chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 02/24/2023 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 02/24/2023 | *pradaxa* | *dabigatran etexilate mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 02/24/2023 | *cardura* | *doxazosin mesylate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 02/24/2023 | *nifedipine er osmotic release* | *nifedipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 02/24/2023 | *allopurinol* | *allopurinol* | ADD UM: SUM9 | | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS |
| 02/24/2023 | *zocor* | *simvastatin* | CHANGE TIER | PDL Non-Preferred | Covered |
| 02/24/2023 | *pred-g s.o.p.* | *gentamicin-prednisolone acetate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

## March, 2023

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/03/2023 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD TO FORMULARY | | PDL Preferred |
| 03/03/2023 | *levofloxacin* | *levofloxacin* | ADD TO FORMULARY | | PDL Preferred |
| 03/03/2023 | *fenofibrate micronized* | *fenofibrate micronized* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/03/2023 | *fexofenadine hcl* | *fexofenadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 03/03/2023 | *orenitram* | *treprostinil diolamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/03/2023 | *pantoprazole sodium* | *pantoprazole sodium* | REMOVE UM: SUM9 | 585 PROTON PUMP INHIBITORS | |
| 03/03/2023 | *lurasidone hcl* | *lurasidone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/03/2023 | *latanoprost* | *latanoprost* | ADD TO FORMULARY | | Non-Formulary |
| 03/03/2023 | *clobetasol propionate* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Preferred |
| 03/03/2023 | *clobetasol propionate* | *clobetasol propionate* | CHANGE UM: SUM9 | 593 STEROIDS, TOPICAL VERY HIGH | 593 STEROIDS, TOPICAL VERY HIGH |
| 03/03/2023 | *latanoprost* | *latanoprost* | REMOVE UM: SUM9 | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC | |
| 03/03/2023 | *lacosamide* | *lacosamide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/03/2023 | *morphine sulfate er* | *morphine sulfate* | REMOVE UM: SUM10 | NPD | |
| 03/03/2023 | *viokace* | *pancrelipase (lipase-protease-amylase)* | ADD TO FORMULARY | | Non-Formulary |
| 03/03/2023 | *metoprolol succinate er* | *metoprolol succinate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 03/03/2023 | *desonide* | *desonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/03/2023 | *metoprolol succinate er* | *metoprolol succinate* | ADD TO FORMULARY | | PDL Preferred |
| 03/03/2023 | *orenitram* | *treprostinil diolamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/03/2023 | *acyclovir* | *acyclovir* | ADD TO FORMULARY | | PDL Preferred |
| 03/03/2023 | *bisoprolol fumarate* | *bisoprolol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/03/2023 | *lurasidone hcl* | *lurasidone hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 03/03/2023 | *hydrocortisone* | *hydrocortisone* | ADD TO FORMULARY | | PDL Preferred |
| 03/03/2023 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 03/03/2023 | *hydrocortisone* | *hydrocortisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 03/03/2023 | *fenofibrate micronized* | *fenofibrate micronized* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/03/2023 | *bisoprolol fumarate* | *bisoprolol fumarate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/03/2023 | *levofloxacin* | *levofloxacin* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 03/03/2023 | *orenitram month 3* | *treprostinil diolamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/03/2023 | *orenitram month 1* | *treprostinil diolamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/03/2023 | *orenitram month 2* | *treprostinil diolamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/03/2023 | *desonide* | *desonide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/03/2023 | *betimol* | *timolol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/03/2023 | *orenitram month 3* | *treprostinil diolamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/03/2023 | *orenitram month 1* | *treprostinil diolamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/03/2023 | *orenitram month 2* | *treprostinil diolamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/03/2023 | *doxycycline* | *doxycycline (rosacea)* | REMOVE UM | | |
| 03/03/2023 | *lacosamide* | *lacosamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/03/2023 | *fexofenadine hcl* | *fexofenadine hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 03/03/2023 | *vivelle-dot* | *estradiol* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/03/2023 | *doxycycline* | *doxycycline (rosacea)* | ADD TO FORMULARY | | Non-Formulary |
| 03/03/2023 | *viokace* | *pancrelipase (lipase-protease-amylase)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 03/03/2023 | *betimol* | *timolol* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/03/2023 | *acyclovir* | *acyclovir* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 03/03/2023 | *kadian* | *morphine sulfate* | REMOVE UM: SUM10 | NPD | |
| 03/03/2023 | *vivelle-dot* | *estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 03/03/2023 | *pantoprazole sodium* | *pantoprazole sodium* | ADD TO FORMULARY | | Non-Formulary |
| 03/10/2023 | *guanfacine hcl* | *guanfacine hcl* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 03/10/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 03/10/2023 | *diclofenac potassium* | *diclofenac potassium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/10/2023 | *doxycycline* | *doxycycline (rosacea)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 03/10/2023 | *lacosamide* | *lacosamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/10/2023 | *formoterol fumarate* | *formoterol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/10/2023 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | REMOVE UM: SUM9 | 407 ANALGESICS, NARCOTICS SHORT | |
| 03/10/2023 | *fluticasone-salmeterol* | *fluticasone-salmeterol* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/10/2023 | *dimethyl fumarate* | *dimethyl fumarate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 03/10/2023 | *clodan* | *clobetasol propionate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 03/10/2023 | *propafenone hcl er* | *propafenone hcl* | REMOVE UM: SUM9 | 417 ANTIARRHYTHMICS ORAL | |
| 03/10/2023 | *sulfasalazine* | *sulfasalazine* | ADD TO FORMULARY | | PDL Preferred |
| 03/10/2023 | *gnp loratadine childrens* | *loratadine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 03/10/2023 | *sulfasalazine* | *sulfasalazine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 03/10/2023 | *gnp loratadine childrens* | *loratadine* | ADD TO FORMULARY | | Non-Formulary |
| 03/10/2023 | *oxybutynin chloride* | *oxybutynin chloride* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 03/10/2023 | *duloxetine hcl* | *duloxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 03/10/2023 | *lacosamide* | *lacosamide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/10/2023 | *formoterol fumarate* | *formoterol fumarate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/10/2023 | *doxycycline* | *doxycycline (rosacea)* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 03/10/2023 | *diclofenac potassium* | *diclofenac potassium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/10/2023 | *propafenone hcl er* | *propafenone hcl* | ADD TO FORMULARY | | Non-Formulary |
| 03/10/2023 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 03/10/2023 | *duloxetine hcl* | *duloxetine hcl* | ADD UM: QUANTITYCUSTOM | | QL= 2 UNITS / 1 DAYS ages 18 years and older, 1 UNITS / 1 DAYS under 18 years of age |
| 03/10/2023 | *konvomep* | *omeprazole-sodium bicarbonate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 03/10/2023 | *konvomep* | *omeprazole-sodium bicarbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/10/2023 | *telmisartan* | *telmisartan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/10/2023 | *verapamil hcl er* | *verapamil hcl* | ADD TO FORMULARY | | PDL Preferred |
| 03/10/2023 | *fluticasone-salmeterol* | *fluticasone-salmeterol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/10/2023 | *telmisartan* | *telmisartan* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/10/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Preferred |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/10/2023 | *oxybutynin chloride* | *oxybutynin chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/10/2023 | *verapamil hcl er* | *verapamil hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 03/10/2023 | *guanfacine hcl* | *guanfacine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 03/10/2023 | *dimethyl fumarate* | *dimethyl fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 03/16/2023 | *imcivree* | *setmelanotide acetate* | REMOVE FROM FORMULARY | Covered | Non-Formulary |
| 03/17/2023 | *oxybutynin chloride er* | *oxybutynin chloride* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *memantine hcl* | *memantine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *escitalopram oxalate* | *escitalopram oxalate* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *linezolid* | *linezolid* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *benztropine mesylate* | *benztropine mesylate* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 03/17/2023 | *terbutaline sulfate* | *terbutaline sulfate* | ADD UM: SUM9 | | 825 BRONCHODILATORS, BETA AGONIST |
| 03/17/2023 | *testosterone* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/17/2023 | *icosapent ethyl* | *icosapent ethyl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/17/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 03/17/2023 | *betimol* | *timolol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/17/2023 | *nifedipine er osmotic release* | *nifedipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 03/17/2023 | *cephalexin* | *cephalexin* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 03/17/2023 | *bismuth/metronidaz/tetracyclin* | *bismuth subcitrate potassium-metronidazole-tetracycline* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/17/2023 | *dextroamphetamine sulfate* | *dextroamphetamine sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *metformin hcl* | *metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *metformin hcl* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 03/17/2023 | *doxycycline hyclate* | *doxycycline hyclate* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 03/17/2023 | *atorvaliq* | *atorvastatin calcium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/17/2023 | *bismuth/metronidaz/tetracyclin* | *bismuth subcitrate potassium-metronidazole-tetracycline* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/17/2023 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD UM: QUANTITY | | 1 UNIT / 1 DAY |
| 03/17/2023 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *doxycycline hyclate* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *memantine hcl* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 03/17/2023 | *lisinopril* | *lisinopril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 03/17/2023 | *rezvoglar kwikpen* | *insulin glargine-aglr* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/17/2023 | *sanadermrx skin repair* | *triamcinolone acetonide-dimethicone-silicone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 03/17/2023 | *terbutaline sulfate* | *terbutaline sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *teriflunomide* | *teriflunomide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/17/2023 | *mycophenolate sodium* | *mycophenolate sodium* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 03/17/2023 | *alfuzosin hcl er* | *alfuzosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 03/17/2023 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *finasteride* | *finasteride* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *ampicillin-sulbactam sodium* | *ampicillin & sulbactam sodium* | ADD UM: SUM9 | | 835 PENICILLINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/17/2023 | *linezolid* | *linezolid* | ADD UM: SUM9 | | 534 OXAZOLIDINONES |
| 03/17/2023 | *bromfenac sodium (once-daily)* | *bromfenac sodium (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/17/2023 | *benztropine mesylate* | *benztropine mesylate* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 03/17/2023 | *icosapent ethyl* | *icosapent ethyl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/17/2023 | *apap-caff-dihydrocodeine* | *acetaminophen-caff-dihydrocod* | ADD TO FORMULARY | | Non-Formulary |
| 03/17/2023 | *escitalopram oxalate* | *escitalopram oxalate* | ADD UM: QUANTITY | | 1 UNIT / 1 DAY |
| 03/17/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *atorvaliq* | *atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/17/2023 | *oxybutynin chloride er* | *oxybutynin chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 03/17/2023 | *sanadermrx skin repair* | *triamcinolone acetonide-dimethicone-silicone* | ADD TO FORMULARY | | Non-Formulary |
| 03/17/2023 | *nifedipine er osmotic release* | *nifedipine* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *teriflunomide* | *teriflunomide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/17/2023 | *rezvoglar kwikpen* | *insulin glargine-aglr* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/17/2023 | *cephalexin* | *cephalexin* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *mycophenolate sodium* | *mycophenolate sodium* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *alfuzosin hcl er* | *alfuzosin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *colesevelam hcl* | *colesevelam hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/17/2023 | *ampicillin-sulbactam sodium* | *ampicillin & sulbactam sodium* | ADD TO FORMULARY | | PDL Preferred |
| 03/17/2023 | *colesevelam hcl* | *colesevelam hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/17/2023 | *apap-caff-dihydrocodeine* | *acetaminophen-caff-dihydrocod* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 03/17/2023 | *finasteride* | *finasteride* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 03/17/2023 | *testosterone* | *testosterone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/17/2023 | *dextroamphetamine sulfate* | *dextroamphetamine sulfate* | ADD UM: QUANTITY | | 6 UNITS / 1 DAY |
| 03/17/2023 | *betimol* | *timolol* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/17/2023 | *lisinopril* | *lisinopril* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/17/2023 | *bromfenac sodium (once-daily)* | *bromfenac sodium (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/17/2023 | *fenofibrate* | *fenofibrate* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 03/24/2023 | *baclofen* | *baclofen* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 03/24/2023 | *letairis* | *ambrisentan* | CHANGE UM: SUM10 | PDL | NPD |
| 03/24/2023 | *oxcarbazepine* | *oxcarbazepine* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *clonazepam* | *clonazepam* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *lantus solostar* | *insulin glargine* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *freestyle libre 3 sensor* | *continuous blood glucose system sensor* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 03/24/2023 | *isosorbide dinitrate* | *isosorbide dinitrate* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *memantine hcl* | *memantine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 03/24/2023 | *testosterone* | *testosterone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 03/24/2023 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *lantus* | *insulin glargine* | CHANGE UM: SUM10 | PDL | PDL |
| 03/24/2023 | *zileuton er* | *zileuton* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *baclofen* | *baclofen* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/24/2023 | *clonazepam* | *clonazepam* | ADD UM: QUANTITY | | 6 UNITS / 1 DAY |
| 03/24/2023 | *lacosamide* | *lacosamide* | CHANGE UM: SUM10 | NPD | PDL |
| 03/24/2023 | *clonidine hcl* | *clonidine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *camzyos* | *mavacamten* | ADD UM: SUM9 | | 660 CARDIOVASCULAR, OTHER |
| 03/24/2023 | *camzyos* | *mavacamten* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *zileuton er* | *zileuton* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/24/2023 | *quillivant xr* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *dyanavel xr* | *amphetamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/24/2023 | *isosorbide dinitrate* | *isosorbide dinitrate* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 03/24/2023 | *testosterone* | *testosterone* | CHANGE UM: SUM10 | NPD | PDL |
| 03/24/2023 | *clonidine hcl* | *clonidine hcl* | ADD UM: QUANTITY | | 2 UNITS / 1 DAY |
| 03/24/2023 | *quillichew er* | *methylphenidate hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/24/2023 | *ambrisentan* | *ambrisentan* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *acyclovir* | *acyclovir topical* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/24/2023 | *testosterone* | *testosterone* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *promethazine hcl* | *promethazine hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/24/2023 | *vimpat* | *lacosamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *lacosamide* | *lacosamide* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | ADD UM: SUM9 | | 537 LIPOTROPICS - NIACIN DERIVATIVES |
| 03/24/2023 | *promethazine hcl* | *promethazine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 03/24/2023 | *dyanavel xr* | *amphetamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *diltiazem hcl er* | *diltiazem hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/24/2023 | *lantus solostar* | *insulin glargine* | CHANGE UM: SUM10 | PDL | PDL |
| 03/24/2023 | *letairis* | *ambrisentan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *oxcarbazepine* | *oxcarbazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 03/24/2023 | *quillichew er* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *pantoprazole sodium* | *pantoprazole sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/24/2023 | *acyclovir* | *acyclovir topical* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *vimpat* | *lacosamide* | CHANGE UM: SUM10 | PDL | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/24/2023 | *teriflunomide* | *teriflunomide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *timoptic ocudose* | *timolol maleate (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/24/2023 | *ambrisentan* | *ambrisentan* | CHANGE UM: SUM10 | NPD | PDL |
| 03/24/2023 | *ambrisentan* | *ambrisentan* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 03/24/2023 | *lacosamide* | *lacosamide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 03/24/2023 | *pantoprazole sodium* | *pantoprazole sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *memantine hcl* | *memantine hcl* | REMOVE UM: SUM9 | 405 NMDA RECEPTOR | |
| 03/24/2023 | *teriflunomide* | *teriflunomide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/24/2023 | *diltiazem hcl er* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *quillivant xr* | *methylphenidate hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/24/2023 | *lantus* | *insulin glargine* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *methoxsalen rapid* | *methoxsalen rapid* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/24/2023 | *guanfacine hcl* | *guanfacine hcl* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 03/24/2023 | *timoptic ocudose* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/24/2023 | *guanfacine hcl* | *guanfacine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *freestyle libre 3 sensor* | *continuous blood glucose system sensor* | ADD TO FORMULARY | | PDL Preferred |
| 03/24/2023 | *methoxsalen rapid* | *methoxsalen rapid* | ADD TO FORMULARY | | Non-Formulary |
| 03/27/2023 | *sure comfort insulin syringe* | *insulin syringe/needle u-100* | DRUG ATTR CHANGE OVERRIDE | $0 Diabetic | $0 Diabetic |
| 03/31/2023 | *atenolol* | *atenolol* | ADD TO FORMULARY | | PDL Preferred |
| 03/31/2023 | *timolol maleate* | *timolol maleate (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 03/31/2023 | *timolol maleate* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 03/31/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Preferred |
| 03/31/2023 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 03/31/2023 | *prednisolone* | *prednisolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/31/2023 | *telmisartan* | *telmisartan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/31/2023 | *prednisone* | *prednisone* | ADD TO FORMULARY | | PDL Preferred |
| 03/31/2023 | *ranolazine er* | *ranolazine* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/31/2023 | *ciprofloxacin* | *ciprofloxacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/31/2023 | *sirolimus* | *sirolimus* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 03/31/2023 | *prednisone* | *prednisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 03/31/2023 | *prochlorperazine edisylate* | *prochlorperazine edisylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/31/2023 | *omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Preferred |
| 03/31/2023 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 03/31/2023 | *omeprazole* | *omeprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 03/31/2023 | *atenolol* | *atenolol* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 03/31/2023 | *pravastatin sodium* | *pravastatin sodium* | ADD UM: SUM9 | | 541 STATINS |
| 03/31/2023 | *naloxone hcl* | *naloxone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 03/31/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Preferred |
| 03/31/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 03/31/2023 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 03/31/2023 | *testosterone* | *testosterone* | CHANGE UM: SUM10 | PDL | NPD |
| 03/31/2023 | *megestrol acetate* | *megestrol acetate* | ADD TO FORMULARY | | PDL Preferred |
| 03/31/2023 | *megestrol acetate* | *megestrol acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 03/31/2023 | *prochlorperazine edisylate* | *prochlorperazine edisylate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/31/2023 | *telmisartan* | *telmisartan* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/31/2023 | *naloxone hcl* | *naloxone hcl* | ADD UM: SUM9 | | 632 OPIATE OVERDOSE TREATMENTS |
| 03/31/2023 | *sirolimus* | *sirolimus* | ADD TO FORMULARY | | PDL Preferred |
| 03/31/2023 | *dextromethorphan-guaifenesin* | *dextromethorphan-guaifenesin* | DRUG ATTR CHANGE OVERRIDE | Non-Formulary | Non-Formulary |
| 03/31/2023 | *prednisolone* | *prednisolone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 03/31/2023 | *pravastatin sodium* | *pravastatin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 03/31/2023 | *ranolazine er* | *ranolazine* | ADD UM: SUM9 | | 416 ANTIANGINAL & ANTI-ISCHEMIC |
| 03/31/2023 | *testosterone* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 03/31/2023 | *ciprofloxacin* | *ciprofloxacin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

## April, 2023

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 04/07/2023 | *methocarbamol* | *methocarbamol* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 04/07/2023 | *diltiazem hcl er* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/07/2023 | *permethrin* | *permethrin* | REMOVE UM: SUM9 | 442 ANTIPARASITICS, TOPICAL | |
| 04/07/2023 | *maxitrol* | *neomycin-polymy-dexameth* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/07/2023 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *armodafinil* | *armodafinil* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 04/07/2023 | *everolimus* | *everolimus (immunosuppressant)* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *valacyclovir hcl* | *valacyclovir hcl* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *posaconazole* | *posaconazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/07/2023 | *pregabalin* | *pregabalin* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *diltiazem hcl* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *benazepril hcl* | *benazepril hcl* | ADD UM: SUM9 | | 412 ACE INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 04/07/2023 | *ethosuximide* | *ethosuximide* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 04/07/2023 | *benazepril hcl* | *benazepril hcl* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *diltiazem hcl* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 04/07/2023 | *armodafinil* | *armodafinil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/07/2023 | *adapalene* | *adapalene* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *temazepam* | *temazepam* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/07/2023 | *verquvo* | *vericiguat* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/07/2023 | *permethrin* | *permethrin* | ADD TO FORMULARY | | Non-Formulary |
| 04/07/2023 | *adapalene* | *adapalene* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 04/07/2023 | *topiramate er* | *topiramate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/07/2023 | *dofetilide* | *dofetilide* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 04/07/2023 | *pregabalin* | *pregabalin* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 04/07/2023 | *alendronate sodium* | *alendronate sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 04/07/2023 | *temazepam* | *temazepam* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 04/07/2023 | *dofetilide* | *dofetilide* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *cefuroxime axetil* | *cefuroxime axetil* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *tolmetin sodium* | *tolmetin sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 04/07/2023 | *acebutolol hcl* | *acebutolol hcl* | ADD TO FORMULARY | | Non-Formulary |
| 04/07/2023 | *everolimus* | *everolimus (immunosuppressant)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 04/07/2023 | *cefuroxime axetil* | *cefuroxime axetil* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |
| 04/07/2023 | *hydrocortisone* | *hydrocortisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 04/07/2023 | *tolmetin sodium* | *tolmetin sodium* | ADD TO FORMULARY | | Non-Formulary |
| 04/07/2023 | *alendronate sodium* | *alendronate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 04/07/2023 | *valacyclovir hcl* | *valacyclovir hcl* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 04/07/2023 | *topiramate er* | *topiramate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/07/2023 | *sure comfort insulin syringe* | *insulin syringe/needle u-100* | DRUG ATTR CHANGE OVERRIDE | $0 Diabetic | $0 Diabetic |
| 04/07/2023 | *acebutolol hcl* | *acebutolol hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 04/07/2023 | *maxitrol* | *neomycin-polymy-dexameth* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 04/07/2023 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 04/07/2023 | *ethosuximide* | *ethosuximide* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *posaconazole* | *posaconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/07/2023 | *verquvo* | *vericiguat* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/07/2023 | *tasimelteon* | *tasimelteon* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/07/2023 | *xepi* | *ozenoxacin* | ADD TO FORMULARY | | Non-Formulary |
| 04/07/2023 | *xepi* | *ozenoxacin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 04/07/2023 | *tasimelteon* | *tasimelteon* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 04/07/2023 | *diltiazem hcl er* | *diltiazem hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/07/2023 | *methocarbamol* | *methocarbamol* | ADD TO FORMULARY | | PDL Preferred |
| 04/07/2023 | *hydrocortisone* | *hydrocortisone* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *gnp nicotine mini* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *gnp nicotine polacrilex* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *dabigatran etexilate mesylate* | *dabigatran etexilate mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 04/14/2023 | *colestipol hcl* | *colestipol hcl* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 04/14/2023 | *fluvoxamine maleate* | *fluvoxamine maleate* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 04/14/2023 | *omeprazole* | *omeprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 04/14/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *ovace plus* | *sulfacetamide sodium* | ADD TO FORMULARY | | Non-Formulary |
| 04/14/2023 | *durysta* | *bimatoprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/14/2023 | *captopril-hydrochlorothiazide* | *captopril & hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/14/2023 | *verapamil hcl er* | *verapamil hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/14/2023 | *omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *dexamethasone* | *dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *ciprofloxacin* | *ciprofloxacin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/14/2023 | *teriflunomide* | *teriflunomide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/14/2023 | *vilazodone hcl* | *vilazodone hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 04/14/2023 | *vancomycin hcl* | *vancomycin hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/14/2023 | *formoterol fumarate* | *formoterol fumarate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/14/2023 | *glipizide er* | *glipizide* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *vilazodone hcl* | *vilazodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/14/2023 | *vancomycin hcl* | *vancomycin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/14/2023 | *tadalafil* | *tadalafil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/14/2023 | *fluvoxamine maleate* | *fluvoxamine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 04/14/2023 | *verapamil hcl er* | *verapamil hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/14/2023 | *tadalafil* | *tadalafil* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 04/14/2023 | *mupirocin* | *mupirocin* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *glipizide er* | *glipizide* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 04/14/2023 | *mupirocin* | *mupirocin* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |
| 04/14/2023 | *azithromycin* | *azithromycin* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 04/14/2023 | *metoclopramide hcl* | *metoclopramide hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 04/14/2023 | *juxtapid* | *lomitapide mesylate* | ADD TO FORMULARY | | Non-Formulary |
| 04/14/2023 | *juxtapid* | *lomitapide mesylate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 04/14/2023 | *durysta* | *bimatoprost* | ADD UM: SUM10 | | NPD |
| 04/14/2023 | *metoclopramide hcl* | *metoclopramide hcl* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *topiramate er* | *topiramate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/14/2023 | *gnp nicotine mini* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 04/14/2023 | *ovace plus* | *sulfacetamide sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 04/14/2023 | *dabigatran etexilate mesylate* | *dabigatran etexilate mesylate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/14/2023 | *azithromycin* | *azithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 04/14/2023 | *baclofen* | *baclofen* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *topiramate er* | *topiramate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/14/2023 | *captopril-hydrochlorothiazide* | *captopril & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 04/14/2023 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/14/2023 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 04/14/2023 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/14/2023 | *gnp nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 04/14/2023 | *dexamethasone* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 04/14/2023 | *ciprofloxacin* | *ciprofloxacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/14/2023 | *colestipol hcl* | *colestipol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 04/14/2023 | *teriflunomide* | *teriflunomide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/14/2023 | *formoterol fumarate* | *formoterol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/21/2023 | *tranylcypromine sulfate* | *tranylcypromine sulfate* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 04/21/2023 | *cefdinir* | *cefdinir* | ADD TO FORMULARY | | PDL Preferred |
| 04/21/2023 | *benazepril hcl* | *benazepril hcl* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 04/21/2023 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 04/21/2023 | *azithromycin* | *azithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 04/21/2023 | *zma clear* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/21/2023 | *azelastine hcl* | *azelastine hcl* | REMOVE UM: SUM9 | 525 INTRANASAL ANTIHISTAMINES | |
| 04/21/2023 | *zosyn* | *piperacillin sodium-tazobactam sodium in dextrose* | ADD TO FORMULARY | | PDL Preferred |
| 04/21/2023 | *sodium sulfacetamide wash* | *sulfacetamide sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/21/2023 | *oxcarbazepine* | *oxcarbazepine* | ADD TO FORMULARY | | PDL Preferred |
| 04/21/2023 | *zosyn* | *piperacillin sodium-tazobactam sodium in dextrose* | ADD UM: SUM9 | | 835 PENICILLINS |
| 04/21/2023 | *cefdinir* | *cefdinir* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 04/21/2023 | *pravastatin sodium* | *pravastatin sodium* | ADD TO FORMULARY | | Non-Formulary |
| 04/21/2023 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate* | REMOVE UM: SUM9 | 583 PROGESTATIONAL AGENTS | |
| 04/21/2023 | *tranylcypromine sulfate* | *tranylcypromine sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 04/21/2023 | *azithromycin* | *azithromycin* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 04/21/2023 | *azelastine hcl* | *azelastine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 04/21/2023 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate* | ADD TO FORMULARY | | Non-Formulary |
| 04/21/2023 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/21/2023 | *dabigatran etexilate mesylate* | *dabigatran etexilate mesylate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 04/21/2023 | *oxcarbazepine* | *oxcarbazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 04/21/2023 | *dabigatran etexilate mesylate* | *dabigatran etexilate mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/21/2023 | *benazepril hcl* | *benazepril hcl* | ADD TO FORMULARY | | PDL Preferred |
| 04/21/2023 | *sodium sulfacetamide wash* | *sulfacetamide sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 04/21/2023 | *pravastatin sodium* | *pravastatin sodium* | REMOVE UM: SUM9 | 541 STATINS | |
| 04/21/2023 | *vibramycin* | *doxycycline (monohydrate)* | REMOVE UM: AGE | 0 to 12 yrs old | |
| 04/21/2023 | *zma clear* | *sulfacetamide sodium w/ sulfur* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

## June, 2021

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 06/01/2021 | *acyclovir* | *acyclovir* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 06/01/2021 | *acyclovir* | *acyclovir* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

## July, 2022

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *estrace* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm allergy relief* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lindane* | *lindane* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *allergy relief-d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sm nicotine polacrilex* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *acanya* | *clindamycin phosphate-benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *maxidex* | *dexamethasone (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *enalapril-hydrochlorothiazide* | *enalapril maleate & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ketoconazole* | *ketoconazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *almotriptan malate* | *almotriptan malate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nadolol* | *nadolol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *forteo* | *teriparatide (recombinant)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fosrenol* | *lanthanum carbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *terbinafine hcl* | *terbinafine hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *crotan* | *crotamiton* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *trijardy xr* | *empagliflozin-linagliptin-metformin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *omeprazole-sodium bicarbonate* | *omeprazole-sodium bicarbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bimatoprost* | *bimatoprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *janumet* | *sitagliptin-metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *invokana* | *canagliflozin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *venlafaxine hcl* | *venlafaxine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *olopatadine hcl* | *olopatadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *humalog mix 75/25 kwikpen* | *insulin lispro protamine & lispro* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *telmisartan* | *telmisartan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *combivent respimat* | *ipratropium-albuterol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hetlioz* | *tasimelteon* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bleph-10* | *sulfacetamide sodium (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *welchol* | *colesevelam hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *bromocriptine mesylate* | *bromocriptine mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *eletriptan hydrobromide* | *eletriptan hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *difluprednate* | *difluprednate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *calcipotriene* | *calcipotriene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rybelsus* | *semaglutide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *trianex* | *triamcinolone acetonide (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *minocycline hcl* | *minocycline hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dimenhydrinate* | *dimenhydrinate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nifedipine er osmotic release* | *nifedipine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bafiertam* | *monomethyl fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *methylphenidate hcl er (xr)* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clarinex* | *desloratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *febuxostat* | *febuxostat* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *tenofovir disoproxil fumarate* | *tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *glipizide* | *glipizide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *exelderm* | *sulconazole nitrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *namenda titration pak* | *memantine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zontivity* | *vorapaxar sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *colestipol hcl* | *colestipol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *irbesartan-hydrochlorothiazide* | *irbesartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zomig zmt* | *zolmitriptan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prozac* | *fluoxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cetirizine hcl childrens alrgy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *norethindrone-eth estradiol* | *norethindrone acetate-ethinyl estradiol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ribavirin* | *ribavirin (hepatitis c)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clonidine* | *clonidine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cardura* | *doxazosin mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *verapamil hcl er* | *verapamil hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *propafenone hcl* | *propafenone hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *humalog junior kwikpen* | *insulin lispro* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hydrocortisone max st/12 moist* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ozempic (0.25 or 0.5 mg/dose)* | *semaglutide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ovace wash* | *sulfacetamide sodium* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *nuzyra* | *omadacycline tosylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *colazal* | *balsalazide disodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluocinonide* | *fluocinonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *carisoprodol* | *carisoprodol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *qc childrens ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *uceris* | *budesonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *budesonide* | *budesonide (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *verapamil hcl* | *verapamil hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *amoxicill-clarithro-lansopraz* | *amoxicillin-clarithromycin w/ lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ozempic (2 mg/dose)* | *semaglutide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *blephamide s.o.p.* | *sulfacetamide sod-prednisolone* | ADD TO FORMULARY | | PDL Non-Preferred |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *selegiline hcl* | *selegiline hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tramadol hcl er* | *tramadol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *entecavir* | *entecavir* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *apraclonidine hcl* | *apraclonidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *horizant* | *gabapentin enacarbil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *naftifine hcl* | *naftifine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *aczone* | *dapsone (topical)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *beconase aq* | *beclomethasone diprop monohyd* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *flurbiprofen* | *flurbiprofen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *felodipine er* | *felodipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *arformoterol tartrate* | *arformoterol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dulera* | *mometasone furoate-formoterol fumarate dihydrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *glyxambi* | *empagliflozin-linagliptin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tudorza pressair* | *aclidinium bromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *duobrii* | *halobetasol propionate-tazarotene* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *tamsulosin hcl* | *tamsulosin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fosinopril sodium-hctz* | *fosinopril sodium & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *climara pro* | *estradiol-levonorgestrel* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tramadol-acetaminophen* | *tramadol-acetaminophen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *halcinonide* | *halcinonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mavenclad (4 tabs)* | *cladribine (multiple sclerosis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *allergy relief childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *taperdex 6-day* | *dexamethasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tolmetin sodium* | *tolmetin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nexletol* | *bempedoic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *steglujan* | *ertugliflozin-sitagliptin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *kapspargo sprinkle* | *metoprolol succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ery-tab* | *erythromycin base* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *reltone* | *ursodiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amiodarone hcl* | *amiodarone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lidocaine* | *lidocaine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *enbrel* | *etanercept* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *arikayce* | *amikacin sulfate liposome* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fenoglide* | *fenofibrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lotrel* | *amlodipine besylate-benazepril hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xofluza (40 mg dose)* | *baloxavir marboxil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *oxaprozin* | *oxaprozin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *atorvastatin calcium* | *atorvastatin calcium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *budesonide* | *budesonide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *all day allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ropinirole hcl er* | *ropinirole hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *topiramate* | *topiramate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *razadyne er* | *galantamine hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *flagyl* | *metronidazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *allergy relief/nasal decongest* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sm nicotine* | *nicotine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fluticasone furoate-vilanterol* | *fluticasone furoate-vilanterol* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *imvexxy starter pack* | *estradiol vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *methyldopa-hydrochlorothiazide* | *methyldopa & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ovace plus* | *sulfacetamide sodium* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *antivert* | *meclizine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *aripiprazole* | *aripiprazole* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *acid reducer* | *omeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *apidra* | *insulin glulisine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tinidazole* | *tinidazole* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tobradex st* | *tobramycin-dexamethasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *genotropin* | *somatropin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *adalat cc* | *nifedipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *retin-a* | *tretinoin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *childrens loratadine* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *jentadueto* | *linagliptin-metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zypitamag* | *pitavastatin magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clobetasol prop emollient base* | *clobetasol propionate emollient base* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *aciphex* | *rabeprazole sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *montelukast sodium* | *montelukast sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *allergy relief* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *timolol maleate* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *prochlorperazine maleate* | *prochlorperazine maleate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nicotine* | *nicotine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nardil* | *phenelzine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nourianz* | *istradefylline* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluvoxamine maleate* | *fluvoxamine maleate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *promethazine hcl* | *promethazine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *flomax* | *tamsulosin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *naratriptan hcl* | *naratriptan hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *budesonide er* | *budesonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tyvaso dpi maintenance kit* | *treprostinil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nicotine mini* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *athletes foot (clotrimazole)* | *clotrimazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zyflo* | *zileuton* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *estrace* | *estradiol vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gloperba* | *colchicine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm allergy childrens* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *desoximetasone* | *desoximetasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm acid reducer max st* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *epsolay* | *benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *asmanex (120 metered doses)* | *mometasone furoate (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fentora* | *fentanyl citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zaleplon* | *zaleplon* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avar-e ls* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *maprotiline hcl* | *maprotiline hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *emsam* | *selegiline* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bethkis* | *tobramycin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *propranolol hcl* | *propranolol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *onzetra xsail* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *captopril-hydrochlorothiazide* | *captopril & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm allergy relief* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *disopyramide phosphate* | *disopyramide phosphate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *urso forte* | *ursodiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *carteolol hcl* | *carteolol hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *oxycodone hcl* | *oxycodone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qc loratadine allergy relief* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *advair hfa* | *fluticasone-salmeterol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *trospium chloride er* | *trospium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xarelto* | *rivaroxaban* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *meclofenamate sodium* | *meclofenamate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adcirca* | *tadalafil (pulmonary hypertension)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *atralin* | *tretinoin* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *olmesartan medoxomil* | *olmesartan medoxomil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zegerid* | *omeprazole-sodium bicarbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *androgel* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *alosetron hcl* | *alosetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *invokamet* | *canagliflozin-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pindolol* | *pindolol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *heartburn relief max st* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *xofluza (80 mg dose)* | *baloxavir marboxil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zomacton (for zoma-jet 10)* | *somatropin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mavenclad (6 tabs)* | *cladribine (multiple sclerosis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *varenicline tartrate* | *varenicline tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *balsalazide disodium* | *balsalazide disodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *admelog* | *insulin lispro* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sumatriptan succinate refill* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *sumatriptan-naproxen sodium* | *sumatriptan-naproxen sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sodium sulfacetamide wash* | *sulfacetamide sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *jantoven* | *warfarin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dexlansoprazole* | *dexlansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sumaxin* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *flurandrenolide* | *flurandrenolide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *acebutolol hcl* | *acebutolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nexium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lotronex* | *alosetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *rapamune* | *sirolimus* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *halcion* | *triazolam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *imitrex statdose refill* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hydrocodone-ibuprofen* | *hydrocodone-ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *omega-3-acid ethyl esters* | *omega-3-acid ethyl esters* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *insulin aspart flexpen* | *insulin aspart* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *morphine sulfate* | *morphine sulfate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *telmisartan-hctz* | *telmisartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *flector* | *diclofenac epolamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *proair hfa* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *morphine sulfate er* | *morphine sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dutasteride* | *dutasteride* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *brexafemme* | *ibrexafungerp citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *omnipod 5 g6 pod (gen 5)* | *insulin infusion disposable pump* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *flunisolide* | *flunisolide (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pradaxa* | *dabigatran etexilate mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *canasa* | *mesalamine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gnp all day allergy childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *moxifloxacin hcl* | *moxifloxacin hcl (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sumadan wash* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *timoptic ocudose* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zeposia* | *ozanimod hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *cromolyn sodium* | *cromolyn sodium (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *aklief* | *trifarotene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *warfarin sodium* | *warfarin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lovaza* | *omega-3-acid ethyl esters* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *repaglinide-metformin hcl* | *repaglinide-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mupirocin* | *mupirocin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tetrabenazine* | *tetrabenazine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *natesto* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *celebrex* | *celecoxib* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *rosadan* | *metronidazole w/ cleanser (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *neomycin sulfate* | *neomycin sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *quviviq* | *daridorexant hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *neomycin-polymyxin-gramicidin* | *neomycin-polymyxin-gramicidin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cyclobenzaprine hcl er* | *cyclobenzaprine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *onexton* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *alfuzosin hcl er* | *alfuzosin hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *ciprofloxacin* | *ciprofloxacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *feldene* | *piroxicam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm antifungal clotrimazole* | *clotrimazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *focalin xr* | *dexmethylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qc nicotine transdermal system* | *nicotine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cortisone acetate* | *cortisone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fml forte* | *fluorometholone (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *toujeo solostar* | *insulin glargine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pioglitazone hcl* | *pioglitazone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *accu-chek aviva* | *blood glucose calibration* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gelnique* | *oxybutynin chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *estradiol* | *estradiol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rytary* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *atomoxetine hcl* | *atomoxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *doxylamine-pyridoxine* | *doxylamine-pyridoxine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *norvasc* | *amlodipine besylate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *gemtesa* | *vibegron* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cleocin* | *clindamycin phosphate vaginal* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *amphetamine sulfate* | *amphetamine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *qbrelis* | *lisinopril* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tavaborole* | *tavaborole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lipofen* | *fenofibrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *risedronate sodium* | *risedronate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *kombiglyze xr* | *saxagliptin-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluvastatin sodium* | *fluvastatin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *candesartan cilexetil-hctz* | *candesartan cilexetil-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *penicillin v potassium* | *penicillin v potassium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *coreg* | *carvedilol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *levemir* | *insulin detemir* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *flucytosine* | *flucytosine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pataday* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *alomide* | *lodoxamide tromethamine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *azulfidine* | *sulfasalazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm allergy relief* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *plavix* | *clopidogrel bisulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dextroamphetamine sulfate er* | *dextroamphetamine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *minitran* | *nitroglycerin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *retacrit* | *epoetin alfa-epbx* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *solifenacin succinate* | *solifenacin succinate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ocuflox* | *ofloxacin (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *benzoyl peroxide-erythromycin* | *benzoyl peroxide-erythromycin* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *tenoretic 100* | *atenolol & chlorthalidone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *desonide* | *desonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bensal hp* | *salicylic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *trulance* | *plecanatide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *neupogen* | *filgrastim* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fluoxetine hcl (pmdd)* | *fluoxetine hcl (pmdd)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dyanavel xr* | *amphetamine* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *palonosetron hcl* | *palonosetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *anzemet* | *dolasetron mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *retin-a micro* | *tretinoin microsphere* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *silenor* | *doxepin hcl (sleep)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *valsartan* | *valsartan* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *singulair* | *montelukast sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hydrocortisone butyr lipo base* | *hydrocortisone butyrate hydrophilic lipo base* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ery* | *erythromycin (acne aid)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *isosorbide mononitrate* | *isosorbide mononitrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cipro hc* | *ciprofloxacin-hydrocortisone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *kynmobi* | *apomorphine hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *methyldopate hcl* | *methyldopate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *meloxicam* | *meloxicam* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rosadan* | *metronidazole (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *betamethasone dipropionate aug* | *betamethasone dipropionate augmented* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *celecoxib* | *celecoxib* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *colestid flavored* | *colestipol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *flurazepam hcl* | *flurazepam hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *doryx mpc* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluorometholone* | *fluorometholone (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *polytrim* | *polymyxin b-trimethoprim* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nebivolol hcl* | *nebivolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *detrol la* | *tolterodine tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clotrimazole anti-fungal* | *clotrimazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *moexipril hcl* | *moexipril hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolog flexpen relion* | *insulin aspart* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ropinirole hcl* | *ropinirole hydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *semglee (yfgn)* | *insulin glargine-yfgn* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vivlodex* | *meloxicam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ampicillin* | *ampicillin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cellcept* | *mycophenolate mofetil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cortisporin-tc* | *neomycin-colistin-hc-thonzonium* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *bp 10-1* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *lantus* | *insulin glargine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vilazodone hcl* | *vilazodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *veregen* | *sinecatechins* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prolensa* | *bromfenac sodium (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *exforge hct* | *amlodipine-valsartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *duopa* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *symlinpen 60* | *pramlintide acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qelbree* | *viloxazine hcl (adhd)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *namenda xr* | *memantine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluocinolone acetonide* | *fluocinolone acetonide (otic)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *raloxifene hcl* | *raloxifene hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *victoza* | *liraglutide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ozurdex* | *dexamethasone (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolin 70/30 flexpen relion* | *insulin nph isophane & reg (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dhivy* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *quillichew er* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fosinopril sodium* | *fosinopril sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amoxicillin-pot clavulanate er* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *butalbital-apap-caff-cod* | *butalbital-acetaminophen-caffeine w/ codeine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lexapro* | *escitalopram oxalate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *delzicol* | *mesalamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *rhopressa* | *netarsudil dimesylate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *etodolac er* | *etodolac* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *elidel* | *pimecrolimus* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *trandolapril-verapamil hcl er* | *trandolapril-verapamil hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *makena* | *hydroxyprogesterone caproate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *levobunolol hcl* | *levobunolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *repaglinide* | *repaglinide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fenofibric acid* | *fenofibric acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *incruse ellipta* | *umeclidinium bromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *apidra solostar* | *insulin glulisine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clobex* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *allergy 24-hr* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *imuran* | *azathioprine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cholestyramine* | *cholestyramine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tarpeyo* | *budesonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolin n relion* | *insulin nph (human) (isophane)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolin n flexpen* | *insulin nph (human) (isophane)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pancreaze* | *pancrelipase (lipase-protease-amylase)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tobi podhaler* | *tobramycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diltiazem hcl er* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *prochlorperazine* | *prochlorperazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *oxymorphone hcl* | *oxymorphone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *famotidine* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sumadan wash* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *menostar* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vyvanse* | *lisdexamfetamine dimesylate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *procentra* | *dextroamphetamine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *tolcapone* | *tolcapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *osmolex er* | *amantadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *norpace* | *disopyramide phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *loratadine* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ilevro* | *nepafenac* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gentamicin sulfate* | *gentamicin sulfate (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *avar ls* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diltiazem hcl er beads* | *diltiazem hcl extended release beads* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ampicillin-sulbactam sodium* | *ampicillin & sulbactam sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *methylphenidate hcl* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *xepi* | *ozenoxacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *chlorzoxazone* | *chlorzoxazone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *oxacillin sodium* | *oxacillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lumigan* | *bimatoprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *exelon* | *rivastigmine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *micardis* | *telmisartan* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *procardia xl* | *nifedipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tymlos* | *abaloparatide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tribenzor* | *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *actiq* | *fentanyl citrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *acitretin* | *acitretin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *brimonidine tartrate-timolol* | *brimonidine tartrate-timolol maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *symlinpen 120* | *pramlintide acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fluocinolone acetonide* | *fluocinolone acetonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nateglinide* | *nateglinide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bydureon* | *exenatide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ampyra* | *dalfampridine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *allopurinol* | *allopurinol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zocor* | *simvastatin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *e.e.s. 400* | *erythromycin ethylsuccinate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fosamax plus d* | *alendronate sodium-cholecalciferol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mimvey* | *estradiol & norethindrone acetate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *lyllana* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *armodafinil* | *armodafinil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mavyret* | *glecaprevir-pibrentasvir* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clonidine hcl er* | *clonidine hcl (adhd)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nicardipine hcl* | *nicardipine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *goodsense lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *evista* | *raloxifene hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *metronidazole* | *metronidazole vaginal* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *protonix* | *pantoprazole sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *novolin r* | *insulin regular (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tasmar* | *tolcapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *locoid* | *hydrocortisone butyrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *scopolamine* | *scopolamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tavneos* | *avacopan* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bupropion hcl er (smoking det)* | *bupropion hcl (smoking deterrent)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lotemax* | *loteprednol etabonate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *insulin lispro (1 unit dial)* | *insulin lispro* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *tranylcypromine sulfate* | *tranylcypromine sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tazorac* | *tazarotene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *omeclamox-pak* | *amoxicillin-clarithromycin w/ omeprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cymbalta* | *duloxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tizanidine hcl* | *tizanidine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tavalisse* | *fostamatinib disodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ursodiol* | *ursodiol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide & moisturizer* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *proair respiclick* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *baxdela* | *delafloxacin meglumine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *qc acid controller max st* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *altreno* | *tretinoin* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *methocarbamol* | *methocarbamol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zenzedi* | *dextroamphetamine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *semglee* | *insulin glargine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *baraclude* | *entecavir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *trihexyphenidyl hcl* | *trihexyphenidyl hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *prednisone* | *prednisone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *envarsus xr* | *tacrolimus* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nicotrol ns* | *nicotine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *solosec* | *secnidazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *actos* | *pioglitazone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *firvanq* | *vancomycin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *epipen jr 2-pak* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zolpidem tartrate* | *zolpidem tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *benazepril hcl* | *benazepril hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sss 10-5* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *evoclin* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *valproic acid* | *valproate sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *probenecid* | *probenecid* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *omnipod dash pods (gen 4)* | *insulin infusion disposable pump* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *levalbuterol hcl* | *levalbuterol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *iluvien* | *fluocinolone acetonide (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adapalene* | *adapalene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *brimonidine tartrate* | *brimonidine tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *acid reducer* | *ranitidine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nalfon* | *fenoprofen calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *apomorphine hcl* | *apomorphine hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *carvedilol phosphate er* | *carvedilol phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *famciclovir* | *famciclovir* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ranexa* | *ranolazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zerviate* | *cetirizine hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ultracet* | *tramadol-acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *enstilar* | *calcipotriene-betamethasone dipropionate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *kazano* | *alogliptin-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mydayis* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vasotec* | *enalapril maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *metaxall* | *metaxalone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *oxacillin sodium in dextrose* | *oxacillin sodium in dextrose* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *symproic* | *naldemedine tosylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *impeklo* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *levocetirizine dihydrochloride* | *levocetirizine dihydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *betaxolol hcl* | *betaxolol hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *paxil* | *paroxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cimetidine hcl* | *cimetidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluocinolone acetonide body* | *fluocinolone acetonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ritalin la* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm fexofenadine hcl* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *leukine* | *sargramostim* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *motion sickness relief* | *meclizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sm olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qtern* | *dapagliflozin-saxagliptin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vosevi* | *sofosbuvir-velpatasvir-voxilaprevir* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *airduo digihaler* | *fluticasone-salmeterol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *latanoprost* | *latanoprost* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *estazolam* | *estazolam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ciloxan* | *ciprofloxacin hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *austedo* | *deutetrabenazine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nitroglycerin er* | *nitroglycerin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *mefenamic acid* | *mefenamic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xifaxan* | *rifaximin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *estring* | *estradiol vaginal* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clarithromycin* | *clarithromycin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sumaxin wash* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *sfrowasa* | *mesalamine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *proventil hfa* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *udenyca* | *pegfilgrastim-cbqv* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clobetasol propionate* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *novolog relion* | *insulin aspart* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *calcipotriene-betameth diprop* | *calcipotriene-betamethasone dipropionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *allergy relief* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gnp athletes foot* | *clotrimazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pristiq* | *desvenlafaxine succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *flovent diskus* | *fluticasone propionate (inhalation)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tiazac* | *diltiazem hcl extended release beads* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *asmanex hfa* | *mometasone furoate (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp fluticasone propionate* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *iopidine* | *apraclonidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *plegridy* | *peginterferon beta-1a* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *isordil titradose* | *isosorbide dinitrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *erythromycin* | *erythromycin (acne aid)* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *clindacin-p* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *beser* | *fluticasone-emollient* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *provigil* | *modafinil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *daliresp* | *roflumilast* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *acuvail* | *ketorolac tromethamine (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *emend* | *fosaprepitant dimeglumine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *emend tri-pack* | *aprepitant* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ciclopirox* | *ciclopirox* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *propranolol-hctz* | *propranolol & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *aller-ease* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fetzima* | *levomilnacipran hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fosamax* | *alendronate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *natacyn* | *natamycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nystatin* | *nystatin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vigamox* | *moxifloxacin hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *dronabinol* | *dronabinol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bupropion hcl* | *bupropion hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *wakix* | *pitolisant hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cyclosporine* | *cyclosporine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tresiba flextouch* | *insulin degludec* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zetonna* | *ciclesonide (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *segluromet* | *ertugliflozin-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *relenza diskhaler* | *zanamivir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cinvanti* | *aprepitant* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mayzent starter pack* | *siponimod fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *allergy childrens* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *brisdelle* | *paroxetine mesylate (vasomotor)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *eucrisa* | *crisaborole* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *synalar (cream)* | *fluocinolone-emollient* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vibramycin* | *doxycycline (monohydrate)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *kenalog* | *triamcinolone acetonide (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *metoprolol succinate er* | *metoprolol succinate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *azelastine-fluticasone* | *azelastine hcl-fluticasone propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *valtrex* | *valacyclovir hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *emend* | *aprepitant* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *mavenclad (10 tabs)* | *cladribine (multiple sclerosis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clotrimazole-betamethasone* | *clotrimazole w/ betamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *livalo* | *pitavastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *timolol maleate ocudose* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *yuvafem* | *estradiol vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *perindopril erbumine* | *perindopril erbumine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *travoprost (bak free)* | *travoprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avar ls cleanser* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *allergy relief (loratadine)* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *butalbital-asa-caff-codeine* | *butalbital-aspirin-caffeine w/cod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *accu-chek compact plus* | *glucose blood* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *gnp all day allergy relief* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diprolene* | *betamethasone dipropionate augmented* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp hydrocortisone max st* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lisinopril* | *lisinopril* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pregabalin er* | *pregabalin (once-daily)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ventavis* | *iloprost* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *carvedilol* | *carvedilol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dicloxacillin sodium* | *dicloxacillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *albuterol sulfate* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *accu-chek guide* | *glucose blood* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *codeine sulfate* | *codeine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cozaar* | *losartan potassium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *atacand hct* | *candesartan cilexetil-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *benzaclin with pump* | *clindamycin phosphate-benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *captopril* | *captopril* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *accu-chek aviva plus* | *glucose blood* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *zithromax tri-pak* | *azithromycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ketorolac tromethamine* | *ketorolac tromethamine (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *desoxyn* | *methamphetamine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pulmicort* | *budesonide (inhalation)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rozerem* | *ramelteon* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adempas* | *riociguat* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *jalyn* | *dutasteride-tamsulosin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *simvastatin* | *simvastatin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pred mild* | *prednisolone acetate (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *actoplus met* | *pioglitazone hcl-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *edluar* | *zolpidem tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dorzolamide hcl-timolol mal pf* | *dorzolamide hcl-timolol maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *acid reducer maximum strength* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *imitrex* | *sumatriptan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fml* | *fluorometholone (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *sulfacetamide sod-sulfur wash* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *centany at* | *mupirocin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *isosorbide mononitrate er* | *isosorbide mononitrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *albuterol sulfate hfa* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xhance* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *proscar* | *finasteride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *humalog mix 50/50 kwikpen* | *insulin lispro protamine & lispro* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *brovana* | *arformoterol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sumaxin ts* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *acarbose* | *acarbose* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cotempla xr-odt* | *methylphenidate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *humatrope* | *somatropin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *triesence* | *triamcinolone acetonide (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sirolimus* | *sirolimus* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *byetta 10 mcg pen* | *exenatide* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *promiseb* | *antiseborrheic products, misc.* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hydrocortisone* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *accu-chek fastclix lancet* | *lancets misc.* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *copaxone* | *glatiramer acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *formoterol fumarate* | *formoterol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tyvaso dpi titration kit* | *treprostinil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *allergy relief/indoor/outdoor* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clindacin etz* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *aripiprazole* | *aripiprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *androderm* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *valacyclovir hcl* | *valacyclovir hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clindesse* | *clindamycin phosphate (one dose)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *flovent hfa* | *fluticasone propionate hfa* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *levemir flextouch* | *insulin detemir* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *flavoxate hcl* | *flavoxate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *admelog solostar* | *insulin lispro* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *allergy relief* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *naproxen* | *naproxen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nisoldipine er* | *nisoldipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *calcium acetate (phos binder)* | *calcium acetate (phosphate binder)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sulfacetamide sod-sulfur wash* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *betamethasone valerate* | *betamethasone valerate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *phenobarbital* | *phenobarbital* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clindamycin phosphate* | *clindamycin phosphate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bepotastine besilate* | *bepotastine besilate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm ibuprofen childrens* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nicotine polacrilex mini* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *methylphenidate hcl er (cd)* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *alogliptin benzoate* | *alogliptin benzoate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ketoprofen* | *ketoprofen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *airduo respiclick 232/14* | *fluticasone-salmeterol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *methyldopa* | *methyldopa* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *gnp acid control 150 max st* | *ranitidine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *relistor* | *methylnaltrexone bromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *actonel* | *risedronate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *teriparatide (recombinant)* | *teriparatide (recombinant)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diovan hct* | *valsartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *accupril* | *quinapril hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tobradex* | *tobramycin-dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *colchicine* | *colchicine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm all day allergy childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hm esomeprazole magnesium dr* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *avapro* | *irbesartan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *altreno* | *tretinoin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vivelle-dot* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sodium sulfacetamide wash* | *sulfacetamide sodium* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *cefixime* | *cefixime* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *morgidox* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cardura xl* | *doxazosin mesylate (bph)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bisoprolol fumarate* | *bisoprolol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm allergy relief* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *coreg cr* | *carvedilol phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *taztia xt* | *diltiazem hcl extended release beads* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *omnipod 5 g6 intro (gen 5)* | *insulin infusion disposable pump* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *desvenlafaxine er* | *desvenlafaxine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sanadermrx skin repair* | *triamcinolone acetonide-dimethicone-silicone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diflunisal* | *diflunisal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *catapres* | *clonidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xopenex hfa* | *levalbuterol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zylet* | *loteprednol etabonate-tobramycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *airduo respiclick 55/14* | *fluticasone-salmeterol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tecfidera* | *dimethyl fumarate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *hm cetirizine hcl childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ciclodan* | *ciclopirox olamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *quinapril hcl* | *quinapril hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *ovace plus wash* | *sulfacetamide sodium* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *klaron* | *sulfacetamide sodium (acne)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *steglatro* | *ertugliflozin l-pyroglutamic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *antifungal (clotrimazole)* | *clotrimazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *permethrin* | *permethrin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *xenazine* | *tetrabenazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *taclonex* | *calcipotriene-betamethasone dipropionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adlyxin* | *lixisenatide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bepreve* | *bepotastine besilate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clonidine hcl* | *clonidine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *novolog mix 70/30 flexpen* | *insulin aspart protamine & aspart (human)* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *mycophenolate mofetil* | *mycophenolate mofetil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cosopt* | *dorzolamide hcl-timolol maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *otovel* | *ciprofloxacin-fluocinolone acetonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *farxiga* | *dapagliflozin propanediol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cortef* | *hydrocortisone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nutropin aq nuspin 20* | *somatropin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *benicar hct* | *olmesartan medoxomil-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *rayos* | *prednisone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dexamethasone sodium phosphate* | *dexamethasone sodium phosphate (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nutropin aq nuspin 10* | *somatropin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *chenodal* | *chenodiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sprix* | *ketorolac tromethamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *metformin hcl er* | *metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *neo-polycin hc* | *bacitracin-poly-neomycin-hc* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cardizem* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *eye allergy itch relief* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *mirvaso* | *brimonidine tartrate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *serevent diskus* | *salmeterol xinafoate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fluticasone propionate hfa* | *fluticasone propionate hfa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *epinastine hcl* | *epinastine hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dexmethylphenidate hcl er* | *dexmethylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *humulin 70/30 kwikpen* | *insulin nph isophane & reg (human)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *atrovent hfa* | *ipratropium bromide hfa* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *kynmobi titration kit* | *apomorphine hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *rhofade* | *oxymetazoline hcl (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *trospium chloride* | *trospium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gemfibrozil* | *gemfibrozil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vfend* | *voriconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *betaxolol hcl* | *betaxolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amlodipine-valsartan-hctz* | *amlodipine-valsartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *moxeza* | *moxifloxacin hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zelapar* | *selegiline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluticasone propionate* | *fluticasone propionate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sotalol hcl* | *sotalol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dextroamphetamine sulfate* | *dextroamphetamine sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *matzim la* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *verelan pm* | *verapamil hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *halobetasol propionate* | *halobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *timoptic* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *invokamet xr* | *canagliflozin-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bromsite* | *bromfenac sodium (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *quinidine gluconate er* | *quinidine gluconate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tacrolimus* | *tacrolimus (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fenofibric acid* | *choline fenofibrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm nicotine polacrilex* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *diclofenac potassium* | *diclofenac potassium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lorcet hd* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tazarotene* | *tazarotene (acne)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tretinoin microsphere* | *tretinoin microsphere* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *accu-chek smartview* | *glucose blood* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zovirax* | *acyclovir topical* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *uceris* | *budesonide (intrarectal)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *guanfacine hcl* | *guanfacine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qc childrens allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nitrostat* | *nitroglycerin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dermotic* | *fluocinolone acetonide (otic)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nitro-bid* | *nitroglycerin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dutasteride* | *dutasteride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *sm loratadine* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rimantadine hcl* | *rimantadine hydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *mobic* | *meloxicam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zestril* | *lisinopril* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *riomet er* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *atelvia* | *risedronate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *timolol maleate pf* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *halog* | *halcinonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cyclosporine modified* | *cyclosporine modified (for microemulsion)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *glyburide* | *glyburide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *betapace* | *sotalol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *metronidazole* | *metronidazole* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *methylprednisolone* | *methylprednisolone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *humalog* | *insulin lispro* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dorzolamide hcl-timolol mal* | *dorzolamide hcl-timolol maleate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *armonair digihaler* | *fluticasone propionate (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prilosec* | *omeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *betoptic-s* | *betaxolol hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prempro* | *conjugated estrogens-medroxyprogesterone acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *alogliptin-pioglitazone* | *alogliptin-pioglitazone* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *letairis* | *ambrisentan* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *asacol hd* | *mesalamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *olux* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sulfacetamide sodium (acne)* | *sulfacetamide sodium (acne)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *trintellix* | *vortioxetine hbr* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *marinol* | *dronabinol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *neomycin-bacitracin zn-polymyx* | *neomycin-bacitracin zn-polymyxin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm loratadine* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clindacin etz* | *clindamycin phosphate & cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nuvessa* | *metronidazole vaginal* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fentanyl citrate* | *fentanyl citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *altoprev* | *lovastatin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *acular* | *ketorolac tromethamine (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cephalexin* | *cephalexin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *goodsense nicotine* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vyzulta* | *latanoprostene bunod* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *omnitrope* | *somatropin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *humalog mix 50/50* | *insulin lispro protamine & lispro* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clodan* | *clobetasol propionate & cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *megestrol acetate* | *megestrol acetate (appetite)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *compro* | *prochlorperazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *jardiance* | *empagliflozin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gnp nicotine* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *benicar* | *olmesartan medoxomil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *levorphanol tartrate* | *levorphanol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *jentadueto xr* | *linagliptin-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *synjardy* | *empagliflozin-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp loratadine childrens* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *premarin* | *estrogens, conjugated vaginal* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pioglitazone hcl-glimepiride* | *pioglitazone hcl-glimepiride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diclofex dc* | *diclofenac sodium-capsaicin (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dalfampridine er* | *dalfampridine* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *forfivo xl* | *bupropion hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *metoprolol-hydrochlorothiazide* | *metoprolol & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *toprol xl* | *metoprolol succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avalide* | *irbesartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *calcitonin (salmon)* | *calcitonin (salmon)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avar cleanser* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolin 70/30* | *insulin nph isophane & reg (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *erythromycin base* | *erythromycin base* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *evoclin* | *clindamycin phosphate (topical)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *toujeo max solostar* | *insulin glargine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *goodsense aller-ease* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sustol* | *granisetron* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xopenex concentrate* | *levalbuterol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *augmentin xr* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amlodipine besy-benazepril hcl* | *amlodipine besylate-benazepril hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dhs zinc* | *pyrithione zinc* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *dupixent* | *dupilumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sss 10-5* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *novolog 70/30 flexpen relion* | *insulin aspart protamine & aspart (human)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *simbrinza* | *brinzolamide-brimonidine tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *namenda xr titration pack* | *memantine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *insulin lispro prot & lispro* | *insulin lispro protamine & lispro* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mycophenolate sodium* | *mycophenolate sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sumaxin* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nitro-dur* | *nitroglycerin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *renvela* | *sevelamer carbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cholbam* | *cholic acid* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *saphris* | *asenapine maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *soma* | *carisoprodol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *neulasta* | *pegfilgrastim* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *unasyn* | *ampicillin & sulbactam sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *humulin n* | *insulin nph (human) (isophane)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rythmol sr* | *propafenone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolog flexpen* | *insulin aspart* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dipyridamole* | *dipyridamole* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zenpep* | *pancrelipase (lipase-protease-amylase)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *premphase* | *conjugated estrogens-medroxyprogesterone acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rosanil cleanser* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *inderal la* | *propranolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *livmarli* | *maralixibat chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fetzima titration* | *levomilnacipran hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *estradiol* | *estradiol vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *intuniv* | *guanfacine hcl (adhd)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *erythromycin* | *erythromycin (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *metoclopramide hcl* | *metoclopramide hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *everolimus* | *everolimus (immunosuppressant)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hm all day allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *accu-chek guide control* | *blood glucose calibration* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *goodsense anti-itch maximum st* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *trilipix* | *choline fenofibrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *aubagio* | *teriflunomide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *accu-chek fastclix lancets* | *lancets* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ciclopirox olamine* | *ciclopirox olamine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dutasteride-tamsulosin hcl* | *dutasteride-tamsulosin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm nicotine* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *transderm-scop* | *scopolamine* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *promethegan* | *promethazine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *benzoyl peroxide-erythromycin* | *benzoyl peroxide-erythromycin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *duetact* | *pioglitazone hcl-glimepiride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clindacin pac* | *clindamycin phosphate & cleanser* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *anti-itch maximum strength* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *niaspan* | *niacin (antihyperlipidemic)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *elestrin* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *elimite* | *permethrin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nystatin* | *nystatin (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *boniva* | *ibandronate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *polymyxin b-trimethoprim* | *polymyxin b-trimethoprim* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *alvesco* | *ciclesonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diovan* | *valsartan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *winlevi* | *clascoterone* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *novolog mix 70/30* | *insulin aspart protamine & aspart (human)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *betimol* | *timolol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *acular ls* | *ketorolac tromethamine (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gentamicin sulfate* | *gentamicin sulfate (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *galantamine hydrobromide* | *galantamine hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *rebif* | *interferon beta-1a* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *apriso* | *mesalamine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sm lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cetirizine hcl childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *keflex* | *cephalexin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluvastatin sodium er* | *fluvastatin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pravastatin sodium* | *pravastatin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *atenolol* | *atenolol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clocortolone pivalate* | *clocortolone pivalate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *ortikos* | *budesonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *inbrija* | *levodopa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *evekeo* | *amphetamine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *taperdex 7-day* | *dexamethasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nabumetone* | *nabumetone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *opsumit* | *macitentan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cloderm* | *clocortolone pivalate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *acetic acid* | *acetic acid (otic)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *comtan* | *entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp nicotine mini* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *diclofenac sodium er* | *diclofenac sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cleocin-t* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *enalapril maleate* | *enalapril maleate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ibsrela* | *tenapanor hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xarelto starter pack* | *rivaroxaban* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lyrica* | *pregabalin* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *calcitriol* | *calcitriol (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *penicillin g procaine* | *penicillin g procaine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *prevacid 24hr* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clobex spray* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ec-naproxen* | *naproxen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *flarex* | *fluorometholone acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fragmin* | *dalteparin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cayston* | *aztreonam lysine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp hydrocortisone plus* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cefpodoxime proxetil* | *cefpodoxime proxetil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *phenadoz* | *promethazine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cardizem cd* | *diltiazem hcl coated beads* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clozapine* | *clozapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *ak-poly-bac* | *bacitracin-polymyxin b (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *novolin r flexpen relion* | *insulin regular (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *imitrex* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *hemady* | *dexamethasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *derma-smoothe/fs scalp* | *fluocinolone acetonide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qc omeprazole magnesium* | *omeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nystatin* | *nystatin (mouth-throat)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *akynzeo* | *fosnetupitant choride-palonosetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *wellbutrin sr* | *bupropion hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bromfenac sodium (once-daily)* | *bromfenac sodium (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *differin* | *adapalene* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *basaglar kwikpen* | *insulin glargine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *riomet* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *striverdi respimat* | *olodaterol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *quetiapine fumarate* | *quetiapine fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *amphetamine-dextroamphet er* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *24hr allergy relief* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *topicort spray* | *desoximetasone* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *rivastigmine* | *rivastigmine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ketoconazole* | *ketoconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *wellbutrin xl* | *bupropion hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dimethyl fumarate* | *dimethyl fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adefovir dipivoxil* | *adefovir dipivoxil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clobetasol propionate emulsion* | *clobetasol propionate emulsion* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *insulin aspart prot & aspart* | *insulin aspart protamine & aspart (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cefadroxil* | *cefadroxil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zorvolex* | *diclofenac* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *carisoprodol-aspirin-codeine* | *carisoprodol w/ aspirin & codeine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *breo ellipta* | *fluticasone furoate-vilanterol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *glumetza* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *taysofy* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *advair diskus* | *fluticasone-salmeterol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *locoid lipocream* | *hydrocortisone butyrate hydrophilic lipo base* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *morgidox* | *doxycycline hyclate w/ cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *luliconazole* | *luliconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vytorin* | *ezetimibe-simvastatin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vibramycin* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clindamycin phosphate* | *clindamycin phosphate vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zarxio* | *filgrastim-sndz* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *creon* | *pancrelipase (lipase-protease-amylase)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *accolate* | *zafirlukast* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amerge* | *naratriptan hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *brinzolamide* | *brinzolamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tobramycin-dexamethasone* | *tobramycin-dexamethasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mirapex er* | *pramipexole dihydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *itraconazole* | *itraconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *prednisolone acetate* | *prednisolone acetate (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *imiquimod* | *imiquimod* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *diflucan* | *fluconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *combigan* | *brimonidine tartrate-timolol maleate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *oxybutynin chloride* | *oxybutynin chloride* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ofloxacin* | *ofloxacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *oracea* | *doxycycline (rosacea)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sumatriptan succinate* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ramelteon* | *ramelteon* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *erythromycin* | *erythromycin base* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pennsaid* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluocinonide emulsified base* | *fluocinonide emulsified base* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *spiriva respimat* | *tiotropium bromide monohydrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *katerzia* | *amlodipine benzoate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *indomethacin* | *indomethacin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *humulin r* | *insulin regular (human)* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *lorzone* | *chlorzoxazone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xipere* | *triamcinolone acetonide (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *arnuity ellipta* | *fluticasone furoate (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dovonex* | *calcipotriene* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *humulin n kwikpen* | *insulin nph (human) (isophane)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adbry* | *tralokinumab-ldrm* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *phoslyra* | *calcium acetate (phosphate binder)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *toviaz* | *fesoterodine fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *aliskiren fumarate* | *aliskiren fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *strattera* | *atomoxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *antara* | *fenofibrate micronized* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ziac* | *bisoprolol & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avar* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tovet* | *clobetasol propionate emulsion foam w/ moisturizing cream* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pazeo* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *eryped 200* | *erythromycin ethylsuccinate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *loteprednol etabonate* | *loteprednol etabonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ciclodan solution* | *ciclopirox* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *kerydin* | *tavaborole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tovet* | *clobetasol propionate emulsion* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *mounjaro* | *tirzepatide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pfizerpen* | *penicillin g potassium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *naproxen sodium* | *naproxen sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *viibryd starter pack* | *vilazodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clindagel* | *clindamycin phosphate (topical)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *solodyn* | *minocycline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *neurontin* | *gabapentin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ocrevus* | *ocrelizumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *apadaz* | *benzhydrocodone hcl-acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clodan* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *sulfacetamide sodium (acne)* | *sulfacetamide sodium (acne)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avar-e emollient* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *daypro* | *oxaprozin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fml liquifilm* | *fluorometholone (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *azstarys* | *serdexmethylphenidate chloride-dexmethylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *qnasl childrens* | *beclomethasone dipropionate (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sulfacetamide-sulfur in urea* | *sulfacetamide sodium-sulfur in urea vehicle* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *gnp childrens ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ciclopirox treatment* | *ciclopirox* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zembrace symtouch* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *neulasta onpro* | *pegfilgrastim* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ondansetron* | *ondansetron* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zafirlukast* | *zafirlukast* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp allergy relief 24 hr* | *levocetirizine dihydrochloride* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *glatiramer acetate* | *glatiramer acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cetirizine hcl* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *adlyxin starter pack* | *lixisenatide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *norditropin flexpro* | *somatropin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *olanzapine* | *olanzapine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *verquvo* | *vericiguat* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluticasone-salmeterol* | *fluticasone-salmeterol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lortab* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tikosyn* | *dofetilide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *propranolol hcl er* | *propranolol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nicotine polacrilex* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rapaflo* | *silodosin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *eszopiclone* | *eszopiclone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *calcium acetate* | *calcium acetate (phosphate binder)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *carbidopa-levodopa-entacapone* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amaryl* | *glimepiride* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *timoptic-xe* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tazarotene* | *tazarotene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *juxtapid* | *lomitapide mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *beser* | *fluticasone propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ozempic (1 mg/dose)* | *semaglutide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *quinapril-hydrochlorothiazide* | *quinapril-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluocinolone acetonide scalp* | *fluocinolone acetonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *glimepiride* | *glimepiride* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zilxi* | *minocycline hcl micronized (rosacea)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sklice* | *ivermectin (pediculicide)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *viekira pak* | *ombitasvir-paritaprevir-ritonavir-dasabuvir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *qc lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *posaconazole* | *posaconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *patanase* | *olopatadine hcl (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *fenofibrate micronized* | *fenofibrate micronized* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *orphenadrine citrate* | *orphenadrine citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm motion sickness* | *meclizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *primidone* | *primidone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gatifloxacin* | *gatifloxacin (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tobi* | *tobramycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *arixtra* | *fondaparinux sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bp cleansing wash* | *sulfacetamide sodium-sulfur in urea vehicle* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *goodsense ibuprofen childrens* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *eryped 400* | *erythromycin ethylsuccinate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dapsone* | *dapsone (topical)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *sunosi* | *solriamfetol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *escitalopram oxalate* | *escitalopram oxalate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *trandolapril* | *trandolapril* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *accu-chek softclix lancets* | *lancets* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *lubiprostone* | *lubiprostone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *durezol* | *difluprednate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl (otic)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *promacta* | *eltrombopag olamine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hm omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *extina* | *ketoconazole (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sitavig* | *acyclovir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *viokace* | *pancrelipase (lipase-protease-amylase)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zomig* | *zolmitriptan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *symbicort* | *budesonide-formoterol fumarate dihydrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *megestrol acetate* | *megestrol acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *benzamycin* | *benzoyl peroxide-erythromycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xelpros* | *latanoprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *rocklatan* | *netarsudil dimesylate-latanoprost* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pimecrolimus* | *pimecrolimus* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *zorbtive* | *somatropin (non-refrigerated)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clotrimazole* | *clotrimazole* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rowasa* | *mesalamine w/ cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *synalar ts* | *fluocinolone acetonide & cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fiasp flextouch* | *insulin aspart (with niacinamide)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avar-e green* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *tenoretic 50* | *atenolol & chlorthalidone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sulfacetamide-prednisolone* | *sulfacetamide sod-prednisolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lofena* | *diclofenac potassium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *erygel* | *erythromycin (acne aid)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *emflaza* | *deflazacort* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ketodan* | *ketoconazole & cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *orphenadrine citrate er* | *orphenadrine citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *epaned* | *enalapril maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *flurbiprofen sodium* | *flurbiprofen sodium* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *dilt-xr* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cipro* | *ciprofloxacin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *doxycycline hyclate* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hydrocortisone* | *hydrocortisone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *cholestyramine light* | *cholestyramine light* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cefprozil* | *cefprozil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *azasan* | *azathioprine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *carbidopa* | *carbidopa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *edarbi* | *azilsartan medoxomil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolin r flexpen* | *insulin regular (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vaseretic* | *enalapril maleate & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zyclara* | *imiquimod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *antifungal clotrimazole* | *clotrimazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dipentum* | *olsalazine sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *soolantra* | *ivermectin (rosacea)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nexlizet* | *bempedoic acid-ezetimibe* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *tobrex* | *tobramycin (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *meclizine hcl* | *meclizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *losartan potassium* | *losartan potassium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *naftin* | *naftifine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolog* | *insulin aspart* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *griseofulvin ultramicrosize* | *griseofulvin ultramicrosize* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *moxifloxacin hcl* | *moxifloxacin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qc allergy relief* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *azithromycin* | *azithromycin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *corgard* | *nadolol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dimethyl fumarate starter pack* | *dimethyl fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *endocet* | *oxycodone w/ acetaminophen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *piroxicam* | *piroxicam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ovide* | *malathion* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bylvay (pellets)* | *odevixibat* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *fiasp penfill* | *insulin aspart (with niacinamide)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *alphagan p* | *brimonidine tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zioptan* | *tafluprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gocovri* | *amantadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *colchicine-probenecid* | *colchicine w/ probenecid* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *albuterol sulfate er* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pramipexole dihydrochloride* | *pramipexole dihydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *azathioprine* | *azathioprine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *accuretic* | *quinapril-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *silodosin* | *silodosin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *betapace af* | *sotalol hcl (afib/afl)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *triazolam* | *triazolam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *podofilox* | *podofilox* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *glipizide er* | *glipizide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rebif titration pack* | *interferon beta-1a* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *daytrana* | *methylphenidate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ranolazine er* | *ranolazine* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *mupirocin calcium* | *mupirocin calcium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolin n flexpen relion* | *insulin nph (human) (isophane)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *insulin lispro junior kwikpen* | *insulin lispro* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ramipril* | *ramipril* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *clobetasol propionate e* | *clobetasol propionate emollient base* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *calphron* | *calcium acetate (phosphate binder)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sm hydrocortisone* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *arthrotec* | *diclofenac w/ misoprostol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *goodsense esomeprazole* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *neoral* | *cyclosporine modified (for microemulsion)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *desloratadine* | *desloratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lamivudine* | *lamivudine (hbv)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sular* | *nisoldipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *carbamazepine er* | *carbamazepine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *harvoni* | *ledipasvir-sofosbuvir* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *luxiq* | *betamethasone valerate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vandazole* | *metronidazole vaginal* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *remeron soltab* | *mirtazapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avodart* | *dutasteride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *glipizide xl* | *glipizide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *relpax* | *eletriptan hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *trulicity* | *dulaglutide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *frovatriptan succinate* | *frovatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avonex prefilled* | *interferon beta-1a* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gnp motion sickness relief* | *meclizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *byetta 5 mcg pen* | *exenatide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ipratropium bromide* | *ipratropium bromide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hepsera* | *adefovir dipivoxil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fluconazole* | *fluconazole* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *rebif rebidose titration pack* | *interferon beta-1a* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *imvexxy maintenance pack* | *estradiol vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *saizenprep* | *somatropin (non-refrigerated)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *krystexxa* | *pegloticase* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ondansetron hcl* | *ondansetron hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *genotropin miniquick* | *somatropin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *eurax* | *crotamiton* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ocaliva* | *obeticholic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dsuvia* | *sufentanil citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *aranesp (albumin free)* | *darbepoetin alfa* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *finacea* | *azelaic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *winlevi* | *clascoterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sodium sulfacetamide* | *sulfacetamide sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *indocin* | *indomethacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolog mix 70/30 relion* | *insulin aspart protamine & aspart (human)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *derma-smoothe/fs body* | *fluocinolone acetonide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sevelamer hcl* | *sevelamer hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zileuton er* | *zileuton* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *talicia* | *amoxicillin-rifabutin-omeprazole* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *alora* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *griseofulvin microsize* | *griseofulvin microsize* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sulfacetamide sodium* | *sulfacetamide sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vancomycin hcl* | *vancomycin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *entresto* | *sacubitril-valsartan* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *paroxetine mesylate* | *paroxetine mesylate (vasomotor)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *testosterone* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *miglitol* | *miglitol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *relafen ds* | *nabumetone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lotemax sm* | *loteprednol etabonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ciprofloxacin-fluocinolone pf* | *ciprofloxacin-fluocinolone acetonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *levamlodipine maleate* | *levamlodipine maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *alkindi sprinkle* | *hydrocortisone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm nicotine* | *nicotine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *benzhydrocodone-acetaminophen* | *benzhydrocodone hcl-acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sotylize* | *sotalol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *lanthanum carbonate* | *lanthanum carbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pred forte* | *prednisolone acetate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cetirizine hcl hives relief* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sumadan* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zyclara pump* | *imiquimod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *olmesartan medoxomil-hctz* | *olmesartan medoxomil-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fluvoxamine maleate er* | *fluvoxamine maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *medrol* | *methylprednisolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *spinosad* | *spinosad* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *memantine hcl* | *memantine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lunesta* | *eszopiclone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *benzamycin* | *benzoyl peroxide-erythromycin* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *doxepin hcl* | *doxepin hcl (sleep)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *oxybutynin chloride er* | *oxybutynin chloride* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *neo-polycin* | *neomycin-bacitracin zn-polymyxin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cefaclor er* | *cefaclor monohydrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fulphila* | *pegfilgrastim-jmdb* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *namzaric* | *memantine hcl-donepezil hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tramadol hcl er (biphasic)* | *tramadol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hydrocortisone-acetic acid* | *hydrocortisone w/acetic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *olopatadine hcl* | *olopatadine hcl (nasal)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vanos* | *fluocinonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp allergy relief* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vumerity* | *diroximel fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *parlodel* | *bromocriptine mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *eliquis* | *apixaban* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dayvigo* | *lemborexant* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sumadan xlt* | *sulfacetamide sodium-sulfur-sunscreen* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *dilaudid* | *hydromorphone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ingrezza* | *valbenazine tosylate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *aldara* | *imiquimod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vascepa* | *icosapent ethyl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *astagraf xl* | *tacrolimus* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *flumadine* | *rimantadine hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *taperdex 12-day* | *dexamethasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lisinopril-hydrochlorothiazide* | *lisinopril & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *prevacid* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *crestor* | *rosuvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avar-e green* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tamiflu* | *oseltamivir phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ritalin* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sumatriptan* | *sumatriptan* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *norpace cr* | *disopyramide phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fosaprepitant dimeglumine* | *fosaprepitant dimeglumine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *humalog kwikpen* | *insulin lispro* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lyvispah* | *baclofen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *methadone hcl* | *methadone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *imiquimod pump* | *imiquimod* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bydureon bcise* | *exenatide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ipratropium bromide* | *ipratropium bromide (nasal)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nucynta* | *tapentadol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *memantine hcl er* | *memantine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *anti-dandruff* | *selenium sulfide* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *allergy relief* | *levocetirizine dihydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *epivir hbv* | *lamivudine (hbv)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ciprodex* | *ciprofloxacin-dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *catapres-tts-3* | *clonidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *catapres-tts-1* | *clonidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zanaflex* | *tizanidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *catapres-tts-2* | *clonidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *decadron* | *dexamethasone* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *lemtrada* | *alemtuzumab (ms)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gilenya* | *fingolimod hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *levetiracetam* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pentasa* | *mesalamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sporanox* | *itraconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *norgesic forte* | *orphenadrine w/ aspirin & caff* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *carisoprodol-aspirin* | *carisoprodol w/ aspirin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clindagel* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *flac* | *fluocinolone acetonide (otic)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lotensin* | *benazepril hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *twyneo* | *tretinoin-benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *haloperidol decanoate* | *haloperidol decanoate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *apexicon e* | *diflorasone diacetate emollient base* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diclofenac sodium* | *diclofenac sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dorzolamide hcl* | *dorzolamide hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *methamphetamine hcl* | *methamphetamine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *capex* | *fluocinolone acetonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sulindac* | *sulindac* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tradjenta* | *linagliptin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *maxalt* | *rizatriptan benzoate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *effient* | *prasugrel hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sulfacetamide-sulfur in urea* | *sulfacetamide sodium-sulfur in urea vehicle* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *betamethasone dipropionate* | *betamethasone dipropionate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xopenex* | *levalbuterol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diclofenac sodium* | *diclofenac sodium (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *celexa* | *citalopram hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tyvaso* | *treprostinil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *metformin hcl er (osm)* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *levofloxacin* | *levofloxacin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nitrolingual* | *nitroglycerin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dymista* | *azelastine hcl-fluticasone propionate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *paromomycin sulfate* | *paromomycin sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *azopt* | *brinzolamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *accu-chek smartview control* | *blood glucose calibration* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nicotrol* | *nicotine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ambien* | *zolpidem tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *seglentis* | *celecoxib-tramadol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hm loratadine childrens* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *insulin aspart penfill* | *insulin aspart* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *renagel* | *sevelamer hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tetracycline hcl* | *tetracycline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *calan sr* | *verapamil hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amlodipine-atorvastatin* | *amlodipine besylate-atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *evekeo odt* | *amphetamine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *sulconazole nitrate* | *sulconazole nitrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mexiletine hcl* | *mexiletine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lyumjev* | *insulin lispro-aabc* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gengraf* | *cyclosporine modified (for microemulsion)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *phenytoin* | *phenytoin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *minivelle* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *edarbyclor* | *azilsartan medoxomil-chlorthalidone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *entacapone* | *entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *evenity* | *romosozumab-aqqg* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nizatidine* | *nizatidine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp nicotine* | *nicotine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *neomycin-polymyxin-hc* | *neomycin-polymyxin-hc (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sofosbuvir-velpatasvir* | *sofosbuvir-velpatasvir* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *humulin 70/30* | *insulin nph isophane & reg (human)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *granix* | *tbo-filgrastim* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *fexofenadine hcl* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *millipred* | *prednisolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *extavia* | *interferon beta-1b* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nimodipine* | *nimodipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sorine* | *sotalol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *barhemsys* | *amisulpride (antiemetic)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide (refrigerate)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zipsor* | *diclofenac potassium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prefest* | *estradiol-norgestimate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *terazosin hcl* | *terazosin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *stiolto respimat* | *tiotropium bromide-olodaterol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sumadan* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *budesonide-formoterol fumarate* | *budesonide-formoterol fumarate dihydrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gralise* | *gabapentin (once-daily)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *klaron* | *sulfacetamide sodium (acne)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *timolol maleate* | *timolol maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amantadine hcl* | *amantadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sorilux* | *calcipotriene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dofetilide* | *dofetilide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bonjesta* | *doxylamine-pyridoxine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *acyclovir* | *acyclovir topical* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *alyq* | *tadalafil (pulmonary hypertension)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *activella* | *estradiol & norethindrone acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *alclometasone dipropionate* | *alclometasone dipropionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lantus solostar* | *insulin glargine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fleqsuvy* | *baclofen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *neupro* | *rotigotine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prevacid solutab* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *protopic* | *tacrolimus (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *minocycline hcl er* | *minocycline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *sumadan xlt* | *sulfacetamide sodium-sulfur-sunscreen* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *amlodipine-olmesartan* | *amlodipine besylate-olmesartan medoxomil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ramipril* | *ramipril* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dotti* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *olanzapine* | *olanzapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *novolin n* | *insulin nph (human) (isophane)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *colesevelam hcl* | *colesevelam hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zithromax* | *azithromycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clotrimazole* | *clotrimazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *synalar (ointment)* | *fluocinolone-emollient* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *flecainide acetate* | *flecainide acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lovastatin* | *lovastatin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tekturna hct* | *aliskiren-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *goodsense acid reducer* | *ranitidine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vibramycin* | *doxycycline calcium* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *erythrocin stearate* | *erythromycin stearate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *savella* | *milnacipran hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ventolin hfa* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mesalamine-cleanser* | *mesalamine w/ cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vancocin* | *vancomycin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hydrocortisone butyrate* | *hydrocortisone butyrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *wixela inhub* | *fluticasone-salmeterol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nivestym* | *filgrastim-aafi* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *micardis hct* | *telmisartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hydrocortisone* | *hydrocortisone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *diclofenac epolamine* | *diclofenac epolamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zestoretic* | *lisinopril & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *neomycin-polymyxin-dexameth* | *neomycin-polymy-dexameth* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cinryze* | *c1 esterase inhibitor (human)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *janumet xr* | *sitagliptin-metformin hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *asmanex (60 metered doses)* | *mometasone furoate (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ancobon* | *flucytosine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *oxiconazole nitrate* | *oxiconazole nitrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vogelxo pump* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clozapine* | *clozapine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *prednicarbate* | *prednicarbate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *duavee* | *conjugated estrogens-bazedoxifene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cefdinir* | *cefdinir* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *finasteride* | *finasteride* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vagifem* | *estradiol vaginal* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zyloprim* | *allopurinol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *centany* | *mupirocin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *serostim* | *somatropin (non-refrigerated)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clindacin pac* | *clindamycin phosphate & cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *spiriva handihaler* | *tiotropium bromide monohydrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *galantamine hydrobromide er* | *galantamine hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ibu* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *androgel pump* | *testosterone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *morphine sulfate (pf)* | *morphine sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qvar redihaler* | *beclomethasone dipropionate hfa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *topicort* | *desoximetasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *accu-chek compact plus control* | *blood glucose calibration* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ketoprofen er* | *ketoprofen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *divigel* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mayzent* | *siponimod fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *metrogel-vaginal* | *metronidazole vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *methylphenidate hcl er (la)* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lonhala magnair refill kit* | *glycopyrrolate (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *epipen 2-pak* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sulfacetamide sodium* | *sulfacetamide sodium* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *cialis* | *tadalafil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *licart* | *diclofenac epolamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ziana* | *clindamycin phosphate-tretinoin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *noxafil* | *posaconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ciclodan* | *ciclopirox* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zortress* | *everolimus (immunosuppressant)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *terbutaline sulfate* | *terbutaline sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *novolin r relion* | *insulin regular (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *frova* | *frovatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bevespi aerosphere* | *glycopyrrolate-formoterol fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *kitabis pak* | *tobramycin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *accu-chek multiclix lancets* | *lancets* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *magnebind 400* | *calcium carbonate-magnesium carbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lialda* | *mesalamine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *loratadine childrens* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *ezetimibe* | *ezetimibe* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *evamist* | *estradiol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *aspirin-dipyridamole er* | *aspirin-dipyridamole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amzeeq* | *minocycline hcl micronized (acne)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lyumjev kwikpen* | *insulin lispro-aabc* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amoxicillin* | *amoxicillin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *xultophy* | *insulin degludec-liraglutide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sodium sulfacetamide* | *sulfacetamide sodium* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *avar cleanser* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *bylvay* | *odevixibat* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *maxalt-mlt* | *rizatriptan benzoate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *metaproterenol sulfate* | *metaproterenol sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *metrogel* | *metronidazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vogelxo* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zomacton* | *somatropin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *azelastine hcl* | *azelastine hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *selenium sulfide* | *selenium sulfide* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *sandimmune* | *cyclosporine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *alocril* | *nedocromil sodium (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *azilect* | *rasagiline mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *quetiapine fumarate* | *quetiapine fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *jublia* | *efinaconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cefaclor* | *cefaclor* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm motion sickness relief* | *meclizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clindamycin-tretinoin* | *clindamycin phosphate-tretinoin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *rizatriptan benzoate* | *rizatriptan benzoate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bosentan* | *bosentan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *retisert* | *fluocinolone acetonide (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lonhala magnair starter kit* | *glycopyrrolate (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *irbesartan* | *irbesartan* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ipratropium-albuterol* | *ipratropium-albuterol* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *metformin hcl er (mod)* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sevelamer carbonate* | *sevelamer carbonate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *aplenzin* | *bupropion hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lotensin hct* | *benazepril & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zolmitriptan* | *zolmitriptan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ezallor sprinkle* | *rosuvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *erygel* | *erythromycin (acne aid)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *insulin aspart* | *insulin aspart* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sertraline hcl* | *sertraline hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pulmicort flexhaler* | *budesonide (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nevanac* | *nepafenac* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tobramycin* | *tobramycin (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *soliqua* | *insulin glargine-lixisenatide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *oseni* | *alogliptin-pioglitazone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clindamycin hcl* | *clindamycin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *goodsense all day allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *aricept* | *donepezil hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fexmid* | *cyclobenzaprine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *acyclovir* | *acyclovir* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *menest* | *esterified estrogens* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *inderal xl* | *propranolol hcl sustained-release beads* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nplate* | *romiplostim* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *focalin* | *dexmethylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nyvepria* | *pegfilgrastim-apgf* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *synjardy xr* | *empagliflozin-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *belsomra* | *suvorexant* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *colestid* | *colestipol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *velphoro* | *sucroferric oxyhydroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lopressor* | *metoprolol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolog penfill* | *insulin aspart* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pexeva* | *paroxetine mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide (refrigerate)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gabapentin* | *gabapentin* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *insulin glargine* | *insulin glargine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *omeprazole magnesium* | *omeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tramadol hcl* | *tramadol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ascomp-codeine* | *butalbital-aspirin-caffeine w/cod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp nicotine polacrilex* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sumaxin cp* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *rosuvastatin calcium* | *rosuvastatin calcium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *acid controller max st* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ibuprofen childrens* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vimovo* | *naproxen-esomeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *anoro ellipta* | *umeclidinium-vilanterol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *adzenys er* | *amphetamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mirtazapine* | *mirtazapine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *olmesartan-amlodipine-hctz* | *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *yutiq* | *fluocinolone acetonide (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *twyneo* | *tretinoin-benzoyl peroxide* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *fluticasone propionate* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *mentax* | *butenafine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *soriatane* | *acitretin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zoloft* | *sertraline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fabior* | *tazarotene (acne)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *qutenza* | *capsaicin & cleansing gel* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avonex pen* | *interferon beta-1a* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pentazocine-naloxone hcl* | *pentazocine w/ naloxone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *combipatch* | *estradiol & norethindrone acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *aemcolo* | *rifamycin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vusion* | *miconazole-zinc oxide-white petrolatum* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *insulin asp prot & asp flexpen* | *insulin aspart protamine & aspart (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vesicare ls* | *solifenacin succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diclofenac-misoprostol* | *diclofenac w/ misoprostol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nafcillin sodium* | *nafcillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ibandronate sodium* | *ibandronate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cipro* | *ciprofloxacin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *doxycycline* | *doxycycline (rosacea)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dandruff shampoo* | *pyrithione zinc* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *nicotine step 1* | *nicotine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nicotine step 3* | *nicotine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *yupelri* | *revefenacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *synalar* | *fluocinolone acetonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nicotine step 2* | *nicotine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ximino* | *minocycline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hetlioz lq* | *tasimelteon* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *phenelzine sulfate* | *phenelzine sulfate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *lovenox* | *enoxaparin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *insulin glargine solostar* | *insulin glargine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *temazepam* | *temazepam* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *vectical* | *calcitriol (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *alrex* | *loteprednol etabonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amabelz* | *estradiol & norethindrone acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *diclegis* | *doxylamine-pyridoxine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *perforomist* | *formoterol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amrix* | *cyclobenzaprine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *linzess* | *linaclotide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *duaklir pressair* | *aclidinium bromide-formoterol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *premarin* | *estrogens, conjugated* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *imitrex statdose system* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pertzye* | *pancrelipase (lipase-protease-amylase)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lorcet* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *etodolac* | *etodolac* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *aloxi* | *palonosetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *rabeprazole sodium* | *rabeprazole sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prevalite* | *cholestyramine light* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *eprosartan mesylate* | *eprosartan mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hyzaar* | *losartan potassium & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prograf* | *tacrolimus* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *stalevo 200* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dandruff shampoo* | *selenium sulfide* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *effexor xr* | *venlafaxine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *apokyn* | *apomorphine hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adderall xr* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *metrocream* | *metronidazole (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ofloxacin* | *ofloxacin (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *prochlorperazine edisylate* | *prochlorperazine edisylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ery* | *erythromycin (acne aid)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *clindacin etz* | *clindamycin phosphate & cleanser* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *psorcon* | *diflorasone diacetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *aduhelm* | *aducanumab-avwa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *releuko* | *filgrastim-ayow* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zetia* | *ezetimibe* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *opzelura* | *ruxolitinib phosphate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolin 70/30 flexpen* | *insulin nph isophane & reg (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *naproxen sodium er* | *naproxen sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *stalevo 150* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nymalize* | *nimodipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adderall* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *duexis* | *ibuprofen-famotidine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amzeeq* | *minocycline hcl micronized (acne)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *stalevo 100* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *modafinil* | *modafinil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *methylphenidate hcl er (osm)* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *stalevo 125* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zymaxid* | *gatifloxacin (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *verelan* | *verapamil hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ampicillin sodium* | *ampicillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *auryxia* | *ferric citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tyvaso starter* | *treprostinil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fenofibrate* | *fenofibrate micronized* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *saizen* | *somatropin (non-refrigerated)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bicillin c-r* | *penicillin g benzathine & procaine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *multaq* | *dronedarone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ovace plus wash* | *sulfacetamide sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate (antineoplastic)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *retin-a micro pump* | *tretinoin microsphere* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *asmanex (30 metered doses)* | *mometasone furoate (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *skytrofa* | *lonapegsomatropin-tcgd* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *polycin* | *bacitracin-polymyxin b (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *oxytrol* | *oxybutynin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avita* | *tretinoin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tigan* | *trimethobenzamide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm hydrocortisone max st* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *mometasone furoate* | *mometasone furoate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pioglitazone hcl-metformin hcl* | *pioglitazone hcl-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lyrica cr* | *pregabalin (once-daily)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lansoprazole* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *saphris* | *asenapine maleate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ledipasvir-sofosbuvir* | *ledipasvir-sofosbuvir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tadalafil* | *tadalafil* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *glatopa* | *glatiramer acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *denavir* | *penciclovir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *viread* | *tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *glyburide-metformin* | *glyburide-metformin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tretinoin* | *tretinoin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *innopran xl* | *propranolol hcl sustained-release beads* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *morphine sulfate (concentrate)* | *morphine sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *savaysa* | *edoxaban tosylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *glucotrol xl* | *glipizide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sm childrens ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *onexton* | *clindamycin phosphate-benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *estradiol-norethindrone acet* | *estradiol & norethindrone acetate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *restoril* | *temazepam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *erythromycin* | *erythromycin (acne aid)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *sm esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *bacitracin-polymyxin b* | *bacitracin-polymyxin b (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *e.e.s. granules* | *erythromycin ethylsuccinate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *percocet* | *oxycodone w/ acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lescol xl* | *fluvastatin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *baclofen* | *baclofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *olux-e* | *clobetasol propionate emulsion* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ztlido* | *lidocaine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tyvaso refill* | *treprostinil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *betaseron* | *interferon beta-1b* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *neomycin-polymyxin-hc* | *neomycin-polymyxin-hc (otic)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *avar ls* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *rebif rebidose* | *interferon beta-1a* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dificid* | *fidaxomicin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp lansoprazole* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *zolpidem tartrate er* | *zolpidem tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *texacort* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *sovaldi* | *sofosbuvir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *otiprio* | *ciprofloxacin (otic)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *methylin* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gnp loratadine* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *hydrocortisone valerate* | *hydrocortisone valerate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *femring* | *estradiol acetate vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *concerta* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *drizalma sprinkle* | *duloxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *jornay pm* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pepcid* | *famotidine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *afrezza* | *insulin regular (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *phenergan* | *promethazine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *isradipine* | *isradipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lidoderm* | *lidocaine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *onglyza* | *saxagliptin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tolterodine tartrate* | *tolterodine tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *cimetidine* | *cimetidine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pylera* | *bismuth subcitrate potassium-metronidazole-tetracycline* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *tobramycin* | *tobramycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pred-g s.o.p.* | *gentamicin-prednisolone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *diltiazem hcl* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *exforge* | *amlodipine besylate-valsartan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mitigare* | *colchicine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cleocin-t* | *clindamycin phosphate (topical)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *tracleer* | *bosentan* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cutivate* | *fluticasone propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *isosorb dinitrate-hydralazine* | *isosorbide dinitrate-hydralazine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *amcinonide* | *amcinonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clindacin etz* | *clindamycin phosphate (topical)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *enoxaparin sodium* | *enoxaparin sodium* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *orenitram* | *treprostinil diolamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *metaxalone* | *metaxalone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *precose* | *acarbose* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *atacand* | *candesartan cilexetil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gnp allergy relief* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tricor* | *fenofibrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *isosorbide dinitrate* | *isosorbide dinitrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qc anti-itch intensive healing* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *luzu* | *luliconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dexamethasone intensol* | *dexamethasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ofloxacin* | *ofloxacin (otic)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bryhali* | *halobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *bacitracin* | *bacitracin (ophthalmic)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *rosanil cleanser* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dexmethylphenidate hcl* | *dexmethylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *epiduo forte* | *adapalene-benzoyl peroxide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *labetalol hcl* | *labetalol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nefazodone hcl* | *nefazodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tacrolimus* | *tacrolimus* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ponvory starter pack* | *ponesimod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *procrit* | *epoetin alfa* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *breztri aerosphere* | *budesonide-glycopyrrolate-formoterol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bijuva* | *estradiol-progesterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *apap-caff-dihydrocodeine* | *acetaminophen-caff-dihydrocod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ciprofloxacin-dexamethasone* | *ciprofloxacin-dexamethasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *quinidine sulfate* | *quinidine sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pramipexole dihydrochloride er* | *pramipexole dihydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avar-e ls* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *rezurock* | *belumosudil mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *loprox* | *ciclopirox* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *donepezil hcl* | *donepezil hydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *azasite* | *azithromycin (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *accu-chek softclix lancet dev* | *lancets misc.* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lopid* | *gemfibrozil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *carbidopa-levodopa er* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dantrolene sodium* | *dantrolene sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *qc fexofenadine hydrochloride* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hydrocortisone max st* | *hydrocortisone (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *millipred dp* | *prednisolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp omeprazole* | *omeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *testim* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ambien cr* | *zolpidem tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *namenda* | *memantine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hemangeol* | *propranolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *ertaczo* | *sertaconazole nitrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *proair digihaler* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fyavolv* | *norethindrone acetate-ethinyl estradiol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *jinteli* | *norethindrone acetate-ethinyl estradiol* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gnp acid reducer max st* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *paxil cr* | *paroxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bacitra-neomycin-polymyxin-hc* | *bacitracin-poly-neomycin-hc* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *meperidine hcl* | *meperidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nyamyc* | *nystatin (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *darifenacin hydrobromide er* | *darifenacin hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *childrens ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qc esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zeposia starter kit* | *ozanimod hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xalatan* | *latanoprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sinuva* | *mometasone furoate (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ezetimibe-simvastatin* | *ezetimibe-simvastatin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *myfortic* | *mycophenolate sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *triamcinolone in absorbase* | *triamcinolone acetonide (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nifedipine* | *nifedipine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *avar* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *naprelan* | *naproxen sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bicillin c-r 900/300* | *penicillin g benzathine & procaine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *zepatier* | *elbasvir-grazoprevir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dexamethasone* | *dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *methoxsalen rapid* | *methoxsalen rapid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tenormin* | *atenolol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *levofloxacin* | *levofloxacin (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avar-e emollient* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dexedrine* | *dextroamphetamine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *epogen* | *epoetin alfa* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *rasagiline mesylate* | *rasagiline mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *loprox* | *ciclopirox olamine & cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *duloxetine hcl* | *duloxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *oxycodone-aspirin* | *oxycodone-aspirin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *humulin r u-500 kwikpen* | *insulin regular (human)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *alendronate sodium* | *alendronate sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dexycu* | *dexamethasone (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ciclodan cream* | *ciclopirox olamine & cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zithromax z-pak* | *azithromycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pegasys* | *peginterferon alfa-2a* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fabior* | *tazarotene (acne)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *januvia* | *sitagliptin phosphate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *glynase* | *glyburide micronized* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gnp all day allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *dantrium* | *dantrolene sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *atenolol-chlorthalidone* | *atenolol & chlorthalidone* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *indomethacin er* | *indomethacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *naproxen-esomeprazole mg* | *naproxen-esomeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amitiza* | *lubiprostone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clindacin-p* | *clindamycin phosphate (topical)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *zovirax* | *acyclovir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm all day allergy childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *humalog mix 75/25* | *insulin lispro protamine & lispro* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *paroxetine hcl* | *paroxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *clarithromycin er* | *clarithromycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *suprax* | *cefixime* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *questran* | *cholestyramine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tiadylt er* | *diltiazem hcl extended release beads* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *penicillin g sodium* | *penicillin g sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *all day allergy childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *revatio* | *sildenafil citrate (pulmonary hypertension)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *sinemet* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *travatan z* | *travoprost* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lipitor* | *atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *aptensio xr* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sporanox pulsepak* | *itraconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *kesimpta* | *ofatumumab (ms)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm allergy relief (cetirizine)* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *metformin hcl* | *metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *fioricet/codeine* | *butalbital-acetaminophen-caffeine w/ codeine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *levalbuterol tartrate* | *levalbuterol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tosymra* | *sumatriptan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 07/01/2022 | *bidil* | *isosorbide dinitrate-hydralazine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nystop* | *nystatin (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *urso 250* | *ursodiol* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *bystolic* | *nebivolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clindamycin phosphate in d5w* | *clindamycin phosphate in d5w* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ovace wash* | *sulfacetamide sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fiasp* | *insulin aspart (with niacinamide)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *humulin r u-500 (concentrated)* | *insulin regular (human)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *telmisartan-amlodipine* | *telmisartan-amlodipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prednisolone* | *prednisolone* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qnasl* | *beclomethasone dipropionate (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *clonazepam* | *clonazepam* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *mesalamine er* | *mesalamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pacerone* | *amiodarone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adhansia xr* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *enbrel sureclick* | *etanercept* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *famotidine maximum strength* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ivermectin* | *ivermectin (pediculicide)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *trusopt* | *dorzolamide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *prasugrel hcl* | *prasugrel hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ranitidine hcl* | *ranitidine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nifedipine er* | *nifedipine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sulfasalazine* | *sulfasalazine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *targadox* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *roxicodone* | *oxycodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *goodsense arthritis pain* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *detrol* | *tolterodine tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xerese* | *acyclovir-hydrocortisone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bp cleansing wash* | *sulfacetamide sodium-sulfur in urea vehicle* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *reblozyl* | *luspatercept-aamt* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ponvory* | *ponesimod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *halobetasol propionate* | *halobetasol propionate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *viberzi* | *eluxadoline* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dexilant* | *dexlansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *cefuroxime axetil* | *cefuroxime axetil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *maxitrol* | *neomycin-polymy-dexameth* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *plegridy starter pack* | *peginterferon beta-1a* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vesicare* | *solifenacin succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *moxifloxacin hcl (2x day)* | *moxifloxacin hcl (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *viibryd* | *vilazodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *icosapent ethyl* | *icosapent ethyl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mavenclad (8 tabs)* | *cladribine (multiple sclerosis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *benzaclin* | *clindamycin phosphate-benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *qc all day allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sm all day allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ketodan* | *ketoconazole (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *metoprolol tartrate* | *metoprolol tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ambrisentan* | *ambrisentan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *qutenza (4 patch)* | *capsaicin & cleansing gel* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *noritate* | *metronidazole (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *mesalamine* | *mesalamine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *adlarity* | *donepezil hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm famotidine* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *voriconazole* | *voriconazole* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *amphetamine er* | *amphetamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zosyn* | *piperacillin sodium-tazobactam sodium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *nitroglycerin* | *nitroglycerin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *allergy relief* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *adzenys xr-odt* | *amphetamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *myxredlin* | *insulin regular (human) in sodium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mavenclad (9 tabs)* | *cladribine (multiple sclerosis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sumaxin wash* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fortesta* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *arazlo* | *tazarotene (acne)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tolterodine tartrate er* | *tolterodine tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nafcillin sodium in dextrose* | *nafcillin sodium in dextrose* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *minolira* | *minocycline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *arthritis pain reliever* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *qutenza (2 patch)* | *capsaicin & cleansing gel* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *norliqva* | *amlodipine besylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tolsura* | *itraconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tretinoin microsphere pump* | *tretinoin microsphere* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *reglan* | *metoclopramide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tazarotene* | *tazarotene (acne)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 07/01/2022 | *penicillin g potassium* | *penicillin g potassium* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *trelegy ellipta* | *fluticasone-umeclidinium-vilanterol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ditropan xl* | *oxybutynin chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *savella titration pack* | *milnacipran hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *akynzeo* | *netupitant-palonosetron* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *loprox* | *ciclopirox olamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *movantik* | *naloxegol oxalate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *mircera* | *methoxy polyethylene glycol-epoetin beta* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *altace* | *ramipril* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zosyn* | *piperacillin sodium-tazobactam sodium in dextrose* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *econazole nitrate* | *econazole nitrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *allergy rel child (loratadine)* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mavenclad (7 tabs)* | *cladribine (multiple sclerosis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *temovate* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ovace plus* | *sulfacetamide sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm fexofenadine hcl* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *candesartan cilexetil* | *candesartan cilexetil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sumaxin cp* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *qc cetirizine allergy relief* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *istalol* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *demeclocycline hcl* | *demeclocycline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *insulin glargine-yfgn* | *insulin glargine-yfgn* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *xigduo xr* | *dapagliflozin-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mavenclad (5 tabs)* | *cladribine (multiple sclerosis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gnp arthritis pain* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *prednisone intensol* | *prednisone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *azulfidine en-tabs* | *sulfasalazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *granisetron hcl* | *granisetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *asmanex (14 metered doses)* | *mometasone furoate (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sancuso* | *granisetron* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *lexette* | *halobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ongentys* | *opicapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *quillivant xr* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *questran light* | *cholestyramine light* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tresiba* | *insulin degludec* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pandel* | *hydrocortisone probutate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *motegrity* | *prucalopride succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *azelaic acid* | *azelaic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *insulin lispro* | *insulin lispro* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *zeposia 7-day starter pack* | *ozanimod hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *climara* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cartia xt* | *diltiazem hcl coated beads* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *doryx* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *aprepitant* | *aprepitant* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cardizem la* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fenoprofen calcium* | *fenoprofen calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *uloric* | *febuxostat* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ultravate* | *halobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *prolia* | *denosumab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *symjepi* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nuvigil* | *armodafinil* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *brilinta* | *ticagrelor* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *condylox* | *podofilox* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hydromorphone hcl* | *hydromorphone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *butorphanol tartrate* | *butorphanol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *relexxii* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fortamet* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *doxazosin mesylate* | *doxazosin mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ivermectin* | *ivermectin (rosacea)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *myrbetriq* | *mirabegron* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *miconazole-zinc oxide-petrolat* | *miconazole-zinc oxide-white petrolatum* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *remeron* | *mirtazapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *treximet* | *sumatriptan-naproxen sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *fondaparinux sodium* | *fondaparinux sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ultram* | *tramadol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *marplan* | *isocarboxazid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nesina* | *alogliptin benzoate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *airduo respiclick 113/14* | *fluticasone-salmeterol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *oxistat* | *oxiconazole nitrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nitazoxanide* | *nitazoxanide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *azelastine hcl* | *azelastine hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *epclusa* | *sofosbuvir-velpatasvir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *metronidazole* | *metronidazole (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *vemlidy* | *tenofovir alafenamide fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *avar ls cleanser* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *mometasone furoate* | *mometasone furoate (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dapsone* | *dapsone (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nutropin aq nuspin 5* | *somatropin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cosopt pf* | *dorzolamide hcl-timolol maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *inveltys* | *loteprednol etabonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *nystatin-triamcinolone* | *nystatin-triamcinolone* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *omnipod dash intro (gen 4)* | *insulin infusion disposable pump* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *gimoti* | *metoclopramide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *amlodipine besylate* | *amlodipine besylate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *eliquis dvt/pe starter pack* | *apixaban* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *alogliptin-metformin hcl* | *alogliptin-metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gentak* | *gentamicin sulfate (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *propafenone hcl er* | *propafenone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *ziextenzo* | *pegfilgrastim-bmez* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *glyburide micronized* | *glyburide micronized* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *bp 10-1* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *azor* | *amlodipine besylate-olmesartan medoxomil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *ibuprofen-famotidine* | *ibuprofen-famotidine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *glipizide-metformin hcl* | *glipizide-metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *goodsense allergy relief* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *stalevo 75* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *besivance* | *besifloxacin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *oxaydo* | *oxycodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *stalevo 50* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *gonitro* | *nitroglycerin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *pregabalin* | *pregabalin* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *aczone* | *dapsone (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *natroba* | *spinosad* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *colcrys* | *colchicine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *sotalol hcl (af)* | *sotalol hcl (afib/afl)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *cresemba* | *isavuconazonium sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *trazodone hcl* | *trazodone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *epinephrine* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *lodosyn* | *carbidopa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *dextenza* | *dexamethasone (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *omnaris* | *ciclesonide (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 07/01/2022 | *erythromycin ethylsuccinate* | *erythromycin ethylsuccinate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *uptravi* | *selexipag* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *tekturna* | *aliskiren fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *pred-g* | *gentamicin-prednisolone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *novolin 70/30 relion* | *insulin nph isophane & reg (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *hm cetirizine hcl* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *skelaxin* | *metaxalone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *benazepril-hydrochlorothiazide* | *benazepril & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *cetirizine hcl allergy child* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *xadago* | *safinamide mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *sm lorata-dine d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *diflorasone diacetate* | *diflorasone diacetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *malathion* | *malathion* | ADD TO FORMULARY | | PDL Non-Preferred |
| 07/01/2022 | *valsartan-hydrochlorothiazide* | *valsartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 07/01/2022 | *trimethobenzamide hcl* | *trimethobenzamide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

## September, 2020

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2020 | *allergy relief (loratadine)* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2020 | *relexxii* | *methylphenidate hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 09/01/2020 | *relexxii* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2020 | *allergy relief (loratadine)* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/01/2020 | *fluocinonide* | *fluocinonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2020 | *cetirizine hcl childrens alrgy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/01/2020 | *cetirizine hcl childrens alrgy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2020 | *fluocinonide* | *fluocinonide* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 09/01/2020 | *tafluprost (pf)* | *tafluprost* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 09/01/2020 | *nystatin* | *nystatin (mouth-throat)* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2020 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 09/01/2020 | *tafluprost (pf)* | *tafluprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2020 | *celecoxib* | *celecoxib* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2020 | *celecoxib* | *celecoxib* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/01/2020 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2020 | *nystatin* | *nystatin (mouth-throat)* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/01/2022 | *hemorrhoidal* | *phenylephrine-cocoa butter* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex instasoothe throat/cmf* | *hexylresorcinol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *trelstar mixject* | *triptorelin pamoate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *cold & allergy childrens* | *brompheniramine & phenyleph* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *eye itch relief* | *ketotifen fumarate (ophth)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *ifosfamide* | *ifosfamide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *doxepin hcl* | *doxepin hcl (antipruritic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gattex* | *teduglutide (rdna)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hyosyne* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *desogestrel-ethinyl estradiol* | *desogestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dandruff shampoo* | *pyrithione zinc* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *brevibloc premixed* | *esmolol hcl-sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *falessa* | *levonorgestrel-ethinyl estradiol & folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antifungal* | *miconazole nitrate (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gnp nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cevimeline hcl* | *cevimeline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ritonavir* | *ritonavir* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *hm chest congestion relief* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *goodsense day time cold & flu* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *refresh liquigel* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cold flu nght* | *diphenhydramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *boostrix* | *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *gnp alert aid* | *caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cal-gest antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *isotretinoin* | *isotretinoin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *palforzia (300 mg maintenance)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stool softener laxative* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diethylpropion hcl* | *diethylpropion hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *amytal sodium* | *amobarbital sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *aspirin adult* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *dasetta 1/35* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm calcium antacid ex st* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *propylthiouracil* | *propylthiouracil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc naproxen sodium* | *naproxen sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *tranxene-t* | *clorazepate dipotassium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *potassium chloride crys er* | *potassium chloride microencapsulated crystals er* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 09/01/2022 | *baby skin protectant* | *petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *welireg* | *belzutifan* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *decolorized iodine* | *iodine (topical)* | ADD TO FORMULARY | | Covered |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *jynarque* | *tolvaptan* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *refresh plus* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *silver nitrate* | *silver nitrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *simliya* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *centratex* | *ferrous fumarate-fa-b complex-c-zn-mg-mn-cu* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *accutane* | *isotretinoin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *sm magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *travel sickness* | *meclizine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *isosulfan blue* | *isosulfan blue* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc enteric aspirin* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *regonol* | *pyridostigmine bromide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *doxercalciferol* | *doxercalciferol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc ibuprofen ib* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *cyclosporine* | *cyclosporine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *selenious acid* | *selenious acid* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *atovaquone-proguanil hcl* | *atovaquone-proguanil hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pse-dexchlorphen-chlophedianol* | *pseudoephedrine-dexchlorpheniramine-chlophedianol* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tristart dha* | *prenatal without a w/ fe carbonyl-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mefloquine hcl* | *mefloquine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *adacel* | *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *stahist ad* | *chlorcyclizine & pseudoephedrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *flutamide* | *flutamide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *vincristine sulfate* | *vincristine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *8hr muscle aches & pain* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *petrolatum* | *petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nifedipine* | *nifedipine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *redness relief* | *naphazoline-glycerin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *viorele* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *tisseel* | *fibrin sealant component* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antacid plus anti-gas relief* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex nightshift cold/flu* | *dextromethorphan-acetaminophen-triprolidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tri-vi-flor* | *pediatric vitamins acd & l-methylfolate w/ fluoride* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *calcium antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *microgestin fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *camila* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *senokot* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thiola ec* | *tiopronin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diltiazem hcl* | *diltiazem hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *fluconazole in sodium chloride* | *fluconazole in nacl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cefuroxime sodium* | *cefuroxime sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *aminosyn-pf* | *amino acid infusion* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sevelamer carbonate* | *sevelamer carbonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *temodar* | *temozolomide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *aurovela fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pnv tabs 29-1* | *prenatal vit w/ iron carbonyl-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc severe cold/cough nighttime* | *diphenhydramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *northera* | *droxidopa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *famotidine orig st* | *famotidine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *hm pain relieve child dye-free* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp lansoprazole* | *lansoprazole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *citranatal dha* | *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *heparin (porcine) in nacl* | *heparin (porcine) in sodium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *everolimus* | *everolimus* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex cold cgh throat child* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp nausea relief* | *fructose-dextrose-phosphoric acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *quetiapine fumarate* | *quetiapine fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *mucinex freefrom cold/flu day* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *docusate mini* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *proglycem* | *diazoxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm iodides* | *iodine (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lanreotide acetate* | *lanreotide acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm nasal decongestant pe* | *phenylephrine hcl (oral)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp relief patch* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *taytulla* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *elinest* | *norgestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp terbinafine hydrochloride* | *terbinafine hcl (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *parsabiv* | *etelcalcetide hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kisqali femara (400 mg dose)* | *ribociclib succinate-letrozole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *unituxin* | *dinutuximab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bivalirudin-sodium chloride* | *bivalirudin trifluoroacetate-sodium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sucralfate* | *sucralfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vyndamax* | *tafamidis* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc tussin dm cough/congestion* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm ibuprofen ib* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *eye drops advanced relief* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lohist-d* | *chlorpheniramine & pseudoeph* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *complete natal dha* | *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *genteal tears night-time* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine-epinephrine* | *lidocaine w/ epinephrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bridion* | *sugammadex sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *imlygic* | *talimogene laherparepvec* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *maxzide* | *triamterene & hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *atracurium besylate* | *atracurium besylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dobutamine hcl* | *dobutamine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ethacrynic acid* | *ethacrynic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clindamycin hcl* | *clindamycin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *akovaz* | *ephedrine sulfate (pressors)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc rest simply* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *juluca* | *dolutegravir sodium-rilpivirine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *bismuth subsalicylate* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *empaveli* | *pegcetacoplan* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *depo-estradiol* | *estradiol cypionate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *rescon* | *dexchlorpheniramine & pseudoephedrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *corvita* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *fludrocortisone acetate* | *fludrocortisone acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *calcium gluconate* | *calcium gluconate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *muscle rub ultra strength* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | UM AUTO RULE: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *exondys 51* | *eteplirsen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *firmagon* | *degarelix acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *emtricitabine-tenofovir df* | *emtricitabine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *ethacrynate sodium* | *ethacrynate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rituxan hycela* | *rituximab-hyaluronidase human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rosuvastatin calcium* | *rosuvastatin calcium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *acne medication 2.5* | *benzoyl peroxide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp motion sickness relief* | *dimenhydrinate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *solu-cortef* | *hydrocortisone sod succinate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *vyxeos* | *daunorubicin-cytarabine liposome* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *belladonna alkaloids-opium* | *belladonna alkaloids & opium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clinolipid* | *fat emulsion plant based (soy/olive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thymoglobulin* | *anti-thymocyte globulin (rabbit), lymphocyte immune globulin* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sumatriptan* | *sumatriptan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *vitafol strips* | *prenatal w/ vit b6-b12-cholecalciferol-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lyleq* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense mucus er maximum str* | *guaifenesin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *capron dm* | *dextromethorphan-pyrilamine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *yonsa* | *abiraterone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *acthar* | *corticotropin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *valsartan-hydrochlorothiazide* | *valsartan-hydrochlorothiazide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *omeprazole* | *omeprazole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *cough & cold hbp* | *chlorpheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *depo-testosterone* | *testosterone cypionate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *xolair* | *omalizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex d* | *pseudoephedrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *phenaseptic* | *phenol (antiseptic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ella* | *ulipristal acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nora-be* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sebex* | *salicylic acid & sulfur* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *nestabs one* | *prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *blincyto* | *blinatumomab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *amikacin sulfate* | *amikacin sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *alvimopan* | *alvimopan* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *mucinex stuffy nose & chest* | *phenylephrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *wescaps* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sandimmune* | *cyclosporine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *colistimethate sodium (cba)* | *colistimethate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *asparlas* | *calaspargase pegol-mknl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc earwax removal kit* | *carbamide peroxide (otic)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *zynrelef* | *bupivacaine-meloxicam* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *zirgan* | *ganciclovir ophthalmic* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *betadine antiseptic* | *povidone-iodine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *severe cold/cough* | *diphenhydramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *vecuronium bromide* | *vecuronium bromide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lupron depot (4-month)* | *leuprolide acetate (4 month)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *mucinex freefrom cld/flu/cngst* | *phenylephrine-acetaminophen-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *muse* | *alprostadil (vasodilator)* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *peg-3350/electrolytes* | *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phenylephrine hcl* | *phenylephrine hcl (pressors)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine-prilocaine* | *lidocaine-prilocaine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gnp antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cefotan* | *cefotetan disodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *alyq* | *tadalafil (pulmonary hypertension)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *qc gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *penicillamine* | *penicillamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isopto atropine* | *atropine sulfate (ophthalmic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *povidone-iodine* | *povidone-iodine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *polocaine* | *mepivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pneumovax 23* | *pneumococcal vac polyvalent* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *acamprosate calcium* | *acamprosate calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp stomach relief ultra* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *dandruff shampoo* | *selenium sulfide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *lidocaine (anorectal)* | *lidocaine (anorectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rebinyn* | *coagulation factor ix (recombinant) glycopegylated* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *beovu* | *brolucizumab-dbll* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pamelor* | *nortriptyline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pedia-lax* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cong headache* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *cimduo* | *lamivudine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *bactrim ds* | *sulfamethoxazole-trimethoprim* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *afluria* | *influenza virus vaccine split* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *tolnaftate* | *tolnaftate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *miconazole nitrate* | *miconazole nitrate (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *qc magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc menstrual complete max st* | *acetaminophen-caffeine-pyrilamine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *poly-vent ir* | *pseudoephedrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *procysbi* | *cysteamine bitartrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *marcaine/epinephrine* | *bupivacaine w/ epinephrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *differin* | *adapalene* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *formula em* | *fructose-dextrose-phosphoric acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *onpattro* | *patisiran sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nasal decongestant pe max st* | *phenylephrine hcl (oral)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *ganciclovir sodium* | *ganciclovir sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bloxiverz* | *neostigmine methylsulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluconazole* | *fluconazole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *medicated callus removers* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cystadrops* | *cysteamine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *vitafol-ob* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *herzuma* | *trastuzumab-pkrb* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *octaplas blood group ab* | *plasma, human* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *dextromethorphan polistirex er* | *dextromethorphan polistirex* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *albenza* | *albendazole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *forane* | *isoflurane* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm cold & cough childrens* | *phenylephrine-brompheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *capron dmt* | *dextromethorphan-pyrilamine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *norethindrone acetate* | *norethindrone acetate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hm senna-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex chest congestion child* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *proctofoam hc* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mestinon* | *pyridostigmine bromide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *senokot extra strength* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nylia 1/35* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dianeal pd-2/4.25% dextrose* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *athletes foot powder spray* | *miconazole nitrate (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *analpram hc singles* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gnp eye drops* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *casodex* | *bicalutamide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *quflora pediatric* | *pediatric multivitamins w/fl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gablofen* | *baclofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *hm chest rub* | *camphor-eucalyptus-menthol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mircette* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chromic chloride* | *chromic chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *signifor lar* | *pasireotide pamoate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *triferic* | *ferric pyrophosphate citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pentoxifylline er* | *pentoxifylline* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *intelence* | *etravirine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *refresh optive pf* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fosamprenavir calcium* | *fosamprenavir calcium* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *lasix* | *furosemide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm laxative* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ammonia aromatic* | *ammonia aromatic* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *deconex dmx* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *alaway childrens allergy* | *ketotifen fumarate (ophth)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *aggrastat* | *tirofiban hcl in sodium chloride* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *goodsense ibuprofen* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *butenafine hcl* | *butenafine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *goodsense lice killing* | *permethrin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *delestrogen* | *estradiol valerate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *microgestin fe 1.5/30* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *refresh digital pf* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *imipramine hcl* | *imipramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *all day relief* | *naproxen sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *chromagen* | *iron combinations* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cyclophosphamide* | *cyclophosphamide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *introvale* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nelarabine* | *nelarabine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antacid regular strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bortezomib* | *bortezomib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cld/flu dy/nt* | *phenylephrine-doxylamine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tusnel pediatric* | *pseudoephedrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *qc aspirin* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *bivalirudin rtu* | *bivalirudin trifluoroacetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *qc iodides* | *iodine (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xylocaine-mpf* | *lidocaine hcl (local anesth.)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *perikabiven* | *amino acids-dextrose-lipids with electrolytes* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dialyvite supreme d* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *potassium phosphates(71 meq k)* | *potassium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prenaissance plus* | *prenatal w/o vit a w/ fe carbonyl-dss-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *amethyst* | *levonorgestrel-ethinyl estradiol (continuous)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *angiomax* | *bivalirudin trifluoroacetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *chloroprocaine hcl (pf)* | *chloroprocaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cyklokapron* | *tranexamic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tetracaine hcl* | *tetracaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *minastrin 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm nose drops* | *phenylephrine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chateal* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chlorhexidine gluconate* | *chlorhexidine gluconate (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *halobetasol propionate* | *halobetasol propionate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *niseko sunscreen spf 25* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *recothrom spray kit* | *thrombin (recombinant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tussin cf severe multi-symptom* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *eligard* | *leuprolide acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *zinc oxide* | *zinc oxide (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alprazolam xr* | *alprazolam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm eye itch relief* | *ketotifen fumarate (ophth)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *odefsey* | *emtricitabine-rilpivirine-tenofovir alafenamide fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *yasmin 28* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *enoxaparin sodium* | *enoxaparin sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *berinert* | *c1 esterase inhibitor (human)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *delstrigo* | *doravirine-lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *nephplex rx* | *b-complex w/ c-zn & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *12 hour nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *papaverine hcl* | *papaverine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *emtricitabine* | *emtricitabine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sm urinary pain relief max st* | *phenazopyridine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri-estarylla* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *scalpicin maximum strength* | *hydrocortisone (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *vp-precip* | *flaxseed oil-evening primrose oil-bilberry extract* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sf 5000 plus* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *halaven* | *eribulin mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *feverall infants* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *earwax removal* | *carbamide peroxide (otic)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *my way* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *klor-con m15* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dexbrompheniramine-phenyleph* | *dexbrompheniramine-phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *klor-con m10* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *firazyr* | *icatibant acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp senna plus* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *moisturel* | *dimethicone (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lupron depot (1-month)* | *leuprolide acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *klor-con m20* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *genvoya* | *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *efavirenz-emtricitab-tenofodf* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *nasopen pe* | *thonzylamine-phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *capsaicin* | *capsaicin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *potassium chloride crys er* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 09/01/2022 | *mucinex fast-max cold/flu* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *xerava* | *eravacycline dihydrochloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tarina fe 1/20 eq* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *haegarda* | *c1 esterase inhibitor (human)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *emerphed* | *ephedrine sulfate (pressors)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *marlissa* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mar-cof cg expectorant* | *guaifenesin-codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *jemperli* | *dostarlimab-gxly* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ibuprofen lysine* | *ibuprofen lysine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *ethambutol hcl* | *ethambutol hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ethynodiol diac-eth estradiol* | *ethynodiol diacet & eth estrad* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tadalafil* | *tadalafil* | REMOVE UM: AUTHORIZATION | | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *histex pd* | *triprolidine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp burn relief* | *lidocaine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *heparin sodium (porcine) pf* | *heparin sodium (porcine)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *iclusig* | *ponatinib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pretomanid* | *pretomanid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nulev* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lapatinib ditosylate* | *lapatinib ditosylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ultomiris* | *ravulizumab-cwvz* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *phenobarbital sodium* | *phenobarbital sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *aller-chlor* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nutrilipid* | *fat emulsion plant based (soy)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sinus congestion/pain* | *phenylephrine w/ acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm motion sickness* | *dimenhydrinate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *tepezza* | *teprotumumab-trbw* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phenytoin sodium* | *phenytoin sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *zovia 1/35e (28)* | *ethynodiol diacet & eth estrad* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *carmustine* | *carmustine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *genteal severe* | *hypromellose (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *proparacaine hcl* | *proparacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anusol-hc* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bivalirudin trifluoroacetate* | *bivalirudin trifluoroacetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *levetiracetam* | *levetiracetam* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *oxervate* | *cenegermin-bkbj* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *strovite one* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mucinex fast-max day/nght cool* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *quetiapine fumarate* | *quetiapine fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *cortrophin* | *corticotropin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *flublok quadrivalent* | *influenza virus vac recomb hemagglutinin (ha) quadrivalent* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *retevmo* | *selpercatinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *quflora gummies* | *pediatric multivitamins w/fl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *cytogam* | *cytomegalovirus immune globulin (human)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *minipress* | *prazosin hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *poison ivy wash* | *poison ivy treatments* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sterile water for irrigation* | *water for irrigation, sterile* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *taron-prex* | *prenatal w/o vit a w/ fe fumarate-dss-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alprazolam intensol* | *alprazolam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *purevit dualfe plus* | *fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm naproxen sodium* | *naproxen sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gnp allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *progesterone* | *progesterone* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *prograf* | *tacrolimus* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *betadine antiseptic dry powder* | *povidone-iodine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *childrens acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lillow* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *drospirenone-ethinyl estradiol* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *doxil* | *doxorubicin hcl liposomal* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *theophylline er* | *theophylline* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *etoposide* | *etoposide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *wart remover maximum strength* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *digox* | *digoxin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tachosil* | *absorbable fibrin sealant* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bismatrol* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *riluzole* | *riluzole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phentolamine mesylate* | *phentolamine mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *survanta* | *beractant in nacl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm allergy 4 hour* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *valchlor* | *mechlorethamine hcl (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *malarone* | *atovaquone-proguanil hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *betadine ophthalmic prep* | *povidone-iodine (ophth)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *truxima* | *rituximab-abbs* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *methadone hcl* | *methadone hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *polocaine-mpf* | *mepivacaine hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gnp pain relief pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ramipril* | *ramipril* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *soluble fiber therapy* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aspirin low dose* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *selzentry* | *maraviroc* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sm mineral oil* | *mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *marcaine preservative free* | *bupivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alimta* | *pemetrexed disodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clindamycin phosphate in d5w* | *clindamycin phosphate in d5w* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *lubricating plus eye drops* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp 8 hour arthritis relief* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc mucus relief* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp lidocaine pain relieving* | *lidocaine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *hm adult aspirin* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *dr greenes good stuff* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc tolnaftate* | *tolnaftate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *uptravi* | *selexipag* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *enema mineral oil* | *mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pantoprazole sodium* | *pantoprazole sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *prenate dha* | *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex child ms day-night cld* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *qc aspirin low dose* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *synera* | *lidocaine-tetracaine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *aurovela 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *athletes foot powder spray* | *tolnaftate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *rasuvo* | *methotrexate (antirheumatic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trikafta* | *elexacaftor-tezacaftor-ivacaftor* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *ocella* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *enhertu* | *fam-trastuzumab deruxtecan-nxki* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydrochlorothiazide* | *hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isoxsuprine hcl* | *isoxsuprine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex sinus-max press & pain* | *phenylephrine-acetaminophen-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *cinryze* | *c1 esterase inhibitor (human)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *gnp nasal decongestant* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm aspirin* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *carbamazepine er* | *carbamazepine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *truseltiq (75mg daily dose)* | *infigratinib phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm dry eye relief* | *glycerin-hypromellose-polyethylene glycol 400* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *faslodex* | *fulvestrant* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gentamicin in saline* | *gentamicin in saline* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *nitrofurantoin macrocrystal* | *nitrofurantoin macrocrystal* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kaletra* | *lopinavir-ritonavir* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *agrylin* | *anagrelide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *curosurf* | *poractant alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alprazolam er* | *alprazolam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *precedex* | *dexmedetomidine hcl in sodium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *tussin multi-symptom cold cf* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *cometriq (60 mg daily dose)* | *cabozantinib s-malate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *haloperidol* | *haloperidol* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm nasal spray 12 hour* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *flucelvax quadrivalent* | *influenza virus vaccine tissue-cultured subunit quadrivalent* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *mucus & cough relief childrens* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *camrese lo* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kisqali (200 mg dose)* | *ribociclib succinate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *veltassa* | *patiromer sorbitex calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mitoxantrone hcl* | *mitoxantrone hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stimate* | *desmopressin acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm acid reducer* | *cimetidine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *docusate sodium* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isibloom* | *desogestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tabrecta* | *capmatinib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cyanocobalamin* | *cyanocobalamin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tecartus* | *brexucabtagene autoleucel* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chest congestion relief dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tivicay* | *dolutegravir sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *vaxneuvance* | *pneumococcal 15-valent conjugate vaccine* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *qc anti-itch extra strength* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *desmopressin acetate pf* | *desmopressin acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ed-a-hist dm* | *phenylephrine-chlorphen-dm* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *indomethacin sodium* | *indomethacin sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *mucinex sinus-max clear & cool* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *refresh p.m.* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rynex dm* | *phenylephrine-brompheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *simpesse* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *corlopam* | *fenoldopam mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *herceptin* | *trastuzumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *orgovyx* | *relugolix* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *goodsense arthritis pain* | *diclofenac sodium (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *vistaril* | *hydroxyzine pamoate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *wesnate dha* | *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dacogen* | *decitabine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *infants gas relief* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc non-aspirin extra strength* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine viscous hcl* | *lidocaine hcl (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *marcaine spinal* | *bupivacaine in dextrose* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *efavirenz-lamivudine-tenofovir* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *delsym cgh/chest cong dm child* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *etomidate* | *etomidate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *smoflipid* | *fat emulsion fish oil and plant based* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *loestrin 1.5/30 (21)* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex sinus-max sev cong/pn* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *methenamine hippurate* | *methenamine hippurate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sensorcaine-mpf/epinephrine* | *bupivacaine w/ epinephrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ofev* | *nintedanib esylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sal-plant* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *amiodarone hcl* | *amiodarone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *goodsense night time cough* | *doxylamine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *methenamine mandelate* | *methenamine mandelate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm nite time cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tricare* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *lidaflex* | *lidocaine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *levonorgest-eth estrad 91-day* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dok* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nasal spray 12 hour* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sport sunscreen spf 30* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *enskyce* | *desogestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *drospiren-eth estrad-levomefol* | *drospirenone-ethinyl estradiol-levomefolate calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diazoxide* | *diazoxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tiopronin* | *tiopronin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max day/night m/s* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *dopamine hcl* | *dopamine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *solu-medrol* | *methylprednisolone sod succ* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *nuvaring* | *etonogestrel-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rifabutin* | *rifabutin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cold & flu relief nighttime* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *theo-24* | *theophylline* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mylotarg* | *gemtuzumab ozogamicin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max congest cough* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *vancomycin hcl in nacl* | *vancomycin hcl-sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *esbriet* | *pirfenidone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *argatroban* | *argatroban* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *goodsense stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *imbruvica* | *ibrutinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *urimar-t* | *methenamine-hyosc-methylene blue-sod phos-phenyl sal* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc sinus pain relief* | *phenylephrine w/ acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp isopropyl rubbing alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *laxative max str* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cidofovir* | *cidofovir* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bacitracin* | *bacitracin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *arimidex* | *anastrozole* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *perphenazine* | *perphenazine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sm ibuprofen* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *prazosin hcl* | *prazosin hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *vyfemla* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cold-eeze sugar free* | *homeopathic products* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phenoxybenzamine hcl* | *phenoxybenzamine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *iclevia* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp adult aspirin low strength* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *cold-eeze natural multi-symp* | *homeopathic products* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp night time cough* | *doxylamine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *fuzeon* | *enfuvirtide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gamifant* | *emapalumab-lzsg* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *zelboraf* | *vemurafenib* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *nulojix* | *belatacept* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *riabni* | *rituximab-arrx* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *metoprolol succinate er* | *metoprolol succinate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *precedex* | *dexmedetomidine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *gnp hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *contac cold/flu day & night* | *chlorpheniramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm ibuprofen infants* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *mucinex nightshift sinus maxst* | *phenylephrine-triprolidine-dm-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *deferasirox granules* | *deferasirox* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *afirmelle* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ibuprofen junior strength* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *junel 1.5/30* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lorazepam* | *lorazepam* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *ibandronate sodium* | *ibandronate sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *qc allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gazyva* | *obinutuzumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri-previfem* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ed-spaz* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gabapentin* | *gabapentin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *levetiracetam* | *levetiracetam* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nausea relief* | *fructose-dextrose-phosphoric acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *sarclisa* | *isatuximab-irfc* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diluent for treprostinil* | *glycine diluent* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *epoprostenol sodium* | *epoprostenol sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *healthylax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cepacol sore throat & cough* | *dextromethorphan-benzocaine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *goodsense ibuprofen infants* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *abiraterone acetate* | *abiraterone acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *lubricant eye drops (pf)* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *estradiol valerate* | *estradiol valerate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gnp olopatadine hcl* | *olopatadine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cabenuva* | *cabotegravir & rilpivirine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *mucinex childrens freefrom* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mucinex sinus-max* | *phenylephrine-acetaminophen-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *complera* | *emtricitabine-rilpivirine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *stribild* | *elvitegravir-cobicistat-emtricitabine-tenofovir df* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *dhs sal* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *paremyd* | *hydroxyamphetamine-tropicamide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *emverm* | *mebendazole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm camphor spirit* | *camphor spirit* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dicyclomine hcl* | *dicyclomine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bss* | *ophthalmic irrigation solution - intraocular* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *aggrastat* | *tirofiban hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *primidone* | *primidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *stomach relief ultra* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *neuraxcin* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vitamin b-complex 100* | *b-complex vitamins* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *saline bacteriostatic* | *bacteriostatic sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *neomycin-polymyxin b gu* | *neomycin/polymyxin b gu* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rynex pe* | *brompheniramine & phenyleph* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *aztreonam* | *aztreonam* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *ultrabag/dianeal pd-2/1.5% dex* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lithium carbonate er* | *lithium carbonate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cefazolin sodium-dextrose* | *cefazolin sodium-dextrose* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *me/naphos/mb/hyo1* | *methenamine-hyoscamine-methylene blue-sodium phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *docu liquid* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine* | *lidocaine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *almacone double strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *loestrin 1/20 (21)* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *midazolam hcl* | *midazolam hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *fiber* | *calcium polycarbophil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gavilyte-g* | *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gavilyte-c* | *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dhs zinc* | *pyrithione zinc* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *deferoxamine mesylate* | *deferoxamine mesylate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *bacmin* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *goodsense lubricant eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vitrase* | *hyaluronidase ovine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prudoxin* | *doxepin hcl (antipruritic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *est estrogens-methyltest* | *esterified estrogens & methyltestosterone* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *butenafine hcl* | *butenafine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *cystaran* | *cysteamine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *meropenem-sodium chloride* | *meropenem & sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zonalon* | *doxepin hcl (antipruritic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *childrens silfedrine* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *nitrofurantoin* | *nitrofurantoin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp iodides* | *iodine (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mi-acid maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *verzenio* | *abemaciclib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benzoyl peroxide cleanser* | *benzoyl peroxide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *fluzone high-dose quadrivalent* | *influenza virus vac split high-dose quad preservative free* | ADD UM: AGE | | At least 19 yrs old |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *all day pain relief* | *naproxen sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *abstral* | *fentanyl citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *simulect* | *basiliximab* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *mucinex sinus-max day/night* | *phenylephrine-diphenhydramine-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *enema ready-to-use* | *sodium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pfizer covid-19 vac bivalent* | *covid-19 mrna bivalent virus vaccine (pfizer)* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *emcyt* | *estramustine phosphate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *desferal* | *deferoxamine mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aranelle* | *norethindrone-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *delsym cgh/cld nighttime child* | *diphenhydramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm povidone-iodine* | *povidone-iodine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *feverall junior strength* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lenvima (14 mg daily dose)* | *lenvatinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hextend* | *hetastarch in lactated electrolyte* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *wescap-pn dha* | *prenatal without a w/ fe fumarate-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benzoyl peroxide wash* | *benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *ddavp* | *desmopressin acetate spray* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benzonatate* | *benzonatate* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *qc pain relief pm ext st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *brevital sodium* | *methohexital sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prenate* | *prenatal multivitamins & minerals w/ l-methylfolate-fa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc iodine tincture* | *iodine (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm mucus relief* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *m-clear wc* | *guaifenesin-codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *pnv-dha* | *prenatal without a w/ fe fumarate-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *effer-k* | *potassium bicarbonate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zaditor* | *ketotifen fumarate (ophth)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *fluconazole* | *fluconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *virtussin ac w/alc* | *guaifenesin-codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mi-acid gas relief* | *simethicone* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *palforzia (240 mg daily dose)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense sleeptime* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *carnitor sf* | *levocarnitine (metabolic modifiers)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *miglustat* | *miglustat* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dimaphen dm cold/cough* | *phenylephrine-brompheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *genteal tears moderate pf* | *dextran 70-hypromellose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cialis* | *tadalafil* | REMOVE UM: AUTHORIZATION | | |
| 09/01/2022 | *fungoid tincture* | *miconazole nitrate (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *panzyga* | *immune globulin (human)-ifas* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *etravirine* | *etravirine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *physostigmine salicylate* | *physostigmine salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense cough dm childrens* | *dextromethorphan polistirex* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm lice treatment* | *permethrin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *alyacen 1/35* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sm aspirin* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *toremifene citrate* | *toremifene citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sm aspirin low dose* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp allergy antihistamine* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xylocaine-mpf/epinephrine* | *lidocaine w/ epinephrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *azedra dosimetric* | *iobenguane i 131* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rezipres* | *ephedrine hcl (pressors)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tezspire* | *tezepelumab-ekko* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nylia 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *errin* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *palforzia (6 mg daily dose)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sleep-aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aromasin* | *exemestane* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *avastin* | *bevacizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *potassium iodide (antidote)* | *potassium iodide (antidote)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dextromethorphan hbr* | *dextromethorphan hbr* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *strovite forte* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine hcl* | *lidocaine hcl (local anesth.)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nohist-dm* | *phenylephrine-chlorphen-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *lysodren* | *mitotane* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *elzonris* | *tagraxofusp-erzs* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *leucovorin calcium* | *leucovorin calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mag-al plus xs* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *piqray (250 mg daily dose)* | *alpelisib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *erbitux* | *cetuximab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc mineral oil heavy* | *mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *leqvio* | *inclisiran sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *idhifa* | *enasidenib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *provenge* | *sipuleucel-t* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp womens gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *loperamide-simethicone* | *loperamide-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lynparza* | *olaparib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm pain reliever ex st* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ultrabag/dianeal pd-2/4.25%dex* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sodium fluoride 5000 plus* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nexplanon* | *etonogestrel* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluad quadrivalent* | *influenza virus vacc types a & b surf antigen adjuvant quad* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *zynlonta* | *loncastuximab tesirine-lpyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *truseltiq (125mg daily dose)* | *infigratinib phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluorouracil* | *fluorouracil (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp anorectal* | *lidocaine (anorectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acetaminophen infants* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fem ph* | *acetic acid-oxyquinoline vaginal* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trimo-san* | *oxyquinoline sulfate-sodium lauryl sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm motion sickness* | *dimenhydrinate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *neoprofen* | *ibuprofen lysine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *cycloserine* | *cycloserine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eovist* | *gadoxetate disodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sildenafil citrate* | *sildenafil citrate* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *nubeqa* | *darolutamide* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hm docosanol* | *docosanol* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *infuvite pediatric* | *pediatric multiple vitamins* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *fasenra pen* | *benralizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mapap childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rosuvastatin calcium* | *rosuvastatin calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *pain reliever plus* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dapsone* | *dapsone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *itch relief extra strength* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *baclofen* | *baclofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *voriconazole* | *voriconazole* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *amlodipine besylate* | *amlodipine besylate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *thalitone* | *chlorthalidone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *firmagon (240 mg dose)* | *degarelix acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hm lidocaine patch* | *lidocaine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *goodsense tussin dm max* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *potassium acetate* | *potassium acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chlorthalidone* | *chlorthalidone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levulan kerastick* | *aminolevulinic acid hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gadavist* | *gadobutrol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucus relief* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *midazolam-sodium chloride* | *midazolam-sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *palforzia (160 mg daily dose)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *slynd* | *drospirenone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *athletes foot spray* | *tolnaftate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *allergy-time* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *morphabond er* | *morphine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm 24 hour nasal allergy* | *triamcinolone acetonide (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *hm hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *goodsense acid reducer* | *ranitidine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *mili* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *jencycla* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *seasonique* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp iodine* | *iodine (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vitafol-nano* | *prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isopropyl alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ru-hist d* | *brompheniramine & phenyleph* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *suprane* | *desflurane* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vaprisol* | *conivaptan hcl in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp mucus relief dm max* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *konsyl original daily fiber* | *psyllium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lucemyra* | *lofexidine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dopram* | *doxapram hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydrocortisone acetate* | *hydrocortisone acetate (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *pseudoephedrine -guaifenesin er* | *pseudoephedrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *butorphanol tartrate* | *butorphanol tartrate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *pamidronate disodium* | *pamidronate disodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *hemorrhoidal* | *pramoxine-phenylephrine-glycerin-petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *adenosine* | *adenosine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dexrazoxane hcl* | *dexrazoxane hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *margenza* | *margetuximab-cmkb* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm naproxen sodium* | *naproxen sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *afluria preservative free* | *influenza virus vaccine split preservative free* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *lidocaine pain relieving* | *lidocaine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *menopur* | *menotropins* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *analpram hc* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm gas relief* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense naproxen sodium* | *naproxen sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *unithroid* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hypertet* | *tetanus immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *famotidine* | *famotidine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *vardenafil hcl* | *vardenafil hcl* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *daraprim* | *pyrimethamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gamunex-c* | *immune globulin (human) iv or subcutaneous* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fioricet* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *calcium chloride* | *calcium chloride (dihydrate)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *m-dryl* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zilretta* | *triamcinolone acetonide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *praxbind* | *idarucizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *synarel* | *nafarelin acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri-mili* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm clearlax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zinplava* | *bezlotoxumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *danyelza* | *naxitamab-gqgk* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *clonazepam* | *clonazepam* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *merzee* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sorbitol-mannitol* | *sorbitol-mannitol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *symax-sl* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp pain relief nighttime* | *acetaminophen-aspirin-diphenhydramine citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *synera* | *lidocaine-tetracaine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *exemestane* | *exemestane* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *edecrin* | *ethacrynic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vantas* | *histrelin acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *vitafol fe+* | *prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trecator* | *ethionamide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ibrance* | *palbociclib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mesna* | *mesna* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *enemeez mini* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluarix quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *primacare* | *prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *cabometyx* | *cabozantinib s-malate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acetaminophen er* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *night time sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alphanate* | *antihemophilic factor/von willebrand factor complex (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clinimix e/dextrose (5/15)* | *amino acid electrolyte w/ calcium infusion in d15w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *norvir* | *ritonavir* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *fleet oil* | *mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kariva* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex dm maximum strength* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *terbinafine hcl* | *terbinafine hcl (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *acne medication 5* | *benzoyl peroxide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sm tussin dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *taysofy* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *siltussin dm das* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *athletes foot (terbinafine)* | *terbinafine hcl (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *reno caps* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prezista* | *darunavir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *levonorgest-eth est & eth est* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cosela* | *trilaciclib dihydrochloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tecentriq* | *atezolizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diabetic siltussin-dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *bupap* | *butalbital-acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *targretin* | *bexarotene (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ob complete petite* | *prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pramosone* | *pramoxine-hc* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *kyprolis* | *carfilzomib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tnkase* | *tenecteplase* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *plasma-lyte a* | *electrolyte-a* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *salex* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *allergy* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gas relief ultra strength* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *enema* | *sodium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm pain reliever pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *coartem* | *artemether-lumefantrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tussin dm cough + chest* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm lubricating tears* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bacitracin* | *bacitracin (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *gnp antacid & anti-gas* | *calcium carbonate-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *livtencity* | *maribavir* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *orsythia* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ridaura* | *auranofin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *melphalan hcl* | *melphalan hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *methimazole* | *methimazole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anti-fungal* | *tolnaftate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *portrazza* | *necitumumab* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *magnebind 300* | *calcium carbonate-magnesium carbonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *hm cold & allergy childrens* | *brompheniramine & phenyleph* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *breyanzi* | *lisocabtagene maraleucel* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *hydrocortisone* | *hydrocortisone* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *capmist dm* | *pseudoephedrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *definity* | *perflutren lipid microsphere* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *voriconazole* | *voriconazole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *acyclovir sodium* | *acyclovir sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sm pain reliever pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thrombin-jmi epistaxis* | *thrombin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *peg 3350-kcl-na bicarb-nacl* | *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm hydrocortisone plus* | *hydrocortisone (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp mineral oil* | *mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xeomin* | *incobotulinumtoxina* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *qc ibuprofen* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *carbinoxamine maleate* | *carbinoxamine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mulpleta* | *lusutrombopag* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *antacid/anti-gas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diphtheria-tetanus toxoids* | *tetanus-diphtheria toxoids (td)* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *mucus relief dm max* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *epirubicin hcl* | *epirubicin hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *balanced salt* | *ophthalmic irrigation solution - intraocular* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *celestone soluspan* | *betamethasone sod phosphate & acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *mucinex cough childrens* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hyperrho s/d* | *rho d immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cld/flu dy/nt* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mycamine* | *micafungin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *qc milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *pyrazinamide* | *pyrazinamide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *brevibloc in nacl* | *esmolol hcl-sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *mucosa* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *botox cosmetic* | *onabotulinumtoxina (cosmetic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm lice treatment* | *permethrin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *gnp 8 hour pain relief* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sapropterin dihydrochloride* | *sapropterin dihydrochloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bronchitol* | *mannitol (cystic fibrosis)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ibuprofen* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *eye allergy itch relief* | *olopatadine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *eylea* | *aflibercept* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sirturo* | *bedaquiline fumarate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *faslodex* | *fulvestrant* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *generess fe* | *norethindrone & ethinyl estradiol-fe* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *laxative regular strength* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *takhzyro* | *lanadelumab-flyo* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *epinephrine* | *epinephrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *natpara* | *parathyroid hormone (recombinant)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *jivi* | *antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sustiva* | *efavirenz* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *pyridoxine hcl* | *pyridoxine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *burn relief* | *lidocaine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *calcium carbonate antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *succinylcholine chloride* | *succinylcholine chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *protriptyline hcl* | *protriptyline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *12 hour nasal decongestant* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *veletri* | *epoprostenol sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cold & hot medicated* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sm anti-dandruff coal tar* | *coal tar extract* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tivicay pd* | *dolutegravir sodium* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *ed a-hist dm* | *phenylephrine-chlorphen-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *chest rub* | *camphor-eucalyptus-menthol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stavudine* | *stavudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *naproxen sodium* | *naproxen sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *anusol-hc* | *hydrocortisone (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tham* | *tromethamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pentam* | *pentamidine isethionate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *desmopressin ace spray refrig* | *desmopressin acetate spray refrigerated* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chlorpromazine hcl* | *chlorpromazine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp arthritis pain* | *diclofenac sodium (topical)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *dovato* | *dolutegravir sodium-lamivudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *vaniqa* | *eflornithine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qsymia* | *phentermine hcl-topiramate* | ADD TO FORMULARY | | Non-Formulary |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *dexmedetomidine hcl in nacl* | *dexmedetomidine hcl in sodium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sm urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *renova pump* | *tretinoin (facial wrinkles)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *citranatal essence* | *prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp anti-gas* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm infants ibuprofen* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *intralipid* | *fat emulsion plant based (soy)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *normosol-m in d5w* | *electrolyte-m in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp wart remover* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *dobutamine in d5w* | *dobutamine in d5w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kcentra* | *prothrombin complex concentrate human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *solbar avo* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alumina-magnesia-simethicone* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *normosol-r in d5w* | *electrolyte-r in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *asceniv* | *immune globulin (human)-slra* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *macrodantin* | *nitrofurantoin macrocrystal* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *incassia* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *neo-synalar* | *neomycin sulfate-fluocinolone acetonide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *betadine swabsticks* | *povidone-iodine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *blisovi fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *peg 3350* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clotrimazole* | *clotrimazole (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *actidose with sorbitol* | *charcoal activated-sorbitol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phenylephrine-dm-gg* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *isopto carpine* | *pilocarpine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp acetaminophen ex st* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ziagen* | *abacavir sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *ezetimibe* | *ezetimibe* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *qc hemorrhoidal* | *phenylephrine-cocoa butter* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *mucinex child multi-symptom* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm sinus nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *promethazine-codeine* | *promethazine w/codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tussin mucus+chest congestion* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *isoproterenol hcl* | *isoproterenol hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *fenofibrate* | *fenofibrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *trifluridine* | *trifluridine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *nasal four* | *phenylephrine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lampit* | *nifurtimox* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *sm calamine phenolated* | *calamine phenolated* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense lubricating eye drop* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fiber-lax* | *calcium polycarbophil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cuvitru* | *immune globulin (human) subcutaneous* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lo-zumandimine* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *select-ob* | *prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sodium fluoride 5000 sensitive* | *sodium fluoride-potassium nitrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *imipramine pamoate* | *imipramine pamoate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *iferex 150 forte* | *iron polysaccharide complex-vit b12-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *optison* | *perflutren protein-type a microspheres* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *evotaz* | *atazanavir sulfate-cobicistat* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *nohist-lq* | *chlorpheniramine & phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *stay awake maximum strength* | *caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine hcl (cardiac) pf* | *lidocaine hcl (cardiac)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *potassium citrate er* | *potassium citrate (alkalinizer)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *triptodur* | *triptorelin pamoate (cpp)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc travel ease* | *meclizine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *virt-pn dha* | *prenatal without a w/ fe fumarate-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eptifibatide* | *eptifibatide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *freshkote pf* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sunscreen kids spf50+* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alcaine* | *proparacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cepacol extra strength* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex nightshift sinus* | *phenylephrine-triprolidine-dm-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *folic acid* | *folic acid* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 09/01/2022 | *ketotifen fumarate* | *ketotifen fumarate (ophth)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *pain reliever pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *capsaicin heat patch* | *capsaicin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *adapalene* | *adapalene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *mucinex dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp budesonide nasal spray* | *budesonide (nasal)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *intelence* | *etravirine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *qc enema* | *sodium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ear drops* | *carbamide peroxide (otic)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *axumin* | *fluciclovine f 18* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm ibuprofen* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *atovaquone* | *atovaquone* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *lacrisert* | *artificial tear insert* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *blenrep* | *belantamab mafodotin-blmf* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *folotyn* | *pralatrexate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dhs tar* | *coal tar extract* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alyacen 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *adenosine (diagnostic)* | *adenosine (diagnostic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cablivi* | *caplacizumab-yhdp* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gnp tussin dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *ibu-200* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *reclipsen* | *desogestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *guaifenesin-codeine* | *guaifenesin-codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tulana* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 7.1-7.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nortrel 1/35 (21)* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *glycerin childrens* | *glycerin (laxative)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dextrose in lactated ringers* | *dextrose in lactated ringers* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nortrel 1/35 (28)* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *carnitor* | *levocarnitine (metabolic modifiers)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alunbrig* | *brigatinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp miconazorb af* | *miconazole nitrate (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *mucinex instasoothe throat/cgh* | *dextromethorphan-hexylresorcinol* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp 24 hour nasal allergy* | *triamcinolone acetonide (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *gnp arthricream* | *trolamine salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *systane balance* | *propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levitra* | *vardenafil hcl* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *golytely* | *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *cough & cold* | *chlorpheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gallium citrate ga 67* | *gallium citrate ga 67* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mintox plus* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucus relief dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *arthritis pain relieving* | *capsaicin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *cepacol instamax* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *palforzia (80 mg daily dose)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thalomid* | *thalidomide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *solu-medrol (pf)* | *methylprednisolone sod succ* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *ddavp* | *desmopressin acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cutaquig* | *immune globulin (human)-hipp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp alcohol swabs* | *alcohol swabs* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *femara* | *letrozole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *givlaari* | *givosiran sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kisqali femara(200 mg dose)* | *ribociclib succinate-letrozole* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *meclizine hcl* | *meclizine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *pain relieving* | *trolamine salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *methadone hcl intensol* | *methadone hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *systane overnight therapy* | *hypromellose (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *brukinsa* | *zanubrutinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zidovudine* | *zidovudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *pseudoeph-bromphen-dm* | *pseudoephed-bromphen-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm iodine* | *iodine (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cystadane* | *betaine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *symtuza* | *darunavir-cobicistat-emtricitabine-tenofovir alafenamide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *siltussin-dm alcohol free* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *magnesium oxide* | *magnesium oxide (mg supplement)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *depo-medrol* | *methylprednisolone acetate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *afluria quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *sinus + headache* | *phenylephrine w/ acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *zovia 1/35 (28)* | *ethynodiol diacet & eth estrad* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *manganese chloride* | *manganese chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *duraclon* | *clonidine hcl (analgesia)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *butalbital-apap-caffeine* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mag-al* | *aluminum & magnesium hydroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acetaminophen pm* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *testopel* | *testosterone* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gnp pain relief* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anastrozole* | *anastrozole* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *lupron depot (4-month)* | *leuprolide acetate (4 month)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *guaifenesin-dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *intron a* | *interferon alfa-2b* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp ibuprofen* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *anti-dandruff* | *selenium sulfide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *glycerin adult* | *glycerin (laxative)* | ADD TO FORMULARY | | Covered |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *myfembree* | *relugolix-estradiol-norethindrone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *athletes foot (terbinafine)* | *terbinafine hcl (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *phospha 250 neutral* | *pot phosphate monobasic w/ sod phosphate dibasic & monobasic* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dianeal pd-2/1.5% dextrose* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *advanced hand sanitizer* | *ethyl alcohol (skin cleanser)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bivalirudin trifluoroacetate* | *bivalirudin trifluoroacetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *clozapine* | *clozapine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *levora 0.15/30 (28)* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lubricating tears eye drops* | *dextran 70-hypromellose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm nose drops nasal decongest* | *phenylephrine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kaitlib fe* | *norethindrone & ethinyl estradiol-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *precedex* | *dexmedetomidine hcl in sodium chloride* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *scalpicin 2 in 1* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *lidocaine in d5w* | *lidocaine in d5w* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hydrocortisone ace-pramoxine* | *pramoxine-hc* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *zolinza* | *vorinostat* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *betamethasone sod phos & acet* | *betamethasone sod phosphate & acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gnp docosanol* | *docosanol* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *camphor spirit* | *camphor spirit* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tafinlar* | *dabrafenib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex ms cold night children* | *diphenhydramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *urelle* | *methenamine-hyosc-methylene blue-sod phos-phenyl sal* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pilocarpine hcl* | *pilocarpine hcl (oral)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trientine hcl* | *trientine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense pain relief pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tirosint-sol* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *goodsense arthritis pain* | *diclofenac sodium (topical)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *eplerenone* | *eplerenone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *haegarda* | *c1 esterase inhibitor (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *mucinex childrens stuffy nose* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lithobid* | *lithium carbonate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *feverall adults* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clinimix/dextrose (6/5)* | *amino acid infusion in d5w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ryclora* | *dexchlorpheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ceftazidime and dextrose* | *ceftazidime-dextrose* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *wescap-c dha* | *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *apretude* | *cabotegravir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *omeprazole* | *omeprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *headache relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *imipenem-cilastatin* | *imipenem-cilastatin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *blisovi 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *stivarga* | *regorafenib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *se-natal 19* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm antifungal tolnaftate* | *tolnaftate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *nexterone* | *amiodarone hcl in dextrose* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *reguloid* | *psyllium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc antiseptic pain relief* | *camphor & phenol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clonazepam* | *clonazepam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *actimmune* | *interferon gamma-1b* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *arava* | *leflunomide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm mucus relief* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *spinraza* | *nusinersen* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *demser* | *metyrosine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *r-gene 10* | *arginine hcl (diagnostic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm clearlax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *arzerra* | *ofatumumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *carafate* | *sucralfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clinimix e/dextrose (2.75/5)* | *amino acid electrolyte w/ calcium infusion in d5w* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *orbactiv* | *oritavancin diphosphate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *midazolam hcl (pf)* | *midazolam hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp hydrocortisone/aloe* | *hydrocortisone (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *erwinaze* | *asparaginase erwinia chrysanthemi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *junel fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *podocon-25* | *podophyllum resin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp allergy relief* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sinus relief extra strength* | *phenylephrine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *panretin* | *alitretinoin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *heparin (porcine) in nacl* | *heparin (porcine) in sodium chloride* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *dovato* | *dolutegravir sodium-lamivudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *meprobamate* | *meprobamate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bupivacaine-epinephrine* | *bupivacaine w/ epinephrine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *defitelio* | *defibrotide sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine hcl* | *lidocaine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp bacitracin zinc* | *bacitracin zinc* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *goodsense tussin cf* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *trimipramine maleate* | *trimipramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *wera* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bentyl* | *dicyclomine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *virtussin a/c* | *guaifenesin-codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *kisqali (600 mg dose)* | *ribociclib succinate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aloprim* | *allopurinol sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *dextrose* | *dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cosmegen* | *dactinomycin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pseudoephedrine hcl* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *belrapzo* | *bendamustine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levoleucovorin calcium* | *levoleucovorin calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dolishale* | *levonorgestrel-ethinyl estradiol (continuous)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *tibsovo* | *ivosidenib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bivalirudin rtu* | *bivalirudin trifluoroacetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *refresh repair* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fensolvi (6 month)* | *leuprolide acetate (cpp) (6 month)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp lubricating plus eye drops* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm tussin adult multi-symptom* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *fluorouracil* | *fluorouracil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *palforzia (20 mg daily dose)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm nasal decongestant 12 hour* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trivora (28)* | *levonorgestrel-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *temixys* | *lamivudine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *glycate* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *furosemide* | *furosemide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sufentanil citrate* | *sufentanil citrate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *penicillin g pot in dextrose* | *penicillin g pot in dextrose* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *aliqopa* | *copanlisib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *flutamide* | *flutamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sudogest sinus/allergy* | *chlorpheniramine & pseudoeph* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *bisacodyl ec* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anucort-hc* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *angiomax* | *bivalirudin trifluoroacetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *histex-pe* | *triprolidine-phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *amlodipine besylate* | *amlodipine besylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *sharobel* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *maraviroc* | *maraviroc* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *quflora fe* | *multiple vitamins w/minerals & fluoride-iron-folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *flolan* | *epoprostenol sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *doxylamine-phenylephrine* | *doxylamine-phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *lamivudine* | *lamivudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *lidocaine hcl* | *lidocaine hcl (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vibativ* | *telavancin hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *evrysdi* | *risdiplam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp fiber therapy* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp enema* | *sodium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *reyataz* | *atazanavir sulfate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *xospata* | *gilteritinib fumarate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pliaglis* | *lidocaine-tetracaine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *elcys* | *cysteine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cancidas* | *caspofungin acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *asclera* | *polidocanol (laureth-9)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *konsyl original formula* | *psyllium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *polymyxin b sulfate* | *polymyxin b sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pataday* | *olopatadine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *iferex 150* | *polysaccharide iron complex* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *treprostinil* | *treprostinil* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hm bacitracin zinc* | *bacitracin zinc* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *senna-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mannitol* | *mannitol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mirena (52 mg)* | *levonorgestrel (iud)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *oxytocin* | *oxytocin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp anti-itch* | *camphor & menthol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acid reducer* | *ranitidine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *cefotetan disodium-dextrose* | *cefotetan disodium and dextrose* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *xulane* | *norelgestromin-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xanax xr* | *alprazolam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *colace* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *physiosol irrigation* | *irrigation solutions, physiological* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ed chlorped jr* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clindamycin phosphate in d5w* | *clindamycin phosphate in d5w* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *idamycin pfs* | *idarubicin hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cold flu nght* | *phenylephrine-doxylamine-dextromethorphan-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *lidocaine-hydrocortisone ace* | *lidocaine-hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *velcade* | *bortezomib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *foscarnet sodium* | *foscarnet sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *konsyl-d* | *psyllium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *naropin* | *ropivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cough dm* | *dextromethorphan polistirex* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *fluzone quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *trogarzo* | *ibalizumab-uiyk* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *acetadote* | *acetylcysteine (antidote)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 6.6-7.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydroxyurea* | *hydroxyurea* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *motion sickness relief* | *dimenhydrinate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *depen titratabs* | *penicillamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *premasol* | *amino acid infusion* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lupron depot (6-month)* | *leuprolide acetate (6 month)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *mirtazapine* | *mirtazapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *12 hour nasal decongestant* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *vancomycin hcl* | *vancomycin hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gvoke hypopen 2-pack* | *glucagon* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lenvima (18 mg daily dose)* | *lenvatinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *krintafel* | *tafenoquine succinate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vimizim* | *elosulfase alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp sinus/headache* | *phenylephrine w/ acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *carbocaine* | *mepivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm mucus relief max st* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sodium phenylbutyrate* | *sodium phenylbutyrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hylenex* | *hyaluronidase human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydromorphone hcl* | *hydromorphone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *fibryga* | *fibrinogen concentrate (human)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hydrocortisone (perianal)* | *hydrocortisone (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zemaira* | *alpha1-proteinase inhibitor (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phendimetrazine tartrate er* | *phendimetrazine tartrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *chateal eq* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cepacol* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm antifungal miconazole* | *miconazole nitrate (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *cellcept intravenous* | *mycophenolate mofetil hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *lenalidomide* | *lenalidomide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *head congestion/mucus* | *phenylephrine-acetaminophen-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *senna-time* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *doxorubicin hcl* | *doxorubicin hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prevnar 20* | *pneumococcal 20-valent conjugate vaccine* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *hm lice treatment* | *permethrin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *pedia-lax* | *glycerin (laxative)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *estrostep fe* | *norethindrone acetate-ethinyl estradiol-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mycophenolate mofetil hcl* | *mycophenolate mofetil hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *alahist pe* | *dexbrompheniramine-phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *symfi* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *vantas* | *histrelin acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *solbar zinc spf38* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nasal decongestant pe* | *phenylephrine hcl (oral)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *arimidex* | *anastrozole* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *ahist* | *chlorcyclizine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucus-dm maximum strength* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *ceftriaxone sodium-dextrose* | *ceftriaxone sodium and dextrose* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *poly-vi-flor* | *pediatric multivitamins w/fl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *methazolamide* | *methazolamide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ibu-200* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gnp headache relief extra str* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *petroleum jelly* | *white petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri-sprintec* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hemofil m* | *antihemophilic factor (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qbrexza* | *glycopyrronium tosylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *adriamycin* | *doxorubicin hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gynazole-1* | *butoconazole nitrate (one dose)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *cefepime hcl* | *cefepime hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mineral oil* | *mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fulvestrant* | *fulvestrant* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *hair regrowth treatment men* | *minoxidil (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp pink bismuth* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acetazolamide er* | *acetazolamide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pnv-dha+docusate* | *prenatal w/o vit a w/ fe fumarate-dss-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xermelo* | *telotristat etiprate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *moxifloxacin hcl* | *moxifloxacin hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sm hydrocortisone plus* | *hydrocortisone (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *remifentanil hcl* | *remifentanil hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cefepime-dextrose* | *cefepime hcl-dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *citranatal rx* | *prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *durysta* | *bimatoprost* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hm ibuprofen infants* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp acid reducer* | *famotidine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *vyndaqel* | *tafamidis meglumine (cardiac)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diethylpropion hcl er* | *diethylpropion hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *visipaque* | *iodixanol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *norethin ace-eth estrad-fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tetracaine hcl* | *tetracaine hcl (ophth)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *miconazole 3* | *miconazole nitrate vaginal* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *nifedipine* | *nifedipine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *orgovyx* | *relugolix* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *prometrium* | *progesterone* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *goodsense mucus relief child* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *pirmella 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cubicin* | *daptomycin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *buspirone hcl* | *buspirone hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ovidrel* | *choriogonadotropin alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tetanus-diphtheria toxoids td* | *tetanus-diphtheria toxoids (td)* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *darzalex* | *daratumumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vivarin* | *caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zidovudine* | *zidovudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *repatha sureclick* | *evolocumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ibuprofen infants* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *viramune* | *nevirapine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *cuprimine* | *penicillamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pnv-select* | *prenatal vit w/ ferrous fumarate-l methylfolate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bion tears pf* | *dextran 70-hypromellose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *suphedrine 12hour* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *pirmella 1/35* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *methocarbamol* | *methocarbamol* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *symfi lo* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *eligard* | *leuprolide acetate (4 month)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *scenesse* | *afamelanotide acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *complete allergy medicine* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp ibuprofen infants* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sm antifungal tolnaftate* | *tolnaftate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *osmitrol* | *mannitol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *larin 1.5/30* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp mucus relief* | *guaifenesin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm ibuprofen ib* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *sm migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm arthritis pain relief* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eligard* | *leuprolide acetate (6 month)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *mucus relief pe sinus* | *phenylephrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *vitafol fe+* | *prenatal vit w/ fe polysacch complex-l methylfol-fa-dha-dss* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stomach relief extra strength* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cablivi* | *caplacizumab-yhdp* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *eq aspirin* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sm athletes foot* | *terbinafine hcl (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *aldurazyme* | *laronidase* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm hydrocortisone-aloe max st* | *hydrocortisone (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *vp-pnv-dha* | *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *scalpicin 2 in 1* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *tretinoin* | *tretinoin (chemotherapy)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *erivedge* | *vismodegib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm calcium antacid ex st* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *moderna covid-19 vac (booster)* | *covid-19 (sars-cov-2) mrna virus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *letairis* | *ambrisentan* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *lucentis* | *ranibizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *radicava* | *edaravone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sps* | *sodium polystyrene sulfonate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cytra-k* | *potassium citrate-citric acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc gentle laxative womens* | *bisacodyl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *zebutal* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trodelvy* | *sacituzumab govitecan-hziy* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *plenamine* | *amino acid infusion* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp miconazorb af* | *miconazole nitrate (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *clolar* | *clofarabine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *niferex* | *iron combinations* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ssd* | *silver sulfadiazine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *evotaz* | *atazanavir sulfate-cobicistat* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *mifeprex* | *mifepristone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ixempra kit* | *ixabepilone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 7.6-8.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucusrelief sinus* | *phenylephrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *c-nate dha* | *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cold/flu daytime relief* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *ak-fluor* | *fluorescein sodium injection* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *niva-plus* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fasenra* | *benralizumab* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *all day pain relief* | *naproxen sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *carac* | *fluorouracil (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *betadine ophthalmic prep* | *povidone-iodine (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *pot & sod cit-cit ac* | *pot & sod citrates w/citric ac* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benzoyl peroxide cleanser* | *benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *mucinex fast-max dm max* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *adynovate* | *antihemophilic factor (recombinant) pegylated* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dexmedetomidine hcl-dextrose* | *dexmedetomidine hcl in dextrose* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *hetastarch-nacl* | *hetastarch in sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rukobia* | *fostemsavir tromethamine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *denta 5000 plus* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense migraine formula* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gliadel wafer* | *carmustine in polifeprosan* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *verapamil hcl* | *verapamil hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *balziva* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydroquinone* | *hydroquinone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *betadine surgical scrub* | *povidone-iodine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cold & cough childrens* | *phenylephrine-brompheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *aurovela 1.5/30* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm acetaminophen pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xgeva* | *denosumab* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *fiber laxative* | *calcium polycarbophil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cyclomydril* | *cyclopentolate w/ phenylephrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tabloid* | *thioguanine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *deferasirox* | *deferasirox* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tristart one* | *prenatal without a w/ fe carbonyl-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benzoyl peroxide* | *benzoyl peroxide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *micafungin sodium* | *micafungin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sorbitol* | *sorbitol irrigation* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ice blue* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anti-dandruff* | *selenium sulfide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *sensorcaine/epinephrine* | *bupivacaine w/ epinephrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dextrose-sodium chloride* | *dextrose w/ sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluorescite* | *fluorescein sodium injection* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *exkivity* | *mobocertinib succinate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alum & mag hydroxide-simeth* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *truseltiq (100mg daily dose)* | *infigratinib phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense day time cold & flu* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp antibacterial hand soap* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chlordiazepoxide-amitriptyline* | *chlordiazepoxide-amitriptyline* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sm daytime liquid* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gnp isopropyl rubbing alcohol* | *isopropyl alcohol, rubbing* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *viramune xr* | *nevirapine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *trisenox* | *arsenic trioxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hizentra* | *immune globulin (human) subcutaneous* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vonvendi* | *von willebrand factor (recombinant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *myalept* | *metreleptin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm pain reliever childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tracleer* | *bosentan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *qc hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *refresh relieva* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *select-ob+dha* | *prenatal mv & min w/fe polysaccharide complex-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *activase* | *alteplase* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lupron depot-ped (3-month)* | *leuprolide acetate (cpp) (3 month)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *oxazepam* | *oxazepam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ob complete one* | *prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sodium phosphates* | *sodium phosphates (sodium phosphate dibasic & monobasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tilia fe* | *norethindrone acetate-ethinyl estradiol-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cimduo* | *lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *ciprofloxacin in d5w* | *ciprofloxacin in d5w* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *nebupent* | *pentamidine isethionate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *virt-caps* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xenical* | *orlistat* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *kyleena* | *levonorgestrel (iud)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm eye allergy itch/red relief* | *olopatadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *novoeight* | *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vitamin d3* | *cholecalciferol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm iodine tincture* | *iodine (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine pain relieving* | *lidocaine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *dianeal pd-2/2.5% dextrose* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sudogest sinus/allergy* | *chlorpheniramine & pseudoeph* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *zaditor* | *ketotifen fumarate (ophth)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *refresh celluvisc* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *venclexta* | *venetoclax* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *orasep* | *benzocaine-menthol-cetylpyridinium cl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *injectafer* | *ferric carboxymaltose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *microgestin 1/20* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *viltepso* | *viltolarsen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ribavirin* | *ribavirin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *calcitriol* | *calcitriol* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *enemeez plus* | *benzocaine-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *erythrocin lactobionate* | *erythromycin lactobionate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *tussin cf multi-symptom cold* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mucinex night cold/flu max str* | *dextromethorphan-acetaminophen-triprolidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *zoledronic acid* | *zoledronic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *poly-vent dm* | *pseudoephedrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *loxapine succinate* | *loxapine succinate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *arsenic trioxide* | *arsenic trioxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *abacavir sulfate* | *abacavir sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *medicated corn removers* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *trazimera* | *trastuzumab-qyyp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bactrim* | *sulfamethoxazole-trimethoprim* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *adult aspirin regimen* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *acid reducer* | *ranitidine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cytomel* | *liothyronine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *charlotte 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *poly hist forte* | *doxylamine-phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *levetiracetam in nacl* | *levetiracetam in sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *neo-synalar* | *neomycin-fluocinolone & emollient* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *amyvid* | *florbetapir f 18* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ritonavir* | *ritonavir* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *visudyne* | *verteporfin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm lice treatment* | *permethrin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *mucinex instasoothe throat/pn* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *econtra ez* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zavesca* | *miglustat* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *obizur* | *antihemophilic factor (recombinant porcine) (rpfviii)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tranexamic acid-nacl* | *tranexamic acid-sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ru-hist d* | *brompheniramine & phenyleph* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *epipen 2-pak* | *epinephrine (anaphylaxis)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *lomotil* | *diphenoxylate w/ atropine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp sinus/headache day/night* | *chlorpheniramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm antacid anti-gas ex st* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *magnesium chloride* | *magnesium chloride* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *ramipril* | *ramipril* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *carbamazepine er* | *carbamazepine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *clinimix e/dextrose (5/20)* | *amino acid electrolyte w/ calcium infusion in d20w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *atripla* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *emtricitabine-tenofovir df* | *emtricitabine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *goodsense aspirin adults* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *aquanaz* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *virt-gard* | *folic acid-vitamin b6-vitamin b12* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phenazopyridine hcl* | *phenazopyridine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm aspirin ec* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *multi-vit/iron/fluoride* | *ped multivitamins w/fl & iron* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *omniscan* | *gadodiamide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 2.6-3.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *zolgensma 9.1-9.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zejula* | *niraparib tosylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *solifenacin succinate* | *solifenacin succinate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *hm pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm acid reducer* | *ranitidine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *esgic* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hyperrab* | *rabies immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *promethazine-dm* | *promethazine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *halobetasol propionate* | *halobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *afinitor* | *everolimus* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm nasal decongestant max st* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *atazanavir sulfate* | *atazanavir sulfate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *terrell* | *isoflurane* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nucala* | *mepolizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cortenema* | *hydrocortisone (intrarectal)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *calcium gluconate* | *calcium gluconate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *delsym child cough+sore throat* | *acetaminophen w/ dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *bupivacaine-epinephrine (pf)* | *bupivacaine w/ epinephrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nasal spray extra moisturizing* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *invirase* | *saquinavir mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sodium acetate* | *sodium acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp antacid regular strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm antifungal miconazole* | *miconazole nitrate (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *dopamine in d5w* | *dopamine in d5w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *marqibo* | *vincristine sulfate liposome* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mibelas 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm ibuprofen* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *abacavir-lamivudine-zidovudine* | *abacavir sulfate-lamivudine-zidovudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *tri-luma* | *fluocinolone-hydroquinone-tretinoin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nesacaine-mpf* | *chloroprocaine hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *retrovir* | *zidovudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *dartisla odt* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rifampin* | *rifampin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *polyvinyl alcohol* | *polyvinyl alcohol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *beleodaq* | *belinostat* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm antibiotic* | *bacitracin zinc* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *cometriq (100 mg daily dose)* | *cabozantinib s-malate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm povidone-iodine* | *povidone-iodine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *palforzia (3 mg daily dose)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *descovy* | *emtricitabine-tenofovir alafenamide fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sm aspirin low dose* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *tri-lo-mili* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ravicti* | *glycerol phenylbutyrate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *bethanechol chloride* | *bethanechol chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lupron depot-ped (1-month)* | *leuprolide acetate (cpp)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ob complete* | *prenatal vit w/ iron carbonyl-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cafcit* | *caffeine citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *normosol-r* | *electrolyte-r* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *constulose* | *lactulose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp anti-itch* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *loxapine succinate* | *loxapine succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *xywav* | *calcium, magnesium, potassium, & sodium oxybates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *palforzia initial escalation* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluorescite* | *fluorescein sodium injection* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *larin fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *moderna covid-19 vacc 6-11y* | *covid-19 (sars-cov-2) mrna virus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *hm pain reliever infants* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nitroglycerin er* | *nitroglycerin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *nicardipine hcl in nacl* | *nicardipine hcl in sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *lastacaft* | *alcaftadine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *caverject impulse* | *alprostadil (vasodilator)* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *angeliq* | *drospirenone-estradiol* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *protonix* | *pantoprazole sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *dr smiths rash + skin* | *zinc oxide (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rynex pse* | *brompheniramine & pseudoeph* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *normosol-r ph 7.4* | *electrolyte-r (ph 7.4)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *naproxen sodium* | *naproxen sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *multrys* | *trace minerals (cu-mn-se-zn)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tussin dm max adult* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hydrocodone bit-homatrop mbr* | *hydrocodone bitartrate-homatropine methylbromide* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *wilate* | *antihemophilic factor/von willebrand factor complex (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 6.1-6.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *tamoxifen citrate* | *tamoxifen citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *jadenu sprinkle* | *deferasirox* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isoflurane* | *isoflurane* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *staxyn* | *vardenafil hcl* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *vecamyl* | *mecamylamine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *procalamine* | *amino acid electrolyte infusion* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cyclafem 1/35* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *brevibloc premixed ds* | *esmolol hcl-sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *betadine* | *povidone-iodine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *etravirine* | *etravirine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sm antibiotic* | *bacitracin zinc* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *carospir* | *spironolactone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lactulose encephalopathy* | *lactulose (encephalopathy)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lysodren* | *mitotane* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *ephedrine sulfate (pressors)* | *ephedrine sulfate (pressors)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *alecensa* | *alectinib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prevnar 13* | *pneumococcal 13-valent conjugate vaccine* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *daysee* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hematogen forte* | *fe fumarate-vitamin c-vitamin b12-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max severe cold* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *keppra* | *levetiracetam* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sodium chloride* | *sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm senna laxative* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluzone high-dose* | *influenza virus vaccine split high-dose preservative free* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *hm advanced antacid max st* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nortrel 0.5/35 (28)* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *procto-med hc* | *hydrocortisone (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *novoseven rt* | *coagulation factor viia (recombinant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lopinavir-ritonavir* | *lopinavir-ritonavir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *nortrel 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bss plus* | *ophthalmic irrigation solution - intraocular* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *levonorgestrel-ethinyl estrad* | *levonorgestrel-ethinyl estradiol (continuous)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *erythrocin stearate* | *erythromycin stearate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *ibuprofen* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *trizivir* | *abacavir sulfate-lamivudine-zidovudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sleep aid (diphenhydramine)* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acetylcysteine* | *acetylcysteine (antidote)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mobisyl* | *trolamine salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antacid maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *abacavir sulfate* | *abacavir sulfate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *molindone hcl* | *molindone hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm hydrocortisone-aloe max st* | *hydrocortisone (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *puralube* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *potassium chloride in dextrose* | *potassium chloride in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prezista* | *darunavir* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hm anti-nausea* | *fructose-dextrose-phosphoric acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *bumetanide* | *bumetanide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dexmedetomidine hcl* | *dexmedetomidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *alfentanil hcl* | *alfentanil hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *prenate elite* | *prenatal w/ fe asparto glycinate-l methylfolate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *estarylla* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp tussin dm max* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *caspofungin acetate* | *caspofungin acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *qc antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *oscimin sr* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm chest congestion relief* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *nocdurna* | *desmopressin acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nuwiq* | *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lojaimiess* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *methyltestosterone* | *methyltestosterone* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *aviane* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *egrifta sv* | *tesamorelin acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *albuked 5* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *absorica ld* | *isotretinoin micronized* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *isentress* | *raltegravir potassium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *spravato (56 mg dose)* | *esketamine hcl* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *invanz* | *ertapenem sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cerezyme* | *imiglucerase* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *genotropin* | *somatropin* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *morphine sulfate (pf)* | *morphine sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cefoxitin sodium* | *cefoxitin sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *absorica* | *isotretinoin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *praziquantel* | *praziquantel* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *amethia* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *epzicom* | *abacavir sulfate-lamivudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *follistim aq* | *follitropin beta* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *merrem* | *meropenem* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *paraplatin* | *carboplatin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clemastine fumarate* | *clemastine fumarate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acid gone* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex freefrom sev cngst/cgh* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sunscreen ultra sheer* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sevenfact* | *coagulation factor viia (recombinant)-jncw* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydrocortisone* | *hydrocortisone (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *acetylcysteine* | *acetylcysteine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *flumazenil* | *flumazenil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc ibuprofen* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *gnp stool softener* | *docusate calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *loreev xr* | *lorazepam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thyquidity* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *indapamide* | *indapamide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *labetalol hcl-sodium chloride* | *labetalol hcl-sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp allergy* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cisatracurium besylate* | *cisatracurium besylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp ibuprofen infants* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *lubricant eye drops* | *propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *revatio* | *sildenafil citrate (pulmonary hypertension)* | UM AUTO RULE: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *priftin* | *rifapentine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm nasal spray moisturizing* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *floxuridine* | *floxuridine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tivicay* | *dolutegravir sodium* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *nalbuphine hcl* | *nalbuphine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *banophen* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *latanoprost* | *latanoprost* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *monurol* | *fosfomycin tromethamine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *poly-tussin ac* | *phenylephrine-brompheniramine w/ codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *cortrosyn* | *cosyntropin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nikki* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *triprolidine hcl* | *triprolidine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *carbocaine preservative-free* | *mepivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *water for irrigation, sterile* | *water for irrigation, sterile* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydrocortisone* | *hydrocortisone* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *hm dry eye relief* | *glycerin-hypromellose-polyethylene glycol 400* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *invirase* | *saquinavir mesylate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *mucinex freefrom cld/flu dy/nt* | *phenylephrine-triprolidine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm stay awake* | *caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *medicated corn removers* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *methylergonovine maleate* | *methylergonovine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *revlimid* | *lenalidomide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *agrylin* | *anagrelide hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *bss plus* | *ophthalmic irrigation solution - intraocular* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *antifungal (tolnaftate)* | *tolnaftate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *xalkori* | *crizotinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *contrave* | *naltrexone hcl-bupropion hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *lupron depot (1-month)* | *leuprolide acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *procainamide hcl* | *procainamide hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *mitigo* | *morphine sulfate for continuous microinfusion* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *spironolactone-hctz* | *spironolactone & hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *infed* | *iron dextran* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *potassium chloride er* | *potassium chloride* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 09/01/2022 | *goodsense pain relief extra st* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sodium edecrin* | *ethacrynate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm alcohol prep* | *alcohol swabs* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *lohist-dm* | *phenylephrine-brompheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sutab* | *sodium sulfate-magnesium sulfate-potassium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *histex-ac* | *phenylephrine-triprolidine-codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *chlo hist* | *chlophedianol-dexbrompheniramine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *doxy 100* | *doxycycline hyclate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *tessalon perles* | *benzonatate* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp laxative* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ceftazidime* | *ceftazidime* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cabergoline* | *cabergoline* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *veklury* | *remdesivir* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tolnaftate antifungal* | *tolnaftate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *ultrabag/dianeal/ 1.5% dextrose* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *calquence* | *acalabrutinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *glucagen diagnostic* | *glucagon hcl rdna (diagnostic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clinimix/dextrose (4.25/10)* | *amino acid infusion in d10w* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *eligard* | *leuprolide acetate (6 month)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *trexall* | *methotrexate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *indigo carmine* | *indigotindisulfonate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *delsym nighttime cough max str* | *dextromethorphan-acetaminophen-triprolidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *adipex-p* | *phentermine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tri-legest fe* | *norethindrone acetate-ethinyl estradiol-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *elelyso* | *taliglucerase alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *multi-vitamin/fluoride* | *pediatric multivitamins w/fl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stendra* | *avanafil* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *tdvax* | *tetanus-diphtheria toxoids (td)* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *promethazine vc* | *promethazine & phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *magnesium sulfate in d5w* | *magnesium sulfate in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pemfexy* | *pemetrexed* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sleep aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *glycopyrrolate* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sumatriptan* | *sumatriptan* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *soltamox* | *tamoxifen citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *cardene iv* | *nicardipine hcl in sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *zolgensma 11.1-11.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xenon xe 133* | *xenon xe 133* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alcohol* | *alcohol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *abacavir-lamivudine-zidovudine* | *abacavir sulfate-lamivudine-zidovudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *kanuma* | *sebelipase alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ferivafa* | *iron-vit c-fa-b12-biotin-copper-docusate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nicardipine hcl* | *nicardipine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *goodsense ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *urogesic-blue* | *methenamine-hyoscamine-methylene blue-sodium phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lactulose* | *lactulose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gabapentin* | *gabapentin* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *flulaval quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *sodium diuril* | *chlorothiazide sodium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gnp calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm vitamin b-6* | *pyridoxine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vapor steam* | *camphor (inhalant)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *argatroban in sodium chloride* | *argatroban in sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *jatenzo* | *testosterone undecanoate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *athletes foot powder spray* | *tolnaftate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *descovy* | *emtricitabine-tenofovir alafenamide fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *polivy* | *polatuzumab vedotin-piiq* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nextstellis* | *drospirenone-estetrol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diaper rash* | *zinc oxide (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydrocortisone acetate* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *loestrin fe 1.5/30* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levoxyl* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *empliciti* | *elotuzumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *poly-hist dm* | *phenylephrine-thonzylamine-dextromethorphan* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *venofer* | *iron sucrose* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hm ibuprofen* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *goodsense pain & fever child* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense clearlax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *recarbrio* | *imipenem-cilastatin-relebactam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *uro-mp* | *methenamine-hyosc-methylene blue-sod phos-phenyl sal* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ferraplus 90* | *iron-folic acid-vitamin b12-vitamin c-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *atripla* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *chlordiazepoxide hcl* | *chlordiazepoxide hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 3.1-3.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diphenoxylate-atropine* | *diphenoxylate w/ atropine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *droxidopa* | *droxidopa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *olopatadine hcl* | *olopatadine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *sm aspirin ec* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *primaquine phosphate* | *primaquine phosphate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *citranatal assure* | *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isolyte-p in d5w* | *electrolyte-p in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *azathioprine sodium* | *azathioprine sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *methscopolamine bromide* | *methscopolamine bromide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tis-u-sol* | *ringer's irrigation* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *atazanavir sulfate* | *atazanavir sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *primaxin iv* | *imipenem-cilastatin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chest congestion relief pe* | *phenylephrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *cold & flu relief daytime* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *lutera* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tybost* | *cobicistat* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gnp fiber-caps* | *calcium polycarbophil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *epinephrine* | *epinephrine (anaphylaxis)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *mucinex maximum strength* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *nuzyra* | *omadacycline tosylate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cilostazol* | *cilostazol* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *vylibra* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dr smiths diaper rash* | *zinc oxide (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pfizer covid-19 vac bival 5-11* | *covid-19 mrna bivalent virus vaccine (pfizer)* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *sm acid reducer* | *ranitidine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *mvasi* | *bevacizumab-awwb* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nilutamide* | *nilutamide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *multivitamin/fluoride* | *pediatric multivitamins w/fl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *ukoniq* | *umbralisib tosylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xpovio (100 mg once weekly)* | *selinexor* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levofloxacin* | *levofloxacin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *systane complete* | *propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lubrifresh p.m.* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *koselugo* | *selumetinib sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *edex* | *alprostadil (vasodilator)* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *qc naproxen sodium* | *naproxen sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *tofranil* | *imipramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp tussin cf cough & cold* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *rimso-50* | *dimethyl sulfoxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ixinity* | *coagulation factor ix (recombinant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *temixys* | *lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *atgam* | *lymphocyte immune globulin,anti-thymocyte globulin (equine)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *phenohytro* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense ibuprofen infants* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *euthyrox* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp chest rub* | *camphor-eucalyptus-menthol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *duraflu* | *pseudoephedrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *nephron fa* | *ferrous fumarate w/ fa-dss-b complex-vit c* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *westab mini* | *folic acid-vitamin b6-vitamin b12* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *dipyridamole* | *dipyridamole (diagnostic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucus d* | *pseudoephedrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mintox regular strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *palforzia (12 mg daily dose)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benlysta* | *belimumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *feiba* | *antiinhibitor coagulant complex* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aggrastat* | *tirofiban hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sodium bicarbonate* | *sodium bicarbonate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *junel fe 1.5/30* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xatmep* | *methotrexate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex stuffy nose/cold child* | *phenylephrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *corn & callus remover* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *polytussin dm* | *phenylephrine-dextromethorphan-dexchlorpheniramine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *colace clear* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *purixan* | *mercaptopurine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *safyral* | *drospirenone-ethinyl estradiol-levomefolate calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *urocit-k 5* | *potassium citrate (alkalinizer)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vyleesi* | *bremelanotide acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *allergy relief* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *susvimo (implant 1st fill)* | *ranibizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex sinus-max press/pn/cgh* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *arthritis pain reliever* | *diclofenac sodium (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *palforzia (200 mg daily dose)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bicalutamide* | *bicalutamide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sm ibuprofen ib childrens* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *qc antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *elmiron* | *pentosan polysulfate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *meclizine hcl* | *meclizine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *rayaldee* | *calcifediol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *jaimiess* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri-vylibra* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 8.6-9.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pretab* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *leena* | *norethindrone-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nicotinamide* | *niacinamide w/ zinc-copper-methylfolate-se-cr* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *westussin dm* | *phenylephrine-dextromethorphan-dexchlorpheniramine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *cystaran* | *cysteamine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *plenvu* | *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *flumist quadrivalent* | *influenza virus vaccine live quadrivalent* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *sm lubricant eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *juleber* | *desogestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex sinus-max sinus/allrgy* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *alaway* | *ketotifen fumarate (ophth)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *glycopyrrolate pf* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *glyrx-pf* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vitafol ultra* | *prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pimtrea* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kurvelo* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex sinus-max full force* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm cough dm* | *dextromethorphan polistirex* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *clorotekal* | *chloroprocaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *synagis* | *palivizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *technelite* | *technetium tc 99m sodium pertechnetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sodium tetradecyl sulfate* | *sodium tetradecyl sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm acetaminophen childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc tolnaftate* | *tolnaftate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *herceptin hylecta* | *trastuzumab-hyaluronidase-oysk* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *votrient* | *pazopanib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *proctocort* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *afstyla* | *antihemophilic factor (recombinant) single chain* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sudogest maximum strength* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *lidocaine-hydrocort (perianal)* | *lidocaine-hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diazepam* | *diazepam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nexavar* | *sorafenib tosylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *allergy childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *briviact* | *brivaracetam* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *histex* | *triprolidine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sleep-aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lithium carbonate* | *lithium carbonate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mono-linyah* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *copiktra* | *duvelisib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *neo-synalar* | *neomycin-fluocinolone & emollient* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *keveyis* | *dichlorphenamide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri-linyah* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *humate-p* | *antihemophilic factor/von willebrand factor complex (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ic green* | *indocyanine green* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *heparin sod (porcine) in d5w* | *heparin sod (porcine) in d5w* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *fluad* | *influenza virus vaccine types a & b surface antigen adjuvant* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *gnp day time cold/flu* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *qc nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex sinus-max congestion* | *phenylephrine-acetaminophen-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *prenate mini* | *prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cetrotide* | *cetrorelix acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *muscle rub* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *repatha* | *evolocumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stavudine* | *stavudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *desmopressin acetate* | *desmopressin acetate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *glucagon hcl (diagnostic)* | *glucagon hcl (diagnostic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *potassium phosphates(66 meq k)* | *potassium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acetaminophen childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm stay awake* | *caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vfend iv* | *voriconazole* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *potassium chloride er* | *potassium chloride* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 09/01/2022 | *contac cold+flu max st* | *chlorpheniramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *qinlock* | *ripretinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *camptosar* | *irinotecan hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *entecavir* | *entecavir* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *mag-al plus* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dexamethasone sod phosphate pf* | *dexamethasone sodium phosphate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *clinimix e/dextrose (8/10)* | *amino acid electrolyte w/ calcium infusion in d10w* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *lorazepam intensol* | *lorazepam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sajazir* | *icatibant acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diclofenac sodium* | *diclofenac sodium (actinic keratoses)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tusnel-dm pediatric* | *pseudoephedrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *virt-nate dha* | *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ibuprofen junior strength* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *cancidas* | *caspofungin acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *ala-hist pe* | *dexbrompheniramine-phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sm gas relief infants* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cromolyn sodium* | *cromolyn sodium (mastocytosis)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *est estrogens-methyltest* | *esterified estrogens & methyltestosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sinus congestion/pain daytime* | *phenylephrine-acetaminophen-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *addyi* | *flibanserin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *aspirin adult* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *deconex ir* | *phenylephrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *clinimix e/dextrose (8/14)* | *amino acid electrolyte w/ calcium infusion in d14w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thymoglobulin* | *anti-thymocyte globulin (rabbit), lymphocyte immune globulin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *ashlyna* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm sterile alcohol prep* | *alcohol swabs* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm arthricream rub* | *trolamine salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *simethicone ultra strength* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ziks arthritis pain relief* | *capsaicin-menthol-methyl salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp naproxen sodium* | *naproxen sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *motion sickness relief* | *dimenhydrinate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *kids continuous spray spf50* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *simethicone* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max day/night* | *phenylephrine-doxylamine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *goodsense nighttime cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp hydrocortisone* | *hydrocortisone (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *virt-c dha* | *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc witch hazel* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max day/night tab* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *calcium disodium versenate* | *edetate calcium disodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *leflunomide* | *leflunomide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ak-fluor* | *fluorescein sodium injection* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *siltussin sa* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *norpramin* | *desipramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lamivudine* | *lamivudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gnp vitamin a & d* | *vitamins a & d (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xyntha* | *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ephedrine sulfate* | *ephedrine sulfate (pressors)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *fluphenazine hcl* | *fluphenazine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *robinul* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sevoflurane* | *sevoflurane* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ammonium lactate* | *lactic acid (ammonium lactate)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *loryna* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense headache pm* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zytiga* | *abiraterone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *thyrogen* | *thyrotropin alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *comirnaty* | *covid-19 (sars-cov-2) mrna virus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *mucinex sinus-max day/night* | *phenylephrine-doxylamine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mucinex childrens freefrom* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *repaglinide* | *repaglinide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *moderna covid-19 vacc 6m-5y* | *covid-19 (sars-cov-2) mrna virus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *tagrisso* | *osimertinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *numbrino* | *cocaine hcl (nasal anesthetic)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *tenivac* | *tetanus-diphtheria toxoids (td)* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *coagadex* | *coagulation factor x (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *calcium chloride* | *calcium chloride (dihydrate)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *tarina fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *citranatal bloom* | *prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xenleta* | *lefamulin acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp arthritis pain* | *diclofenac sodium (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *gnp burn relief* | *lidocaine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *tarceva* | *erlotinib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lexiscan* | *regadenoson* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nexviazyme* | *avalglucosidase alfa-ngpt* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tigecycline* | *tigecycline* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nascobal* | *cyanocobalamin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *ropivacaine hcl* | *ropivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *labetalol hcl* | *labetalol hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *dacarbazine* | *dacarbazine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rybrevant* | *amivantamab-vmjw* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *amphotericin b liposome* | *amphotericin b liposome* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *folivane-f* | *ferrous fumarate-iron polysaccharide complex-folic acid-c-b3* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *loseasonique* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clozapine* | *clozapine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *bupivacaine hcl (pf)* | *bupivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nasal relief* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ruxience* | *rituximab-pvvr* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm ibuprofen ib* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *dalvance* | *dalbavancin hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *nerlynx* | *neratinib maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense acid reducer* | *ranitidine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *quartette* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *famotidine orig st* | *famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *dianeal low calcium/1.5% dex* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pyrimethamine* | *pyrimethamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aplisol* | *tuberculin ppd* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rifadin* | *rifampin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *athletes foot powder spray* | *miconazole nitrate (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *magnebind 300* | *calcium carbonate-magnesium carbonate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *fulvestrant* | *fulvestrant* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gnp anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *systane ultra pf* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp budesonide nasal spray* | *budesonide (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *aggrastat* | *tirofiban hcl in sodium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *caffeine citrate* | *caffeine citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anastrozole* | *anastrozole* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gnp witch hazel* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *palynziq* | *pegvaliase-pqpz* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *norethindrone acet-ethinyl est* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *annovera* | *segesterone acetate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *abecma* | *idecabtagene vicleucel* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *tezspire* | *tezepelumab-ekko* | UM AUTO RULE: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *lidocaine in dextrose* | *lidocaine in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *microgestin 1.5/30* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *librax* | *chlordiazepoxide hcl-clidinium bromide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *azithromycin* | *azithromycin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *paragard intrauterine copper* | *copper (iud)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dojolvi* | *triheptanoin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *icatibant acetate* | *icatibant acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tasigna* | *nilotinib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp cough dm er* | *dextromethorphan polistirex* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sudogest* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *quelicin* | *succinylcholine chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *demerol* | *meperidine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hm bacitracin zinc* | *bacitracin zinc* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *onureg* | *azacitidine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm arthritis pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ionosol-mb in d5w* | *electrolyte-mb in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp allergy relief max st* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *promethazine-phenylephrine* | *promethazine & phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *padcev* | *enfortumab vedotin-ejfv* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *milrinone lactate* | *milrinone lactate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lioresal* | *baclofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *diabetic siltussin das-na* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *pliaglis* | *lidocaine-tetracaine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *pomalyst* | *pomalidomide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mektovi* | *binimetinib* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *viramune xr* | *nevirapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *lupron depot (6-month)* | *leuprolide acetate (6 month)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *goodsense cough dm* | *dextromethorphan polistirex* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *amitriptyline hcl* | *amitriptyline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *terbinafine hcl* | *terbinafine hcl (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *naglazyme* | *galsulfase* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc antacid/anti-gas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *docusol plus mini-enema* | *benzocaine-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vinorelbine tartrate* | *vinorelbine tartrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm eye itch relief* | *ketotifen fumarate (ophth)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *vyondys 53* | *golodirsen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *burn relief* | *lidocaine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sronyx* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp arthritis pain relief* | *acetaminophen* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *alaway* | *ketotifen fumarate (ophth)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gleevec* | *imatinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *wegovy* | *semaglutide (weight management)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *finasteride* | *finasteride (alopecia)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm isopropyl alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *arthritis pain reliever* | *diclofenac sodium (topical)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *triamcinolone acetonide* | *triamcinolone acetonide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *nasal decongestant* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *dalfampridine er* | *dalfampridine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *zenatane* | *isotretinoin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *goodsense lice killing* | *permethrin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *miconazole 3* | *miconazole nitrate vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *nipride rtu* | *nitroprusside sodium-sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *emtriva* | *emtricitabine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *jolessa* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *silvadene* | *silver sulfadiazine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *accrufer* | *ferric maltol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *capcof* | *phenylephrine-chlorpheniramine w/ codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *all day relief* | *naproxen sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *se-tan plus* | *fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hyqvia* | *immune globulin (human)-hyaluronidase (human recombinant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clomipramine hcl* | *clomipramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *biktarvy* | *bictegravir-emtricitabine-tenofovir alafenamide fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *eligard* | *leuprolide acetate (3 month)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *reyataz* | *atazanavir sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *qc aspirin* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *aprodine* | *triprolidine & pseudoephedrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *folivane-ob* | *prenatal without a vit w/ fe fum-iron polysacch complex -fa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *retavase* | *reteplase* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pneumovax 23* | *pneumococcal vac polyvalent* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *nortriptyline hcl* | *nortriptyline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *miochol-e* | *acetylcholine chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mycobutin* | *rifabutin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *myobloc* | *rimabotulinumtoxinb* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *loperamide hcl* | *loperamide hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *methitest* | *methyltestosterone* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *olmesartan medoxomil* | *olmesartan medoxomil* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *exjade* | *deferasirox* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *taron-c dha* | *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sinus congestion max strength* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucus relief dm cough* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sodium fluoride 5000 enamel* | *sodium fluoride-potassium nitrate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *purefe plus* | *ferrous fumarate-fa-b complex-c-zn-mg-mn-cu* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ddavp pf* | *desmopressin acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm daytime cold & flu* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm naproxen sodium* | *naproxen sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *valsartan* | *valsartan* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *pentobarbital sodium* | *pentobarbital sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *nohist-lq* | *chlorpheniramine & phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *chlordiazepoxide-amitriptyline* | *chlordiazepoxide-amitriptyline* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *robaxin* | *methocarbamol* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *signifor* | *pasireotide diaspartate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *meloxicam* | *meloxicam* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *tri-lo-marzia* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *letairis* | *ambrisentan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *proctosol hc* | *hydrocortisone (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm motion sickness* | *dimenhydrinate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *cough/chest congestion dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *praluent* | *alirocumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *guaifenesin* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp antacid extra strength* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *irinotecan hcl* | *irinotecan hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ala-hist pe* | *dexbrompheniramine-phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *qc anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bacteriostatic water(benz alc)* | *water for inject, bacteriostatic benzyl alcohol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clenpiq* | *sodium picosulfate-magnesium oxide-anhydrous citric acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm nasal spray sinus* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *boostrix* | *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *lysteda* | *tranexamic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *turalio* | *pexidartinib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *azurette* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *moderna covid-19 bival booster* | *covid-19 mrna bivalent virus vaccine (moderna)* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *tusnel c* | *pseudoephedrine w/ codeine-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *celecoxib* | *celecoxib* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *kepivance* | *palifermin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *earwax removal* | *carbamide peroxide (otic)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *fareston* | *toremifene citrate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *nasal allergy 24 hour* | *triamcinolone acetonide (nasal)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *almacone* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm hydrocortisone plus* | *hydrocortisone (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *levoleucovorin calcium pf* | *levoleucovorin calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xpovio (80 mg twice weekly)* | *selinexor* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *anti-fungal* | *tolnaftate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *solifenacin succinate* | *solifenacin succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *desflurane* | *desflurane* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm castor oil* | *castor oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vyvgart* | *efgartigimod alfa-fcab* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *eraxis* | *anidulafungin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sustiva* | *efavirenz* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *floriva* | *sodium fluoride-vitamin d* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc allergy childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *adacel* | *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *hm famotidine* | *famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *caprelsa* | *vandetanib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *konsyl daily fiber* | *psyllium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isopto tears* | *hypromellose (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *jevtana* | *cabazitaxel* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bexarotene* | *bexarotene* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tension headache* | *acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *dry eye relief* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *virazole* | *ribavirin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *octreotide acetate* | *octreotide acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *travasol* | *amino acid infusion* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *genteal tears severe day/night* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max day/night ms* | *phenylephrine-triprolidine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *aptivus* | *tipranavir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *symfi lo* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *geodon* | *ziprasidone mesylate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *cryselle-28* | *norgestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pataday* | *olopatadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *hydrocortisone* | *hydrocortisone (intrarectal)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *melodetta 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *retrovir* | *zidovudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *nulytely with flavor packs* | *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *systane preservative free* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sennosides-docusate sodium* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *toposar* | *etoposide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ferumoxytol* | *ferumoxytol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cuvposa* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vanacof dmx* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp clearlax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xpovio (60 mg once weekly)* | *selinexor* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *norethindrone* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *premarin* | *estrogens, conjugated* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sal-plant* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp sinus pressure/pain* | *phenylephrine w/ acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *prezcobix* | *darunavir-cobicistat* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *corlanor* | *ivabradine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *my choice* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *valstar* | *valrubicin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xembify* | *immune globulin (human)-klhw* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hm milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm aspirin* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *dexmedetomidine hcl in nacl* | *dexmedetomidine hcl in sodium chloride* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *clinimix/dextrose (8/10)* | *amino acid infusion in d10w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sandostatin* | *octreotide acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *piqray (200 mg daily dose)* | *alpelisib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *apretude* | *cabotegravir* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *pravastatin sodium* | *pravastatin sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *hemlibra* | *emicizumab-kxwh* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sod benz-sod phenylacet* | *sod benzoate & sod phenylacetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri femynor* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nembutal* | *pentobarbital sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *mekinist* | *trametinib dimethyl sulfoxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *selenium sulfide* | *selenium sulfide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *chemet* | *succimer* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense anti-diarr/ant-gas* | *loperamide-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm anti-nausea* | *fructose-dextrose-phosphoric acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cold-eeze* | *homeopathic products* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aquasol a* | *vitamin a* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *zerbaxa* | *ceftolozane sulfate-tazobactam sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aveed* | *testosterone undecanoate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *clinimix/dextrose (8/14)* | *amino acid infusion in d14w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thalomid* | *thalidomide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *triamterene* | *triamterene* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rimantadine hcl* | *rimantadine hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *milrinone lactate in dextrose* | *milrinone lactate in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fentanyl citrate (pf)* | *fentanyl citrate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cupric chloride* | *cupric chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *abacavir sulfate-lamivudine* | *abacavir sulfate-lamivudine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *benefix* | *coagulation factor ix (recombinant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *allergy relief* | *loratadine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *efudex* | *fluorouracil (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tygacil* | *tigecycline* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cinacalcet hcl* | *cinacalcet hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *etonogestrel-ethinyl estradiol* | *etonogestrel-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hailey fe 1.5/30* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 12.1-12.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *heparin sod (porcine) in d5w* | *heparin sod (porcine) in d5w* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *betamethasone sod phos & acet* | *betamethasone sod phosphate & acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *zegalogue* | *dasiglucagon hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *robafen cough* | *dextromethorphan hbr* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *levsin* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm mucus relief dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tydemy* | *drospirenone-ethinyl estradiol-levomefolate calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydrocortisone ace-pramoxine* | *pramoxine-hc* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sm allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bicillin l-a* | *penicillin g benzathine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *symtuza* | *darunavir-cobicistat-emtricitabine-tenofovir alafenamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *flu hbp* | *dextromethorphan-acetaminophen-chlorpheniramine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *ed-apap* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eye drops* | *tetrahydrozoline hcl (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ceprotin* | *protein c concentrate (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phesgo* | *pertuzumab-trastuzumab-hyaluronidase-zzxf* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *irospan 24/6* | *fe bisglyc-fe polysaccharide-succ acd-b complex-c-ca-fa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydroxychloroquine sulfate* | *hydroxychloroquine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *afluria* | *influenza virus vaccine split* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *bicnu* | *carmustine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dextromethorphan-guaifenesin* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *bupivacaine hcl* | *bupivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pilocarpine hcl* | *pilocarpine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pregnyl* | *chorionic gonadotropin* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hm cold & allergy childrens* | *brompheniramine & phenyleph* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *adakveo* | *crizanlizumab-tmca* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sensorcaine-mpf* | *bupivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *polytussin dm* | *phenylephrine-dexbrompheniramine-dextromethorphan* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *dutasteride* | *dutasteride* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *aminosyn-pf 7%* | *amino acid infusion* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bacitracin* | *bacitracin (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *didanosine* | *didanosine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *kalydeco* | *ivacaftor* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *flu/severe cold & cough day* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mafenide acetate* | *mafenide acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *calcium antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vectibix* | *panitumumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nevirapine er* | *nevirapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *mucinex d max strength* | *pseudoephedrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *zolgensma 5.1-5.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense nausea relief* | *fructose-dextrose-phosphoric acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *twirla* | *levonorgestrel-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm mucus relief max strength* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *octagam* | *immune globulin (human) iv* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *exservan* | *riluzole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm chest congestion relief dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *robafen cf multi-symptom cold* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mucinex junior cold/flu* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *definity rt* | *perflutren lipid microsphere* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sodium polystyrene sulfonate* | *sodium polystyrene sulfonate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vanacof* | *pseudoephedrine-dexchlorpheniramine-chlophedianol* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *bupivacaine fisiopharma* | *bupivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *iodine* | *iodine (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *allzital* | *butalbital-acetaminophen* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *salicylic acid wart remover* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hydrocortisone-iodoquinol* | *iodoquinol-hc* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *spikevax covid-19 vaccine* | *covid-19 (sars-cov-2) mrna virus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *gnp nose drops extra strength* | *phenylephrine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *m-end dmx* | *pseudoephedrine-dexbrompheniramine-dextromethorphan* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *motion-time* | *meclizine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *aldactone* | *spironolactone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc pain relief childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mifepristone* | *mifepristone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ultrabag/dianeal/ 4.25% dex* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *abelcet* | *amphotericin b lipid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *mesnex* | *mesna* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *armour thyroid* | *thyroid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dialyvite/zinc* | *b-complex w/ c-zn & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *aluminum hydroxide gel* | *aluminum hydroxide gel* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *chloroquine phosphate* | *chloroquine phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pfizer-biontech covid-19 vacc* | *covid-19 (sars-cov-2) mrna virus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *feraheme* | *ferumoxytol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tizanidine hcl* | *tizanidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *mapap arthritis pain* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *daytime cold & flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sylvant* | *siltuximab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *flexbumin* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lmd in nacl* | *dextran 40 in saline* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levonorg-eth estrad triphasic* | *levonorgestrel-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anti-nausea* | *fructose-dextrose-phosphoric acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *trizivir* | *abacavir sulfate-lamivudine-zidovudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *k-phos-neutral* | *pot phosphate monobasic w/ sod phosphate dibasic & monobasic* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm alcohol* | *alcohol, rubbing* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *teniposide* | *teniposide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ascorbic acid* | *ascorbic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xpovio (40 mg once weekly)* | *selinexor* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *disulfiram* | *disulfiram* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fayosim* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *symdeko* | *tezacaftor-ivacaftor* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *revcovi* | *elapegademase-lvlr* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stahist ad* | *chlorcyclizine & pseudoephedrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *dibucaine (perianal)* | *dibucaine (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cold & flu nighttime relief* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mucinex for kids* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tybost* | *cobicistat* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *famotidine (pf)* | *famotidine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *depo-provera* | *medroxyprogesterone acetate (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *promethazine-phenyleph-codeine* | *promethazine-phenylephrine-codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *briellyn* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *methergine* | *methylergonovine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *robinul-forte* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp senna lax* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *feverall childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *flublok quadrivalent* | *influenza virus vac recomb hemagglutinin (ha) quadrivalent* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *fiber laxative + calcium* | *calcium polycarbophil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm enema* | *sodium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ear drops* | *carbamide peroxide (otic)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *hm allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gynazole-1* | *butoconazole nitrate (one dose)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *systane nighttime* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chlo tuss* | *pseudoephedrine-dexbrompheniramine-chophedianol* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *erythromycin base* | *erythromycin base* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *cometriq (140 mg daily dose)* | *cabozantinib s-malate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *neo-synalar* | *neomycin sulfate-fluocinolone acetonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *betaine* | *betaine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *artiss* | *fibrin sealant component* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *zinc chloride* | *zinc chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antacid extra strength* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clinimix/dextrose (4.25/5)* | *amino acid infusion in d5w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vitamin d (ergocalciferol)* | *ergocalciferol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *solbar spf30* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ninlaro* | *ixazomib citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eye allergy itch/redness rel* | *olopatadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *montelukast sodium* | *montelukast sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *cresemba* | *isavuconazonium sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *alphanine sd* | *coagulation factor ix* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bp vit 3* | *folic acid-vitamin b6-vitamin b12-omega 3 acids-phytosterols* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *zemplar* | *paricalcitol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *metolazone* | *metolazone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cold & sinus* | *phenylephrine-acetaminophen-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *oxytrol for women* | *oxybutynin* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *cycloset* | *bromocriptine mesylate (diabetes)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tivdak* | *tisotumab vedotin-tftv* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm nasal decongestant* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *baqsimi one pack* | *glucagon* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kogenate fs* | *antihemophilic factor (recombinant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hyoscyamine sulfate* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sore throat lozenges* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *amphadase* | *hyaluronidase bovine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *otrexup* | *methotrexate (antirheumatic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *major-prep hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lice treatment creme rinse* | *permethrin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *rylaze* | *asparaginase erwinia chrysanthemi (recombinant)-rywn* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc ibuprofen ib* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *enalaprilat* | *enalaprilat* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cold relief plus* | *chlorpheniramine-phenylephrine-asa* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sinus pressure + pain* | *phenylephrine w/ acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *pfizer covid-19 vac-tris 6m-4y* | *covid-19 (sars-cov-2) mrna virus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *amicar* | *aminocaproic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp childrens allergy* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *remdesivir* | *remdesivir* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trigels-f forte* | *fe fumarate-vitamin c-vitamin b12-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp wart remover* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *np thyroid* | *thyroid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lenvima (20 mg daily dose)* | *lenvatinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nicomide* | *niacinamide w/ zinc-copper-methylfolate-se-cr* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc isopropyl rubbing alcohol* | *isopropyl alcohol, rubbing* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cytra-2* | *sodium citrate & citric acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prenate pixie* | *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *feriva 21/7* | *fe asparto gly-vit b12-fa-vit c-dss-succinic acid-zinc* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *busulfan* | *busulfan* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alprolix* | *coagulation factor ix (recomb) fc fusion protein (rfixfc)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dexmedetomidine hcl* | *dexmedetomidine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *fyremadel* | *ganirelix acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm pain relief* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vinblastine sulfate* | *vinblastine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *epivir* | *lamivudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *ultrabag/dianeal/ 2.5% dextrose* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *norepinephrine bitartrate* | *norepinephrine bitartrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *busulfex* | *busulfan* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cyclafem 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *synribo* | *omacetaxine mepesuccinate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *capsaicin pain relief* | *capsaicin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gonal-f* | *follitropin alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *plegisol* | *cardioplegic soln* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *suprep bowel prep kit* | *sodium sulfate-potassium sulfate-magnesium sulfate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *artesunate* | *artesunate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *koate* | *antihemophilic factor (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp motion sickness relief* | *dimenhydrinate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *sm epsom salt* | *magnesium sulfate (laxative)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zatean-pn plus* | *prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *scemblix* | *asciminib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mytesi* | *crofelemer* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ceftriaxone sodium* | *ceftriaxone sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gnp infants pain/fever* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tamoxifen citrate* | *tamoxifen citrate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *gavilax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *actidose-aqua* | *charcoal activated* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm chest congestion relief dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *voxzogo* | *vosoritide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *est estrogens-methyltest hs* | *esterified estrogens & methyltestosterone* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *myambutol* | *ethambutol hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *valsartan-hydrochlorothiazide* | *valsartan-hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *methocarbamol* | *methocarbamol* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *mapap acetaminophen extra str* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mycamine* | *micafungin sodium* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *bynfezia pen* | *octreotide acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dialyvite* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *leu technelite* | *technetium tc 99m sodium pertechnetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *firdapse* | *amifampridine phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *etopophos* | *etoposide phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *minoxidil* | *minoxidil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lenvima (24 mg daily dose)* | *lenvatinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tranexamic acid* | *tranexamic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mapap* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *oxbryta* | *voxelotor* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nubeqa* | *darolutamide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *macrilen* | *macimorelin acetate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *pramoxine hcl (perianal)* | *pramoxine hcl (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tirosint* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trudhesa* | *dihydroergotamine mesylate hfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antacid ultra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tykerb* | *lapatinib ditosylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex childrens freefrom* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *complera* | *emtricitabine-rilpivirine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *est estrogens-methyltest ds* | *esterified estrogens & methyltestosterone* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *qc anti-itch aloe* | *hydrocortisone (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *migranal* | *dihydroergotamine mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tropicamide* | *tropicamide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *maraviroc* | *maraviroc* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gnp cough gels* | *dextromethorphan hbr* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *besponsa* | *inotuzumab ozogamicin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tralement* | *trace minerals (cu-mn-se-zn)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sodium fluoride 5000 ppm* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *eucrisa* | *crisaborole* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *clindamycin phosphate in d5w* | *clindamycin phosphate in d5w* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *rhogam ultra-filtered plus* | *rho d immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp zinc oxide* | *zinc oxide (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *k-phos* | *potassium phosphate monobasic* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vtol lq* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eloctate* | *antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiifc)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense hemorrhoidal* | *phenylephrine-cocoa butter* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levocarnitine* | *levocarnitine (metabolic modifiers)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antifungal (tolnaftate)* | *tolnaftate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *diluent for lefamulin* | *citrate buffered sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fosfomycin tromethamine* | *fosfomycin tromethamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *enlyte* | *dietary management product* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *emcyt* | *estramustine phosphate sodium* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sm acid reducer* | *famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *sm milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp lice treatment* | *permethrin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *robafen mucus/chest congestion* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *senexon-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lactated ringers* | *lactated ringer's (irrigation)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ringers* | *ringer's* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *formula em* | *fructose-dextrose-phosphoric acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *sinus nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cough drops* | *menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *medicated callus removers* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *kalbitor* | *ecallantide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anagrelide hcl* | *anagrelide hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *chocolated laxative* | *sennosides* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *miconazole nitrate* | *miconazole nitrate (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *8 hour arthritis pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc earwax removal kit* | *carbamide peroxide (otic)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *levonorgestrel-ethinyl estrad* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *solbar shield spf 40* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alaway childrens allergy* | *ketotifen fumarate (ophth)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *goodsense mucus er* | *guaifenesin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *saphnelo* | *anifrolumab-fnia* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *oracit* | *sodium citrate & citric acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cromolyn sodium* | *cromolyn sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense naproxen sodium* | *naproxen sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *sm advanced hand sanitizer* | *ethyl alcohol (skin cleanser)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *potassium citrate er* | *potassium citrate (alkalinizer)* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 09/01/2022 | *hm antacid/antigas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hm naproxen sodium* | *naproxen sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gvoke pfs* | *glucagon* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hemorrhoidal* | *phenylephrine in hard fat* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *volnea* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phexxi* | *lactic acid-citric acid-potassium bitartrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *diphenhydramine -zinc acetate* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hepagam b* | *hepatitis b immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *opdualag* | *nivolumab-relatlimab-rmbw* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sotradecol* | *sodium tetradecyl sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prevymis* | *letermovir* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *flucelvax quadrivalent* | *influenza virus vaccine tissue-cultured subunit quadrivalent* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *gnp magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gavreto* | *pralsetinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense ibuprofen* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *kuvan* | *sapropterin dihydrochloride* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *natural fiber therapy* | *psyllium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *docu* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp cold therapy relief spray* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qualaquin* | *quinine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *glycine* | *glycine (gu irrigant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kisqali femara (600 mg dose)* | *ribociclib succinate-letrozole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prenatal vitamin plus low iron* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *vaxneuvance* | *pneumococcal 15-valent conjugate vaccine* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *mucinex cough for kids* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *migergot* | *ergotamine w/ caffeine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *methylprednisolone acetate* | *methylprednisolone acetate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *artificial tears* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aminocaproic acid* | *aminocaproic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fosphenytoin sodium* | *fosphenytoin sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *digoxin* | *digoxin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *monjuvi* | *tafasitamab-cxix* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rapivab* | *peramivir* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *minocin* | *minocycline hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *nymyo* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hailey 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucus relief max st* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *betadine antiseptic gargle* | *povidone-iodine (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *torisel* | *temsirolimus* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alkeran* | *melphalan* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *braftovi* | *encorafenib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *wymzya fe* | *norethindrone & ethinyl estradiol-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vanatab dm* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tolnaftate antifungal* | *tolnaftate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *betadine antiseptic rinse* | *povidone-iodine (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *luxturna* | *voretigene neparvovec-rzyl* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *symfi* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *cleviprex* | *clevidipine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *goodsense pain relief* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nighttime severe cold & flu* | *phenylephrine-doxylamine-dextromethorphan-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *amiloride hcl* | *amiloride hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nabi-hb* | *hepatitis b immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense nasal allergy spray* | *triamcinolone acetonide (nasal)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *corvert* | *ibutilide fumarate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *senna* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *metronidazole* | *metronidazole* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *corifact* | *factor xiii concentrate (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm tussin adult dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *quflora fe pediatric* | *ped multivitamins w/fl & iron* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sulfamylon* | *mafenide acetate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *erleada* | *apalutamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *danazol* | *danazol* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *ibutilide fumarate* | *ibutilide fumarate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *ez char* | *charcoal activated* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gas relief* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc allergy/sinus headache* | *diphenhydramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm ibuprofen ib childrens* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *lenvima (12 mg daily dose)* | *lenvatinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp no drip nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp allergy multi-symptom* | *chlorpheniramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *endacof-dm* | *phenylephrine-brompheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *lumify* | *brimonidine tartrate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *trifluoperazine hcl* | *trifluoperazine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *histex-dm* | *phenylephrine-triprolidine-dextromethorphan* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *ferriprox* | *deferiprone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluzone high-dose quadrivalent* | *influenza virus vac split high-dose quad preservative free* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *cilostazol* | *cilostazol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *ed bron gp* | *phenylephrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *dianeal low calcium/2.5% dex* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lenvima (4 mg daily dose)* | *lenvatinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lansoprazole* | *lansoprazole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *nilutamide* | *nilutamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *capsaicin* | *capsaicin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *mucusrelief dm cough* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *westab plus* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *libtayo* | *cemiplimab-rwlc* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *allopurinol sodium* | *allopurinol sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *yaz* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zytiga* | *abiraterone acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *hydromet* | *hydrocodone bitartrate-homatropine methylbromide* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *oscimin* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nasopen pe* | *thonzylamine-phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *sunitinib malate* | *sunitinib malate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *renal* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tarina 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm lubricating plus* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anjeso* | *meloxicam* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *goodsense aspirin* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *betasept surgical scrub* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm antacid regular strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sore throat & cough lozenges* | *dextromethorphan-benzocaine* | ADD TO FORMULARY | | Non-Formulary |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *oxycodone hcl* | *oxycodone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *zolgensma 4.6-5.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *heparin sodium (porcine)* | *heparin sodium (porcine)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *coly-mycin m* | *colistimethate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *toremifene citrate* | *toremifene citrate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *refresh optive* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *galafold* | *migalastat hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levothyroxine sodium* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucosa dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm anti-nausea* | *fructose-dextrose-phosphoric acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *qc hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *brotapp dm* | *pseudoephed-bromphen-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *refresh optive advanced pf* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *senna-time s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm allergy relief* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *corn & callus remover* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *zumandimine* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xtandi* | *enzalutamide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *qc medifin 400* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *microgestin 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nimbex* | *cisatracurium besylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *andexxa* | *coagulation factor xa recomb inact-zhzo (andexanet alfa)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *albuminex* | *albumin, human-kjda* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *macrobid* | *nitrofurantoin monohyd macro* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kedrab* | *rabies immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *purefe ob plus* | *prenatal without a vit w/ fe fum-iron polysacch complex -fa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lessina* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *atgam* | *lymphocyte immune globulin,anti-thymocyte globulin (equine)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *cotellic* | *cobimetinib fumarate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isturisa* | *osilodrostat phosphate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *elidel* | *pimecrolimus* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *hydrocortisone ace-pramoxine* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rectiv* | *nitroglycerin (intra-anal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sensipar* | *cinacalcet hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cardioplegic* | *cardioplegic soln* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rubraca* | *rucaparib camsylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eye allergy itch/redness rel* | *olopatadine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *menthol cold/hot* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *propecia* | *finasteride (alopecia)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ultra lubricating eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *silace* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc nasal decongestant pe* | *phenylephrine hcl (oral)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *niacin er* | *niacin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *poly hist forte* | *doxylamine-phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *prenate essential* | *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xofigo* | *radium ra 223 dichloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *emtricitabine* | *emtricitabine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *adc/f (0.5mg/ml)* | *pediatric vitamins acd w/ fluoride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *flebogamma dif* | *immune globulin (human) iv* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tyblume* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc e z nite sleep* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benzoyl peroxide* | *benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *tepmetko* | *tepotinib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *opdivo* | *nivolumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antacid/antigas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *delsym cough/cold night time* | *diphenhydramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *qc headache relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *buphenyl* | *sodium phenylbutyrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex sinus-max cong & pain* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *nipent* | *pentostatin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hectorol* | *doxercalciferol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ruconest* | *c1 esterase inhibitor (recombinant)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *goodsense aspirin adult low st* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *mucinex fast-max chest cong ms* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *vabysmo* | *faricimab-svoa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hailey fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *desogestrel-ethinyl estradiol* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ultravist* | *iopromide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dry eye relief* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sandostatin lar depot* | *octreotide acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dexmedetomidine hcl-dextrose* | *dexmedetomidine hcl in dextrose* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *infumorph 500* | *morphine sulfate for continuous microinfusion* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *zykadia* | *ceritinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ala-hist ir* | *dexbrompheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *silver sulfadiazine* | *silver sulfadiazine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lumizyme* | *alglucosidase alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *infants ibuprofen* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *caldolor* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *emgality* | *galcanezumab-gnlm* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *mucinex fast-max day/night* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *salsalate* | *salsalate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *bosulif* | *bosutinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *reclast* | *zoledronic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *qc acid controller* | *famotidine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *antacid calcium* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vabomere* | *meropenem-vaborbactam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *delstrigo* | *doravirine-lamivudine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *norlyda* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lopinavir-ritonavir* | *lopinavir-ritonavir* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *se-natal 19* | *prenatal vit w/ docusate-fe fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vitrakvi* | *larotrectinib sulfate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *fluad quadrivalent* | *influenza virus vacc types a & b surf antigen adjuvant quad* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *kristalose* | *lactulose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp mucus relief max st* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *docusol kids* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dutasteride* | *dutasteride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *extraneal* | *icodextrin-electrolytes* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ob complete/dha* | *prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *hm ibuprofen ib* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *susvimo (implant refill)* | *ranibizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anti-itch* | *camphor & menthol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *esmolol hcl-sodium chloride* | *esmolol hcl-sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *kao-tin* | *docusate calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tussin mucus & chest congest* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *ultiva* | *remifentanil hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gnp antacid & anti-gas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *astrazeneca covid-19 vaccine* | *covid-19 (sars-cov-2) adenovirus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *zulresso* | *brexanolone* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *sm eye drops* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm adult aspirin* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *xyrem* | *sodium oxybate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lonsurf* | *trifluridine-tipiracil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pnv-omega* | *prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *polyethylene glycol 3350* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sterile diluent/epoprostenol* | *glycine diluent* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *infumorph 200* | *morphine sulfate for continuous microinfusion* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *stool softener plus laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rukobia* | *fostemsavir tromethamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gnp tussin dm cough* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *viramune* | *nevirapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *alburx* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp acid reducer* | *famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *gnp naproxen sodium* | *naproxen sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *sm olopatadine hcl* | *olopatadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *qc mucus relief max st* | *guaifenesin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cld flu thrt* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm eye drops advanced relief* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stool softener* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mintox maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vp-gstn* | *genistein-zinc amino acid chelate-vitamin d* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc bacitracin* | *bacitracin (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *coats aloe* | *allantoin (emollient)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *calcium gluconate-nacl* | *calcium gluconate-sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hm gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *banophen* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *philith* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gemfibrozil* | *gemfibrozil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *hyperhep b* | *hepatitis b immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gastrocrom* | *cromolyn sodium (mastocytosis)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *triamterene-hctz* | *triamterene & hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ryplazim* | *plasminogen, human-tvmh* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *urea* | *urea* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trimethoprim* | *trimethoprim* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *mucinex freefrom day-night* | *phenylephrine-triprolidine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mucinex sinus-max night time* | *diphenhydramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm eye allergy itch/red relief* | *olopatadine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *option 2* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ellence* | *epirubicin hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *teflaro* | *ceftaroline fosamil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aldactazide* | *spironolactone & hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *adenosine* | *adenosine (diagnostic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *triumeq* | *abacavir-dolutegravir-lamivudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *gnp lidocaine pain relief* | *lidocaine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *nesacaine* | *chloroprocaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xyosted* | *testosterone enanthate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sodium nitroprusside* | *nitroprusside sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *picato* | *ingenol mebutate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *poly-hist pd* | *thonzylamine-chlophedianol* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *infuvite adult* | *multiple vitamin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gentamicin sulfate* | *gentamicin sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *completenate* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *famotidine premixed* | *famotidine in nacl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *nestabs* | *prenatal vit without vit a w/ fe bisglycinate-folic acid* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *levofloxacin in d5w* | *levofloxacin in d5w* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *glassia* | *alpha1-proteinase inhibitor (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *heather* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bavencio* | *avelumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dasetta 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *oriahnn* | *elagolix sodium-estradiol-norethindrone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *xtandi* | *enzalutamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *hm stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gemcitabine hcl* | *gemcitabine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *provera* | *medroxyprogesterone acetate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *fabrazyme* | *agalsidase beta* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sleep tabs* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *necon 0.5/35 (28)* | *norethindrone & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc enteric aspirin* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *kenalog-80* | *triamcinolone acetonide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *qc tussin cf* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *pediaclear 8 childrens* | *pyrilamine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp hydrocortisone* | *hydrocortisone (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gnp eye drops* | *tetrahydrozoline hcl (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eligard* | *leuprolide acetate (4 month)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *desmopressin acetate spray* | *desmopressin acetate spray* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ceftriaxone sodium in dextrose* | *ceftriaxone sodium in dextrose* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aurovela 1/20* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lubricating eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *syprine* | *trientine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp loperamide hcl* | *loperamide hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sodium bicarbonate* | *sodium bicarbonate (antacid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vasostrict* | *vasopressin* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *nighttime cold & flu max str* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *antifungal* | *miconazole nitrate (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *maxzide-25* | *triamterene & hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *selzentry* | *maraviroc* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *lenvima (8 mg daily dose)* | *lenvatinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp nasal spray fast acting* | *phenylephrine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kabiven* | *amino acids-dextrose-lipids with electrolytes* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benzefoam* | *benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *thera-gesic* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *refresh optive advanced* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *systane hydration pf* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *montelukast sodium* | *montelukast sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *hm pain relief extra strength* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *rilutek* | *riluzole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *decitabine* | *decitabine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *soliris* | *eculizumab* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *aspirin* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *hycodan* | *hydrocodone bitartrate-homatropine methylbromide* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *nitisinone* | *nitisinone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *arranon* | *nelarabine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *moviprep* | *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *peptic relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *histex-pe* | *triprolidine-phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *caspofungin acetate* | *caspofungin acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *diphenhydramine hcl* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *senokot s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pentamidine isethionate* | *pentamidine isethionate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *lidaflex* | *lidocaine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *gnp 8 hour pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydrocortisone* | *hydrocortisone (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *nitroglycerin* | *nitroglycerin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp terbinafine hydrochloride* | *terbinafine hcl (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *profilnine* | *factor ix complex* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kaletra* | *lopinavir-ritonavir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *hm dibromm cold/allergy* | *brompheniramine & phenyleph* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *menstrual pain relief* | *acetaminophen-pamabrom-pyrilamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bac* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *latisse* | *bimatoprost (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *enjaymo* | *sutimlimab-jome* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *dihydroergotamine mesylate* | *dihydroergotamine mesylate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *terconazole* | *terconazole vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *cathflo activase* | *alteplase* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anafranil* | *clomipramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *romidepsin* | *romidepsin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluarix quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *marcaine/epinephrine pf* | *bupivacaine w/ epinephrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cystagon* | *cysteamine bitartrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *systane* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alevazol* | *clotrimazole (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *revlimid* | *lenalidomide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *spravato (84 mg dose)* | *esketamine hcl* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *alprazolam* | *alprazolam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *est estrogens-methyltest ds* | *esterified estrogens & methyltestosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *varizig* | *varicella-zoster immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cold & allergy childrens* | *brompheniramine & phenyleph* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *eye itch relief* | *ketotifen fumarate (ophth)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *cladribine* | *cladribine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 3.6-4.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc non-aspirin childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *caffeine-sodium benzoate* | *caffeine & sodium benzoate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *migergot* | *ergotamine w/ caffeine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *hydroxocobalamin acetate* | *hydroxocobalamin acetate* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *est estrogens-methyltest hs* | *esterified estrogens & methyltestosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *hydrocod poli-chlorphe poli er* | *hydrocodone polistirex-chlorpheniramine polistirex* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *tice bcg* | *bcg live intravesical* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *afluria quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *rynex pse* | *brompheniramine & pseudoeph* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *increlex* | *mecasermin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *portia-28* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *velivet* | *desogestrel-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cisplatin* | *cisplatin* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *systane ultra* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *balcoltra* | *levonorgestrel-ethinyl estradiol-ferrous bisglycinate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp pain relief extra strength* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *topiramate* | *topiramate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *vizimpro* | *dacomitinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ergoloid mesylates* | *ergoloid mesylates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *olopatadine hcl* | *olopatadine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *tinidazole* | *tinidazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *nitroprusside sodium* | *nitroprusside sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lmd in d5w* | *dextran 40 in d5w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri-lo-sprintec* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *epifoam* | *pramoxine-hc* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *tegsedi* | *inotersen sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex night sev cold/flu max* | *phenylephrine-triprolidine-dm-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *caziant* | *desogestrel-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *acne medication 10* | *benzoyl peroxide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sore throat* | *phenol (antiseptic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc vapor inhaler* | *aromatic inhalants* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp aspirin low dose* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *perjeta* | *pertuzumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kymriah* | *tisagenlecleucel* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *epzicom* | *abacavir sulfate-lamivudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (mouth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lithostat* | *acetohydroxamic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lubricant eye drops pf* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trophamine* | *amino acid infusion* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *poly-vi-flor/iron* | *ped multivitamins w/fl & iron* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *severe cold & flu* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ivermectin* | *ivermectin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *adult aspirin regimen* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *truvada* | *emtricitabine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *lorbrena* | *lorlatinib* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *vanacof dm* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sodium chloride bacteriostatic* | *bacteriostatic sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *heartburn relief* | *famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *refresh tears* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nestabs dha* | *prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm nighttime cold & flu relief* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *zatean-pn dha* | *prenatal without a w/ fe fumarate-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dandruff shampoo* | *pyrithione zinc* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *thiotepa* | *thiotepa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluorescein sodium/benoxinate* | *fluorescein w/ benoxinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *daurismo* | *glasdegib maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benznidazole* | *benznidazole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tusnel* | *pseudoephedrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp nasal four spray* | *phenylephrine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lyza* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *bpo foaming cloths* | *benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *myfembree* | *relugolix-estradiol-norethindrone acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *thrivite 19* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *xpovio (60 mg twice weekly)* | *selinexor* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc allergy relief 4-hour* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *driminate* | *dimenhydrinate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *amnesteem* | *isotretinoin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *clorazepate dipotassium* | *clorazepate dipotassium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *valproate sodium* | *valproate sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *ontruzant* | *trastuzumab-dttb* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phentermine hcl* | *phentermine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *zolgensma 12.6-13.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *triphrocaps* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *efavirenz-emtricitab-tenofo df* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *propofol* | *propofol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *viracept* | *nelfinavir mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *vitafol-ob+dha* | *prenatal mv & min w/fe fumarate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eye irritation relief* | *tetrahydrozoline-polyvinyl alcohol-povidone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isentress* | *raltegravir potassium* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *gnp bacitracin zinc* | *bacitracin zinc* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *heparin sodium (porcine) pf* | *heparin sodium (porcine)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *methylprednisolone sodium succ* | *methylprednisolone sod succ* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gonal-f rff* | *follitropin alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aminosyn ii* | *amino acid infusion* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm tussin adult* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *zolgensma 11.6-12.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trogarzo* | *ibalizumab-uiyk* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *intrarosa* | *prasterone vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *docetaxel* | *docetaxel* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *efavirenz* | *efavirenz* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *hm daytime cold & flu* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *larin fe 1.5/30* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *akten* | *lidocaine hcl (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *glucotrol* | *glipizide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *acid controller original str* | *famotidine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *vancomycin hcl in dextrose* | *vancomycin hcl-dextrose* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hydrocortisone/aloe max str* | *hydrocortisone (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *glycine urologic* | *glycine (gu irrigant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pimozide* | *pimozide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *conex cold/allergy* | *dexbrompheniramine & pseudoephedrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *lubricant eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *klor-con/ef* | *potassium bicarbonate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *bicalutamide* | *bicalutamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sore throat* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *albuked 25* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aquanaz pse* | *pseudoephedrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *aspirin low dose* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *voriconazole* | *voriconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *lidocaine pain relief* | *lidocaine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hm gas relief* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cold & sinus* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *acetazolamide sodium* | *acetazolamide sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *metronidazole* | *metronidazole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *gnp night time cold-flu* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hematogen* | *iron combinations* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm anti-diarrheal anti-gas* | *loperamide-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chlorothiazide sodium* | *chlorothiazide sodium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *provayblue* | *methylene blue (antidote)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *glucagon emergency* | *glucagon hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *micafungin sodium* | *micafungin sodium* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *jelmyto* | *mitomycin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lenvima (10 mg daily dose)* | *lenvatinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diphenhist* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fyarro* | *sirolimus protein-bound particles* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *blue gel* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rivelsa* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cefotetan disodium* | *cefotetan disodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *remodulin* | *treprostinil* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *crinone* | *progesterone (vaginal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *capecitabine* | *capecitabine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm aspirin ec low dose* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *lupron depot (3-month)* | *leuprolide acetate (3 month)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *supprelin la* | *histrelin acetate (cpp)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *lanoxin* | *digoxin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *budesonide* | *budesonide (nasal)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *repaglinide* | *repaglinide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *pyrukynd* | *mitapivat sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *glucagon emergency* | *glucagon (rdna)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc povidone iodine* | *povidone-iodine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dentagel* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zafemy* | *norelgestromin-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lenalidomide* | *lenalidomide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *cytovene* | *ganciclovir sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *galzin* | *zinc acetate (oral)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *multi symptom flu/severe cold* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *foltrate* | *cobalamin combinations* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *bronchitol tolerance test* | *mannitol (cystic fibrosis)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *entecavir* | *entecavir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *zanosar* | *streptozocin* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *ergocalciferol* | *ergocalciferol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thrivite rx* | *prenatal vit w/ iron carbonyl-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vienva* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *brineura* | *cerliponase alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *erythrocin stearate* | *erythromycin stearate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *bacitracin zinc-aloe* | *bacitracin zinc* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *castellani paint modified* | *castellani paint* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *peg 3350/electrolytes* | *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ogivri* | *trastuzumab-dkst* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *carboplatin* | *carboplatin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *leukeran* | *chlorambucil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *taron forte* | *fe bisglycinate-fe polysaccharide-vit c-vit b12-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aminophylline* | *aminophylline* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *endometrin* | *progesterone (vaginal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *proctofoam* | *pramoxine hcl (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *enpresse-28* | *levonorgestrel-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *paclitaxel* | *paclitaxel* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *pemazyre* | *pemigatinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mercaptopurine* | *mercaptopurine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kerr triple dye swabs* | *triple dye* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri-vylibra lo* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *butalbital-acetaminophen* | *butalbital-acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *reditrex* | *methotrexate (antirheumatic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *potassium chloride in nacl* | *potassium chloride in nacl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *juluca* | *dolutegravir sodium-rilpivirine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *mucinex sinus-max* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *daunorubicin hcl* | *daunorubicin hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nuedexta* | *dextromethorphan hbr-quinidine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *yervoy* | *ipilimumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm famotidine* | *famotidine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *anti-itch vaginal* | *benzocaine-resorcinol vaginal* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *buprenorphine hcl* | *buprenorphine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *qc chocolated laxative* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *childrens silapap* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fosamprenavir calcium* | *fosamprenavir calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *diphtheria-tetanus toxoids* | *tetanus-diphtheria toxoids (td)* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *goodsense arthritis pain* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vpriv* | *velaglucerase alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nasal allergy 24 hour* | *triamcinolone acetonide (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *iressa* | *gefitinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp cold/cough childrens* | *phenylephrine-brompheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *vincasar pfs* | *vincristine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 4.1-4.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *firmagon* | *degarelix acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *fentanyl citrate pf* | *fentanyl citrate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *hm castor oil* | *castor oil (pharmaceutic aid)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hailey 1.5/30* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *scalpicin maximum strength* | *hydrocortisone (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *casodex* | *bicalutamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *mycapssa* | *octreotide acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *atorvastatin calcium* | *atorvastatin calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *mucinex fast-max nght cold/flu* | *diphenhydramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *prepidil* | *dinoprostone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ferriprox twice-a-day* | *deferiprone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gavilyte-n with flavor pack* | *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dandruff shampoo* | *selenium sulfide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *contac cold+flu max st* | *phenylephrine w/ acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *m-natal plus* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucus relief er* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *nitroglycerin er* | *nitroglycerin* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *norethin-eth estradiol-fe* | *norethindrone & ethinyl estradiol-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *abraxane* | *paclitaxel protein-bound particles* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *soltamox* | *tamoxifen citrate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *odefsey* | *emtricitabine-rilpivirine-tenofovir alafenamide fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *gnp mucus er* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *nulibry* | *fosdenopterin hydrobromide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *methotrexate sodium (pf)* | *methotrexate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sodium chloride* | *sodium chloride (gu irrigant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cepacol sore throat* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *swim ear* | *isopropyl alcohol (otic)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *hm pain reliever childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lutathera* | *lutetium lu 177 dotatate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lamivudine-zidovudine* | *lamivudine-zidovudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *metoprolol tartrate* | *metoprolol tartrate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *delsym cough + sore throat* | *acetaminophen w/ dm* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *westgel dha* | *prenatal without a w/ fe carbonyl-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *corvite fe* | *iron combinations* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tolnaftate* | *tolnaftate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *tazicef* | *ceftazidime* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *amlodipine besy-benazepril hcl* | *amlodipine besylate-benazepril hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *nevirapine* | *nevirapine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *haloperidol lactate* | *haloperidol lactate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *general protection sunscreen* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm athletes foot* | *terbinafine hcl (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *truseltiq (50mg daily dose)* | *infigratinib phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *daptomycin* | *daptomycin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *plasma-lyte 148* | *electrolyte-148* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kcl in dextrose-nacl* | *potassium chloride in dextrose & sodium chloride* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *colace 2-in-1* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *differin* | *adapalene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *celestone soluspan* | *betamethasone sod phosphate & acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sm aspirin adult low strength* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *doxycycline hyclate* | *doxycycline hyclate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *diazepam intensol* | *diazepam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *artificial tears* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *digitek* | *digoxin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sf* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *protopam chloride* | *pralidoxime chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *enoxaparin sodium* | *enoxaparin sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *genteal tears* | *artificial tear solution* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rituxan* | *rituximab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thrombin-jmi* | *thrombin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mepsevii* | *vestronidase alfa-vjbk* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *ganirelix acetate* | *ganirelix acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alyq* | *tadalafil (pulmonary hypertension)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *sm antacid/antigas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bendeka* | *bendamustine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aspirin* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *gnp sleep aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *midodrine hcl* | *midodrine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *omnipaque* | *iohexol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *effer-k* | *potassium bicarbonate-citric acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *yescarta* | *axicabtagene ciloleucel* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *refresh relieva pf* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fleet liquid glycerin supp* | *glycerin (laxative)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ayvakit* | *avapritinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vp-vite rx* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nufera* | *iron combinations* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp stool softener* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kimmtrak* | *tebentafusp-tebn* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *epivir* | *lamivudine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *deblitane* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cipro in d5w* | *ciprofloxacin in d5w* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *desipramine hcl* | *desipramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *delsym cough/chest congest dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *vyvgart* | *efgartigimod alfa-fcab* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *cialis* | *tadalafil* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *recombinate* | *antihemophilic factor (recombinant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fotivda* | *tivozanib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *klor-con* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clonidine hcl (analgesia)* | *clonidine hcl (analgesia)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nighttime cough* | *doxylamine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *k-phos no 2* | *potassium & sodium acid phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pramosone* | *pramoxine-hc* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *zepzelca* | *lurbinectedin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rydapt* | *midostaurin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm mucus relief cough children* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *femynor* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cozima* | *zinc oxide (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ketalar* | *ketamine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *azacitidine* | *azacitidine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tricon* | *ferrous fumarate w/ b12-vit c-fa-ifc* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rocuronium bromide* | *rocuronium bromide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antacid regular strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *valrubicin* | *valrubicin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *z-bum* | *zinc oxide (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *setlakin* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc mucus relief childrens* | *guaifenesin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aptivus* | *tipranavir* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *bacitracin zinc* | *bacitracin zinc* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *gnp mucus relief dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sudogest 12 hour* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *mucinex junior cough/congest* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *generlac* | *lactulose (encephalopathy)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc calamine* | *calamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *droperidol* | *droperidol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydrocortisone/aloe max str* | *hydrocortisone (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *apri* | *desogestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri-lo-estarylla* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prenaissance* | *prenatal w/o vit a w/ fe fumarate-dss-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zevalin y-90* | *ibritumomab tiuxetan for yttrium-90 (y-90)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *albendazole* | *albendazole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sinus relief congestion-pain* | *phenylephrine-acetaminophen-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *jasmiel* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vital-d rx* | *b-complex w/ c-biotin-d-zinc & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *piqray (300 mg daily dose)* | *alpelisib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prenatal* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sulfadiazine* | *sulfadiazine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *xylocaine/epinephrine* | *lidocaine w/ epinephrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm gas relief infants drops* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc pain relief extra strength* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *therapeutic* | *coal tar extract* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acne medication 10* | *benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *sm lubricating plus* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ibuprofen infants* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *micrhogam ultra-filtered plus* | *rho d immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anti-itch* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *solbar fifty* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cold flu* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *zirgan* | *ganciclovir ophthalmic* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *niva-fol* | *folic acid-pyridoxine-cyanocobalamin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc tussin mucus/congestion* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *goodsense cold & flu* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *corvita 150* | *iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *junel 1/20* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cubicin rf* | *daptomycin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *yonsa* | *abiraterone acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *ryvent* | *carbinoxamine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm witch hazel* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *preplus* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aubra eq* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *opium* | *opium tincture* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *enbrace hr* | *prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aspirin low strength* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *kadcyla* | *ado-trastuzumab emtansine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *infants simethicone* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *methotrexate sodium* | *methotrexate sodium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *riastap* | *fibrinogen concentrate (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *docusol mini* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc castor oil* | *castor oil (pharmaceutic aid)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *m-pap* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *paricalcitol* | *paricalcitol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *floriva plus* | *pediatric multivitamins w/fl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *xeloda* | *capecitabine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phytonadione* | *phytonadione* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antacid anti-gas max strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pedia-lax* | *magnesium hydroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *celecoxib* | *celecoxib* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *sm olopatadine hcl* | *olopatadine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *iodoquinol-hc-aloe polysacch* | *iodoquinol-hydrocortisone-aloe polysaccharide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *oxlumo* | *lumasiran sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benzphetamine hcl* | *benzphetamine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm medicated chest rub* | *camphor-eucalyptus-menthol-turpentine oil-white petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *enulose* | *lactulose (encephalopathy)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mozobil* | *plerixafor* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hm stool softener* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *botox* | *onabotulinumtoxina* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine hcl (pf)* | *lidocaine hcl (local anesth.)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *calcitonin (salmon)* | *calcitonin (salmon)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *cosyntropin* | *cosyntropin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *caffeine* | *caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *paser* | *aminosalicylic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xiaflex* | *collagenase clostridium histolyticum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *therapeutic dandruff* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *daily moisturizer* | *petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *valsartan* | *valsartan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *hm adult tussin cough & chest* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *zolgensma 10.6-11.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vazculep* | *phenylephrine hcl (pressors)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cerdelga* | *eliglustat tartrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp gas relief* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *siklos* | *hydroxyurea (sickle cell anemia)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *senna-lax* | *sennosides* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hydrocod polst-cpm polst er* | *hydrocodone polistirex-chlorpheniramine polistirex* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *theophylline* | *theophylline* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp natural fiber* | *psyllium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zolgensma 8.1-8.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chlordiazepoxide-clidinium* | *chlordiazepoxide hcl-clidinium bromide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dry eye relief drops* | *glycerin-hypromellose-polyethylene glycol 400* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *erythromycin base* | *erythromycin base* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *zinc sulfate* | *zinc sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ed a-hist* | *chlorpheniramine & phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *a&d* | *vitamins a & d (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc medifin dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *zemdri* | *plazomicin sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *sprintec 28* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *drisdol* | *ergocalciferol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dibucaine* | *dibucaine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *lidocaine pain relief* | *lidocaine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *balanced salt* | *ophthalmic irrigation solution - intraocular* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *altavera* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc cough relief* | *dextromethorphan hbr* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense aspirin adults* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *kybella* | *deoxycholic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dr smiths adult barrier* | *zinc oxide (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sunscreen kids spf 50* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zydelig* | *idelalisib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tri-vite/fluoride* | *pediatric vitamins acd w/ fluoride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *moderna covid-19 vaccine* | *covid-19 (sars-cov-2) mrna virus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *tadalafil* | *tadalafil* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *latanoprost* | *latanoprost* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *levonest* | *levonorgestrel-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tpn electrolytes* | *parenteral electrolytes* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *amiodarone hcl* | *amiodarone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gas relief infants* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm tussin cf* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *biorphen* | *phenylephrine hcl (pressors)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *meloxicam* | *meloxicam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *delsym cough/cold daytime* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *baby sunscreen spf50* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antivenin latrodectus mactans* | *antivenin latrodectus mactans* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucus & chest congestion* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm cough drops* | *menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *biktarvy* | *bictegravir-emtricitabine-tenofovir alafenamide fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *atropine sulfate* | *atropine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eq aspirin* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *hm night time cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *lidocaine hcl urethral/mucosal* | *lidocaine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *qc motion sickness relief* | *dimenhydrinate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *ameluz* | *aminolevulinic acid hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *all-nite cold & flu nighttime* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *eptifibatide* | *eptifibatide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *nasal decongestant spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *esperoct* | *antihemophilic factor (recombinant) glycopegylated-exei* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *treanda* | *bendamustine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dexamethasone sodium phosphate* | *dexamethasone sodium phosphate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *ninjacof* | *chlophedianol-pyrilamine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *blisovi fe 1.5/30* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *anagrelide hcl* | *anagrelide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *prenate am* | *prenatal w/ calcium-vit b6-vit b12-folic acid-ginger* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp tussin cough long acting* | *dextromethorphan hbr* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *citranatal harmony* | *prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *magnesium oxide* | *magnesium oxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *crofab* | *crotalidae polyvalent immune fab (ovine)* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *sm tussin cough/chest congest* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *qc allergy relief multi-sympt* | *chlorpheniramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *urocit-k 15* | *potassium citrate (alkalinizer)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *urocit-k 10* | *potassium citrate (alkalinizer)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *inrebic* | *fedratinib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *swim ear* | *isopropyl alcohol (otic)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sm day time cold & flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *efavirenz-lamivudine-tenofovir* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gnp tolnaftate* | *tolnaftate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *conex cold/allergy* | *dexbrompheniramine & pseudoephedrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *alahist cf* | *phenylephrine-dexbrompheniramine-dextromethorphan* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *clariscan* | *gadoterate meglumine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *viagra* | *sildenafil citrate* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *sm antacid advanced max st* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ertapenem sodium* | *ertapenem sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tolvaptan* | *tolvaptan* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alahist dm* | *phenylephrine-dexbrompheniramine-dextromethorphan* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *folite* | *folic acid-vitamin d3-mag cit-acetylcysteine-ca cit* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm fiber* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gemfibrozil* | *gemfibrozil* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *pyrukynd taper pack* | *mitapivat sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clinimix/dextrose (5/20)* | *amino acid infusion in d20w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluzone quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *eligard* | *leuprolide acetate (3 month)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sm tussin mucus+chest congest* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *fiorinal* | *butalbital-aspirin-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xyntha solofuse* | *antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tepadina* | *thiotepa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *eluryng* | *etonogestrel-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prolastin-c* | *alpha1-proteinase inhibitor (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *baxdela* | *delafloxacin meglumine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hydrea* | *hydroxyurea* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prevnar 20* | *pneumococcal 20-valent conjugate vaccine* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *oxytrol for women* | *oxybutynin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *siladryl allergy* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *triferic avnu* | *ferric pyrophosphate citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *orkambi* | *lumacaftor-ivacaftor* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trelstar mixject* | *triptorelin pamoate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *gnp aspirin* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *thioridazine hcl* | *thioridazine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *xanax* | *alprazolam* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *bupivacaine spinal* | *bupivacaine in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc natura-lax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *delsym day night* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *low-ogestrel* | *norgestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm sleep aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cyred eq* | *desogestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex nightshift sinus clear* | *phenylephrine-triprolidine-dm-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *goodsense aspirin* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *zaltrap* | *ziv-aflibercept* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *protamine sulfate* | *protamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hemabate* | *carboprost tromethamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pitocin* | *oxytocin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rymed* | *dexchlorpheniramine-phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *nausea relief* | *fructose-dextrose-phosphoric acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *fareston* | *toremifene citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *fleet pediatric* | *sodium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tricitrates* | *pot & sod citrates w/citric ac* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acid reducer* | *famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *chest congestion relief* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *medi-pads* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex child cold/sore throat* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *omegaven* | *fat emulsion fish oil triglyceride based* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aspirin low strength* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *idarubicin hcl* | *idarubicin hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cepacol sore throat ex st* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *doxylamine-phenylephrine* | *doxylamine-phenylephrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *guaiatussin ac* | *guaifenesin-codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *pyridostigmine bromide* | *pyridostigmine bromide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *thiola* | *tiopronin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *citranatal bloom dha* | *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thiamine hcl* | *thiamine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nevirapine* | *nevirapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *robafen dm cough* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *norepinephrine-dextrose* | *norepinephrine bitartrate-dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *brevibloc* | *esmolol hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *buprenex* | *buprenorphine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hm allergy relief childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *topotecan hcl* | *topotecan hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *camrese* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vidaza* | *azacitidine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *testosterone enanthate* | *testosterone enanthate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *virt-pn plus* | *prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sm antacid maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ketamine hcl* | *ketamine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lastacaft* | *alcaftadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *lumoxiti* | *moxetumomab pasudotox-tdfk* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp tab tussin dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *potassium phosphates* | *potassium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pfizer-biont covid-19 vac-tris* | *covid-19 (sars-cov-2) mrna virus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *lamivudine-zidovudine* | *lamivudine-zidovudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *poteligeo* | *mogamulizumab-kpkc* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm aspirin adult low strength* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *terbutaline sulfate* | *terbutaline sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *lactated ringers* | *lactated ringer's* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alum sulfate-ca acetate* | *aluminum sulfate & calcium acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *targretin* | *bexarotene* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *dr smiths diaper* | *zinc oxide (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *floriva* | *pediatric multiple vitamins & minerals w/ fluoride* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *afluria preservative free* | *influenza virus vaccine split preservative free* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *gammaked* | *immune globulin (human) iv or subcutaneous* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *idelvion* | *coagulation factor ix recomb albumin fusion protein (rix-fp)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lumify* | *brimonidine tartrate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *testosterone cypionate* | *testosterone cypionate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *crysvita* | *burosumab-twza* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm aspirin ec low dose* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *physiolyte* | *irrigation solutions, physiological* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp allergy childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ob complete premier* | *prenatal vit w/ iron carbonyl-fe aspart glycinate-fa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rozlytrek* | *entrectinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lexiva* | *fosamprenavir calcium* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *kengreal* | *cangrelor tetrasodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gnp calamine phenolated* | *calamine phenolated* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *marcaine* | *bupivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm fiber* | *calcium polycarbophil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cyproheptadine hcl* | *cyproheptadine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dialyvite 3000* | *b-complex w/ c-biotin-e-minerals & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *emtriva* | *emtricitabine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *bivalirudin-sodium chloride* | *bivalirudin trifluoroacetate-sodium chloride* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *white petroleum jelly* | *white petrolatum* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *d.h.e. 45* | *dihydroergotamine mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dalfampridine er* | *dalfampridine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *pain relieving* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *olmesartan medoxomil* | *olmesartan medoxomil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *gamastan* | *immune globulin (human) im* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine hcl (cardiac)* | *lidocaine hcl (cardiac)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *kimyrsa* | *oritavancin diphosphate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *peg-3350/electrolytes/ ascorbat* | *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *protopic* | *tacrolimus (topical)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sodium chloride (pf)* | *sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *olinvyk* | *oliceridine fumarate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *refresh digital* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zithromax* | *azithromycin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *glucagen hypokit* | *glucagon hcl (rdna)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alahist d* | *pheniramine maleate-phenylephrine hydrochloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *donepezil hcl* | *donepezil hydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *tusnel pediatric* | *pseudoephedrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm acid reducer* | *famotidine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *ammonul* | *sod benzoate & sod phenylacetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ganciclovir* | *ganciclovir* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *temozolomide* | *temozolomide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *liothyronine sodium* | *liothyronine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *allergy relief* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *amiloride-hydrochlorothiazide* | *amiloride & hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fungoid tincture* | *miconazole nitrate (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp ibuprofen* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sulfatrim pediatric* | *sulfamethoxazole-trimethoprim* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tramadol hcl er (biphasic)* | *tramadol hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sprycel* | *dasatinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aygestin* | *norethindrone acetate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp hydrocortisone/aloe* | *hydrocortisone (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *neuracin* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *loestrin fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *tazverik* | *tazemetostat hbr* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *perphenazine-amitriptyline* | *perphenazine-amitriptyline* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *clindamycin phosphate* | *clindamycin phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *somatuline depot* | *lanreotide acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp docosanol* | *docosanol* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *non-aspirin childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *letrozole* | *letrozole* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *motofen* | *difenoxin w/ atropine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp mucus relief pe* | *phenylephrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *goodsense nighttime cold & flu* | *phenylephrine-doxylamine-dextromethorphan-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *pyridium* | *phenazopyridine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *salicylic acid* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *mucus relief childrens* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *bimatoprost* | *bimatoprost (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rimantadine hcl* | *rimantadine hydrochloride* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *kcl-lactated ringers-d5w* | *potassium chloride in d5w lactated ringers* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *docosanol* | *docosanol* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *gnp mucus dm max strength* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *levsin/sl* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *myorisan* | *isotretinoin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *anectine* | *succinylcholine chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *beyaz* | *drospirenone-ethinyl estradiol-levomefolate calcium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prezista* | *darunavir ethanolate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *ferrlecit* | *sodium ferric gluconate complex in sucrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ferralet 90* | *fe carbonyl-fe gluconate-fa-vit b12-vit c-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *simvastatin* | *simvastatin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *delsym* | *dextromethorphan hbr* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *select-ob* | *prenatal vit w/ iron polysaccharide complex-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isoniazid* | *isoniazid* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hydroxyzine pamoate* | *hydroxyzine pamoate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *imcivree* | *setmelanotide acetate* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *meropenem* | *meropenem* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm enema* | *sodium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *robafen* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *winrho sdf* | *rho d immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *active fe* | *fe carbonyl-fa-b complex-a-c-d-e-min* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rocaltrol* | *calcitriol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *adcetris* | *brentuximab vedotin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vitamins acd-fluoride* | *pediatric vitamins acd w/ fluoride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm motion sickness* | *dimenhydrinate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *zolgensma 9.6-10.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *amphotericin b* | *amphotericin b* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *orilissa* | *elagolix sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ultrabag/dianeal pd-2/2.5% dex* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nitroglycerin in d5w* | *nitroglycerin in d5w* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *cyclopentolate hcl* | *cyclopentolate hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acetaminophen extra strength* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *melphalan* | *melphalan* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cerebyx* | *fosphenytoin sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *pseudoephedrine -guaifenesin* | *pseudoephedrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *lidocaine-prilocaine* | *lidocaine-prilocaine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *ziprasidone mesylate* | *ziprasidone mesylate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *rynex pe* | *brompheniramine & phenyleph* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *qc stool softener* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluorescein sodium/benoxinate* | *fluorescein w/ benoxinate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *bismatrol maximum strength* | *bismuth subsalicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *omidria* | *phenylephrine-ketorolac* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *glycolax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm acid reducer* | *cimetidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *cyclogyl* | *cyclopentolate hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *phenylephrine hcl* | *phenylephrine hcl (oral)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp tolnaftate* | *tolnaftate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *istodax (overfill)* | *romidepsin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *balversa* | *erdafitinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tracleer* | *bosentan* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *gnp ibuprofen childrens* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *doxorubicin hcl liposomal* | *doxorubicin hcl liposomal* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fludarabine phosphate* | *fludarabine phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp aspirin* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *m-end pe* | *phenylephrine-brompheniramine w/ codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gnp night time cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *clinimix/dextrose (5/15)* | *amino acid infusion in d15w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *privigen* | *immune globulin (human) iv* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *refresh* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hm enema mineral oil* | *mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nityr* | *nitisinone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *talzenna* | *talazoparib tosylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm lubricating tears* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *famotidine* | *famotidine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *cisatracurium besylate (pf)* | *cisatracurium besylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *edurant* | *rilpivirine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *noxafil* | *posaconazole* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *imatinib mesylate* | *imatinib mesylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nevirapine er* | *nevirapine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sm hydrocortisone plus* | *hydrocortisone (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *pyridostigmine bromide er* | *pyridostigmine bromide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *aubra* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pifeltro* | *doravirine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *heparin sodium (porcine)* | *heparin sodium (porcine)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sm fiber laxative* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *avycaz* | *ceftazidime-avibactam sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc mucus relief er* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm nasal decongestant pe* | *phenylephrine hcl (oral)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *amiodarone hcl* | *amiodarone hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *naphcon-a* | *naphazoline w/ pheniramine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *emoquette* | *desogestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *amidate* | *etomidate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stimulant laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *elitek* | *rasburicase* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *monoferric* | *ferric derisomaltose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *abacavir sulfate-lamivudine* | *abacavir sulfate-lamivudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *burn relief* | *lidocaine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *potassium citrate-citric acid* | *potassium citrate-citric acid* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 09/01/2022 | *sm pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cough dm childrens* | *dextromethorphan polistirex* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *diphenhydramine hcl childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *strontium chloride sr-89* | *strontium-89 chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *refresh lacri-lube* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *albuminar-25* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *azactam* | *aztreonam* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *bleomycin sulfate* | *bleomycin sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *didanosine* | *didanosine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *virt-pn* | *prenatal vit w/ ferrous fumarate-l methylfolate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *onivyde* | *irinotecan hcl liposome* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *exemestane* | *exemestane* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *simvastatin* | *simvastatin* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *heartburn relief ex st* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *amondys 45* | *casimersen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *analpram-hc* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *calcium-folic acid plus d* | *calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *hm dibromm cold/allergy* | *brompheniramine & phenyleph* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *advate* | *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *potassium chloride* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alahist pe* | *dexbrompheniramine-phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *truvada* | *emtricitabine-tenofovir disoproxil fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *tacrolimus* | *tacrolimus (topical)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *palforzia (40 mg daily dose)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluzone high-dose* | *influenza virus vaccine split high-dose preservative free* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *mucus relief d* | *pseudoephedrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *keytruda* | *pembrolizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cyramza* | *ramucirumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ambisome* | *amphotericin b liposome* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *korlym* | *mifepristone (hyperglycemia)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *orladeyo* | *berotralstat hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lo loestrin fe* | *norethindrone acetate-ethinyl estradiol-fe fum (biphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pseudoephedrine hcl er* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *vitafol* | *iron w/ vitamins* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (nasal)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *docosanol* | *docosanol* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *clindamycin phosphate* | *clindamycin phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *mucinex nightshift cold/flu* | *phenylephrine-triprolidine-dm-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *besremi* | *ropeginterferon alfa-2b-njft* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *pb-hyoscy-atropine-scopolamine* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bekyree* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense nausea relief* | *fructose-dextrose-phosphoric acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sm tussin dm max* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *oralair* | *grass mixed pollens allergen extract* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *leuprolide acetate* | *leuprolide acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *lubricant eye nighttime* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *k-tab* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prenate enhance* | *prenatal without a w/ fe fumarate-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *heartburn relief* | *famotidine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *promethazine vc/codeine* | *promethazine-phenylephrine-codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hydromorphone hcl pf* | *hydromorphone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cytarabine* | *cytarabine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *isentress hd* | *raltegravir potassium* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *tizanidine hcl* | *tizanidine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *magnevist* | *gadopentetate dimeglumine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kovaltry* | *antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *trinatal rx 1* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *endari* | *glutamine (sickle cell)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *rymed* | *dexchlorpheniramine-phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *lexiva* | *fosamprenavir calcium* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *amondys 45* | *casimersen* | UM AUTO RULE: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *evomela* | *melphalan hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc motion sickness relief* | *dimenhydrinate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *cytarabine (pf)* | *cytarabine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *crofab* | *crotalidae polyvalent immune fab (ovine)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *acne medication 5* | *benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *dianeal low calcium/4.25% dex* | *peritoneal dialysis solutions* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm senna* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *genvoya* | *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *larin 24 fe* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clinimix e/dextrose (4.25/10)* | *amino acid electrolyte w/ calcium infusion in d10w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp sleep aid nighttime* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gemmily* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *citranatal b-calm* | *prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ringers irrigation* | *ringer's irrigation* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *peg-kcl-nacl-nasulf-na asc-c* | *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hydrocortisone acetate* | *hydrocortisone acetate (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *acetazolamide* | *acetazolamide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *triumeq* | *abacavir-dolutegravir-lamivudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *retavase half-kit* | *reteplase* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hyperlyte-cr* | *parenteral electrolytes* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mapap cold formula multi-sympt* | *dextromethorphan-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *gammaplex* | *immune globulin (human) iv* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prosol* | *amino acid infusion* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dibucaine* | *dibucaine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *nitrofurantoin monohyd macro* | *nitrofurantoin monohyd macro* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *potassium citrate-citric acid* | *potassium citrate-citric acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *farydak* | *panobinostat lactate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levo-t* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pulmozyme* | *dornase alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zephrex-d* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fomepizole* | *fomepizole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *novarel* | *chorionic gonadotropin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *motion-time* | *meclizine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *kenalog* | *triamcinolone acetonide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *odomzo* | *sonidegib phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xpovio (40 mg twice weekly)* | *selinexor* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *pain relieving* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *driminate* | *dimenhydrinate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *triostat* | *liothyronine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *infugem* | *gemcitabine hcl-sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sutent* | *sunitinib malate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *carbaglu* | *carglumic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alevazol* | *clotrimazole (topical)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *norvir* | *ritonavir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *elaprase* | *idursulfase* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *corvite 150* | *iron combinations* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm infants ibuprofen* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *sport sunscreen spf50* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp aspirin low dose* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *temsirolimus* | *temsirolimus* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cng/cgh/cd/fl* | *phenylephrine-triprolidine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm eye drops* | *tetrahydrozoline hcl (ophth)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *sport sunscreen spf30* | *sunscreens* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dexbrompheniramine-phenyleph* | *dexbrompheniramine-phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *inspra* | *eplerenone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *diprivan* | *propofol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *metopirone* | *metyrapone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clomiphene citrate* | *clomiphene citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *matulane* | *procarbazine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chorionic gonadotropin* | *chorionic gonadotropin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levonorgestrel* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *alahist d* | *pheniramine maleate-phenylephrine hydrochloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *isolyte-s* | *electrolyte-s* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lice treatment creme rinse* | *permethrin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *anti-nausea* | *fructose-dextrose-phosphoric acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *neostigmine methylsulfate* | *neostigmine methylsulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sinus 12 hour* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *senna plus* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aralast np* | *alpha1-proteinase inhibitor (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *combivir* | *lamivudine-zidovudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *prevnar 13* | *pneumococcal 13-valent conjugate vaccine* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *ziagen* | *abacavir sulfate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *terconazole* | *terconazole vaginal* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *cytra-3* | *pot & sod citrates w/citric ac* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cabenuva* | *cabotegravir & rilpivirine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *cold/cough childrens* | *phenylephrine-brompheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hycamtin* | *topotecan hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sensorcaine* | *bupivacaine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *labetalol hcl-dextrose* | *labetalol hcl-dextrose* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *eye allergy itch relief* | *olopatadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *castellani paint modified* | *castellani paint* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *amoxapine* | *amoxapine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *letrozole* | *letrozole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *dok plus* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kanjinti* | *trastuzumab-anns* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tusnel diabetic* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hydrocort-pramoxine (perianal)* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bpo foaming cloths* | *benzoyl peroxide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *bendamustine hcl* | *bendamustine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex sinus-max/nightshift* | *phenylephrine-triprolidine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *valganciclovir hcl* | *valganciclovir hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *arthritis pain relief* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm 24 hour nasal allergy* | *triamcinolone acetonide (nasal)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *ativan* | *lorazepam* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *perphenazine-amitriptyline* | *perphenazine-amitriptyline* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *oncaspar* | *pegaspargase* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *elite-ob* | *prenatal vit w/ iron carbonyl-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm iodides* | *iodine (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hiprex* | *methenamine hippurate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *epifoam* | *pramoxine-hc* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *capsaicin heat patch* | *capsaicin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *hm cold & cough childrens* | *phenylephrine-brompheniramine-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *delsym* | *dextromethorphan polistirex* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm antacid advanced* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mirtazapine* | *mirtazapine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *xerac ac* | *aluminum chloride in alcohol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *robafen dm cgh/chest congest* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *viracept* | *nelfinavir mesylate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *venclexta starting pack* | *venetoclax* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *econtra one-step* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *deferiprone* | *deferiprone* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gnp lidocaine pain relieving* | *lidocaine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *ketotifen fumarate* | *ketotifen fumarate (ophth)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *cervidil* | *dinoprostone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tiglutik* | *riluzole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *renova* | *tretinoin (facial wrinkles)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bacitracin zinc-aloe* | *bacitracin zinc* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *bisacodyl* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dextrose-nacl* | *dextrose w/ sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *butalbital-aspirin-caffeine* | *butalbital-aspirin-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ultane* | *sevoflurane* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *afinitor disperz* | *everolimus* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *combivir* | *lamivudine-zidovudine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *flulaval quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *torsemide* | *torsemide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp ibuprofen childrens* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *carboprost tromethamine* | *carboprost tromethamine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *abiraterone acetate* | *abiraterone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *kerendia* | *finerenone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sulfamethoxazole-trimethoprim* | *sulfamethoxazole-trimethoprim* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *norgestim-eth estrad triphasic* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *wart remover maximum strength* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *qc sleep-aid max st* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isolyte-s ph 7.4* | *electrolyte-s (ph 7.4)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *allergy multi-symptom* | *chlorpheniramine-phenylephrine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *byfavo* | *remimazolam besylate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *cocaine hcl* | *cocaine hcl (nasal anesthetic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *karbinal er* | *carbinoxamine maleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *bacitracin zinc* | *bacitracin zinc* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *gnp pseudoephedrine hcl 12 hr* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *virt-phos 250 neutral* | *pot phosphate monobasic w/ sod phosphate dibasic & monobasic* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *diuril* | *chlorothiazide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vitamins a & d* | *vitamins a & d (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *paremyd* | *hydroxyamphetamine-tropicamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *junel fe 24* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *antivenin micrurus fulvius* | *antivenin micrurus fulvius* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lokelma* | *sodium zirconium cyclosilicate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *janssen covid-19 vaccine* | *covid-19 (sars-cov-2) adenovirus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *virtussin dac* | *pseudoephedrine w/ codeine-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *antiseptic mouthrinse* | *mouthwashes* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aurovela fe 1.5/30* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pfizer covid-19 vac-tris 5-11y* | *covid-19 (sars-cov-2) mrna virus vaccine* | NEW AUTO RULE | | PDL Preferred |
| 09/01/2022 | *atropine sulfate* | *atropine sulfate (ophthalmic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *magnesium sulfate* | *magnesium sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *femara* | *letrozole* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *pnv ob+dha* | *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *docusate calcium* | *docusate calcium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *fresenius propoven* | *propofol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *donnatal* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fluad* | *influenza virus vaccine types a & b surface antigen adjuvant* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *qc acid controller* | *famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *cortifoam* | *hydrocortisone acetate (intrarectal)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *quinine sulfate* | *quinine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *advanced hand sanitizer/aloe* | *ethyl alcohol (skin cleanser)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *minoxidil for men* | *minoxidil (topical)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *arthritis pain relieving* | *capsaicin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *liletta (52 mg)* | *levonorgestrel (iud)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *burn relief* | *lidocaine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *tukysa* | *tucatinib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cinqair* | *reslizumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp mucus relief cough child* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *mitomycin* | *mitomycin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *milk of magnesia concentrate* | *magnesium hydroxide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *recorlev* | *levoketoconazole* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tobramycin sulfate* | *tobramycin sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *tl-hem 150* | *iron-docusate-b12-folic acid-vit c-vit e-copper-biotin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cold-eeze plus defense* | *homeopathic products* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *samsca* | *tolvaptan* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *esmolol hcl* | *esmolol hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *clinimix e/dextrose (4.25/5)* | *amino acid electrolyte w/ calcium infusion in d5w* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fetroja* | *cefiderocol sulfate tosylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *isentress hd* | *raltegravir potassium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *cyred* | *desogestrel & ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *aprodine* | *triprolidine & pseudoephedrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *doxepin hcl* | *doxepin hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc aspirin low dose* | *aspirin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *clindamycin phosphate* | *clindamycin phosphate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *clindamycin hcl* | *clindamycin hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *tri-nymyo* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp anti-diarrheal/anti-gas* | *loperamide-simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *carboxymethylcellulose sodium* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *oralone* | *triamcinolone acetonide (mouth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *xpovio (80 mg once weekly)* | *selinexor* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *new day* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc natural vegetable laxative* | *sennosides* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *myleran* | *busulfan* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levocarnitine sf* | *levocarnitine (metabolic modifiers)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *delsym cough childrens* | *dextromethorphan polistirex* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *clearlax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *synthroid* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp tab tussin* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *caverject* | *alprostadil (vasodilator)* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *qc anti-itch aloe* | *hydrocortisone (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *tetanus-diphtheria toxoids td* | *tetanus-diphtheria toxoids (td)* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *evkeeza* | *evinacumab-dgnb* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dysport* | *abobotulinumtoxina* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tdvax* | *tetanus-diphtheria toxoids (td)* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *furadantin* | *nitrofurantoin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lupron depot (3-month)* | *leuprolide acetate (3 month)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *falmina* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *biltricide* | *praziquantel* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *chloramphenicol sod succinate* | *chloramphenicol sodium succinate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc isopropyl rubbing alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *thrombate iii* | *antithrombin iii (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *leuprolide acetate* | *leuprolide acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *eligard* | *leuprolide acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *inlyta* | *axitinib* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *doptelet* | *avatrombopag maleate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *phendimetrazine tartrate* | *phendimetrazine tartrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *streptomycin sulfate* | *streptomycin sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *fortaz* | *ceftazidime* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *bivigam* | *immune globulin (human) iv* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp nasal decongestant pe* | *phenylephrine hcl (oral)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *thera-gesic plus* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acid reducer* | *famotidine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *first aid antiseptic* | *povidone-iodine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *na ferric gluc cplx in sucrose* | *sodium ferric gluconate complex in sucrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp rubbing alcohol* | *alcohol, rubbing* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *edurant* | *rilpivirine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *sevelamer carbonate* | *sevelamer carbonate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *tretten* | *coagulation factor xiii a-subunit (recombinant)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *kisqali (400 mg dose)* | *ribociclib succinate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp tussin mucus & chest cong* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *flumist quadrivalent* | *influenza virus vaccine live quadrivalent* | ADD TO FORMULARY | | PDL Preferred |
| 09/01/2022 | *esomeprazole sodium* | *esomeprazole sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *zolgensma 10.1-10.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *evoxac* | *cevimeline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ruconest* | *c1 esterase inhibitor (recombinant)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *prenate restore* | *prenatal without a w/ fe fumarate-l methylfolate-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucus relief cough childrens* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *urea hydrating* | *urea in lactic acid vehicle* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense aspirin adult low st* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *kedbumin* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acetic acid* | *acetic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prialt* | *ziconotide acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc stool softener pls laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mydriacyl* | *tropicamide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *back & body extra strength* | *aspirin-caffeine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lohist-d* | *chlorpheniramine & pseudoeph* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *carglumic acid* | *carglumic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp olopatadine hcl* | *olopatadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *mutamycin* | *mitomycin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hematogen fa* | *fe fumarate-vitamin c-vitamin b12-folic acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm anti-nausea* | *fructose-dextrose-phosphoric acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *cinryze* | *c1 esterase inhibitor (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *hydroxyzine hcl* | *hydroxyzine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *primidone* | *primidone* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *palforzia (120 mg daily dose)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lumakras* | *sotorasib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *refresh optive mega-3* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *infants ibuprofen* | *ibuprofen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *dactinomycin* | *dactinomycin* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *miostat* | *carbachol (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pifeltro* | *doravirine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *amlodipine besy-benazepril hcl* | *amlodipine besylate-benazepril hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *hm nasal decongestant* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *alkeran* | *melphalan hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *goodsense nasal allergy spray* | *triamcinolone acetonide (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *anaspaz* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *octaplas blood group a* | *plasma, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *octaplas blood group b* | *plasma, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *delsym childrens day night* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *octaplas blood group o* | *plasma, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *metyrosine* | *metyrosine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hemorrhoidal* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *methotrexate* | *methotrexate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *cefazolin sodium* | *cefazolin sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *osphena* | *ospemifene* | NEW AUTO RULE | | Non-Formulary |
| 09/01/2022 | *cytotec* | *misoprostol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *previfem* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gammagard s/d less iga* | *immune globulin (human) iv* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *levophed* | *norepinephrine bitartrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vuity* | *pilocarpine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *glycerin (adult)* | *glycerin (laxative)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex cold childrens* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *ruzurgi* | *amifampridine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dhs zinc* | *pyrithione zinc* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 09/01/2022 | *trifluridine* | *trifluridine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *ifex* | *ifosfamide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *azelex* | *azelaic acid (acne)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *xylocaine* | *lidocaine hcl (local anesth.)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *misoprostol* | *misoprostol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dialyvite 5000* | *b-complex w/ c-biotin-e-minerals & folic acid* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *lanoxin pediatric* | *digoxin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *jakafi* | *ruxolitinib phosphate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sodium fluoride* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *imfinzi* | *durvalumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *citranatal 90 dha* | *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *baqsimi two pack* | *glucagon* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sudogest pe* | *phenylephrine hcl (oral)* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *sm senna-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gonal-f rff rediject* | *follitropin alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *miacalcin* | *calcitonin (salmon)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *fuzeon* | *enfuvirtide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *valcyte* | *valganciclovir hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ezetimibe* | *ezetimibe* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *erleada* | *apalutamide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *qc bacitracin* | *bacitracin (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *oxaliplatin* | *oxaliplatin* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gnp lice treatment* | *permethrin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *somavert* | *pegvisomant* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gianvi* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *duramorph* | *morphine sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *ayuna* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *efavirenz* | *efavirenz* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *albumin human* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *artificial tears* | *polyvinyl alcohol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benzoyl peroxide wash* | *benzoyl peroxide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *syeda* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sodium fluoride* | *sodium fluoride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mycophenolate mofetil* | *mycophenolate mofetil hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *zokinvy* | *lonafarnib* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp nausea relief* | *fructose-dextrose-phosphoric acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *gvoke hypopen 1-pack* | *glucagon* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *vitamin k1* | *phytonadione* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pravastatin sodium* | *pravastatin sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *moxifloxacin hcl in nacl* | *moxifloxacin hcl in sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *pancuronium bromide* | *pancuronium bromide* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *nulytely lemon-lime* | *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *simethicone drops infants* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tivicay pd* | *dolutegravir sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *adapalene* | *adapalene* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *procort* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prezista* | *darunavir ethanolate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *phenylephrine hcl* | *phenylephrine hcl (mydriatic)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm anti-itch extra strength* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *salex* | *salicylic acid w/ cleanser* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *vimpat* | *lacosamide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *zolgensma 13.1-13.5 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *yondelis* | *trabectedin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *claravis* | *isotretinoin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *dhs tar gel* | *coal tar extract* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lidocaine* | *lidocaine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *rixubis* | *coagulation factor ix (recombinant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *osmoprep* | *sodium phosphate monobasic-sodium phosphate dibasic* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm isopropyl alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp adult aspirin low strength* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *larin 1/20* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex freefrom cold/flu nght* | *phenylephrine-triprolidine-dm-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mucinex child freefrom cld/flu* | *phenylephrine-triprolidine-dm-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *bss* | *ophthalmic irrigation solution - intraocular* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *gnp 24 hour nasal allergy* | *triamcinolone acetonide (nasal)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *vitafol gummies* | *prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *klor-con 10* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *morphine sulfate* | *morphine sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *glydo* | *lidocaine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *spironolactone* | *spironolactone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acid controller original str* | *famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *clofarabine* | *clofarabine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kelnor 1/50* | *ethynodiol diacet & eth estrad* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sod citrate-citric acid* | *sodium citrate & citric acid* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ninjacof-xg* | *guaifenesin-codeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *repatha pushtronex system* | *evolocumab* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fleet bisacodyl* | *bisacodyl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *kelnor 1/35* | *ethynodiol diacet & eth estrad* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *orfadin* | *nitisinone* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *hydralazine hcl* | *hydralazine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sebex* | *salicylic acid & sulfur* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *layolis fe* | *norethindrone & ethinyl estradiol-fe* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *capsaicin pain relief* | *capsaicin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *bal in oil* | *dimercaprol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *therapeutic dandruff* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *natazia* | *estradiol valerate-dienogest* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tenivac* | *tetanus-diphtheria toxoids (td)* | ADD UM: AGE | | At least 19 yrs old |
| 09/01/2022 | *gammagard* | *immune globulin (human) iv or subcutaneous* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stribild* | *elvitegravir-cobicistat-emtricitabine-tenofovir df* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *inqovi* | *decitabine-cedazuridine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *benzefoam* | *benzoyl peroxide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *benzedrex* | *propylhexedrine* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *darzalex faspro* | *daratumumab-hyaluronidase-fihj* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *ed a-hist* | *chlorpheniramine & phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *opcicon one-step* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *dhs sal* | *salicylic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *zolgensma 5.6-6.0 kg* | *onasemnogene abeparvovec-xioi* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *lubricant eye drops* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *proctocort* | *hydrocortisone (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *larissia* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *depo-subq provera 104* | *medroxyprogesterone acetate (contraceptive)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hemorrhoidal relief* | *lidocaine (anorectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex fast-max cold/flu ms* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *mephyton* | *phytonadione* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stromectol* | *ivermectin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *zirabev* | *bevacizumab-bvzr* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tussin dm* | *dextromethorphan-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *thiothixene* | *thiothixene* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cefoxitin sodium-dextrose* | *cefoxitin sodium and dextrose* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *precedex* | *dexmedetomidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *coats aloe liniment* | *methyl salicylate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp artificial tears* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *oxandrolone* | *oxandrolone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vasopressin* | *vasopressin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *cystadrops* | *cysteamine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *nexium i.v.* | *esomeprazole sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *rhophylac* | *rho d immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *potassium chloride* | *potassium chloride* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 09/01/2022 | *erlotinib hcl* | *erlotinib hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *azedra therapeutic* | *iobenguane i 131* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *strensiq* | *asfotase alfa* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *oriahnn* | *elagolix sodium-estradiol-norethindrone acetate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *sterile diluent flolan ph 12* | *glycine diluent* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prostin vr* | *alprostadil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *clinisol sf* | *amino acid infusion* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *zarah* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fleet enema* | *sodium phosphates* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *acne medication 2.5* | *benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *alprostadil* | *alprostadil* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *atorvastatin calcium* | *atorvastatin calcium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *sm stool softener* | *docusate sodium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *daytime severe cold & flu* | *phenylephrine-dm-gg w/ apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *nighttime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *panhematin* | *hemin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vitafol-one* | *prenatal mv & min w/fe polysaccharide complex-fa-dha* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *metoprolol succinate er* | *metoprolol succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *hm ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *prezcobix* | *darunavir-cobicistat* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *skyla* | *levonorgestrel (iud)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *berinert* | *c1 esterase inhibitor (human)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *bupivacaine in dextrose* | *bupivacaine in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc travel ease* | *meclizine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *palforzia (300 mg titration)* | *peanut (arachis hypogaea) allergen powder-dnfp* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hespan* | *hetastarch in sodium chloride* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *manganese sulfate* | *manganese sulfate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *recothrom* | *thrombin (recombinant)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *droxia* | *hydroxyurea (sickle cell disease)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *qc pain relief* | *acetaminophen* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mepron* | *atovaquone* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *aromasin* | *exemestane* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *firmagon (240 mg dose)* | *degarelix acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *travel sickness* | *meclizine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *allergy relief childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *vestura* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *tinidazole* | *tinidazole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *rescon* | *dexchlorpheniramine & pseudoephedrine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *pediaclear pd childrens* | *triprolidine hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *tinidazole* | *tinidazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 09/01/2022 | *nasal spray no drip* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *mucinex congest & cough child* | *phenylephrine w/ dm-gg* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *hm lidocaine patch* | *lidocaine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 09/01/2022 | *topiramate* | *topiramate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *gnp nasal spray extra moist* | *oxymetazoline hcl* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sm chest congestion relief pe* | *phenylephrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *dextrose 5%/electrolyte #48* | *electrolyte-48 in dextrose* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *hm docosanol* | *docosanol* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *budesonide* | *budesonide (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 09/01/2022 | *lithium* | *lithium* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *emend* | *aprepitant* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *nulojix* | *belatacept* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 09/01/2022 | *albutein* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *proctozone-hc* | *hydrocortisone (rectal)* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *pediatric cough/cold* | *pseudoephedrine-chlorphen-dm* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *athletes foot spray* | *tolnaftate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 09/01/2022 | *mucinex fast-max day/nighttime* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | ADD TO FORMULARY | | Non-Formulary |
| 09/01/2022 | *clotrimazole* | *clotrimazole (topical)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *sm aspirin* | *aspirin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/01/2022 | *jadenu* | *deferasirox* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gnp gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *stool softener* | *docusate calcium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/01/2022 | *multi-vitamin/fluoride/iron* | *ped multivitamins w/fl & iron* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *sterile water for injection* | *water for injection, sterile* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *khapzory* | *levoleucovorin* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *gilotrif* | *afatinib dimaleate* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *norgestimate-eth estradiol* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 09/01/2022 | *fenofibrate* | *fenofibrate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/01/2022 | *gnp lidocaine pain relief* | *lidocaine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 09/10/2022 | *eql tussin cough/chest dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm night time ms cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql nighttime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *delsym night time multi-sympt* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sudafed pe cold/cough* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eql flu/cold/cough night time* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *alka-seltzer pls sinus & cough* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *guaiasorb dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *safe tussin pm* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *maxi-tuss gmx* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *head congestion/mucus* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *coricidin hbp night cld/flu ms* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *robafen dm peak cold cgh/cong* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *flu relief therapy daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *night time cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs night time cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max nght cold/flu* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp mucus dm max strength* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *daytime severe cold & flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp cold head congestion* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *qc mucus relief dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *delsym day night* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc pressure & pain pe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *hm mucus relief d* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *comtrex cold & cough max st* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc cold head congestion day* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *tylenol cold head congestion* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp night time cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc pressure pain & mucus pe* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *nite time multi-symptom relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra mucus relief dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sb cold multi-symptom severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *supress dm pediatric* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *sm daytime liquid* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *neotuss* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *vicks nature fusion cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *pain relief cold congestion* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eq sinus congestion & pain day* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tusnel diabetic* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *robafen dm cgh/chest congest* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense cold & head congest* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm caldyphen clear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *guaifenesin-dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *nighttime cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief dm max* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *diabetic tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm mucus relief cough children* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *sm cold head congestion* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *px sinus relief* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense day time cold & flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *refenesen chst cong/pain pe* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc anti-itch clear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm mucus relief fm cold/sinus* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *px nitetime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *wal-phed pe pressure+pain+cold* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sinus congestion/pain daytime* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tylenol cold max* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *licemd complete* | *pyrethrins-piperonyl butoxide* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief cough childrens* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm nighttime cold & flu relief* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sb cold & cough hbp* | *chlorpheniramine-dm* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *goodsense tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra mucus relief d max strength* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs miconazole 1 combo pack* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra tussin cough/chest dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql mucus-dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sb night time cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm mucus relief d* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm mucus relief cough children* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc nighttime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra cold/cough sinus relief pe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *goodsense nighttime cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tylenol cold multi-symptom day* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp night time cold-flu* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *childrens cough* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *ra nite time cold/flu formula* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cold multi-symptom nighttime* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *robitussin cough+ chest max st* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra daytime multi-symp cold/flu* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cough & cold* | *chlorpheniramine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs nighttime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cold & flu relief nighttime* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp flu/severe cold/cough day* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max cold flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex sinus-max* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *goodsense allergy plus sinus* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *miconazole 1* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc cough/cold hbp* | *chlorpheniramine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *night time ms cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *vicks dayquil cold & flu* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm guaifenesin/pseudoephedrine* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs dm maximum adult* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra cold/flu multi-symptom nite* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *theraflu severe cold* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eq cold flu & sore throat* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eql anti-itch clear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs itch relief* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief severe sinus* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp miconazole 3* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp miconazole 1* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra cold/sinus max* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sudafed pe pressure+pain+cough* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp sinus severe daytime* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *cvs chest congest/cough child* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm nite time cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *tylenol cold & head* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *wal-phed pe severe cold* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tylenol cold head congestion* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra head congest cold daytime* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *g-tron* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *miconazole 3 combo pack app* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *vicks nyquil cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cold relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *non-pseudo sinus pain/pressure* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc daytime cold/flu* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql miconazole 3* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *th severe cold multi-symptom* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *robitussin cold+flu nighttime* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense cold & flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp night time cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eq tussin dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq mucus relief dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *wal-phed pe sinus headache* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *th nighttime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *hm severe cold cough & flu* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max day/night* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tylenol sinus+headache* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra sinus congestion/pain day* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *bacitracin-neomycin-polymyxin* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *trispec dmx pediatric* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *theraflu severe cold nighttime* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tgt cold relief multi-symptom* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm night time cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm day time cold & flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eql cold multi-symptom severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs mucus d extended release* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *day time multi-sympt cold/flu* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cold/flu daytime relief* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq daytime cold/flu ms relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max day/nght cool* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *phenflu dm* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra nighttime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *dm-guaifenesin er* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *goodsense miconazole 1* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex dm maximum strength* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *wal-phed pe triple relief* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cheracol-d cough* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sinus congestion/pain* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *childrens mucus relief cough* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense daytime* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cough & chest congestion dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max day/night tab* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *gnp allergy plus severe sinus* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs cough & cold hbp* | *chlorpheniramine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *dextromethorphan-guaifenesin* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra mucus relief d* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sb allergy & cold pe* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cold head congestion daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs cough & sore throat night* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *multi symptom flu/severe cold* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *multi-symptom cold day/night* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *robafen dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cold & flu nighttime* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *goodsense mucus dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *vicks nyquil cold & flu night* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *ra severe cold/night cold&flu* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *theraflu expressmax sev cld/cg* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *px daytime cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm day time non drowsy* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *pain relief cold pe day* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eq tussin dm max daytime* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *medi-first triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc pressure & pain pe* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs sinus headache pe* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc nighttime multi-symptom* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs severe cough & cold night* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq night time cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *gnp flu & sev cold/cough night* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp cold max daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *nyquil hbp cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp cold head congestion* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eq nighttime tussin dm max* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *acetaminophen congestion/pain* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql pressure/pain pe plus cold* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp mucus relief cold & sinus* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense sinus relief max st* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra anti-itch clear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *robitussin nighttime cough dm* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra nighttime cough relief* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *theraflu severe cold nighttime* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *px miconazole 3-day combo* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *pseudoephedrine -guaifenesin er* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra cold/flu relief daytime* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *flu/severe cold & cough day* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *th day time cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *miconazole 3 applicator* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp mucus relief dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *caldyphen clear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *licide treatment* | *pyrethrins-piperonyl butoxide* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *theraflu expressmax* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cold & flu relief daytime* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp sinus relief pressure/pain* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex sinus-max congestion* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *tgt severe cold relief* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc allergy/sinus headache* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *px nitetime cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq flu & severe cold & cough* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *first aid antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *folic acid* | *folic acid* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 09/10/2022 | *eq cough childrens* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm day time* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cough & congestion kids* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *scot-tussin senior* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *px nighttime cold* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra severe congestion/cold max* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *tgt cold/flu relief day time* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *giltuss cough & chest children* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *robitussin honey cgh/chest dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *diabetic tussin for children* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq miconazole 3 combo pack* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *nite-time cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *wal-phed pe daytime/nighttime* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *nite time cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max congest/ha ms* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql mucus-dm maximum strength* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *giltuss diabetic cough & cold* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *maxi-tuss g* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *day time multi-sympt cold/flu* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm sinus severe for adults* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq miconazole 1* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *hm daytime cold & flu* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *nite-time cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex childrens freefrom* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc nighttime cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sb cold head congestion severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs cough & cold pe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs miconazole 3 combo pack* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tussin cough+chest cong dm sf* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus d* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *callergy clear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mapap sinus maximum strength* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *vicks dayquil mucus control dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief sinus pressure* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *goodsense pressure/pain/cold* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sb cough control dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max cold/flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *diabetic tussin dm max st* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus-d* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp cold multi-symptom daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs tussindm cough/chest adult* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq cold multi-symptom daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sinus congestion/pain daytime* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sb sinus congestion/pain day* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs cough & chest congestion* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *gnp triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *vicks dayquil multi-symptom* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *goodsense sinus severe daytime* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp sinus/headache* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq mucus dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *theraflu warming relief day* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc mucus relief sinus severe* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq sinus congestion & pain* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm cold head congestion day* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *px daytime pe* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra mucus relief plus* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *allergy multi-symptom night* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc triacting daytime childrens* | *phenylephrine-dm* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *day-time cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs sinus pe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *non-aspirin severe congestion* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc severe cold head congestion* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *theraflu severe cold/cgh night* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cold & flu relief nighttime* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex junior cold/flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *herbiomed fast acting* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm cough/sore throat nighttime* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *giltuss cough & chest* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp flu relief therapy daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra nite time cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *kls nighttime cold multi-sympt* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *monistat 1 day or night* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *clear anti-itch* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp tussin dm max nighttime* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *vicks nyquil cold & flu night* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *theraflu warming relief cold* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *tgt pe multi-sym severe cold* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *medi-tussin dm double strength* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *daytime cold & flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *lanabiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *panadol cold/flu* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp cold relief multi-symptom* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *vicks nyquil multi-symptom* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max cold & sinus* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *trispec dmx* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *monistat 3 combination pack* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense cold max* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *nite time cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *pecgen dmx* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *nighttime cold & flu max str* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *hm severe cold/flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *px severe cold* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc sinus congest/pain severe* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc cold head congestion night* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *theraflu expressmax sev cld/fl* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm tussin cough/chest congest* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *double-tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *clear cough pm multi-symptom* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eq mucus relief dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc cough/sore throat nighttime* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *tussin dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *px triple* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *miconazole 3 combo-supp* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs mucus dm extended release* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *day-time pe cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm night time cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs cold/flu nighttime* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sb sinus congestion/pain* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *night-time cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs nighttime tussin dm* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *px daytime cold* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *gnp cold severe congestion day* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex cough childrens* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp caldyphen clear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mapap cold formula multi-sympt* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra miconazole 3 combo pack app* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp cold/head congestion* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sinus relief congestion-pain* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sinus headache pe max st* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp day time cold/flu* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max severe cold* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *vicks dayquil severe cold/flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *vicks dayquil cold & flu* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql nighttime cough relief* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq cough & chest congestion dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sb severe cold pe* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *daytime cold & flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *hm adult tussin cough & chest* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *alka-seltzer plus day cold/flu* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp day time cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cold/flu relief nighttime* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra cold multi-symptom daytime* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *delsym cough/chest congest dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm day time pe cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *nite time multi-symptom relief* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *giltuss honey cgh/chst child* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tussin dm max adult* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm pain reliever sinus pe* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc severe cold & flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eql nighttime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tgt cold head congestion* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *intense cough reliever ex st* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tylenol sinus severe* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max cld flu thrt* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm nite time cold & flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex sinus-max sev cong/pn* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *robitussin pk cold day/nght ms* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc daytime cold/flu* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *sb triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sb daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *triaminic cold/cough day time* | *phenylephrine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *curad triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sudafed pe head congestion* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eql cold head congestion day* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *666 cold preparation* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *diabetic siltussin-dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra sinus congest/pain relief* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra tussin cough* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp mucus relief cold flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *hm mucus relief dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *giltuss honey cgh/chest conges* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tgt miconazole 1* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *wal-tussin cough/chest dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max day/night m/s* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra miconazole 3 combo pack* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cheracol plus* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max cold & sinus* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gfn 1200/dm 60* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *tgt miconazole 3 combo pack* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *coricidin hbp cough/cold* | *chlorpheniramine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus-dm maximum strength* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra suphedrine pe* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *contac cold+flu max st* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm mucus relief fm cold/flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *wal-dryl allrgy/sinus headache* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense clear anti-itch* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sinus + headache* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm mucus relief dm max st* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *intense cough reliever* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm daytime cold & flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *robitussin cold cough+ chest* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief d 12hr er* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *safe tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *robitussin pk cold day/nght dm* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq cold multi-symptom severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs nighttime cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra severe allergy plus sinus* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief d* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *robitussin to go cgh/chest dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *nighttime cold medicine* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eql first aid antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max cld/flu dy/nt* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm night time cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql mucus relief max strength* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *wal-phed pe cold & cough* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp cold/flu severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *diabetic tussin max st* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc cold multi-symptom daytime* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sb nighttime cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql cough & cold pe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp allergy & sinus headache* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp tussin dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *decorel forte plus cold/cough* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc flu relief therapy daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp allergy pls sinus headache* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *caladryl clear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *severe cold & flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max congest cold* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucus relief severe cong/cold* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucus-dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eql daytime cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc sinus pain relief* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql flu/severe cold daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucus relief plus* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex sinus-max sev cong/pn* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *monistat 1 combo pack* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs severe cold/flu daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *px nitetime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc mucus cold flu & throat* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max cold flu nght* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense day time cold & flu* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra cold/flu/sore throat max* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp cold relief multi-symptom* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cold control pe cold/flu med* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra suphedrine day/night combo* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp night time cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *calamine clear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *non-pseudo cold relief* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs daytime cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm miconazole 3* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tgt flu/severe cold/cough rlf* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *coricidin hbp nighttime cold* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *respa dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *recofen d* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tgt cold relief multi-symp day* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs cough/chest dm childrens* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief severe cold* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max day/nighttime* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql daytime cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *ra daytime multi-symptom cold* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex fast-max cong headache* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *guaifenesin-dm cr* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs sev allergy/sinus headache* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs miconazole 3 combo-supp* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc sinus & headache* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cough & cold hbp* | *chlorpheniramine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *severe cold/cough* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cough & sore throat night time* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex d max strength* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cough & sore throat nighttime* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc mucus & cough relief child* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus & cough relief childrens* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp cold max severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *mucus relief cold flu throat* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra tussin nighttime cough dm* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *wal-tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cold & flu nighttime relief* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc nighttime cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *biospec dmx* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense night time cough* | *doxylamine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *wal-flu severe cold & cough* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc cold multi-symptom night* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense severe cold/cough* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *tylenol cold/flu severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *delsym night time cough/cold* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *theraflu severe cold daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *cvs sinus pain/congestion day* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense pressure/pain pe* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp mucus d 12 hr* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *goodsense pressure/pain/cough* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex d* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql pressure & pain pls/mucus* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra cold multi-symptom daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp tussin dm cough* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql cold multi-symptom daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eq tussin dm max adult* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs mucus d max st er* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *pediacare cough/congestion* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *cold multi-symptom severe day* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *little remedies for colds* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra cold/flu relief nighttime* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *wal-tussin dm cgh/chest cong* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *day-time pe* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sb cold & flu severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp sinus pressure/pain* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *robitussin severe day/night* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tussin cough+chest congest dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense tussin dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp cold/head congestion* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp mucus relief cough child* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *geri-tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *safetussin dm cough/chest cong* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc severe allergy relief sinus* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cold & flu severe daytime* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *vagistat-3* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq severe allergy & sinus* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm tussin dm max* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra cold multi-symptom night* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *day time cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *siltussin dm das* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *daytime cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *tgt cold/flu relief nighttime* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *pediatric formula cough/congst* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense pressure/pain/mucus* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *triple antibiotic first aid* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tussin dm cough + chest* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *severe cold & cough nighttime* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *nighttime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc nighttime cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *vicks nyquil cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc severe cold/cough nighttime* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eql nighttime cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eql cough & cold relief hbp* | *chlorpheniramine-dm* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sb flu relief therapy daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra daytime cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sudafed pe head congestion* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *sinus pressure + pain* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *biocotron* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm mucus relief fm severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq mucus-d* | *pseudoephedrine-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *nighttime cold/flu relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *all-nite cold & flu nighttime* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cold/flu relief daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *mucinex sinus-max press & pain* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus dm* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *all-nite multi-sympt cold/flu* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *max tussin dm cough&chest cong* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *eq nitetime cold/flu ms relief* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sudafed pe sinus pressure+pain* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *goodsense cold & flu* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp cold relief cold & flu* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *vicks nature fusion cold & flu* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eq daytime cold/flu ms relief* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm miconazole 3 applicator* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *goodsense flu/cold/cough/night* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *daytime cold/flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *contac cold+flu night* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra allergy multi-symptom night* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp sinus relief congest/pain* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *wal-phed pe nighttime cold* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *delsym childrens day night* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *qc severe cold/cough daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *monistat 7 combo pack app* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cold & flu severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra day time cold/flu formula* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm cold & flu severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *comtrex cold & cough nighttime* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm cold head congestion night* | *phenylephrine-chlorpheniramine-dm w/ apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tgt cough formula dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus relief cold/sinus max st* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm severe cold/cough/flu* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *ra severe cold & cough day* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *calaclear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *calahist clear* | *pramoxine-zinc acetate* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *neosporin original* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sm triple antibiotic original* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *robitussin cough+chest cong dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *hm tussin adult dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sorbutuss nr* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *theraflu severe cold/cgh day* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sb cough control dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex sinus-max cong & pain* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cold head congestion severe* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *meijer triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cold multi-symptom daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *qc mucus relief dm max* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *cvs tussin dm max st* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *ra suphedrine pe sinus* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *miconazole 3 combo pack* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *pressure & pain & cold* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eq suphedrine pe* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucinex child ms day-night cld* | *phenylephrine-diphenhydramine-dm-guaifenesin-apap* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra tussin cgh/chest congest dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *sorbugen nr* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *robitussin cold+flu daytime* | *dextromethorphan-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *delsym cgh/chest cong dm child* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *vicks nyquil cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sinus and headache* | *phenylephrine w/ acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *mucus-dm max* | *dextromethorphan-guaifenesin* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp mucus relief congest/cold* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *px tussin dm* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *eql daytime cold & flu relief* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *gnp night time cold & flu* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *ra severe cold/sinus relief pe* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *monistat 3 combo pack app* | *miconazole nitrate vaginal* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs sinus relief pressure/pain* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *wal-flu severe cold/cgh night* | *diphenhydramine-phenylephrine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp sinus relief severe cng* | *phenylephrine-acetaminophen-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *gnp cold relief daytime* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *eq triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *qc tussin dm cough/congestion* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *cvs flu/severe cold daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *sm nite time cold & flu relief* | *dextromethorphan-doxylamine-acetaminophen* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *tylenol warming cough night* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/10/2022 | *tylenol cold multi-symptom* | *phenylephrine-dm-gg w/ apap* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *tylenol cough/sore throat* | *dextromethorphan-doxylamine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *goodsense flu/cold/daytime* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *robafen dm cough* | *dextromethorphan-guaifenesin* | NEW AUTO RULE | | Non-Formulary |
| 09/10/2022 | *theraflu expressmax sev cld/cg* | *dextromethorphan-phenylephrine-acetaminophen* | REMOVE FROM FORMULARY | | Non-Formulary |
| 09/10/2022 | *triple antibiotic* | *neomycin-bacitracin-polymyxin* | NEW AUTO RULE | | Non-Formulary |
| 09/13/2022 | *valsartan-hydrochlorothiazide* | *valsartan-hydrochlorothiazide* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 09/13/2022 | *saxenda* | *liraglutide (weight management)* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 09/14/2022 | *zithromax z-pak* | *azithromycin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dextroamphetamine sulfate er* | *dextroamphetamine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pioglitazone hcl-glimepiride* | *pioglitazone hcl-glimepiride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm lice treatment* | *permethrin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vraylar* | *cariprazine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp no drip nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *tavaborole* | *tavaborole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm pain reliever infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *isotretinoin* | *isotretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciclodan cream* | *ciclopirox olamine & cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *arcalyst* | *rilonacept* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cefuroxime sodium* | *cefuroxime sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *norliqva* | *amlodipine besylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vyzulta* | *latanoprostene bunod* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tenormin* | *atenolol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *moxeza* | *moxifloxacin hcl (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *accutane* | *isotretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *allergy relief d* | *cetirizine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qnasl* | *beclomethasone dipropionate (nasal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *questran* | *cholestyramine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kynmobi titration kit* | *apomorphine hydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *actemra* | *tocilizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gelnique* | *oxybutynin chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lubricating eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lamictal odt* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ocuflox* | *ofloxacin (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *uceris* | *budesonide (intrarectal)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *doxylamine-pyridoxine* | *doxylamine-pyridoxine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gemtesa* | *vibegron* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *retacrit* | *epoetin alfa-epbx* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *viracept* | *nelfinavir mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *neo-polycin hc* | *bacitracin-poly-neomycin-hc* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amytal sodium* | *amobarbital sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm allergy relief* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nutropin aq nuspin 10* | *somatropin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cyclosporine* | *cyclosporine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nutropin aq nuspin 20* | *somatropin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *naprelan* | *naproxen sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sandimmune* | *cyclosporine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kombiglyze xr* | *saxagliptin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *brevibloc premixed* | *esmolol hcl-sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sleep aid (diphenhydramine)* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc clotrimazole* | *clotrimazole vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *uptravi* | *selexipag* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 4.6-5.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dexmedetomidine hcl-dextrose* | *dexmedetomidine hcl in dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm athletes foot* | *terbinafine hcl (topical)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *depo-testosterone* | *testosterone cypionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trandolapril-verapamil hcl er* | *trandolapril-verapamil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xtandi* | *enzalutamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm lice treatment* | *permethrin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *meperidine hcl* | *meperidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *anagrelide hcl* | *anagrelide hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *novolin 70/30 relion* | *insulin nph isophane & reg (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *viibryd* | *vilazodone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm antacid regular strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc childrens ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *micafungin sodium* | *micafungin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *truvada* | *emtricitabine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cold-eeze plus defense* | *homeopathic products* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *anti-itch vaginal* | *benzocaine-resorcinol vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *anti-dandruff* | *selenium sulfide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *coreg* | *carvedilol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *silace* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cefoxitin sodium-dextrose* | *cefoxitin sodium and dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sodium chloride* | *sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *terconazole* | *terconazole vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *norvasc* | *amlodipine besylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bacitracin zinc-aloe* | *bacitracin zinc* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fosinopril sodium* | *fosinopril sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *delzicol* | *mesalamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trelegy ellipta* | *fluticasone-umeclidinium-vilanterol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *toprol xl* | *metoprolol succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metoprolol-hydrochlorothiazide* | *metoprolol & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *avsola* | *infliximab-axxq* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dhs sal* | *salicylic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *minipress* | *prazosin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm lubricating plus* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hydrocortisone max st/12 moist* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tolcapone* | *tolcapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *avalide* | *irbesartan-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *millipred dp* | *prednisolone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clobazam* | *clobazam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sinuva* | *mometasone furoate (nasal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *minolira* | *minocycline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *ruconest* | *c1 esterase inhibitor (recombinant)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sore throat* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *enalapril maleate* | *enalapril maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *toujeo solostar* | *insulin glargine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *veletri* | *epoprostenol sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *feldene* | *piroxicam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amondys 45* | *casimersen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp hydrocortisone/aloe* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *allergy 24-hr* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mesalamine er* | *mesalamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kao-tin* | *docusate calcium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lotronex* | *alosetron hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lyrica* | *pregabalin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ru-hist d* | *brompheniramine & phenyleph* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp loratadine* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *enstilar* | *calcipotriene-betamethasone dipropionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *perphenazine* | *perphenazine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diltiazem hcl* | *diltiazem hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mydayis* | *amphetamine-dextroamphetamine* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sm alcohol prep* | *alcohol swabs* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *viberzi* | *eluxadoline* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *precose* | *acarbose* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lybalvi* | *olanzapine-samidorphan l-malate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *diphenhist* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fluocinolone acetonide* | *fluocinolone acetonide (otic)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *docusol kids* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp antacid & anti-gas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *rynex pe* | *brompheniramine & phenyleph* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dr smiths diaper rash* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *muro 128* | *sodium chloride hypertonic* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *etodolac er* | *etodolac* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *atazanavir sulfate* | *atazanavir sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *flector* | *diclofenac epolamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp adult aspirin low strength* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *serostim* | *somatropin (non-refrigerated)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *afrezza* | *insulin regular (human)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *tresiba* | *insulin degludec* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *risperidone* | *risperidone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vibramycin* | *doxycycline hyclate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc e z nite sleep* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nefazodone hcl* | *nefazodone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prograf* | *tacrolimus* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mavenclad (8 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *banophen* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tazorac* | *tazarotene* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *silenor* | *doxepin hcl (sleep)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *drizalma sprinkle* | *duloxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *minoxidil for men* | *minoxidil (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lampit* | *nifurtimox* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *erythrocin stearate* | *erythromycin stearate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *est estrogens-methyltest ds* | *esterified estrogens & methyltestosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *novolin 70/30 flexpen relion* | *insulin nph isophane & reg (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zaditor* | *ketotifen fumarate (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *solu-medrol* | *methylprednisolone sod succ* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *doryx* | *doxycycline hyclate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *athletes foot (terbinafine)* | *terbinafine hcl (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *insulin aspart prot & aspart* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *morphine sulfate (concentrate)* | *morphine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *est estrogens-methyltest hs* | *esterified estrogens & methyltestosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp anti-diarrheal/anti-gas* | *loperamide-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense nasal allergy spray* | *triamcinolone acetonide (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *docusate calcium* | *docusate calcium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *candesartan cilexetil-hctz* | *candesartan cilexetil-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm lidocaine patch* | *lidocaine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bacitracin* | *bacitracin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *progesterone* | *progesterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *synagis* | *palivizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *epitol* | *carbamazepine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp senna lax* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *prolia* | *denosumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nevirapine* | *nevirapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *indomethacin sodium* | *indomethacin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *actos* | *pioglitazone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *qc non-aspirin childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fiber laxative + calcium* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *motion-time* | *meclizine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm triple antibiotic max st* | *neomycin-bacitracin-polymyxin-pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cequa* | *cyclosporine (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *argatroban* | *argatroban* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ztlido* | *lidocaine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *akynzeo* | *fosnetupitant choride-palonosetron hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qudexy xr* | *topiramate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *promethegan* | *promethazine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *omnitrope* | *somatropin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *promethazine-phenylephrine* | *promethazine & phenylephrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xepi* | *ozenoxacin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zolgensma 11.6-12.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *synjardy* | *empagliflozin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dexilant* | *dexlansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *didanosine* | *didanosine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *amcinonide* | *amcinonide* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *methylphenidate hcl* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *denavir* | *penciclovir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alvesco* | *ciclesonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *estrace* | *estradiol vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antivert* | *meclizine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *brimonidine tartrate-timolol* | *brimonidine tartrate-timolol maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clindacin etz* | *clindamycin phosphate (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cimetidine* | *cimetidine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *loratadine* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *midazolam-sodium chloride* | *midazolam-sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp ibuprofen childrens* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *demeclocycline hcl* | *demeclocycline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cardura xl* | *doxazosin mesylate (bph)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm acid reducer max st* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *erleada* | *apalutamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm alcohol* | *alcohol, rubbing* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tarpeyo* | *budesonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *albuterol sulfate* | *albuterol sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *adalat cc* | *nifedipine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *famotidine* | *famotidine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clindamycin phosphate* | *clindamycin phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *iodine* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acid reducer* | *omeprazole magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aciphex* | *rabeprazole sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sodium bicarbonate* | *sodium bicarbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *eucrisa* | *crisaborole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *onzetra xsail* | *sumatriptan succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *polyvinyl alcohol* | *polyvinyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bacitra-neomycin-polymyxin-hc* | *bacitracin-poly-neomycin-hc* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm allergy childrens* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ed-apap* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *atripla* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mapap arthritis pain* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp infants pain/fever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lidoderm* | *lidocaine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zeposia* | *ozanimod hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *allergy relief/nasal decongest* | *cetirizine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *abilify mycite starter kit* | *aripiprazole with sensor, strips, & pod* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluticasone furoate-vilanterol* | *fluticasone furoate-vilanterol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *salex* | *salicylic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nausea relief* | *fructose-dextrose-phosphoric acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gynazole-1* | *butoconazole nitrate (one dose)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rymed* | *dexchlorpheniramine-phenylephrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tradjenta* | *linagliptin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *refresh* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ponvory starter pack* | *ponesimod* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm vitamin b-6* | *pyridoxine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *aklief* | *trifarotene* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp cold therapy relief spray* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *systane nighttime* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nardil* | *phenelzine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sulfacetamide sod-sulfur wash* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *white petroleum jelly* | *white petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *natural fiber therapy* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *clobetasol propionate* | *clobetasol propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 2.6-3.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *elepsia xr* | *levetiracetam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amikacin sulfate* | *amikacin sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lumigan* | *bimatoprost* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nexletol* | *bempedoic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zeposia starter kit* | *ozanimod hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *flavoxate hcl* | *flavoxate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mirvaso* | *brimonidine tartrate (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *femring* | *estradiol acetate vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oxymorphone hcl* | *oxymorphone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc gentle laxative womens* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *delestrogen* | *estradiol valerate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *erythromycin* | *erythromycin (acne aid)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methylprednisolone* | *methylprednisolone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *senexon-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *eye allergy itch/redness rel* | *olopatadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lorcet hd* | *hydrocodone-acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *centany at* | *mupirocin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm aspirin adult low strength* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *motion sickness relief* | *dimenhydrinate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ropinirole hcl er* | *ropinirole hydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *matzim la* | *diltiazem hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *viramune* | *nevirapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *klaron* | *sulfacetamide sodium (acne)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methyldopa-hydrochlorothiazide* | *methyldopa & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc acid controller* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *novolin n flexpen* | *insulin nph (human) (isophane)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dorzolamide hcl-timolol mal pf* | *dorzolamide hcl-timolol maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *novolin n relion* | *insulin nph (human) (isophane)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *celebrex* | *celecoxib* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *semglee (yfgn)* | *insulin glargine-yfgn* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *plegridy starter pack* | *peginterferon beta-1a* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fetzima titration* | *levomilnacipran hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *isopto tears* | *hypromellose (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *anti-itch* | *camphor & menthol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *subvenite starter kit-blue* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *quviviq* | *daridorexant hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betadine antiseptic gargle* | *povidone-iodine (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ultomiris* | *ravulizumab-cwvz* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sprix* | *ketorolac tromethamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *halobetasol propionate* | *halobetasol propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *abacavir sulfate* | *abacavir sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciclodan* | *ciclopirox olamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *horizant* | *gabapentin enacarbil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *naproxen* | *naproxen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *atacand* | *candesartan cilexetil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *solu-cortef* | *hydrocortisone sod succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *letrozole* | *letrozole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zetia* | *ezetimibe* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *byfavo* | *remimazolam besylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *provigil* | *modafinil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *byetta 10 mcg pen* | *exenatide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lorcet* | *hydrocodone-acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sm nasal spray sinus* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *empaveli* | *pegcetacoplan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *telmisartan-hctz* | *telmisartan-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *refresh lacri-lube* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *rayos* | *prednisone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *uplizna* | *inebilizumab-cdon* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *asmanex (120 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mapap* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp anti-itch* | *camphor & menthol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *detrol* | *tolterodine tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *suprax* | *cefixime* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc castor oil* | *castor oil (pharmaceutic aid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zomacton (for zoma-jet 10)* | *somatropin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tenoretic 100* | *atenolol & chlorthalidone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *morphine sulfate er beads* | *morphine sulfate beads* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fosamax* | *alendronate sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ibu-200* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *epinastine hcl* | *epinastine hcl (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zynrelef* | *bupivacaine-meloxicam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betadine antiseptic rinse* | *povidone-iodine (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *fluconazole in sodium chloride* | *fluconazole in nacl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *migergot* | *ergotamine w/ caffeine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fetzima* | *levomilnacipran hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *captopril-hydrochlorothiazide* | *captopril & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hemorrhoidal* | *phenylephrine in hard fat* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tacrolimus* | *tacrolimus (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *loprox* | *ciclopirox* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *magnebind 400* | *calcium carbonate-magnesium carbonate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/14/2022 | *gnp magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *clotrimazole anti-fungal* | *clotrimazole (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sumatriptan-naproxen sodium* | *sumatriptan-naproxen sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *breztri aerosphere* | *budesonide-glycopyrrolate-formoterol fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *apraclonidine hcl* | *apraclonidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cosopt* | *dorzolamide hcl-timolol maleate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *gablofen* | *baclofen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vigabatrin* | *vigabatrin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cefotan* | *cefotetan disodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zontivity* | *vorapaxar sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metaxalone* | *metaxalone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tobramycin* | *tobramycin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stomach relief extra strength* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm sleep aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *rosadan* | *metronidazole (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *procrit* | *epoetin alfa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tremfya* | *guselkumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aluminum hydroxide gel* | *aluminum hydroxide gel* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sore throat lozenges* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *isradipine* | *isradipine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *chocolated laxative* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mobisyl* | *trolamine salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *norethindrone acetate* | *norethindrone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *baclofen* | *baclofen* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *pristiq* | *desvenlafaxine succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hetlioz* | *tasimelteon* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm nose drops nasal decongest* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *savaysa* | *edoxaban tosylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fosrenol* | *lanthanum carbonate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lovenox* | *enoxaparin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diclofenac-misoprostol* | *diclofenac w/ misoprostol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc antacid/anti-gas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *keppra* | *levetiracetam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *angeliq* | *drospirenone-estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *protonix* | *pantoprazole sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm isopropyl alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ozempic (0.25 or 0.5 mg/dose)* | *semaglutide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gamifant* | *emapalumab-lzsg* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp arthritis pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *segluromet* | *ertugliflozin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *almacone* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *dronabinol* | *dronabinol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *promethazine vc* | *promethazine & phenylephrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *quetiapine fumarate er* | *quetiapine fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc chocolated laxative* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm castor oil* | *castor oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *forteo* | *teriparatide (recombinant)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp antacid extra strength* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *genteal tears* | *artificial tear solution* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lincomycin hcl* | *lincomycin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bisacodyl ec* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lamictal* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *emtriva* | *emtricitabine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bimatoprost* | *bimatoprost* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tolnaftate* | *tolnaftate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qutenza* | *capsaicin & cleansing gel* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ingrezza* | *valbenazine tosylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm antifungal clotrimazole* | *clotrimazole (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *myobloc* | *rimabotulinumtoxinb* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *advanced hand sanitizer* | *ethyl alcohol (skin cleanser)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *soriatane* | *acitretin* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *nevirapine er* | *nevirapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *genteal tears severe day/night* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ziprasidone mesylate* | *ziprasidone mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *docusol mini* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *glycerin adult* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bafiertam* | *monomethyl fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *isordil titradose* | *isosorbide dinitrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *naproxen sodium* | *naproxen sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *telmisartan* | *telmisartan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *heartburn relief max st* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *memantine hcl* | *memantine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *morphine sulfate (pf)* | *morphine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *duaklir pressair* | *aclidinium bromide-formoterol fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm fiber laxative* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *yupelri* | *revefenacin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *linezolid* | *linezolid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc povidone iodine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *effervescent antacid/pain* | *aspirin effervescent* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *trijardy xr* | *empagliflozin-linagliptin-metformin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lamotrigine er* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tramadol hcl er (biphasic)* | *tramadol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lenzapro flex patch* | *lidocaine-menthol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm castor oil* | *castor oil (pharmaceutic aid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *camphor spirit* | *camphor spirit* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *impeklo* | *clobetasol propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prandin* | *repaglinide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lamivudine* | *lamivudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc cough relief* | *dextromethorphan hbr* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *proventil hfa* | *albuterol sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ery-tab* | *erythromycin base* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fexofenadine-pseudoephed er* | *fexofenadine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *maraviroc* | *maraviroc* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *freestyle libre 2 reader* | *continuous blood glucose system receiver* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ibandronate sodium* | *ibandronate sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *oxycontin* | *oxycodone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nadolol* | *nadolol* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *timoptic* | *timolol maleate (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense anti-diarr/ant-gas* | *loperamide-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *kenalog* | *triamcinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *simulect* | *basiliximab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nasal decongestant spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *aimovig* | *erenumab-aooe* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lindane* | *lindane* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *entyvio* | *vedolizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aztreonam* | *aztreonam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *repatha pushtronex system* | *evolocumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cefazolin sodium-dextrose* | *cefazolin sodium-dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp omeprazole* | *omeprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fosinopril sodium-hctz* | *fosinopril sodium & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cosentyx (300 mg dose)* | *secukinumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *senna-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cardura* | *doxazosin mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *azithromycin* | *azithromycin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oxytrol for women* | *oxybutynin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *vasotec* | *enalapril maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amphotericin b* | *amphotericin b* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gentamicin in saline* | *gentamicin in saline* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lidocaine* | *lidocaine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amoxicill-clarithro-lansopraz* | *amoxicillin-clarithromycin w/ lansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *systane preservative free* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *urso forte* | *ursodiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oxaprozin* | *oxaprozin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *senna-lax* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *levetiracetam in nacl* | *levetiracetam in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xeljanz xr* | *tofacitinib citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *daily moisturizer* | *petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nasal four* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *adderall* | *amphetamine-dextroamphetamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *proscar* | *finasteride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sennosides-docusate sodium* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *saphris* | *asenapine maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *arikayce* | *amikacin sulfate liposome* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sm anti-dandruff coal tar* | *coal tar extract* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *desoxyn* | *methamphetamine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amphotericin b liposome* | *amphotericin b liposome* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *invokamet* | *canagliflozin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ozempic (2 mg/dose)* | *semaglutide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm medicated chest rub* | *camphor-eucalyptus-menthol-turpentine oil-white petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp miconazorb af* | *miconazole nitrate (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *apomorphine hcl* | *apomorphine hydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dhs zinc* | *pyrithione zinc* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm antacid advanced max st* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp headache relief extra str* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sodium sulfacetamide wash* | *sulfacetamide sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *siladryl allergy* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *noxafil* | *posaconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *actidose-aqua* | *charcoal activated* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *qc vapor inhaler* | *aromatic inhalants* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc pain relief childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tyvaso dpi maintenance kit* | *treprostinil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *protopic* | *tacrolimus (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *haloperidol* | *haloperidol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diprolene* | *betamethasone dipropionate augmented* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alosetron hcl* | *alosetron hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *naproxen sodium er* | *naproxen sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clarinex* | *desloratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mepron* | *atovaquone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fenofibrate* | *fenofibrate micronized* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *duobrii* | *halobetasol propionate-tazarotene* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *scopolamine* | *scopolamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp allergy relief* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lioresal* | *baclofen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *invokana* | *canagliflozin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lubricant eye drops pf* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *pataday* | *olopatadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *feverall childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mirtazapine* | *mirtazapine* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *lidocaine pain relieving* | *lidocaine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lupron depot (6-month)* | *leuprolide acetate (6 month)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *botox* | *onabotulinumtoxina* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *pedia-lax* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *escitalopram oxalate* | *escitalopram oxalate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *paliperidone er* | *paliperidone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp 8 hour pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *natacyn* | *natamycin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *calcium-folic acid plus d* | *calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antacid extra strength* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense ibuprofen infants* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense pain relief pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *z-bum* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sivextro* | *tedizolid phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *edurant* | *rilpivirine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *acanya* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *adcirca* | *tadalafil (pulmonary hypertension)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vancomycin hcl in nacl* | *vancomycin hcl-sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *evista* | *raloxifene hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *soltamox* | *tamoxifen citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *menstrual pain relief* | *acetaminophen-pamabrom-pyrilamine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm allergy relief* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zolgensma 5.1-5.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *senokot s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *divigel* | *estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lamictal xr* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp aspirin low dose* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *triumeq* | *abacavir-dolutegravir-lamivudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *all day pain relief* | *naproxen sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tamoxifen citrate* | *tamoxifen citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tinidazole* | *tinidazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xofluza (40 mg dose)* | *baloxavir marboxil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp nasal spray fast acting* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *topicort* | *desoximetasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *levocetirizine dihydrochloride* | *levocetirizine dihydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *solosec* | *secnidazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *benlysta* | *belimumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betamethasone sod phos & acet* | *betamethasone sod phosphate & acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *driminate* | *dimenhydrinate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *duramorph* | *morphine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nitroglycerin er* | *nitroglycerin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *licart* | *diclofenac epolamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *systane* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vogelxo pump* | *testosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zyloprim* | *allopurinol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *miacalcin* | *calcitonin (salmon)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clonazepam* | *clonazepam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *skyrizi (150 mg dose)* | *risankizumab-rzaa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm pain relief extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zyflo* | *zileuton* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fasenra* | *benralizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zocor* | *simvastatin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metaxall* | *metaxalone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lorazepam* | *lorazepam* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *mycophenolate mofetil* | *mycophenolate mofetil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tavalisse* | *fostamatinib disodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *peptic relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *xtampza er* | *oxycodone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *loxapine succinate* | *loxapine succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *norpace* | *disopyramide phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp budesonide nasal spray* | *budesonide (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *avar ls* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oxiconazole nitrate* | *oxiconazole nitrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *enspryng* | *satralizumab-mwge* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fungoid tincture* | *miconazole nitrate (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense lansoprazole* | *lansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *flomax* | *tamsulosin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qvar redihaler* | *beclomethasone dipropionate hfa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *thera-gesic* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm pain reliever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *eye irritation relief* | *tetrahydrozoline-polyvinyl alcohol-povidone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ampyra* | *dalfampridine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *testosterone enanthate* | *testosterone enanthate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp arthritis pain* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dotti* | *estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp motion sickness relief* | *dimenhydrinate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *procentra* | *dextroamphetamine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *beconase aq* | *beclomethasone diprop monohyd* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm fexofenadine hcl* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *olopatadine hcl* | *olopatadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qulipta* | *atogepant* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *testosterone cypionate* | *testosterone cypionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *armodafinil* | *armodafinil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm pain reliever pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zolgensma 8.1-8.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ledipasvir-sofosbuvir* | *ledipasvir-sofosbuvir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sore throat* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *isentress* | *raltegravir potassium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *refresh tears* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense arthritis pain* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *soliqua* | *insulin glargine-lixisenatide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ranexa* | *ranolazine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vyvgart* | *efgartigimod alfa-fcab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *paxil* | *paroxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *anti-itch maximum strength* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *labetalol hcl-dextrose* | *labetalol hcl-dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp antacid & anti-gas* | *calcium carbonate-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acetaminophen er* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dexmedetomidine hcl* | *dexmedetomidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pancreaze* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *keppra xr* | *levetiracetam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alevazol* | *clotrimazole (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *felbamate* | *felbamate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *estazolam* | *estazolam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *symproic* | *naldemedine tosylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *senna-time* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *cortisporin-tc* | *neomycin-colistin-hc-thonzonium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *briviact* | *brivaracetam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *myfembree* | *relugolix-estradiol-norethindrone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vyepti* | *eptinezumab-jjmr* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 10.1-10.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acid controller original str* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *xifaxan* | *rifaximin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *apidra solostar* | *insulin glulisine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vimpat* | *lacosamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm sinus nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *carvedilol phosphate er* | *carvedilol phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *incruse ellipta* | *umeclidinium bromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alahist pe* | *dexbrompheniramine-phenylephrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm eye drops advanced relief* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *inflectra* | *infliximab-dyyb* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pulmicort flexhaler* | *budesonide (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lubricant eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *blue gel* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *adapalene* | *adapalene* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tysabri* | *natalizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stay awake maximum strength* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dry eye relief drops* | *glycerin-hypromellose-polyethylene glycol 400* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *epipen jr 2-pak* | *epinephrine (anaphylaxis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *namenda titration pak* | *memantine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mycophenolate mofetil hcl* | *mycophenolate mofetil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *benzoyl peroxide cleanser* | *benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *reltone* | *ursodiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense aspirin adults* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *stalevo 150* | *carbidopa-levodopa-entacapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *childrens silapap* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm famotidine* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sustiva* | *efavirenz* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *moexipril hcl* | *moexipril hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *halcinonide* | *halcinonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *evoclin* | *clindamycin phosphate (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ultracet* | *tramadol-acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *kazano* | *alogliptin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *iodoquinol-hc-aloe polysacch* | *iodoquinol-hydrocortisone-aloe polysaccharide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stalevo 125* | *carbidopa-levodopa-entacapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nebivolol hcl* | *nebivolol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sinus relief extra strength* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate (antineoplastic)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *iluvien* | *fluocinolone acetonide (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stalevo 100* | *carbidopa-levodopa-entacapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *minocycline hcl er* | *minocycline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zytiga* | *abiraterone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mag-al* | *aluminum & magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fenofibrate* | *fenofibrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amantadine hcl* | *amantadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tension headache* | *acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *antacid calcium* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *budesonide* | *budesonide (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *namenda xr* | *memantine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *voltaren* | *diclofenac sodium (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *fluoxetine hcl (pmdd)* | *fluoxetine hcl (pmdd)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *proctofoam* | *pramoxine hcl (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *caspofungin acetate* | *caspofungin acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ery* | *erythromycin (acne aid)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tramadol hcl* | *tramadol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ultra lubricating eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm ibuprofen infants* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *insulin lispro (1 unit dial)* | *insulin lispro* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cleocin* | *clindamycin palmitate hydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gas relief ultra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *locoid* | *hydrocortisone butyrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm motion sickness* | *dimenhydrinate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *aspirin-dipyridamole er* | *aspirin-dipyridamole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nalfon* | *fenoprofen calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *omeclamox-pak* | *amoxicillin-clarithromycin w/ omeprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm adult aspirin* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *orencia clickject* | *abatacept* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *esmolol hcl* | *esmolol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *arthritis pain reliever* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *menthol cold/hot* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nicardipine hcl* | *nicardipine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp nasal four spray* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *colestid flavored* | *colestipol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vivlodex* | *meloxicam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fml forte* | *fluorometholone (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *triple antibiotic+pain relief* | *neomycin-bacitracin-polymyxin-pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *semglee* | *insulin glargine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp 8 hour pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cardene iv* | *nicardipine hcl in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sss 10-5* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm anti-diarrheal anti-gas* | *loperamide-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *olumiant* | *baricitinib* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xywav* | *calcium, magnesium, potassium, & sodium oxybates* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *miconazole 3* | *miconazole nitrate vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *stalevo 200* | *carbidopa-levodopa-entacapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *eye itch relief* | *ketotifen fumarate (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bydureon* | *exenatide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aduhelm* | *aducanumab-avwa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm aspirin low dose* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *kynmobi* | *apomorphine hydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *colazal* | *balsalazide disodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp pain relief extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *reyataz* | *atazanavir sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betamethasone dipropionate aug* | *betamethasone dipropionate augmented* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *desonide* | *desonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rufinamide* | *rufinamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acid reducer maximum strength* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp fexofenadine/pseer* | *fexofenadine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nicotrol* | *nicotine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lucemyra* | *lofexidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciloxan* | *ciprofloxacin hcl (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *atelvia* | *risedronate sodium* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *bss* | *ophthalmic irrigation solution - intraocular* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clodan* | *clobetasol propionate & cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *riomet er* | *metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *emgality* | *galcanezumab-gnlm* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *miconazole nitrate* | *miconazole nitrate (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *asacol hd* | *mesalamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qbrelis* | *lisinopril* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dymista* | *azelastine hcl-fluticasone propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *apexicon e* | *diflorasone diacetate emollient base* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lubricant eye nighttime* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cold & hot plus menthol* | *lidocaine-menthol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mobic* | *meloxicam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *armonair digihaler* | *fluticasone propionate (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aggrastat* | *tirofiban hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *abilify* | *aripiprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *humira* | *adalimumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xipere* | *triamcinolone acetonide (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *pentasa* | *mesalamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nitro-bid* | *nitroglycerin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methamphetamine hcl* | *methamphetamine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lenzapro* | *lidocaine-menthol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *betapace* | *sotalol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *orbactiv* | *oritavancin diphosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *firmagon (240 mg dose)* | *degarelix acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lotensin* | *benazepril hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp acid reducer max st* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *senna plus* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *flac* | *fluocinolone acetonide (otic)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp athletes foot* | *clotrimazole (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm lubricating tears* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *griseofulvin microsize* | *griseofulvin microsize* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc headache relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *alogliptin-pioglitazone* | *alogliptin-pioglitazone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *propranolol hcl* | *propranolol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp eye drops* | *tetrahydrozoline hcl (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sport sunscreen spf50* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *clindamycin phosphate* | *clindamycin phosphate vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp fluticasone propionate* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *midazolam hcl (pf)* | *midazolam hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stimulant laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm allergy complete-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vascepa* | *icosapent ethyl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *seglentis* | *celecoxib-tramadol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sport sunscreen spf30* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *colesevelam hcl* | *colesevelam hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cold & allergy childrens* | *brompheniramine & phenyleph* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *insulin aspart flexpen* | *insulin aspart* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *feverall junior strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *olux* | *clobetasol propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lidocaine hcl* | *lidocaine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *milk of magnesia concentrate* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm 24 hour nasal allergy* | *triamcinolone acetonide (nasal)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *micardis hct* | *telmisartan-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc nasal decongestant pe* | *phenylephrine hcl (oral)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm double antibiotic* | *bacitracin-polymyxin b* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *isentress hd* | *raltegravir potassium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *efavirenz-emtricitab-tenofo df* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cholbam* | *cholic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cimzia* | *certolizumab pegol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fiber* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *aricept* | *donepezil hydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *humira pen* | *adalimumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *senna-time s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *norditropin flexpro* | *somatropin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc mineral oil heavy* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *prochlorperazine* | *prochlorperazine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *heparin sodium (porcine) pf* | *heparin sodium (porcine)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp zinc oxide* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nimodipine* | *nimodipine* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *hm urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *conzip* | *tramadol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sunscreen kids spf50+* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *aspirin low dose* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *asenapine maleate* | *asenapine maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lamotrigine starter kit-blue* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zestril* | *lisinopril* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stool softener plus laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dandruff shampoo* | *pyrithione zinc* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *livmarli* | *maralixibat chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *genteal tears moderate pf* | *dextran 70-hypromellose* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zolgensma 5.6-6.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sumaxin* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *levalbuterol hcl* | *levalbuterol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *antacid ultra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cortenema* | *hydrocortisone (intrarectal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *arthritis pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *prezcobix* | *darunavir-cobicistat* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nucynta er* | *tapentadol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fentanyl citrate pf* | *fentanyl citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *namenda xr titration pack* | *memantine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nitro-dur* | *nitroglycerin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *remodulin* | *treprostinil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dexbrompheniramine-phenyleph* | *dexbrompheniramine-phenylephrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *augmentin xr* | *amoxicillin & pot clavulanate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tobi podhaler* | *tobramycin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *capsaicin* | *capsaicin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *potassium iodide (antidote)* | *potassium iodide (antidote)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nasopen pe* | *thonzylamine-phenylephrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm antacid advanced* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zolgensma 9.6-10.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acid reducer complete* | *famotidine-calcium carbonate-magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *benicar hct* | *olmesartan medoxomil-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pediaclear 8 childrens* | *pyrilamine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vancocin* | *vancomycin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *benzhydrocodone-acetaminophen* | *benzhydrocodone hcl-acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *palonosetron hcl* | *palonosetron hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methyldopate hcl* | *methyldopate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ear drops* | *carbamide peroxide (otic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc sleep-aid max st* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zolgensma 7.1-7.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tramadol-acetaminophen* | *tramadol-acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zomacton* | *somatropin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oracea* | *doxycycline (rosacea)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *anti-fungal* | *tolnaftate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *colestipol hcl* | *colestipol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ketoconazole* | *ketoconazole (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *morphine sulfate* | *morphine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *emcyt* | *estramustine phosphate sodium* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *scalpicin maximum strength* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bonjesta* | *doxylamine-pyridoxine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cipro in d5w* | *ciprofloxacin in d5w* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cystadrops* | *cysteamine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tasmar* | *tolcapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *renvela* | *sevelamer carbonate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 11.1-11.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dhivy* | *carbidopa-levodopa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluorescein sodium/benoxinate* | *fluorescein w/ benoxinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hysingla er* | *hydrocodone bitartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *olinvyk* | *oliceridine fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm eye allergy itch/red relief* | *olopatadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *first aid antiseptic* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm double antibiotic* | *bacitracin-polymyxin b* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *alclometasone dipropionate* | *alclometasone dipropionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rythmol sr* | *propafenone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zoledronic acid* | *zoledronic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *eye stream* | *ophthalmic irrigation solution - extraocular* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *gnp terbinafine hydrochloride* | *terbinafine hcl (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *elidel* | *pimecrolimus* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lidocaine-prilocaine* | *lidocaine-prilocaine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc pain relief pm ext st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm epsom salt* | *magnesium sulfate (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp iodine* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sulconazole nitrate* | *sulconazole nitrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm eye itch relief* | *ketotifen fumarate (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *megestrol acetate* | *megestrol acetate (appetite)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *betamethasone dipropionate* | *betamethasone dipropionate (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *carboxymethylcellulose sodium* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dupixent* | *dupilumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *duopa* | *carbidopa-levodopa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *paromomycin sulfate* | *paromomycin sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pain relieving* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *veregen* | *sinecatechins* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zylet* | *loteprednol etabonate-tobramycin* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *histex pd* | *triprolidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *triple antibiotic plus* | *neomycin-bacitracin-polymyxin-pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *genvoya* | *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *symdeko* | *tezacaftor-ivacaftor* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm antacid maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *effient* | *prasugrel hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *isoproterenol hcl* | *isoproterenol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aprodine* | *triprolidine & pseudoephedrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *opsumit* | *macitentan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *refresh digital* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *maxalt* | *rizatriptan benzoate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *almacone double strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acid reducer* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *striverdi respimat* | *olodaterol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *coats aloe* | *allantoin (emollient)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *allergy relief* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *glydo* | *lidocaine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *desvenlafaxine er* | *desvenlafaxine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp womens gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *enbrel* | *etanercept* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc mucus relief max st* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *esomeprazole sodium* | *esomeprazole sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *relistor* | *methylnaltrexone bromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trintellix* | *vortioxetine hbr* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc aspirin low dose* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *castellani paint modified* | *castellani paint* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *timolol maleate pf* | *timolol maleate (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pifeltro* | *doravirine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *klonopin* | *clonazepam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm allergy relief* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *humira pen-psor/uveit starter* | *adalimumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fleet pediatric* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *barhemsys* | *amisulpride (antiemetic)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lamictal starter* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *odefsey* | *emtricitabine-rilpivirine-tenofovir alafenamide fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stelara* | *ustekinumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cipro hc* | *ciprofloxacin-hydrocortisone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *coreg cr* | *carvedilol phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alogliptin benzoate* | *alogliptin benzoate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm cold & allergy childrens* | *brompheniramine & phenyleph* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *jardiance* | *empagliflozin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tyvaso dpi titration kit* | *treprostinil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zypitamag* | *pitavastatin magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *androderm* | *testosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *admelog solostar* | *insulin lispro* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydrocodone-ibuprofen* | *hydrocodone-ibuprofen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *motion sickness relief* | *meclizine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ms contin* | *morphine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *catapres* | *clonidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nuplazid* | *pimavanserin tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *famotidine* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *neuracin* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *zolgensma 9.1-9.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dysport* | *abobotulinumtoxina* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cepacol sore throat ex st* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bisoprolol fumarate* | *bisoprolol fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *imvexxy starter pack* | *estradiol vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *novolin r flexpen* | *insulin regular (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *razadyne er* | *galantamine hydrobromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *non-aspirin childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *airduo respiclick 232/14* | *fluticasone-salmeterol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cytra-2* | *sodium citrate & citric acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bepotastine besilate* | *bepotastine besilate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *azelex* | *azelaic acid (acne)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methocarbamol* | *methocarbamol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *humatrope* | *somatropin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *calcium antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *methylphenidate hcl er (cd)* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trospium chloride* | *trospium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *minocycline hcl* | *minocycline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prednicarbate* | *prednicarbate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fanapt* | *iloperidone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nisoldipine er* | *nisoldipine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc bacitracin* | *bacitracin (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *novolin n flexpen relion* | *insulin nph (human) (isophane)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *capsaicin pain relief* | *capsaicin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *docu* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *entresto* | *sacubitril-valsartan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mapap childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lopinavir-ritonavir* | *lopinavir-ritonavir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vancomycin hcl* | *vancomycin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ritalin* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *timoptic ocudose* | *timolol maleate (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vilazodone hcl* | *vilazodone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm fiber* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp calamine phenolated* | *calamine phenolated* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acyclovir* | *acyclovir topical* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kimyrsa* | *oritavancin diphosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *inderal la* | *propranolol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *wart remover maximum strength* | *salicylic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense mucus er* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *neulasta* | *pegfilgrastim* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp childrens allergy* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lexapro* | *escitalopram oxalate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zithromax tri-pak* | *azithromycin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *verapamil hcl* | *verapamil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *codeine sulfate* | *codeine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp allergy childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fasenra pen* | *benralizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *soma* | *carisoprodol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sumadan* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *memantine hcl er* | *memantine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp pain relief pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm advanced hand sanitizer* | *ethyl alcohol (skin cleanser)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tretinoin microsphere* | *tretinoin microsphere* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *airduo respiclick 55/14* | *fluticasone-salmeterol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oxycodone hcl er* | *oxycodone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *nexlizet* | *bempedoic acid-ezetimibe* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm hydrocortisone plus* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *avar-e green* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xenazine* | *tetrabenazine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xgeva* | *denosumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *soolantra* | *ivermectin (rosacea)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sotylize* | *sotalol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *triesence* | *triamcinolone acetonide (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *repaglinide-metformin hcl* | *repaglinide-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *benzaclin with pump* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stahist ad* | *chlorcyclizine & pseudoephedrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *brexafemme* | *ibrexafungerp citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lotrel* | *amlodipine besylate-benazepril hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pedia-lax* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lice treatment creme rinse* | *permethrin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *anti-nausea* | *fructose-dextrose-phosphoric acid* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *quinidine gluconate er* | *quinidine gluconate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *promiseb* | *antiseborrheic products, misc.* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prezista* | *darunavir ethanolate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rosadan* | *metronidazole w/ cleanser (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *neomycin-polymyxin-gramicidin* | *neomycin-polymyxin-gramicidin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm docosanol* | *docosanol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *finacea* | *azelaic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluticasone propionate* | *fluticasone propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc iodine tincture* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *secuado* | *asenapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *earwax removal* | *carbamide peroxide (otic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *toujeo max solostar* | *insulin glargine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *remifentanil hcl* | *remifentanil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *taclonex* | *calcipotriene-betamethasone dipropionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zyclara pump* | *imiquimod* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rinvoq* | *upadacitinib* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *uceris* | *budesonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vfend* | *voriconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amnesteem* | *isotretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *claravis* | *isotretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lortab* | *hydrocodone-acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bromsite* | *bromfenac sodium (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tioconazole-1* | *tioconazole vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *adlyxin starter pack* | *lixisenatide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *artificial tears* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *diphenhydramine hcl childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp nausea relief* | *fructose-dextrose-phosphoric acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *infants gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mucinex allergy* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bacitracin* | *bacitracin (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ketotifen fumarate* | *ketotifen fumarate (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *chenodal* | *chenodiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *janumet* | *sitagliptin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *valtrex* | *valacyclovir hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm gas relief infants drops* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *xelpros* | *latanoprost* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *clozaril* | *clozapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *flunisolide* | *flunisolide (nasal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cleocin* | *clindamycin phosphate vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *jentadueto* | *linagliptin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gentamicin sulfate* | *gentamicin sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xcopri (250 mg daily dose)* | *cenobamate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trianex* | *triamcinolone acetonide (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc ibuprofen ib* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dextroamphetamine sulfate* | *dextroamphetamine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ajovy* | *fremanezumab-vfrm* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dr smiths diaper* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *altreno* | *tretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm antacid/antigas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *carteolol hcl* | *carteolol hcl (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *calcipotriene* | *calcipotriene* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sport sunscreen spf 30* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cytra-3* | *pot & sod citrates w/citric ac* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *major-prep hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acne medication 2.5* | *benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *qc anti-itch extra strength* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sulfacetamide sodium* | *sulfacetamide sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *difluprednate* | *difluprednate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *brisdelle* | *paroxetine mesylate (vasomotor)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vivelle-dot* | *estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sebex* | *salicylic acid & sulfur* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *teriparatide (recombinant)* | *teriparatide (recombinant)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *humalog kwikpen* | *insulin lispro* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *omeprazole-sodium bicarbonate* | *omeprazole-sodium bicarbonate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trokendi xr* | *topiramate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *viibryd starter pack* | *vilazodone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp lansoprazole* | *lansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sumatriptan succinate refill* | *sumatriptan succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *accupril* | *quinapril hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *therapeutic* | *coal tar extract* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *antacid regular strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *skyrizi* | *risankizumab-rzaa (crohn's)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *alum sulfate-ca acetate* | *aluminum sulfate & calcium acetate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *seroquel xr* | *quetiapine fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *streptomycin sulfate* | *streptomycin sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *doptelet* | *avatrombopag maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm childrens ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sinus nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *eligard* | *leuprolide acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *adlyxin* | *lixisenatide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *orphenadrine citrate* | *orphenadrine citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *propranolol-hctz* | *propranolol & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *atralin* | *tretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *moxifloxacin hcl* | *moxifloxacin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *arthritis pain relieving* | *capsaicin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dibucaine (perianal)* | *dibucaine (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *actonel* | *risedronate sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *athletes foot spray* | *tolnaftate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *eligard* | *leuprolide acetate (3 month)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tresiba flextouch* | *insulin degludec* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *stomach relief ultra* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *daliresp* | *roflumilast* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qnasl childrens* | *beclomethasone dipropionate (nasal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm loratadine* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fml liquifilm* | *fluorometholone (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kaletra* | *lopinavir-ritonavir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ocrevus* | *ocrelizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *imitrex* | *sumatriptan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tazarotene* | *tazarotene* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dry eye relief* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *emend tri-pack* | *aprepitant* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zomig zmt* | *zolmitriptan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ambisome* | *amphotericin b liposome* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kalydeco* | *ivacaftor* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm allergy relief* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hemorrhoidal* | *phenylephrine-cocoa butter* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *daypro* | *oxaprozin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *s2 (racepinephrine)* | *racepinephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fluocinonide emulsified base* | *fluocinonide emulsified base* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *avar* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bydureon bcise* | *exenatide* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *qc calamine* | *calamine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *epoprostenol sodium* | *epoprostenol sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *exemestane* | *exemestane* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm lubricating plus* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *anti-itch* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *refresh liquigel* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *rescon* | *dexchlorpheniramine & pseudoephedrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *beser* | *fluticasone-emollient* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *skyrizi* | *risankizumab-rzaa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *taperdex 6-day* | *dexamethasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm tioconazole-1* | *tioconazole vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *calcipotriene-betameth diprop* | *calcipotriene-betamethasone dipropionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *redness relief* | *naphazoline-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc pain relief extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *docusol plus mini-enema* | *benzocaine-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *colace 2-in-1* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *emend* | *fosaprepitant dimeglumine* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *acuvail* | *ketorolac tromethamine (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aller-ease* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *general protection sunscreen* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *artificial tears* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *allergy relief childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zubsolv* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cozaar* | *losartan potassium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cortifoam* | *hydrocortisone acetate (intrarectal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tovet* | *clobetasol propionate emulsion foam w/ moisturizing cream* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methylphenidate hcl er (xr)* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *depakote sprinkles* | *divalproex sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bleph-10* | *sulfacetamide sodium (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *plegridy* | *peginterferon beta-1a* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *capsaicin heat patch* | *capsaicin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *betaxolol hcl* | *betaxolol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *imitrex statdose refill* | *sumatriptan succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *halcion* | *triazolam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prevacid* | *lansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tolmetin sodium* | *tolmetin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *infumorph 500* | *morphine sulfate for continuous microinfusion* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp caldyphen* | *pramoxine-calamine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *phoslyra* | *calcium acetate (phosphate binder)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *decolorized iodine* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ubrelvy* | *ubrogepant* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *8hr muscle aches & pain* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *docusate sodium* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hydromorphone hcl pf* | *hydromorphone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluticasone propionate hfa* | *fluticasone propionate hfa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydromorphone hcl er* | *hydromorphone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *glumetza* | *metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *yonsa* | *abiraterone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *asmanex hfa* | *mometasone furoate (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *vumerity* | *diroximel fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *midazolam hcl* | *midazolam hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *corgard* | *nadolol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ibutilide fumarate* | *ibutilide fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zofran* | *ondansetron hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *captopril* | *captopril* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *maxidex* | *dexamethasone (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mavenclad (10 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *atacand hct* | *candesartan cilexetil-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zorvolex* | *diclofenac* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gocovri* | *amantadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm alcohol prep/benzocaine* | *benzocaine-isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tazarotene* | *tazarotene (acne)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *erythromycin base* | *erythromycin base* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diclofenac potassium* | *diclofenac potassium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fleet enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *albuterol sulfate er* | *albuterol sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *brovana* | *arformoterol tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp 8 hour arthritis relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *blephamide* | *sulfacetamide sod-prednisolone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *refresh relieva pf* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ultiva* | *remifentanil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *levofloxacin* | *levofloxacin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *baby sunscreen spf50* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *caplyta* | *lumateperone tosylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp sleep aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *invokamet xr* | *canagliflozin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lyvispah* | *baclofen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clobetasol propionate emulsion* | *clobetasol propionate emulsion* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ozempic (1 mg/dose)* | *semaglutide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fenofibrate micronized* | *fenofibrate micronized* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zorbtive* | *somatropin (non-refrigerated)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp lice treatment* | *permethrin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm acid reducer* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *cefotetan disodium* | *cefotetan disodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lubiprostone* | *lubiprostone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *spinosad* | *spinosad* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pramoxine hcl (perianal)* | *pramoxine hcl (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lopreeza* | *estradiol & norethindrone acetate* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 09/14/2022 | *azactam* | *aztreonam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nitroglycerin in d5w* | *nitroglycerin in d5w* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pimecrolimus* | *pimecrolimus* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluvoxamine maleate er* | *fluvoxamine maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *katerzia* | *amlodipine benzoate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *jalyn* | *dutasteride-tamsulosin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm motion sickness relief* | *meclizine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *steglatro* | *ertugliflozin l-pyroglutamic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cerebyx* | *fosphenytoin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *humalog* | *insulin lispro* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc rest simply* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc menstrual complete max st* | *acetaminophen-caffeine-pyrilamine* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *tobi* | *tobramycin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp miconazole 7* | *miconazole nitrate vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *pregabalin er* | *pregabalin (once-daily)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl (otic)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciclopirox olamine* | *ciclopirox olamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *quinapril hcl* | *quinapril hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *accolate* | *zafirlukast* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *glatiramer acetate* | *glatiramer acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *adrenalin* | *epinephrine (anaphylaxis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trelstar mixject* | *triptorelin pamoate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antacid plus anti-gas relief* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp nose drops extra strength* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *budesonide* | *budesonide (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cozima* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *antacid anti-gas max strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *kenalog* | *triamcinolone acetonide (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *azelastine-fluticasone* | *azelastine hcl-fluticasone propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lunesta* | *eszopiclone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lidocaine hcl (cardiac) pf* | *lidocaine hcl (cardiac)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *timolol maleate ocudose* | *timolol maleate (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nurtec* | *rimegepant sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *benzefoam* | *benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *diovan* | *valsartan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mycamine* | *micafungin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *yuvafem* | *estradiol vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *selzentry* | *maraviroc* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *infants simethicone* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *spritam* | *levetiracetam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metformin hcl* | *metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense lice killing* | *permethrin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dr smiths adult barrier* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *eletriptan hydrobromide* | *eletriptan hydrobromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *loperamide hcl* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense nausea relief* | *fructose-dextrose-phosphoric acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *emsam* | *selegiline* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *artificial tears* | *polyvinyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *morgidox* | *doxycycline hyclate* | ADD UM: SUM7 | | 72 Hour Fill List |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *aciphex sprinkle* | *rabeprazole sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alora* | *estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc mucus relief childrens* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tiazac* | *diltiazem hcl extended release beads* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *heparin sodium (porcine)* | *heparin sodium (porcine)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *abacavir sulfate-lamivudine* | *abacavir sulfate-lamivudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metoclopramide hcl* | *metoclopramide hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gatifloxacin* | *gatifloxacin (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xopenex hfa* | *levalbuterol tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluticasone-salmeterol* | *fluticasone-salmeterol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antifungal (clotrimazole)* | *clotrimazole (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm 3-day vaginal* | *clotrimazole vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fentora* | *fentanyl citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp aspirin* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *miglitol* | *miglitol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tri-buffered aspirin* | *aspirin buffered (cal carb-mag carb-mag oxide)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vigamox* | *moxifloxacin hcl (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *posaconazole* | *posaconazole* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *inbrija* | *levodopa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *testosterone* | *testosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *emend* | *aprepitant* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *otezla* | *apremilast* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *calcitriol* | *calcitriol (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc motion sickness relief* | *dimenhydrinate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *benzoyl peroxide wash* | *benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *glucotrol* | *glipizide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 3.6-4.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *verapamil hcl er* | *verapamil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm anti-itch extra strength* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp rubbing alcohol* | *alcohol, rubbing* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *simethicone drops infants* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acular ls* | *ketorolac tromethamine (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nulojix* | *belatacept* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm aspirin* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *avapro* | *irbesartan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *humulin n kwikpen* | *insulin nph (human) (isophane)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cardizem cd* | *diltiazem hcl coated beads* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *hm ibuprofen childrens* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fuzeon* | *enfuvirtide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lamotrigine starter kit-orange* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *back & body extra strength* | *aspirin-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *duetact* | *pioglitazone hcl-glimepiride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydrocortisone ace-pramoxine* | *pramoxine-hc* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc stool softener pls laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dutasteride-tamsulosin hcl* | *dutasteride-tamsulosin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm naproxen sodium* | *naproxen sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm anti-nausea* | *fructose-dextrose-phosphoric acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cloderm* | *clocortolone pivalate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stool softener* | *docusate calcium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp lidocaine pain relief* | *lidocaine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *betimol* | *timolol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm isopropyl alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cetirizine hcl childrens* | *cetirizine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diflucan* | *fluconazole* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *formula em* | *fructose-dextrose-phosphoric acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *evekeo* | *amphetamine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *12hr allergy & congestion* | *fexofenadine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *elimite* | *permethrin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *thera-gesic plus* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mulpleta* | *lusutrombopag* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm lansoprazole* | *lansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lamivudine-zidovudine* | *lamivudine-zidovudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *carbatrol* | *carbamazepine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *endocet* | *oxycodone w/ acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc isopropyl rubbing alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc acid controller max st* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *edluar* | *zolpidem tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *reyvow* | *lasmiditan succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mysoline* | *primidone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *insulin lispro prot & lispro* | *insulin lispro protamine & lispro* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fenoglide* | *fenofibrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *orphenadrine citrate er* | *orphenadrine citrate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *adempas* | *riociguat* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oriahnn* | *elagolix sodium-estradiol-norethindrone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *phenobarbital sodium* | *phenobarbital sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *brevibloc* | *esmolol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *crinone* | *progesterone (vaginal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp lidocaine pain relieving* | *lidocaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp 24 hour nasal allergy* | *triamcinolone acetonide (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp nasal spray extra moist* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dimethyl fumarate* | *dimethyl fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *arnuity ellipta* | *fluticasone furoate (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lorzone* | *chlorzoxazone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alendronate sodium* | *alendronate sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/14/2022 | *sm senna-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *carbamazepine* | *carbamazepine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kineret* | *anakinra* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *magnesium oxide* | *magnesium oxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *clindamycin phosphate in nacl* | *clindamycin phosphate in nacl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ofloxacin* | *ofloxacin* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *tobradex st* | *tobramycin-dexamethasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm iodides* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vitamins a & d* | *vitamins a & d (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hemorrhoidal* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *coats aloe liniment* | *methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ziac* | *bisoprolol & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trilipix* | *choline fenofibrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *chlorpromazine hcl* | *chlorpromazine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lohist-d* | *chlorpheniramine & pseudoeph* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *siliq* | *brodalumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense aspirin adult low st* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *refresh optive mega-3* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *aliskiren fumarate* | *aliskiren fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *boniva* | *ibandronate sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *glycerin (adult)* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *strattera* | *atomoxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dok plus* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fexofenadine hcl childrens* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sunscreen kids spf 50* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *infants ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *orkambi* | *lumacaftor-ivacaftor* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aubagio* | *teriflunomide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xhance* | *fluticasone propionate (nasal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense aller-ease* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mirapex er* | *pramipexole dihydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antara* | *fenofibrate micronized* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trifluridine* | *trifluridine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *locoid lipocream* | *hydrocortisone butyrate hydrophilic lipo base* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *femara* | *letrozole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *adbry* | *tralokinumab-ldrm* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ketoconazole* | *ketoconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trimethoprim* | *trimethoprim* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bacitracin zinc* | *bacitracin zinc* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *infumorph 200* | *morphine sulfate for continuous microinfusion* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *itraconazole* | *itraconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *banzel* | *rufinamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *brinzolamide* | *brinzolamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *eptifibatide* | *eptifibatide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc travel ease* | *meclizine hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *esmolol hcl-sodium chloride* | *esmolol hcl-sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rivastigmine* | *rivastigmine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm omeprazole* | *omeprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trandolapril* | *trandolapril* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tudorza pressair* | *aclidinium bromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *luliconazole* | *luliconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *calcitonin (salmon)* | *calcitonin (salmon)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *taperdex 7-day* | *dexamethasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *topicort spray* | *desoximetasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *adefovir dipivoxil* | *adefovir dipivoxil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *thalomid* | *thalidomide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *benzedrex* | *propylhexedrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *aspirin low strength* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *heartburn relief* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *eye wash* | *ophthalmic irrigation solution* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ramelteon* | *ramelteon* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp tolnaftate* | *tolnaftate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *pennsaid* | *diclofenac sodium (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xyrem* | *sodium oxybate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nasal spray no drip* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nembutal* | *pentobarbital sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vibramycin* | *doxycycline (monohydrate)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sustol* | *granisetron* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pediaclear pd childrens* | *triprolidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tobramycin-dexamethasone* | *tobramycin-dexamethasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dhs tar gel* | *coal tar extract* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sumatriptan succinate* | *sumatriptan succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ortikos* | *budesonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *butrans* | *buprenorphine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *amphetamine-dextroamphet er* | *amphetamine-dextroamphetamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *carisoprodol-aspirin-codeine* | *carisoprodol w/ aspirin & codeine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betoptic-s* | *betaxolol hcl (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *balanced salt* | *ophthalmic irrigation solution - intraocular* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aptivus* | *tipranavir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vytorin* | *ezetimibe-simvastatin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *efavirenz* | *efavirenz* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *breo ellipta* | *fluticasone furoate-vilanterol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clocortolone pivalate* | *clocortolone pivalate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *arformoterol tartrate* | *arformoterol tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *qc allergy relief* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *alvimopan* | *alvimopan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sal-plant* | *salicylic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zephrex-d* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *comtan* | *entacapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zemdri* | *plazomicin sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *all day relief* | *naproxen sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *perindopril erbumine* | *perindopril erbumine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *itch-x* | *pramoxine-benzyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cleocin-t* | *clindamycin phosphate (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *allergy childrens* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amerge* | *naratriptan hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *riomet* | *metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm eye drops* | *tetrahydrozoline hcl (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *athletes foot (clotrimazole)* | *clotrimazole (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *altoprev* | *lovastatin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *morgidox* | *doxycycline hyclate w/ cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc anti-itch aloe* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *clobex spray* | *clobetasol propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *epifoam* | *pramoxine-hc* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *quetiapine fumarate* | *quetiapine fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *novolin 70/30* | *insulin nph isophane & reg (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cefpodoxime proxetil* | *cefpodoxime proxetil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clindacin etz* | *clindamycin phosphate & cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pain relieving* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp artificial tears* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bromfenac sodium (once-daily)* | *bromfenac sodium (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lidocaine hcl urethral/mucosal* | *lidocaine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *novolin r flexpen relion* | *insulin regular (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diclofenac sodium er* | *diclofenac sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fentanyl citrate* | *fentanyl citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *marinol* | *dronabinol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lubricant eye drops* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *imitrex* | *sumatriptan succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp loratadine childrens* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm clotrimazole vaginal* | *clotrimazole vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *buprenex* | *buprenorphine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hemorrhoidal relief* | *lidocaine (anorectal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *prevacid 24hr* | *lansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *wellbutrin sr* | *bupropion hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cetirizine-pseudoephedrine er* | *cetirizine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *relenza diskhaler* | *zanamivir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *24hr allergy relief* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cosentyx sensoready pen* | *secukinumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *basaglar kwikpen* | *insulin glargine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ibsrela* | *tenapanor hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hemady* | *dexamethasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc omeprazole magnesium* | *omeprazole magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nabumetone* | *nabumetone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lupron depot (3-month)* | *leuprolide acetate (3 month)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *benicar* | *olmesartan medoxomil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *burn relief* | *lidocaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *clotrimazole* | *clotrimazole (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cayston* | *aztreonam lysine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cefadroxil* | *cefadroxil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zenatane* | *isotretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *gnp sleep aid nighttime* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dantrium* | *dantrolene sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pacerone* | *amiodarone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *m-dryl* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tazicef* | *ceftazidime* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm triple antibiotic max st* | *neomycin-bacitracin-polymyxin-pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *forfivo xl* | *bupropion hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dexycu* | *dexamethasone (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lyumjev* | *insulin lispro-aabc* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *triamcinolone acetonide* | *triamcinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ventolin hfa* | *albuterol sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lacosamide* | *lacosamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oxycodone-aspirin* | *oxycodone-aspirin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp iodides* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zidovudine* | *zidovudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *eligard* | *leuprolide acetate (6 month)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amlodipine-atorvastatin* | *amlodipine besylate-atorvastatin calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rexulti* | *brexpiprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dr smiths rash + skin* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *seroquel* | *quetiapine fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rasagiline mesylate* | *rasagiline mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *depakote* | *divalproex sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methoxsalen rapid* | *methoxsalen rapid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *norgesic forte* | *orphenadrine w/ aspirin & caff* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xopenex* | *levalbuterol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zanaflex* | *tizanidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *halog* | *halcinonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nitrolingual* | *nitroglycerin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *advanced hand sanitizer/aloe* | *ethyl alcohol (skin cleanser)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *est estrogens-methyltest* | *esterified estrogens & methyltestosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mi-acid maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *revatio* | *sildenafil citrate (pulmonary hypertension)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metformin hcl er (osm)* | *metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *enema ready-to-use* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *itch relief extra strength* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *diclofenac sodium* | *diclofenac sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zovirax* | *acyclovir* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *capex* | *fluocinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *celexa* | *citalopram hydrobromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sporanox pulsepak* | *itraconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *conex cold/allergy* | *dexbrompheniramine & pseudoephedrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *prilosec* | *omeprazole magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm nasal spray moisturizing* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm nasal spray 12 hour* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp allergy* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lexiva* | *fosamprenavir calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp omeprazole* | *omeprazole magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metformin hcl er (mod)* | *metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *arazlo* | *tazarotene (acne)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *farxiga* | *dapagliflozin propanediol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *savella* | *milnacipran hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *3 day vaginal* | *clotrimazole vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *puralube* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *verelan pm* | *verapamil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydrocortisone butyrate* | *hydrocortisone butyrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *actiq* | *fentanyl citrate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sm antifungal tolnaftate* | *tolnaftate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *azopt* | *brinzolamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dexcom g6 sensor* | *continuous blood glucose system sensor* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pramipexole dihydrochloride er* | *pramipexole dihydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dayvigo* | *lemborexant* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *perphenazine-amitriptyline* | *perphenazine-amitriptyline* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sporanox* | *itraconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *indomethacin er* | *indomethacin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *estradiol* | *estradiol vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *invega* | *paliperidone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 6.1-6.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *epogen* | *epoetin alfa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *crofab* | *crotalidae polyvalent immune fab (ovine)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *asmanex (60 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp childrens ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *poly hist forte* | *doxylamine-phenylephrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *robaxin* | *methocarbamol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *loprox* | *ciclopirox olamine & cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *ziagen* | *abacavir sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ibuprofen infants* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *pentobarbital sodium* | *pentobarbital sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dexmethylphenidate hcl er* | *dexmethylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lysodren* | *mitotane* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lubricant eye drops (pf)* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vanos* | *fluocinonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydrocortisone* | *hydrocortisone (intrarectal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *adapalene* | *adapalene* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tracleer* | *bosentan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *geodon* | *ziprasidone mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *allergy-time* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *savella titration pack* | *milnacipran hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *akynzeo* | *netupitant-palonosetron* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vibramycin* | *doxycycline calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betadine ophthalmic prep* | *povidone-iodine (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dibucaine* | *dibucaine* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *fleet bisacodyl* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *antiseptic mouthrinse* | *mouthwashes* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ascomp-codeine* | *butalbital-aspirin-caffeine w/cod* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense sleeptime* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cold-eeze natural multi-symp* | *homeopathic products* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp anorectal* | *lidocaine (anorectal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nucynta* | *tapentadol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sleep aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gralise* | *gabapentin (once-daily)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *neomycin-polymyxin-hc* | *neomycin-polymyxin-hc (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm stay awake* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *budesonide-formoterol fumarate* | *budesonide-formoterol fumarate dihydrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *icosapent ethyl* | *icosapent ethyl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *triprolidine hcl* | *triprolidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *neupro* | *rotigotine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *paremyd* | *hydroxyamphetamine-tropicamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gonitro* | *nitroglycerin* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *hm dry eye relief* | *glycerin-hypromellose-polyethylene glycol 400* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cibinqo* | *abrocitinib* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cefaclor* | *cefaclor* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *repatha* | *evolocumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *minocin* | *minocycline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pliaglis* | *lidocaine-tetracaine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cabenuva* | *cabotegravir & rilpivirine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xopenex concentrate* | *levalbuterol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm ibuprofen ib* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *valproate sodium* | *valproate sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methylprednisolone acetate* | *methylprednisolone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bisacodyl* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *wixela inhub* | *fluticasone-salmeterol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *azelastine hcl* | *azelastine hcl (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stribild* | *elvitegravir-cobicistat-emtricitabine-tenofovir df* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lansoprazole* | *lansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *millipred* | *prednisolone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *leuprolide acetate* | *leuprolide acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *histex-pe* | *triprolidine-phenylephrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *aldara* | *imiquimod* | ADD UM: SUM7 | | 72 Hour Fill List |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *cortef* | *hydrocortisone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *docosanol* | *docosanol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm antifungal miconazole* | *miconazole nitrate (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mavenclad (9 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *freestyle libre 14 day sensor* | *continuous blood glucose system sensor* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cefazolin sodium* | *cefazolin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *moisturel* | *dimethicone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *inveltys* | *loteprednol etabonate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ezallor sprinkle* | *rosuvastatin calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bosentan* | *bosentan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *insulin aspart penfill* | *insulin aspart* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cleocin phosphate* | *clindamycin phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm dibromm cold/allergy* | *brompheniramine & phenyleph* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cambia* | *diclofenac potassium (migraine)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vantas* | *histrelin acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *relexxii* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gimoti* | *metoclopramide hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *ziana* | *clindamycin phosphate-tretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methitest* | *methyltestosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fiasp* | *insulin aspart (with niacinamide)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *levorphanol tartrate* | *levorphanol tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sympazan* | *clobazam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *actemra actpen* | *tocilizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *loperamide-simethicone* | *loperamide-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acular* | *ketorolac tromethamine (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *butenafine hcl* | *butenafine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *azulfidine en-tabs* | *sulfasalazine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc natural vegetable laxative* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *renagel* | *sevelamer hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tosymra* | *sumatriptan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *calcium carbonate antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *konsyl original daily fiber* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *kevzara* | *sarilumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *levalbuterol tartrate* | *levalbuterol tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lupkynis* | *voclosporin* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *indocin* | *indomethacin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lonhala magnair refill kit* | *glycopyrrolate (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *diclofex dc* | *diclofenac sodium-capsaicin (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *evotaz* | *atazanavir sulfate-cobicistat* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aromasin* | *exemestane* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ibuprofen childrens* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *remeron* | *mirtazapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cosentyx* | *secukinumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp triple antibiotic plus* | *neomycin-bacitracin-polymyxin-pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sleep-aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *double antibiotic* | *bacitracin-polymyxin b* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *compro* | *prochlorperazine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *minivelle* | *estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *duavee* | *conjugated estrogens-bazedoxifene* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cold-eeze sugar free* | *homeopathic products* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *evenity* | *romosozumab-aqqg* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *simponi* | *golimumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *entacapone* | *entacapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nizatidine* | *nizatidine* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *jentadueto xr* | *linagliptin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trusopt* | *dorzolamide hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betamethasone valerate* | *betamethasone valerate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *loratadine childrens* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ivermectin* | *ivermectin (pediculicide)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hydrocortisone/aloe max str* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fosphenytoin sodium* | *fosphenytoin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mavenclad (5 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *complete allergy medicine* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *celestone soluspan* | *betamethasone sod phosphate & acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *arthrotec* | *diclofenac w/ misoprostol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *relpax* | *eletriptan hydrobromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *suboxone* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metoprolol tartrate* | *metoprolol tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *alahist d* | *pheniramine maleate-phenylephrine hydrochloride* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *elestrin* | *estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zinc oxide* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *diflunisal* | *diflunisal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *olux-e* | *clobetasol propionate emulsion* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *actoplus met* | *pioglitazone hcl-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vancomycin hcl in dextrose* | *vancomycin hcl-dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense acid reducer* | *ranitidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *harvoni* | *ledipasvir-sofosbuvir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciclopirox* | *ciclopirox* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cotempla xr-odt* | *methylphenidate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antihistamine & nasal deconges* | *fexofenadine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *night time sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fenofibric acid* | *choline fenofibrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *galantamine hydrobromide* | *galantamine hydrobromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *salex* | *salicylic acid w/ cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pentamidine isethionate* | *pentamidine isethionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *soliris* | *eculizumab* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *gnp isopropyl rubbing alcohol* | *isopropyl alcohol, rubbing* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *abelcet* | *amphotericin b lipid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hydrocortisone acetate* | *hydrocortisone acetate (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *antacid regular strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *combivir* | *lamivudine-zidovudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *keflex* | *cephalexin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm hydrocortisone* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fluvastatin sodium er* | *fluvastatin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dantrolene sodium* | *dantrolene sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pepcid* | *famotidine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *corn & callus remover* | *salicylic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *clotrimazole-betamethasone* | *clotrimazole w/ betamethasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *remeron soltab* | *mirtazapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *luxiq* | *betamethasone valerate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *proair digihaler* | *albuterol sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm pain reliever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *amphetamine er* | *amphetamine* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *hydrocortisone valerate* | *hydrocortisone valerate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm enema mineral oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *synera* | *lidocaine-tetracaine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pain reliever plus* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *neo-polycin* | *neomycin-bacitracin zn-polymyxin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lastacaft* | *alcaftadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nasal spray 12 hour* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *rozerem* | *ramelteon* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zyvox* | *linezolid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *intuniv* | *guanfacine hcl (adhd)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *allergy relief* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bss plus* | *ophthalmic irrigation solution - intraocular* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *feverall infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *crestor* | *rosuvastatin calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *freestyle libre 2 sensor* | *continuous blood glucose system sensor* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zelapar* | *selegiline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cardizem* | *diltiazem hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm allergy relief childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sumaxin wash* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dilaudid* | *hydromorphone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mucinex sinus-max clear & cool* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sular* | *nisoldipine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *medi-pads* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *abilify mycite maintenance kit* | *aripiprazole with sensor, strips, & pod* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sabril* | *vigabatrin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ceftriaxone sodium* | *ceftriaxone sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *paxil cr* | *paroxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *12 hour nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *oxymorphone hcl er* | *oxymorphone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp first aid spray* | *lidocaine-benzalkonium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *medrol* | *methylprednisolone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mucinex instasoothe throat/pn* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *onglyza* | *saxagliptin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zestoretic* | *lisinopril & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pred forte* | *prednisolone acetate (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cipro* | *ciprofloxacin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dr greenes good stuff* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *selenium sulfide* | *selenium sulfide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zyprexa* | *olanzapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluorescite* | *fluorescein sodium injection* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bpo foaming cloths* | *benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *haegarda* | *c1 esterase inhibitor (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oxytrol* | *oxybutynin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *povidone-iodine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hemangeol* | *propranolol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pioglitazone hcl-metformin hcl* | *pioglitazone hcl-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bryhali* | *halobetasol propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rowasa* | *mesalamine w/ cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *refresh celluvisc* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *apap-caff-dihydrocodeine* | *acetaminophen-caff-dihydrocod* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *arimidex* | *anastrozole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *doxy 100* | *doxycycline hyclate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lidocaine* | *lidocaine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *benzoyl peroxide* | *benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *multaq* | *dronedarone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bepreve* | *bepotastine besilate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *iferex 150* | *polysaccharide iron complex* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acetaminophen extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *travoprost (bak free)* | *travoprost* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm acid reducer* | *cimetidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *childrens acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *avar cleanser* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pred-g s.o.p.* | *gentamicin-prednisolone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc miconazole 7* | *miconazole nitrate vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense anti-itch maximum st* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense mucus er maximum str* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *betadine antiseptic dry powder* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *otovel* | *ciprofloxacin-fluocinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ilaris* | *canakinumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm allergy 4 hour* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm lansoprazole* | *lansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciprofloxacin-dexamethasone* | *ciprofloxacin-dexamethasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *reblozyl* | *luspatercept-aamt* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xyosted* | *testosterone enanthate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm motion sickness* | *meclizine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ambrisentan* | *ambrisentan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *docu liquid* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *simponi aria* | *golimumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lotemax sm* | *loteprednol etabonate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *laxative max str* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lice killing* | *pyrethrins-piperonyl butoxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ambien cr* | *zolpidem tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *synalar ts* | *fluocinolone acetonide & cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *calcium gluconate-nacl* | *calcium gluconate-sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm iodides* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *caffeine* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *gnp enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp isopropyl rubbing alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zirgan* | *ganciclovir ophthalmic* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *namzaric* | *memantine hcl-donepezil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fentanyl citrate (pf)* | *fentanyl citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc non-aspirin extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cefaclor er* | *cefaclor monohydrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense lubricant eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zileuton er* | *zileuton* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sodium sulfacetamide* | *sulfacetamide sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *exforge* | *amlodipine besylate-valsartan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *viekira pak* | *ombitasvir-paritaprevir-ritonavir-dasabuvir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *paroxetine mesylate* | *paroxetine mesylate (vasomotor)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm dry eye relief* | *glycerin-hypromellose-polyethylene glycol 400* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *belbuca* | *buprenorphine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dsuvia* | *sufentanil citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *genteal severe* | *hypromellose (ophth)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *dexcom g6 transmitter* | *continuous blood glucose system transmitter* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *naphcon-a* | *naphazoline w/ pheniramine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *starlix* | *nateglinide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydrocortisone-iodoquinol* | *iodoquinol-hc* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lubricating plus eye drops* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tobramycin sulfate* | *tobramycin sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *therapeutic dandruff* | *salicylic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *refresh p.m.* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *invirase* | *saquinavir mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *skyrizi pen* | *risankizumab-rzaa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm caldyphen* | *pramoxine-calamine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *neomycin-bacitracin zn-polymyx* | *neomycin-bacitracin zn-polymyxin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *etodolac* | *etodolac* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metronidazole* | *metronidazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *donepezil hcl* | *donepezil hydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pentazocine-naloxone hcl* | *pentazocine w/ naloxone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ketoprofen* | *ketoprofen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *colchicine* | *colchicine* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *ed a-hist* | *chlorpheniramine & phenylephrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *opzelura* | *ruxolitinib phosphate (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *enema mineral oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tikosyn* | *dofetilide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cinvanti* | *aprepitant* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *swim ear* | *isopropyl alcohol (otic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lumify* | *brimonidine tartrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vanalice* | *pyrethrins-piperonyl butoxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sanadermrx skin repair* | *triamcinolone acetonide-dimethicone-silicone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm bacitracin zinc* | *bacitracin zinc* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bismatrol* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *winlevi* | *clascoterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kesimpta* | *ofatumumab (ms)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *levamlodipine maleate* | *levamlodipine maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *niseko sunscreen spf 25* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bismatrol maximum strength* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *refresh relieva* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sm antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm nose drops* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm senna* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cinryze* | *c1 esterase inhibitor (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc antiseptic pain relief* | *camphor & phenol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nexium* | *esomeprazole magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *beser* | *fluticasone propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc lansoprazole* | *lansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *refresh plus* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm senna-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *percocet* | *oxycodone w/ acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vimovo* | *naproxen-esomeprazole magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *temixys* | *lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tovet* | *clobetasol propionate emulsion* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *synalar* | *fluocinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vectical* | *calcitriol (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *yutiq* | *fluocinolone acetonide (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *angiomax* | *bivalirudin trifluoroacetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *solbar fifty* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sulfacetamide sodium (acne)* | *sulfacetamide sodium (acne)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *differin* | *adapalene* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *timoptic-xe* | *timolol maleate (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cal-gest antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *topamax* | *topiramate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *corvert* | *ibutilide fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *azstarys* | *serdexmethylphenidate chloride-dexmethylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp hydrocortisone* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm antacid/antigas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *clindacin-p* | *clindamycin phosphate (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vesicare ls* | *solifenacin succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sumadan xlt* | *sulfacetamide sodium-sulfur-sunscreen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp relief patch* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *allopurinol sodium* | *allopurinol sodium* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *hm pain relieve child dye-free* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *oxycodone hcl* | *oxycodone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *heartburn relief ex st* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm iodine* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *refresh repair* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm witch hazel* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sodium chloride (hypertonic)* | *sodium chloride hypertonic* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *iopidine* | *apraclonidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *verquvo* | *vericiguat* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm infants ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *imitrex statdose system* | *sumatriptan succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *butalbital-asa-caff-codeine* | *butalbital-aspirin-caffeine w/cod* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *docusate mini* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fluocinolone acetonide body* | *fluocinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fiasp flextouch* | *insulin aspart (with niacinamide)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nucala* | *mepolizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aplenzin* | *bupropion hydrobromide* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *refresh optive pf* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *albuterol sulfate hfa* | *albuterol sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fosaprepitant dimeglumine* | *fosaprepitant dimeglumine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cefoxitin sodium* | *cefoxitin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *revonto* | *dantrolene sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *anastrozole* | *anastrozole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *thymoglobulin* | *anti-thymocyte globulin (rabbit), lymphocyte immune globulin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pexeva* | *paroxetine mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cimetidine hcl* | *cimetidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cepacol extra strength* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *timolol maleate* | *timolol maleate (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *caldolor* | *ibuprofen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cepacol* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ketodan* | *ketoconazole & cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *silodosin* | *silodosin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *doxycycline* | *doxycycline (rosacea)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *onexton* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *symlinpen 60* | *pramlintide acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *labetalol hcl* | *labetalol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *azelastine hcl* | *azelastine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *nexium i.v.* | *esomeprazole sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alfentanil hcl* | *alfentanil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sertraline hcl* | *sertraline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lyrica cr* | *pregabalin (once-daily)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mavyret* | *glecaprevir-pibrentasvir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aripiprazole* | *aripiprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clodan* | *clobetasol propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *carbidopa* | *carbidopa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xcopri* | *cenobamate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mefenamic acid* | *mefenamic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methylphenidate hcl er (osm)* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *inderal xl* | *propranolol hcl sustained-release beads* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tizanidine hcl* | *tizanidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *faslodex* | *fulvestrant* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fleet liquid glycerin supp* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lubricating tears eye drops* | *dextran 70-hypromellose* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mitigo* | *morphine sulfate for continuous microinfusion* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *avita* | *tretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tigan* | *trimethobenzamide hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciclodan solution* | *ciclopirox* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *salsalate* | *salsalate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *precedex* | *dexmedetomidine hcl in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *synjardy xr* | *empagliflozin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *enemeez plus* | *benzocaine-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *konsyl original formula* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *podofilox* | *podofilox* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *baby skin protectant* | *petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *triazolam* | *triazolam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciprofloxacin-fluocinolone pf* | *ciprofloxacin-fluocinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fml* | *fluorometholone (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense aspirin* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *synalar (cream)* | *fluocinolone-emollient* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mounjaro* | *tirzepatide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rhofade* | *oxymetazoline hcl (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *glatopa* | *glatiramer acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *muscle rub ultra strength* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *alocril* | *nedocromil sodium (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *wakix* | *pitolisant hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *juluca* | *dolutegravir sodium-rilpivirine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ocaliva* | *obeticholic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *jublia* | *efinaconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *epaned* | *enalapril maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *piroxicam* | *piroxicam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *taperdex 12-day* | *dexamethasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tricor* | *fenofibrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense lubricating eye drop* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *calcium gluconate* | *calcium gluconate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rapaflo* | *silodosin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm naproxen sodium* | *naproxen sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bylvay (pellets)* | *odevixibat* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lotensin hct* | *benazepril & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bismuth subsalicylate* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp natural fiber* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *humira pen-ps/uv/adol hs start* | *adalimumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *avar-e ls* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *dalvance* | *dalbavancin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm fiber* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *novolin 70/30 flexpen* | *insulin nph isophane & reg (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *eye drops advanced relief* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc anti-itch intensive healing* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *meloxicam* | *meloxicam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *orencia* | *abatacept* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ammonia aromatic* | *ammonia aromatic* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ed chlorped jr* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp mineral oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zolgensma 10.6-11.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *poison ivy wash* | *poison ivy treatments* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bivalirudin trifluoroacetate* | *bivalirudin trifluoroacetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *norvir* | *ritonavir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clindamycin-tretinoin* | *clindamycin phosphate-tretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *senokot extra strength* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *trikafta* | *elexacaftor-tezacaftor-ivacaftor* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *retisert* | *fluocinolone acetonide (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *imvexxy maintenance pack* | *estradiol vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alrex* | *loteprednol etabonate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *effexor xr* | *venlafaxine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xolair* | *omalizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cialis* | *tadalafil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *isosorb dinitrate-hydralazine* | *isosorbide dinitrate-hydralazine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lidocaine (anorectal)* | *lidocaine (anorectal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cleviprex* | *clevidipine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp eye drops* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *solbar zinc spf38* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *livalo* | *pitavastatin calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pedia-lax* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sulfacetamide-prednisolone* | *sulfacetamide sod-prednisolone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hepsera* | *adefovir dipivoxil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diovan hct* | *valsartan-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *a&d* | *vitamins a & d (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *niva-fol* | *folic acid-pyridoxine-cyanocobalamin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sm calcium antacid ex st* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *xeljanz* | *tofacitinib citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp all day allergy relief* | *cetirizine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sunosi* | *solriamfetol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methadone hcl intensol* | *methadone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *demerol* | *meperidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rabeprazole sodium* | *rabeprazole sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *myorisan* | *isotretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *subvenite starter kit-green* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diltiazem hcl er* | *diltiazem hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *clozapine* | *clozapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stool softener laxative* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *novolin r relion* | *insulin regular (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *felbatol* | *felbamate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kerydin* | *tavaborole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *releuko* | *filgrastim-ayow* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bion tears pf* | *dextran 70-hypromellose* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zetonna* | *ciclesonide (nasal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zilxi* | *minocycline hcl micronized (rosacea)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *rapivab* | *peramivir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gas relief infants* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm urinary pain relief max st* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sofosbuvir-velpatasvir* | *sofosbuvir-velpatasvir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lyllana* | *estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *moxifloxacin hcl in nacl* | *moxifloxacin hcl in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *systane overnight therapy* | *hypromellose (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp motion sickness relief* | *meclizine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp bacitracin zinc* | *bacitracin zinc* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fosamax plus d* | *alendronate sodium-cholecalciferol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *adult aspirin regimen* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *formoterol fumarate* | *formoterol fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antifungal clotrimazole* | *clotrimazole (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zolgensma 13.1-13.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *12 hour nasal decongestant* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *azathioprine sodium* | *azathioprine sodium* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *vosevi* | *sofosbuvir-velpatasvir-voxilaprevir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bivalirudin-sodium chloride* | *bivalirudin trifluoroacetate-sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *humira pen-pediatric uc start* | *adalimumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *argatroban in sodium chloride* | *argatroban in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fleet oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *betaxolol hcl* | *betaxolol hcl (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *entocort ec* | *budesonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *airduo digihaler* | *fluticasone-salmeterol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cold & hot medicated* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *epipen 2-pak* | *epinephrine (anaphylaxis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tobrex* | *tobramycin (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sublocade* | *buprenorphine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *desloratadine* | *desloratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *brimonidine tartrate* | *brimonidine tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc allergy relief 4-hour* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp pink bismuth* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cymbalta* | *duloxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *hm chest rub* | *camphor-eucalyptus-menthol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tymlos* | *abaloparatide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methylphenidate hcl er (la)* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *micardis* | *telmisartan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *travel sickness* | *meclizine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zolgensma 8.6-9.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *centany* | *mupirocin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *jatenzo* | *testosterone undecanoate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cepacol instamax* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *prevacid solutab* | *lansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *terbutaline sulfate* | *terbutaline sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oseni* | *alogliptin-pioglitazone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *calphron* | *calcium acetate (phosphate binder)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tiagabine hcl* | *tiagabine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *berinert* | *c1 esterase inhibitor (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *systane hydration pf* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *chest rub* | *camphor-eucalyptus-menthol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *synalar (ointment)* | *fluocinolone-emollient* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *hm pain reliever pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp arthricream* | *trolamine salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *elyxyb* | *celecoxib (migraine)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp docosanol* | *docosanol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fluocinolone acetonide* | *fluocinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp alcohol swabs* | *alcohol swabs* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *velphoro* | *sucroferric oxyhydroxide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dovato* | *dolutegravir sodium-lamivudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sfrowasa* | *mesalamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cepacol sore throat* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *galantamine hydrobromide er* | *galantamine hydrobromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ziprasidone hcl* | *ziprasidone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clotrimazole* | *clotrimazole vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *symbyax* | *olanzapine-fluoxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *enalaprilat* | *enalaprilat* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *glycerin childrens* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ovide* | *malathion* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp wart remover* | *salicylic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sleep tabs* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lidocaine pain relief* | *lidocaine* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *lonhala magnair starter kit* | *glycopyrrolate (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fiasp penfill* | *insulin aspart (with niacinamide)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ketoprofen er* | *ketoprofen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tribenzor* | *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sumadan wash* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *depakote er* | *divalproex sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *famotidine orig st* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *exondys 51* | *eteplirsen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *systane ultra* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *carbamazepine er* | *carbamazepine* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 09/14/2022 | *topamax sprinkle* | *topiramate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antacid/anti-gas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ancobon* | *flucytosine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *allergy* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm aspirin ec low dose* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fycompa* | *perampanel* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *arixtra* | *fondaparinux sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *colestid* | *colestipol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clindacin pac* | *clindamycin phosphate & cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lescol xl* | *fluvastatin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bylvay* | *odevixibat* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *belsomra* | *suvorexant* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp hydrocortisone plus* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp pain relief nighttime* | *acetaminophen-aspirin-diphenhydramine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mesalamine-cleanser* | *mesalamine w/ cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *adzenys er* | *amphetamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *doxylamine-phenylephrine* | *doxylamine-phenylephrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *labetalol hcl-sodium chloride* | *labetalol hcl-sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acetaminophen infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ritalin la* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *konsyl-d* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm lubricating tears* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cyclosporine* | *cyclosporine (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acne medication 10* | *benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *aveed* | *testosterone undecanoate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolmitriptan* | *zolmitriptan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp acetaminophen ex st* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *pain relieving* | *trolamine salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zipsor* | *diclofenac potassium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alumina-magnesia-simethicone* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *betadine swabsticks* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *azilect* | *rasagiline mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 3.1-3.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *procainamide hcl* | *procainamide hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zerviate* | *cetirizine hcl (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *actidose with sorbitol* | *charcoal activated-sorbitol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm povidone-iodine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm hydrocortisone plus* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lotemax* | *loteprednol etabonate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prometrium* | *progesterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lopressor* | *metoprolol tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *novolin n* | *insulin nph (human) (isophane)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *laxative regular strength* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *salicylic acid wart remover* | *salicylic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *freshkote pf* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qtern* | *dapagliflozin-saxagliptin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *erygel* | *erythromycin (acne aid)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *risperdal* | *risperidone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm calamine phenolated* | *calamine phenolated* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *prefest* | *estradiol-norgestimate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mintox plus* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tivicay pd* | *dolutegravir sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc hemorrhoidal* | *phenylephrine-cocoa butter* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *edarbyclor* | *azilsartan medoxomil-chlorthalidone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc allergy relief* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *poly bacitracin* | *bacitracin-polymyxin b* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nymalize* | *nimodipine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp anti-gas* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *bensal hp* | *salicylic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *maxalt-mlt* | *rizatriptan benzoate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp allergy antihistamine* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *nalbuphine hcl* | *nalbuphine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *m-pap* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm lice killing max strength* | *pyrethrins-piperonyl butoxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acetaminophen pm* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense naproxen sodium* | *naproxen sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *solbar avo* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qelbree* | *viloxazine hcl (adhd)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *eq aspirin* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hydrocodone bitartrate er* | *hydrocodone bitartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ambien* | *zolpidem tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *systane balance* | *propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc medifin pe* | *phenylephrine-guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fexmid* | *cyclobenzaprine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *insulin aspart* | *insulin aspart* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *benzamycin* | *benzoyl peroxide-erythromycin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zafirlukast* | *zafirlukast* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clotrimazole* | *clotrimazole (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *exforge hct* | *amlodipine-valsartan-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mayzent* | *siponimod fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dhs tar* | *coal tar extract* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *eszopiclone* | *eszopiclone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciclodan* | *ciclopirox* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kerr triple dye swabs* | *triple dye* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *senokot* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *calan sr* | *verapamil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aspirin* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fortaz* | *ceftazidime* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acne medication 5* | *benzoyl peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nevanac* | *nepafenac* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aggrastat* | *tirofiban hcl in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fulvestrant* | *fulvestrant* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nicardipine hcl in nacl* | *nicardipine hcl in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pramosone* | *pramoxine-hc* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *baxdela* | *delafloxacin meglumine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm camphor spirit* | *camphor spirit* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fiber-lax* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *evekeo odt* | *amphetamine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *zolpidem tartrate* | *zolpidem tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *proair respiclick* | *albuterol sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *austedo* | *deutetrabenazine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *carbamazepine er* | *carbamazepine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/14/2022 | *pain reliever pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *olanzapine-fluoxetine hcl* | *olanzapine-fluoxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betasept surgical scrub* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *baraclude* | *entecavir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bicillin l-a* | *penicillin g benzathine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lemtrada* | *alemtuzumab (ms)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sklice* | *ivermectin (pediculicide)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mayzent starter pack* | *siponimod fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *procardia xl* | *nifedipine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *twyneo* | *tretinoin-benzoyl peroxide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amzeeq* | *minocycline hcl micronized (acne)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *refresh optive advanced pf* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *meclizine hcl* | *meclizine hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *calcium chloride* | *calcium chloride (dihydrate)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *etravirine* | *etravirine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *frova* | *frovatriptan succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide & moisturizer* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *anzemet* | *dolasetron mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metrogel-vaginal* | *metronidazole vaginal* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *precedex* | *dexmedetomidine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fabior* | *tazarotene (acne)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ditropan xl* | *oxybutynin chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *atgam* | *lymphocyte immune globulin,anti-thymocyte globulin (equine)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trizivir* | *abacavir sulfate-lamivudine-zidovudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *carisoprodol-aspirin* | *carisoprodol w/ aspirin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *azulfidine* | *sulfasalazine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp anti-itch* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *naproxen-esomeprazole mg* | *naproxen-esomeprazole magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clindagel* | *clindamycin phosphate (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ez char* | *charcoal activated* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sunscreen ultra sheer* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lipofen* | *fenofibrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ala-hist ir* | *dexbrompheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *magnesium oxide* | *magnesium oxide (mg supplement)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zepatier* | *elbasvir-grazoprevir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nohist-lq* | *chlorpheniramine & phenylephrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *erythromycin ethylsuccinate* | *erythromycin ethylsuccinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *athletes foot powder spray* | *miconazole nitrate (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *singulair* | *montelukast sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *penicillin g pot in dextrose* | *penicillin g pot in dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cortisone acetate* | *cortisone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *testopel* | *testosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nyvepria* | *pegfilgrastim-apgf* | ADD UM: SUM7 | | 72 Hour Fill List |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sm hydrocortisone max st* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acid gone* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *haloperidol lactate* | *haloperidol lactate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm lice killing max st* | *pyrethrins-piperonyl butoxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dry eye relief* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hemorrhoidal* | *pramoxine-phenylephrine-glycerin-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *epzicom* | *abacavir sulfate-lamivudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sinemet* | *carbidopa-levodopa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluticasone propionate* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *amphetamine sulfate* | *amphetamine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alaway childrens allergy* | *ketotifen fumarate (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vigadrone* | *vigabatrin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clarithromycin er* | *clarithromycin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antacid/antigas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *risedronate sodium* | *risedronate sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *plavix* | *clopidogrel bisulfate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *ceftazidime and dextrose* | *ceftazidime-dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lipitor* | *atorvastatin calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *doxycycline hyclate* | *doxycycline hyclate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciprofloxacin* | *ciprofloxacin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *myxredlin* | *insulin regular (human) in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dexedrine* | *dextroamphetamine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm povidone-iodine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *trulance* | *plecanatide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ondansetron hcl* | *ondansetron hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *levofloxacin* | *levofloxacin (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *senna* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fluvastatin sodium* | *fluvastatin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *insulin glargine* | *insulin glargine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fleqsuvy* | *baclofen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *flucytosine* | *flucytosine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tramadol hcl er* | *tramadol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *darifenacin hydrobromide er* | *darifenacin hydrobromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *benzaclin* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *reglan* | *metoclopramide hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *qc aspirin* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *levobunolol hcl* | *levobunolol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vibativ* | *telavancin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diphenhydramine hcl* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *antacid maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm antacid anti-gas ex st* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense pain & fever child* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lupron depot (1-month)* | *leuprolide acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diaper rash* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *naltrexone hcl* | *naltrexone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *isopropyl alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tivicay* | *dolutegravir sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fenofibric acid* | *fenofibric acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm ibuprofen ib* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *neuraxcin* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *avar-e emollient* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *femhrt* | *norethindrone acetate-ethinyl estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *niacin er* | *niacin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc fexofenadine hydrochloride* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *refresh optive* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lice killing maximum strength* | *pyrethrins-piperonyl butoxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *detrol la* | *tolterodine tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm senna laxative* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *flolan* | *epoprostenol sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lidocaine in d5w* | *lidocaine in d5w* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nivestym* | *filgrastim-aafi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *menostar* | *estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tretinoin microsphere pump* | *tretinoin microsphere* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prezista* | *darunavir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sufentanil citrate* | *sufentanil citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cefotetan disodium-dextrose* | *cefotetan disodium and dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *neomycin sulfate* | *neomycin sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *symlinpen 120* | *pramlintide acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm advanced antacid max st* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *rytary* | *carbidopa-levodopa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm anti-nausea* | *fructose-dextrose-phosphoric acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *delstrigo* | *doravirine-lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nuvigil* | *armodafinil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *burn relief* | *lidocaine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tolsura* | *itraconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm motion sickness* | *dimenhydrinate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *podocon-25* | *podophyllum resin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *osmolex er* | *amantadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *heparin sod (porcine) in d5w* | *heparin sod (porcine) in d5w* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *omeprazole magnesium* | *omeprazole magnesium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tezspire* | *tezepelumab-ekko* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cleocin* | *clindamycin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *noritate* | *metronidazole (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aczone* | *dapsone (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ak-fluor* | *fluorescein sodium injection* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *doryx mpc* | *doxycycline hyclate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sorilux* | *calcipotriene* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *mi-acid gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *timolol maleate* | *timolol maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lincocin* | *lincomycin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *eye allergy itch relief* | *olopatadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *retrovir* | *zidovudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alkindi sprinkle* | *hydrocortisone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prolensa* | *bromfenac sodium (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm eye drops* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *emtricitabine-tenofovir df* | *emtricitabine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ivermectin* | *ivermectin (rosacea)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *butalbital-apap-caff-cod* | *butalbital-acetaminophen-caffeine w/ codeine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qutenza (4 patch)* | *capsaicin & cleansing gel* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp stool softener* | *docusate calcium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *adzenys xr-odt* | *amphetamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp loperamide hcl* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *toremifene citrate* | *toremifene citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *allergy relief* | *cetirizine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *soluble fiber therapy* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nexterone* | *amiodarone hcl in dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *sm gas relief infants* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *acebutolol hcl* | *acebutolol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lubricant eye drops* | *propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cordran* | *flurandrenolide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *extavia* | *interferon beta-1b* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vogelxo* | *testosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *refresh optive advanced* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lidaflex* | *lidocaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *alaway* | *ketotifen fumarate (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *admelog* | *insulin lispro* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp fiber-caps* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fanapt titration pack* | *iloperidone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lanthanum carbonate* | *lanthanum carbonate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alogliptin-metformin hcl* | *alogliptin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ovace wash* | *sulfacetamide sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *complera* | *emtricitabine-rilpivirine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *terbinafine hcl* | *terbinafine hcl (topical)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *zenzedi* | *dextroamphetamine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp naproxen sodium* | *naproxen sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sulfacetamide-sulfur in urea* | *sulfacetamide sodium-sulfur in urea vehicle* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *glyxambi* | *empagliflozin-linagliptin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *erythrocin lactobionate* | *erythromycin lactobionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *epinephrine (anaphylaxis)* | *epinephrine (anaphylaxis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xultophy* | *insulin degludec-liraglutide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *desoximetasone* | *desoximetasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *childrens ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gloperba* | *colchicine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bystolic* | *nebivolol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *novolin r* | *insulin regular (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tetracycline hcl* | *tetracycline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm loratadine childrens* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *morphine sulfate er* | *morphine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *insulin glargine-yfgn* | *insulin glargine-yfgn* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *buprenorphine hcl* | *buprenorphine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *symtuza* | *darunavir-cobicistat-emtricitabine-tenofovir alafenamide* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *abiraterone acetate* | *abiraterone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nebupent* | *pentamidine isethionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *adhansia xr* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *uloric* | *febuxostat* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *luzu* | *luliconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *firvanq* | *vancomycin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *victoza* | *liraglutide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *depo-medrol* | *methylprednisolone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mintox maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mag-al plus xs* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zeposia 7-day starter pack* | *ozanimod hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fexofenadine hcl* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *firmagon* | *degarelix acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nicotrol ns* | *nicotine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lyumjev kwikpen* | *insulin lispro-aabc* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydrocortisone max st* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *telmisartan-amlodipine* | *telmisartan-amlodipine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cutivate* | *fluticasone propionate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *versacloz* | *clozapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antifungal* | *miconazole nitrate (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *neo-synalar* | *neomycin sulfate-fluocinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *abstral* | *fentanyl citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp acid reducer* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm pain reliever ex st* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zohydro er* | *hydrocodone bitartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *janumet xr* | *sitagliptin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trospium chloride er* | *trospium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *refresh digital pf* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *viramune xr* | *nevirapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *olanzapine* | *olanzapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *enemeez mini* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp mucus relief* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *alum & mag hydroxide-simeth* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *jornay pm* | *methylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ala-hist pe* | *dexbrompheniramine-phenylephrine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qc iodides* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *linezolid in sodium chloride* | *linezolid in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *enbrel mini* | *etanercept* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolpidem tartrate er* | *zolpidem tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *phenergan* | *promethazine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dificid* | *fidaxomicin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *descovy* | *emtricitabine-tenofovir alafenamide fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nasal spray extra moisturizing* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tolterodine tartrate* | *tolterodine tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp antibacterial hand soap* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm arthritis pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mircera* | *methoxy polyethylene glycol-epoetin beta* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diacomit* | *stiripentol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *freestyle libre 14 day reader* | *continuous blood glucose system receiver* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *repatha sureclick* | *evolocumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *frovatriptan succinate* | *frovatriptan succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *epsolay* | *benzoyl peroxide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *insulin lispro* | *insulin lispro* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mintox regular strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *testim* | *testosterone* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *varenicline tartrate* | *varenicline tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *naratriptan hcl* | *naratriptan hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *abacavir-lamivudine-zidovudine* | *abacavir sulfate-lamivudine-zidovudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc naproxen sodium* | *naproxen sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *amiodarone hcl* | *amiodarone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 7.6-8.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sancuso* | *granisetron* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tybost* | *cobicistat* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 12.1-12.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ice blue* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lofena* | *diclofenac potassium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *montelukast sodium* | *montelukast sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vivarin* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *otiprio* | *ciprofloxacin (otic)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *saizenprep* | *somatropin (non-refrigerated)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vfend iv* | *voriconazole* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *hm acetaminophen pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *qutenza (2 patch)* | *capsaicin & cleansing gel* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *innopran xl* | *propranolol hcl sustained-release beads* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *natpara* | *parathyroid hormone (recombinant)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *symfi lo* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp senna plus* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm aspirin* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hm calcium antacid ex st* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tolterodine tartrate er* | *tolterodine tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *agrylin* | *anagrelide hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluphenazine hcl* | *fluphenazine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zarontin* | *ethosuximide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sovaldi* | *sofosbuvir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lastacaft* | *alcaftadine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *salicylic acid* | *salicylic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *childrens loratadine* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sumaxin cp* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *cetirizine hcl* | *cetirizine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tyrvaya* | *varenicline tartrate (cholinergic agonist)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lidocaine hcl (cardiac)* | *lidocaine hcl (cardiac)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cytra-k* | *potassium citrate-citric acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *solbar spf30* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *xarelto* | *rivaroxaban* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc tolnaftate* | *tolnaftate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *flumadine* | *rimantadine hydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diclofenac epolamine* | *diclofenac epolamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense hemorrhoidal* | *phenylephrine-cocoa butter* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *kengreal* | *cangrelor tetrasodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xiidra* | *lifitegrast* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zioptan* | *tafluprost* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm allergy relief* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ezetimibe-simvastatin* | *ezetimibe-simvastatin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *diphenhydramine -zinc acetate* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *xalatan* | *latanoprost* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *natesto* | *testosterone* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *8 hour arthritis pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *epivir hbv* | *lamivudine (hbv)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methylprednisolone sodium succ* | *methylprednisolone sod succ* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aygestin* | *norethindrone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lovaza* | *omega-3-acid ethyl esters* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *neo-synalar* | *neomycin-fluocinolone & emollient* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydrocortisone* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp acid control 150 max st* | *ranitidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dexamethasone sod phosphate pf* | *dexamethasone sodium phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *absorica ld* | *isotretinoin micronized* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zomig* | *zolmitriptan* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *taltz* | *ixekizumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *enbrel sureclick* | *etanercept* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm mineral oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *viltepso* | *viltolarsen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mapap acetaminophen extra str* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *banophen* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *targadox* | *doxycycline hyclate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cimduo* | *lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *zithromax* | *azithromycin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ozurdex* | *dexamethasone (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aranesp (albumin free)* | *darbepoetin alfa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *polytrim* | *polymyxin b-trimethoprim* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *norpace cr* | *disopyramide phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide (refrigerate)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm iodine tincture* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *androgel* | *testosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vitamin d3* | *cholecalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fiber laxative* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *treprostinil* | *treprostinil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *asmanex (30 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *namenda* | *memantine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *naftifine hcl* | *naftifine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *neoprofen* | *ibuprofen lysine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *genotropin* | *somatropin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *viokace* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm antibiotic plus pain relief* | *neomycin-polymyxin w/ pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp allergy relief* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trulicity* | *dulaglutide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kenalog-80* | *triamcinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *lamotrigine starter kit-green* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *maxitrol* | *neomycin-polymy-dexameth* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc enteric aspirin* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mavenclad (6 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ertaczo* | *sertaconazole nitrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp antacid regular strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense arthritis pain* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *konsyl daily fiber* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *multi-vit/iron/fluoride* | *ped multivitamins w/fl & iron* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *xofluza (80 mg dose)* | *baloxavir marboxil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dok* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *verelan* | *verapamil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *heparin (porcine) in nacl* | *heparin (porcine) in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *saizen* | *somatropin (non-refrigerated)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zegerid* | *omeprazole-sodium bicarbonate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *symfi* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alomide* | *lodoxamide tromethamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp lice treatment* | *pyrethrins-piperonyl butoxide* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *ceftazidime* | *ceftazidime* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *topiramate er* | *topiramate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *neurontin* | *gabapentin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bijuva* | *estradiol-progesterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nuzyra* | *omadacycline tosylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *orgovyx* | *relugolix* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *orenitram* | *treprostinil diolamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *relafen ds* | *nabumetone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydrocortisone-acetic acid* | *hydrocortisone w/acetic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *exelderm* | *sulconazole nitrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *subvenite starter kit-orange* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc allergy childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *hydrocortisone butyr lipo base* | *hydrocortisone butyrate hydrophilic lipo base* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciclopirox treatment* | *ciclopirox* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *solbar shield spf 40* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *texacort* | *hydrocortisone (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aller-chlor* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *pertzye* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prevalite* | *cholestyramine light* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *flurandrenolide* | *flurandrenolide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tetrabenazine* | *tetrabenazine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dexlansoprazole* | *dexlansoprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fioricet/codeine* | *butalbital-acetaminophen-caffeine w/ codeine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp hydrocortisone max st* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dexamethasone sodium phosphate* | *dexamethasone sodium phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *infliximab* | *infliximab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *eprosartan mesylate* | *eprosartan mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *orasep* | *benzocaine-menthol-cetylpyridinium cl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *xerese* | *acyclovir-hydrocortisone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *calamine plus* | *pramoxine-calamine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense migraine formula* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *thioridazine hcl* | *thioridazine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *miconazole nitrate* | *miconazole nitrate vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *eurax* | *crotamiton* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betadine surgical scrub* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *carbamazepine er* | *carbamazepine* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *meclofenamate sodium* | *meclofenamate sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *evrysdi* | *risdiplam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dandruff shampoo* | *selenium sulfide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *talicia* | *amoxicillin-rifabutin-omeprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mesalamine* | *mesalamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *doxazosin mesylate* | *doxazosin mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *levetiracetam* | *levetiracetam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *juxtapid* | *lomitapide mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *chlordiazepoxide-amitriptyline* | *chlordiazepoxide-amitriptyline* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm omeprazole* | *omeprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *apokyn* | *apomorphine hydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *absorica* | *isotretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vusion* | *miconazole-zinc oxide-white petrolatum* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aemcolo* | *rifamycin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *brevibloc premixed ds* | *esmolol hcl-sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *insulin asp prot & asp flexpen* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *amrix* | *cyclobenzaprine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ximino* | *minocycline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *neulasta onpro* | *pegfilgrastim* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *estradiol valerate* | *estradiol valerate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *trifluoperazine hcl* | *trifluoperazine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zoloft* | *sertraline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cyclobenzaprine hcl er* | *cyclobenzaprine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *paroxetine hcl* | *paroxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *omeprazole* | *omeprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *flagyl* | *metronidazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bivalirudin rtu* | *bivalirudin trifluoroacetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *genteal tears night-time* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dexmedetomidine hcl in nacl* | *dexmedetomidine hcl in sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zembrace symtouch* | *sumatriptan succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp alert aid* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gattex* | *teduglutide (rdna)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fareston* | *toremifene citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *naproxen sodium* | *naproxen sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *carbidopa-levodopa-entacapone* | *carbidopa-levodopa-entacapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *praluent* | *alirocumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm ibuprofen ib childrens* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *rybelsus* | *semaglutide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *crotan* | *crotamiton* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hetlioz lq* | *tasimelteon* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *alendronate sodium* | *alendronate sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *rynex pse* | *brompheniramine & pseudoeph* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *desonate* | *desonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *almotriptan malate* | *almotriptan malate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dextenza* | *dexamethasone (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *benazepril-hydrochlorothiazide* | *benazepril & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oxaydo* | *oxycodone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ibuprofen-famotidine* | *ibuprofen-famotidine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hair regrowth treatment men* | *minoxidil (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *famotidine maximum strength* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tamiflu* | *oseltamivir phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *eye drops* | *tetrahydrozoline hcl (ophth)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *qc triple antibiotic max st* | *neomycin-bacitracin-polymyxin-pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *rosanil cleanser* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *solodyn* | *minocycline hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acid reducer* | *ranitidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *biktarvy* | *bictegravir-emtricitabine-tenofovir alafenamide fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *humira pediatric crohns start* | *adalimumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *humira pen-cd/uc/hs starter* | *adalimumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *naftin* | *naftifine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *apadaz* | *benzhydrocodone hcl-acetaminophen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *parlodel* | *bromocriptine mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp witch hazel* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp allergy relief* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *byetta 5 mcg pen* | *exenatide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *insulin glargine solostar* | *insulin glargine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prazosin hcl* | *prazosin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *duloxetine hcl* | *duloxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *ibuprofen junior strength* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lidocaine-transparent dressing* | *lidocaine-transparent dressing* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *multivitamin/fluoride* | *pediatric multivitamins w/fl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *genotropin miniquick* | *somatropin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *restoril* | *temazepam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *edarbi* | *azilsartan medoxomil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *phenaseptic* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lopid* | *gemfibrozil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ilumya* | *tildrakizumab-asmn* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methyltestosterone* | *methyltestosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *reclast* | *zoledronic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mucinex childrens stuffy nose* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nasal relief* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *reguloid* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sudogest sinus/allergy* | *chlorpheniramine & pseudoeph* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *clindamycin phosphate in d5w* | *clindamycin phosphate in d5w* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *loteprednol etabonate* | *loteprednol etabonate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ritonavir* | *ritonavir* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *feverall adults* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *effervescent antacid/pain rel* | *aspirin effervescent* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *danazol* | *danazol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *duexis* | *ibuprofen-famotidine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *phenytoin sodium* | *phenytoin sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *flurbiprofen* | *flurbiprofen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *modafinil* | *modafinil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *flutamide* | *flutamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pindolol* | *pindolol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acid controller max st* | *famotidine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *rukobia* | *fostemsavir tromethamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *accuretic* | *quinapril-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tretinoin* | *tretinoin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc witch hazel* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dexmethylphenidate hcl* | *dexmethylphenidate hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *condylox* | *podofilox* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ibuprofen lysine* | *ibuprofen lysine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dimethyl fumarate starter pack* | *dimethyl fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *colace* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *blephamide s.o.p.* | *sulfacetamide sod-prednisolone* | ADD UM: SUM7 | | 72 Hour Fill List |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *gnp burn relief* | *lidocaine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lodosyn* | *carbidopa* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp lubricating plus eye drops* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *tadalafil* | *tadalafil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ciprofloxacin in d5w* | *ciprofloxacin in d5w* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *omega-3-acid ethyl esters* | *omega-3-acid ethyl esters* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *emflaza* | *deflazacort* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mineral oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mavenclad (4 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mag-al plus* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp fiber therapy* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *onfi* | *clobazam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *eprontia* | *topiramate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dipentum* | *olsalazine sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *steglujan* | *ertugliflozin-sitagliptin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc isopropyl rubbing alcohol* | *isopropyl alcohol, rubbing* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *petroleum jelly* | *white petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vaseretic* | *enalapril maleate & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dexamethasone intensol* | *dexamethasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ahist* | *chlorcyclizine hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *aspirin adult* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *calcium antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ziextenzo* | *pegfilgrastim-bmez* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *methadone hcl* | *methadone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cimzia starter kit* | *certolizumab pegol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bacitracin* | *bacitracin (ophthalmic)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stalevo 50* | *carbidopa-levodopa-entacapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cromolyn sodium* | *cromolyn sodium (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *eligard* | *leuprolide acetate (4 month)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stalevo 75* | *carbidopa-levodopa-entacapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *skytrofa* | *lonapegsomatropin-tcgd* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *doxepin hcl* | *doxepin hcl (sleep)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tenoretic 50* | *atenolol & chlorthalidone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *perforomist* | *formoterol fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ovace plus wash* | *sulfacetamide sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *stelara* | *ustekinumab (iv)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *vemlidy* | *tenofovir alafenamide fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fentanyl* | *fentanyl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *emtricitabine* | *emtricitabine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *abilify maintena* | *aripiprazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *clonidine* | *clonidine* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *gnp antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ultravate* | *halobetasol propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *welchol* | *colesevelam hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm acetaminophen childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lupron depot (4-month)* | *leuprolide acetate (4 month)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nubeqa* | *darolutamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp stomach relief ultra* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *petrolatum* | *petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *scalpicin 2 in 1* | *salicylic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *climara* | *estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *buprenorphine* | *buprenorphine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *avodart* | *dutasteride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prozac* | *fluoxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *anjeso* | *meloxicam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *allergy relief/indoor/outdoor* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *antifungal (tolnaftate)* | *tolnaftate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dexamethasone* | *dexamethasone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *athletes foot powder spray* | *tolnaftate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *vyondys 53* | *golodirsen* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *atovaquone* | *atovaquone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *patanase* | *olopatadine hcl (nasal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm acid reducer* | *ranitidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sitavig* | *acyclovir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fondaparinux sodium* | *fondaparinux sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sinus congestion max strength* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *efavirenz-lamivudine-tenofovir* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *estrace* | *estradiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *dexcom g6 receiver* | *continuous blood glucose system receiver* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm aspirin ec* | *aspirin* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fluocinolone acetonide scalp* | *fluocinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *miconazole-zinc oxide-petrolat* | *miconazole-zinc oxide-white petrolatum* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fluocinonide* | *fluocinonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mentax* | *butenafine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *emgality (300 mg dose)* | *galcanezumab-gnlm* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *januvia* | *sitagliptin phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *krystexxa* | *pegloticase* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *febuxostat* | *febuxostat* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *headache relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *carisoprodol* | *carisoprodol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mucinex sinus-max sinus/allrgy* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zaleplon* | *zaleplon* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *solu-medrol (pf)* | *methylprednisolone sod succ* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cold-eeze* | *homeopathic products* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp chest rub* | *camphor-eucalyptus-menthol* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *magnebind 300* | *calcium carbonate-magnesium carbonate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nourianz* | *istradefylline* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *famotidine (pf)* | *famotidine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nilutamide* | *nilutamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *myrbetriq* | *mirabegron* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prednisone intensol* | *prednisone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *airduo respiclick 113/14* | *fluticasone-salmeterol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *synercid* | *quinupristin-dalfopristin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xigduo xr* | *dapagliflozin-metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lubrifresh p.m.* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *remicade* | *infliximab* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *apidra* | *insulin glulisine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lamotrigine* | *lamotrigine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *allergy rel child (loratadine)* | *loratadine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *muscle rub* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *candesartan cilexetil* | *candesartan cilexetil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm fexofenadine hcl* | *fexofenadine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cosentyx sensoready (300 mg)* | *secukinumab* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *insulin lispro junior kwikpen* | *insulin lispro* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cellcept intravenous* | *mycophenolate mofetil hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *colace clear* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *budesonide er* | *budesonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cablivi* | *caplacizumab-yhdp* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xeomin* | *incobotulinumtoxina* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *morphabond er* | *morphine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *miconazole 7* | *miconazole nitrate vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *allergy childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *medicated callus removers* | *salicylic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *mupirocin calcium* | *mupirocin calcium (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *geodon* | *ziprasidone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *systane complete* | *propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *motegrity* | *prucalopride succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *increlex* | *mecasermin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *azelaic acid* | *azelaic acid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cardizem la* | *diltiazem hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pandel* | *hydrocortisone probutate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm stay awake* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *altace* | *ramipril* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *loprox* | *ciclopirox olamine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mavenclad (7 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *asmanex (14 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lopreeza* | *estradiol & norethindrone acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 09/14/2022 | *xcopri (350 mg daily dose)* | *cenobamate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nitroglycerin* | *nitroglycerin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *lexette* | *halobetasol propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trimethobenzamide hcl* | *trimethobenzamide hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *questran light* | *cholestyramine light* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 4.1-4.5 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *ongentys* | *opicapone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *enjaymo* | *sutimlimab-jome* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *granisetron hcl* | *granisetron hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydromorphone hcl* | *hydromorphone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *skelaxin* | *metaxalone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pred-g* | *gentamicin-prednisolone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *brevibloc in nacl* | *esmolol hcl-sodium chloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *colcrys* | *colchicine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *qc nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *vesicare* | *solifenacin succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acyclovir sodium* | *acyclovir sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kapspargo sprinkle* | *metoprolol succinate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fiorinal/codeine #3* | *butalbital-aspirin-caffeine w/cod* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kadian* | *morphine sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *istalol* | *timolol maleate (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nasal allergy 24 hour* | *triamcinolone acetonide (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *allergy relief* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *diflorasone diacetate* | *diflorasone diacetate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *cancidas* | *caspofungin acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ovace plus* | *sulfacetamide sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betapace af* | *sotalol hcl (afib/afl)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *betadine antiseptic* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *temovate* | *clobetasol propionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm hydrocortisone-aloe max st* | *hydrocortisone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *pentam* | *pentamidine isethionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *mucinex sinus-max full force* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *econazole nitrate* | *econazole nitrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fortesta* | *testosterone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *epivir* | *lamivudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *malathion* | *malathion* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense pain relief extra st* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp vitamin a & d* | *vitamins a & d (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm arthritis pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *goodsense headache pm* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *sm arthricream rub* | *trolamine salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *mometasone furoate* | *mometasone furoate (nasal)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *epinephrine* | *epinephrine (anaphylaxis)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *stavudine* | *stavudine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ammonium lactate* | *lactic acid (ammonium lactate)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *auryxia* | *ferric citrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *extina* | *ketoconazole (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *kids continuous spray spf50* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *simethicone ultra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *renflexis* | *infliximab-abda* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *adlarity* | *donepezil hydrochloride* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nystatin-triamcinolone* | *nystatin-triamcinolone* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zyclara* | *imiquimod* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *xadago* | *safinamide mesylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *symjepi* | *epinephrine (anaphylaxis)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp ibuprofen infants* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *azor* | *amlodipine besylate-olmesartan medoxomil* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trileptal* | *oxcarbazepine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *voriconazole* | *voriconazole* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *omnaris* | *ciclesonide (nasal)* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *qc earwax removal kit* | *carbamide peroxide (otic)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ceftriaxone sodium in dextrose* | *ceftriaxone sodium in dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *premarin* | *estrogens, conjugated* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bicalutamide* | *bicalutamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ponvory* | *ponesimod* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *epidiolex* | *cannabidiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aloxi* | *palonosetron hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *goodsense ibuprofen childrens* | *ibuprofen* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *gnp allergy relief max st* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *cresemba* | *isavuconazonium sulfate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hyzaar* | *losartan potassium & hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pegasys* | *peginterferon alfa-2a* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zymaxid* | *gatifloxacin (ophth)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *urso 250* | *ursodiol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *epclusa* | *sofosbuvir-velpatasvir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aloprim* | *allopurinol sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ketodan* | *ketoconazole (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *acetaminophen childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *temazepam* | *temazepam* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hm sterile alcohol prep* | *alcohol swabs* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *felodipine er* | *felodipine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *medicated corn removers* | *salicylic acid* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *dapsone* | *dapsone (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *besivance* | *besifloxacin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *levofloxacin in d5w* | *levofloxacin in d5w* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nutropin aq nuspin 5* | *somatropin* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bp 10-1* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *trogarzo* | *ibalizumab-uiyk* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cosopt pf* | *dorzolamide hcl-timolol maleate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *famotidine premixed* | *famotidine in nacl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zolgensma 6.6-7.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fenoprofen calcium* | *fenoprofen calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *psorcon* | *diflorasone diacetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *pamidronate disodium* | *pamidronate disodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *butorphanol tartrate* | *butorphanol tartrate* | ADD UM: SUM7 | | 72 Hour Fill List |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *systane ultra pf* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *zolgensma 12.6-13.0 kg* | *onasemnogene abeparvovec-xioi* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *zyprexa zydis* | *olanzapine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *magnebind 400* | *calcium carbonate-magnesium carbonate* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 09/14/2022 | *cystaran* | *cysteamine hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ultram* | *tramadol hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *botox cosmetic* | *onabotulinumtoxina (cosmetic)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp clotrimazole 3* | *clotrimazole vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *fortamet* | *metformin hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *casodex* | *bicalutamide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *roxicodone* | *oxycodone hcl* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *histex* | *triprolidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *nesina* | *alogliptin benzoate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *cilostazol* | *cilostazol* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *treximet* | *sumatriptan-naproxen sodium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *fosamprenavir calcium* | *fosamprenavir calcium* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *prochlorperazine edisylate* | *prochlorperazine edisylate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm miconazole 7* | *miconazole nitrate vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *depo-estradiol* | *estradiol cypionate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *gnp anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *zilretta* | *triamcinolone acetonide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm antibiotic* | *bacitracin zinc* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *avar ls cleanser* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *metronidazole* | *metronidazole (topical)* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *bp cleansing wash* | *sulfacetamide sodium-sulfur in urea vehicle* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sleep-aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *betadine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *provera* | *medroxyprogesterone acetate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *ceftriaxone sodium-dextrose* | *ceftriaxone sodium and dextrose* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *marplan* | *isocarboxazid* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *apretude* | *cabotegravir* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *revlimid* | *lenalidomide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *intelence* | *etravirine* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *durysta* | *bimatoprost* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *aprepitant* | *aprepitant* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *lenalidomide* | *lenalidomide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *sm lubricant eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *simethicone* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/14/2022 | *quinapril-hydrochlorothiazide* | *quinapril-hydrochlorothiazide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *nitazoxanide* | *nitazoxanide* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *oxistat* | *oxiconazole nitrate* | ADD UM: SUM7 | | 72 Hour Fill List |
| 09/14/2022 | *tolnaftate antifungal* | *tolnaftate* | ADD TO FORMULARY | | Non-Formulary |
| 09/14/2022 | *ziks arthritis pain relief* | *capsaicin-menthol-methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 09/27/2022 | *gentamicin sulfate* | *gentamicin sulfate* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *reyvow* | *lasmiditan succinate* | ADD UM: SUM9 | | 648 CGRP |
| 09/27/2022 | *novolin 70/30 flexpen* | *insulin nph isophane & reg (human)* | ADD UM: SUM9 | | 507 INSULIN MIX |
| 09/27/2022 | *humulin n* | *insulin nph (human) (isophane)* | ADD UM: SUM9 | | 508 INSULIN N |
| 09/27/2022 | *sumatriptan* | *sumatriptan* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *qutenza* | *capsaicin & cleansing gel* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *mayzent* | *siponimod fumarate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *celestone soluspan* | *betamethasone sod phosphate & acetate* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *nitro-dur* | *nitroglycerin* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *glipizide* | *glipizide* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 09/27/2022 | *humulin 70/30* | *insulin nph isophane & reg (human)* | ADD UM: SUM9 | | 507 INSULIN MIX |
| 09/27/2022 | *ivermectin* | *ivermectin (pediculicide)* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *abilify mycite starter kit* | *aripiprazole with sensor, strips, & pod* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *colcrys* | *colchicine* | ADD UM: SUM9 | | 437 ORAL AGENTS FOR GOUT: MISC |
| 09/27/2022 | *prefest* | *estradiol-norgestimate* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *vantas* | *histrelin acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *oxybutynin chloride* | *oxybutynin chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *loratadine-d 12hr* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *novolin r flexpen* | *insulin regular (human)* | ADD UM: SUM9 | | 509 INSULIN R |
| 09/27/2022 | *sirolimus* | *sirolimus* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *goodsense nicotine* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *lanthanum carbonate* | *lanthanum carbonate* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 09/27/2022 | *dexcom g6 receiver* | *continuous blood glucose system receiver* | ADD UM: SUM9 | | 840 DIABETES METERS, CONTINUOUS |
| 09/27/2022 | *desloratadine* | *desloratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *comtan* | *entacapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *femara* | *letrozole* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *namenda* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 09/27/2022 | *tyvaso dpi maintenance kit* | *treprostinil* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |
| 09/27/2022 | *vyvgart* | *efgartigimod alfa-fcab* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | ADD UM: SUM9 | | 577 ORAL PAH AGENTS – OTHER |
| 09/27/2022 | *cambia* | *diclofenac potassium (migraine)* | ADD UM: SUM9 | | 440 ANTIMIGRAINE AGENTS, OTHER |
| 09/27/2022 | *hepsera* | *adefovir dipivoxil* | ADD UM: SUM9 | | 497 HEPATITIS B - ORAL |
| 09/27/2022 | *vaseretic* | *enalapril maleate & hydrochlorothiazide* | ADD UM: SUM9 | | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 09/27/2022 | *clindamycin hcl* | *clindamycin hcl* | ADD UM: SUM9 | | 533 LINCOSAMIDES/ OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *enoxaparin sodium* | *enoxaparin sodium* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *skytrofa* | *lonapegsomatropin-tcgd* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *lamotrigine* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *invega sustenna* | *paliperidone palmitate* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *abacavir-lamivudine-zidovudine* | *abacavir sulfate-lamivudine-zidovudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *toviaz* | *fesoterodine fumarate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *sm all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *gnp omeprazole* | *omeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *focalin* | *dexmethylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *ibsrela* | *tenapanor hcl* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *valtoco 10 mg dose* | *diazepam (anticonvulsant)* | ADD UM: SUM9 | | 424 ANTICONVULSANTS, NON-ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *kenalog* | *triamcinolone acetonide (topical)* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *loxapine succinate* | *loxapine succinate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *neupro* | *rotigotine* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *pregabalin* | *pregabalin* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *granisetron hcl* | *granisetron hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *zetia* | *ezetimibe* | ADD UM: SUM9 | | 538 LIPOTROPICS: CAI |
| 09/27/2022 | *bivalirudin-sodium chloride* | *bivalirudin trifluoroacetate-sodium chloride* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *phenergan* | *promethazine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *diclofex dc* | *diclofenac sodium-capsaicin (topical)* | ADD UM: SUM9 | | 553 TOPICAL NSAIDS |
| 09/27/2022 | *formoterol fumarate* | *formoterol fumarate* | ADD UM: SUM9 | | 465 LONG ACTING BETA-ADRENERGICS NEBS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *testopel* | *testosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *clindamycin palmitate hcl* | *clindamycin palmitate hydrochloride* | ADD UM: SUM9 | | 533 LINCOSAMIDES/ OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *tybost* | *cobicistat* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *meclizine hcl* | *meclizine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *ramelteon* | *ramelteon* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *cosopt pf* | *dorzolamide hcl-timolol maleate* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *desonate* | *desonide* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *lidocaine in d5w* | *lidocaine in d5w* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *lamictal xr* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *accuretic* | *quinapril-hydrochlorothiazide* | ADD UM: SUM9 | | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 09/27/2022 | *urso 250* | *ursodiol* | ADD UM: SUM9 | | 455 BILE SALTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *diclofenac sodium* | *diclofenac sodium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *gemtesa* | *vibegron* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *imitrex statdose system* | *sumatriptan succinate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *fuzeon* | *enfuvirtide* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *natroba* | *spinosad* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *cozaar* | *losartan potassium* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *gelnique* | *oxybutynin chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *brisdelle* | *paroxetine mesylate (vasomotor)* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *gnp all day allergy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *xalatan* | *latanoprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 09/27/2022 | *primidone* | *primidone* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *linezolid in sodium chloride* | *linezolid in sodium chloride* | ADD UM: SUM9 | | 533 LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *centany* | *mupirocin* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |
| 09/27/2022 | *zoloft* | *sertraline hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *azelastine hcl* | *azelastine hcl* | ADD UM: SUM9 | | 525 INTRANASAL ANTIHISTAMINES |
| 09/27/2022 | *goodsense aller-ease* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *tacrolimus* | *tacrolimus* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *fragmin* | *dalteparin sodium* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 09/27/2022 | *revatio* | *sildenafil citrate (pulmonary hypertension)* | ADD UM: SUM9 | | 577 ORAL PAH AGENTS – OTHER |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *vectical* | *calcitriol (topical)* | ADD UM: SUM9 | | 446 ANTIPSORIATICS, TOPICAL |
| 09/27/2022 | *betimol* | *timolol* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *doptelet* | *avatrombopag maleate* | ADD UM: SUM9 | | 483 HEMATOPOIETIC AGENTS |
| 09/27/2022 | *topiramate er* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *ovace plus wash* | *sulfacetamide sodium* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *cromolyn sodium* | *cromolyn sodium (ophth)* | ADD UM: SUM9 | | 563 OPHTHALMIC MAST CELL STABILIZERS |
| 09/27/2022 | *nabumetone* | *nabumetone* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *lopinavir-ritonavir* | *lopinavir-ritonavir* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *xarelto* | *rivaroxaban* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *complera* | *emtricitabine-rilpivirine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *benicar hct* | *olmesartan medoxomil-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *pradaxa* | *dabigatran etexilate mesylate* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *vesicare* | *solifenacin succinate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *renvela* | *sevelamer carbonate* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 09/27/2022 | *horizant* | *gabapentin enacarbil* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *enalapril maleate* | *enalapril maleate* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *pred mild* | *prednisolone acetate (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *budesonide* | *budesonide (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *vusion* | *miconazole-zinc oxide-white petrolatum* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *hydromorphone hcl* | *hydromorphone hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *enalapril-hydrochlorothiazide* | *enalapril maleate & hydrochlorothiazide* | ADD UM: SUM9 | | 610 ACE INHIBITOR DIURETIC COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *felbamate* | *felbamate* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *onfi* | *clobazam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *byfavo* | *remimazolam besylate* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *cetirizine hcl allergy child* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *albuterol sulfate hfa* | *albuterol sulfate* | ADD UM: SUM9 | | 466 SHORT ACTING BETA ADRENERGICS |
| 09/27/2022 | *ciprofloxacin in d5w* | *ciprofloxacin in d5w* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 09/27/2022 | *isoproterenol hcl* | *isoproterenol hcl* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *rosuvastatin calcium* | *rosuvastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 09/27/2022 | *oxiconazole nitrate* | *oxiconazole nitrate* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *bydureon* | *exenatide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *hm lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *remicade* | *infliximab* | ADD UM: SUM9 | | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 09/27/2022 | *iodoquinol-hc-aloe polysacch* | *iodoquinol-hydrocortisone-aloe polysaccharide* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *tymlos* | *abaloparatide* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |
| 09/27/2022 | *prilosec* | *omeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *methyldopate hcl* | *methyldopate hcl* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 09/27/2022 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *valacyclovir hcl* | *valacyclovir hcl* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 09/27/2022 | *apriso* | *mesalamine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *trintellix* | *vortioxetine hbr* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *thalomid* | *thalidomide* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *pancreaze* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM9 | | 578 PANCREATIC ENZYMES |
| 09/27/2022 | *flumadine* | *rimantadine hydrochloride* | ADD UM: SUM9 | | 452 INFLUENZA |
| 09/27/2022 | *itraconazole* | *itraconazole* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *isosorb dinitrate-hydralazine* | *isosorbide dinitrate-hydralazine hcl* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *arthrotec* | *diclofenac w/ misoprostol* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *copaxone* | *glatiramer acetate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *depakote sprinkles* | *divalproex sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *finacea* | *azelaic acid* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *zarontin* | *ethosuximide* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *ximino* | *minocycline hcl* | ADD UM: SUM9 | | 595 TETRACYCLINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *pioglitazone hcl* | *pioglitazone hcl* | ADD UM: SUM9 | | 517 THIAZOLIDINEDIONES-ORAL ANTIDIABETIC |
| 09/27/2022 | *emtriva* | *emtricitabine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *equetro* | *carbamazepine (antipsychotic)* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *lantus solostar* | *insulin glargine* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *methylphenidate hcl er (xr)* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *detrol* | *tolterodine tartrate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *eligard* | *leuprolide acetate (6 month)* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *vogelxo* | *testosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *duaklir pressair* | *aclidinium bromide-formoterol fumarate* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *zyprexa zydis* | *olanzapine* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *vogelxo pump* | *testosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *midazolam-sodium chloride* | *midazolam-sodium chloride* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *nyvepria* | *pegfilgrastim-apgf* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |
| 09/27/2022 | *ketoconazole* | *ketoconazole* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *amoxicillin* | *amoxicillin* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *butalbital-apap-caff-cod* | *butalbital-acetaminophen-caffeine w/ codeine* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *uloric* | *febuxostat* | ADD UM: SUM9 | | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS |
| 09/27/2022 | *valtrex* | *valacyclovir hcl* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 09/27/2022 | *flecainide acetate* | *flecainide acetate* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *tretinoin* | *tretinoin* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *ketoprofen er* | *ketoprofen* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *leuprolide acetate* | *leuprolide acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *casodex* | *bicalutamide* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *arcalyst* | *rilonacept* | ADD UM: SUM9 | | 469 CAPS |
| 09/27/2022 | *flavoxate hcl* | *flavoxate hcl* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *tiadylt er* | *diltiazem hcl extended release beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *cyclosporine* | *cyclosporine* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD UM: SUM9 | | 570 OPIATE DEPENDENCE TREATMENTS, ORAL |
| 09/27/2022 | *novolin 70/30* | *insulin nph isophane & reg (human)* | ADD UM: SUM9 | | 507 INSULIN MIX |
| 09/27/2022 | *guanfacine hcl* | *guanfacine hcl* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 09/27/2022 | *vilazodone hcl* | *vilazodone hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *erythromycin* | *erythromycin (acne aid)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *triamcinolone acetonide* | *triamcinolone acetonide* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *pfizerpen* | *penicillin g potassium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *catapres-tts-2* | *clonidine* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 09/27/2022 | *catapres-tts-3* | *clonidine* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 09/27/2022 | *catapres-tts-1* | *clonidine* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 09/27/2022 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD UM: SUM9 | | 615 COMBINATION HMG AND DHPCCB |
| 09/27/2022 | *hetlioz lq* | *tasimelteon* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *kadian* | *morphine sulfate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *ranolazine er* | *ranolazine* | ADD UM: SUM9 | | 416 ANTIANGINAL & ANTI-ISCHEMIC |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *olmesartan medoxomil-hctz* | *olmesartan medoxomil-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *tetracycline hcl* | *tetracycline hcl* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *claravis* | *isotretinoin* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *imiquimod* | *imiquimod* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |
| 09/27/2022 | *armodafinil* | *armodafinil* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *dexmedetomidine hcl-dextrose* | *dexmedetomidine hcl in dextrose* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *permethrin* | *permethrin* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *vancomycin hcl in dextrose* | *vancomycin hcl-dextrose* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *pramipexole dihydrochloride er* | *pramipexole dihydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *condylox* | *podofilox* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *calcium gluconate* | *calcium gluconate* | ADD UM: SUM9 | | 580 PHOSPHATE BINDERS |
| 09/27/2022 | *empaveli* | *pegcetacoplan* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *sulfacetamide sod-sulfur wash* | *sulfacetamide sodium-sulfur w/ skin cleanser* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *xopenex hfa* | *levalbuterol tartrate* | ADD UM: SUM9 | | 466 SHORT ACTING BETA ADRENERGICS |
| 09/27/2022 | *miconazole 3* | *miconazole nitrate vaginal* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 09/27/2022 | *zubsolv* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD UM: SUM9 | | 570 OPIATE DEPENDENCE TREATMENTS, ORAL |
| 09/27/2022 | *levalbuterol hcl* | *levalbuterol hcl* | ADD UM: SUM9 | | 464 BETA - ADRENERGIC AGENTS: NEBS |
| 09/27/2022 | *anagrelide hcl* | *anagrelide hcl* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *clonazepam* | *clonazepam* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 09/27/2022 | *zithromax* | *azithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *alphagan p* | *brimonidine tartrate* | ADD UM: SUM9 | | 566 ALPHA 2 ADRENERGIC AGENTS-GLAUCOMA |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *rowasa* | *mesalamine w/ cleanser* | ADD UM: SUM9 | | 599 ULCERATIVE COLITIS - RECTAL |
| 09/27/2022 | *tobi podhaler* | *tobramycin* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *vascepa* | *icosapent ethyl* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *anzemet* | *dolasetron mesylate* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *calcitriol* | *calcitriol (topical)* | ADD UM: SUM9 | | 446 ANTIPSORIATICS, TOPICAL |
| 09/27/2022 | *nesina* | *alogliptin benzoate* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *juxtapid* | *lomitapide mesylate* | ADD UM: SUM9 | | 536 LIPOTROPICS - HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA |
| 09/27/2022 | *clindacin etz* | *clindamycin phosphate (topical)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *cyclosporine modified* | *cyclosporine modified (for microemulsion)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *eucrisa* | *crisaborole* | ADD UM: SUM9 | | 521 TOPICAL CALCINEURIN INHIBITORS |
| 09/27/2022 | *kloxxado* | *naloxone hcl* | ADD UM: SUM9 | | 632 OPIATE OVERDOSE TREATMENTS |
| 09/27/2022 | *prevacid solutab* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *lopid* | *gemfibrozil* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *questran* | *cholestyramine* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 09/27/2022 | *aloxi* | *palonosetron hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *captopril* | *captopril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *strattera* | *atomoxetine hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *moxifloxacin hcl* | *moxifloxacin hcl* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 09/27/2022 | *sotalol hcl* | *sotalol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *nitrostat* | *nitroglycerin* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *banzel* | *rufinamide* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *indomethacin* | *indomethacin* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *avapro* | *irbesartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *dulera* | *mometasone furoate-formoterol fumarate dihydrate* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *atacand* | *candesartan cilexetil* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *cefaclor er* | *cefaclor monohydrate* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |
| 09/27/2022 | *gnp allergy relief* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *zyloprim* | *allopurinol* | ADD UM: SUM9 | | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS |
| 09/27/2022 | *neupogen* | *filgrastim* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *nplate* | *romiplostim* | ADD UM: SUM9 | | 597 THROMBOPOIESIS STIMULATING AGENTS |
| 09/27/2022 | *amphetamine-dextroamphet er* | *amphetamine-dextroamphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *lemtrada* | *alemtuzumab (ms)* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *besivance* | *besifloxacin hcl* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *biktarvy* | *bictegravir-emtricitabine-tenofovir alafenamide fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *soliqua* | *insulin glargine-lixisenatide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *palonosetron hcl* | *palonosetron hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *everolimus* | *everolimus (immunosuppressant)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *advair hfa* | *fluticasone-salmeterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *zafirlukast* | *zafirlukast* | ADD UM: SUM9 | | 532 LEUKOTRIENE MODIFIERS |
| 09/27/2022 | *pegasys* | *peginterferon alfa-2a* | ADD UM: SUM9 | | 498 HEPATITIS C - INJECTABLE |
| 09/27/2022 | *bleph-10* | *sulfacetamide sodium (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *perseris* | *risperidone* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *vasotec* | *enalapril maleate* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *kitabis pak* | *tobramycin* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *bivalirudin trifluoroacetate* | *bivalirudin trifluoroacetate* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *terbinafine hcl* | *terbinafine hcl* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *sublocade* | *buprenorphine* | ADD UM: SUM9 | | 631 OPIATE DEPENDENCE TREATMENTS, OTHER |
| 09/27/2022 | *silenor* | *doxepin hcl (sleep)* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *allergy relief-d* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *zelapar* | *selegiline hcl* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *tazarotene* | *tazarotene (acne)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *atrovent hfa* | *ipratropium bromide hfa* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *amcinonide* | *amcinonide* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *klaron* | *sulfacetamide sodium (acne)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *cellcept* | *mycophenolate mofetil* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *azelex* | *azelaic acid (acne)* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *neulasta* | *pegfilgrastim* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |
| 09/27/2022 | *methylprednisolone acetate* | *methylprednisolone acetate* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *eysuvis* | *loteprednol etabonate* | ADD UM: SUM9 | | 565 OPHTHALMICS, ANTI-INFLAMMATORIES-IMMUNOMODULTORS |
| 09/27/2022 | *airduo respiclick 55/14* | *fluticasone-salmeterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *xeljanz* | *tofacitinib citrate* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *methyltestosterone* | *methyltestosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *allergy relief childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *risperidone* | *risperidone* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *lybalvi* | *olanzapine-samidorphan l-malate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *semglee* | *insulin glargine* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *parlodel* | *bromocriptine mesylate* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *epivir hbv* | *lamivudine (hbv)* | ADD UM: SUM9 | | 497 HEPATITIS B - ORAL |
| 09/27/2022 | *imitrex* | *sumatriptan* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *tacrolimus* | *tacrolimus (topical)* | ADD UM: SUM9 | | 521 TOPICAL CALCINEURIN INHIBITORS |
| 09/27/2022 | *aloprim* | *allopurinol sodium* | ADD UM: SUM9 | | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS |
| 09/27/2022 | *mexiletine hcl* | *mexiletine hcl* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *prempro* | *conjugated estrogens-medroxyprogesterone acetate* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *symproic* | *naldemedine tosylate* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *gnp nicotine* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *phenytoin sodium* | *phenytoin sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *denavir* | *penciclovir* | ADD UM: SUM9 | | 453 TOPICAL ANTIVIRALS |
| 09/27/2022 | *ciloxan* | *ciprofloxacin hcl (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *lumigan* | *bimatoprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 09/27/2022 | *insulin lispro junior kwikpen* | *insulin lispro* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *oxybutynin chloride er* | *oxybutynin chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *midazolam hcl* | *midazolam hcl* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *phenytoin* | *phenytoin* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *menest* | *esterified estrogens* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 09/27/2022 | *amlodipine besylate* | *amlodipine besylate* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *betaxolol hcl* | *betaxolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *pioglitazone hcl-glimepiride* | *pioglitazone hcl-glimepiride* | ADD UM: SUM9 | | 518 THIAZOLIDINEDIONE-SULFONYLUREA COMBINATIONS |
| 09/27/2022 | *accu-chek guide control* | *blood glucose calibration* | ADD UM: SUM9 | | 844 CONTROLS SOLUTIONS |
| 09/27/2022 | *vimovo* | *naproxen-esomeprazole magnesium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *fosinopril sodium* | *fosinopril sodium* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *zimhi* | *naloxone hcl* | ADD UM: SUM9 | | 632 OPIATE OVERDOSE TREATMENTS |
| 09/27/2022 | *terconazole* | *terconazole vaginal* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 09/27/2022 | *fiasp* | *insulin aspart (with niacinamide)* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *allopurinol* | *allopurinol* | ADD UM: SUM9 | | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS |
| 09/27/2022 | *sulfasalazine* | *sulfasalazine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *nivestym* | *filgrastim-aafi* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *fenofibrate* | *fenofibrate micronized* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *targadox* | *doxycycline hyclate* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *lorzone* | *chlorzoxazone* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *insulin aspart penfill* | *insulin aspart* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *trandolapril-verapamil hcl er* | *trandolapril-verapamil hcl* | ADD UM: SUM9 | | 611 ACE INHIBITOR CALCIUM CHANNEL BLOCKER |
| 09/27/2022 | *xenazine* | *tetrabenazine* | ADD UM: SUM9 | | 635 MOVEMENT DISORDERS |
| 09/27/2022 | *pentamidine isethionate* | *pentamidine isethionate* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *timoptic-xe* | *timolol maleate (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *sulconazole nitrate* | *sulconazole nitrate* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *zocor* | *simvastatin* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *quillivant xr* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *fluconazole in sodium chloride* | *fluconazole in nacl* | ADD UM: SUM9 | | 431 NEW GENERATION AZOLES |
| 09/27/2022 | *topamax sprinkle* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *airduo respiclick 232/14* | *fluticasone-salmeterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *metformin hcl er* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 09/27/2022 | *humira pen-ps/uv/adol hs start* | *adalimumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *cefazolin sodium-dextrose* | *cefazolin sodium-dextrose* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *coreg* | *carvedilol* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *proair digihaler* | *albuterol sulfate* | ADD UM: SUM9 | | 466 SHORT ACTING BETA ADRENERGICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *flurandrenolide* | *flurandrenolide* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *azulfidine en-tabs* | *sulfasalazine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *daypro* | *oxaprozin* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *quinapril hcl* | *quinapril hcl* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *pepcid* | *famotidine* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 09/27/2022 | *ketoconazole* | *ketoconazole (topical)* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *phoslyra* | *calcium acetate (phosphate binder)* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 09/27/2022 | *oxycontin* | *oxycodone hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *ventolin hfa* | *albuterol sulfate* | ADD UM: SUM9 | | 466 SHORT ACTING BETA ADRENERGICS |
| 09/27/2022 | *hm nicotine* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *infliximab* | *infliximab* | ADD UM: SUM9 | | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *nifedipine er* | *nifedipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *prazosin hcl* | *prazosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *effexor xr* | *venlafaxine hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *daytrana* | *methylphenidate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *adapalene* | *adapalene* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *zaleplon* | *zaleplon* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *procrit* | *epoetin alfa* | ADD UM: SUM9 | | 483 HEMATOPOIETIC AGENTS |
| 09/27/2022 | *nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *mavenclad (7 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *nebivolol hcl* | *nebivolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *aubagio* | *teriflunomide* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *lincocin* | *lincomycin hcl* | ADD UM: SUM9 | | 533 LINCOSAMIDES/ OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *apraclonidine hcl* | *apraclonidine hcl* | ADD UM: SUM9 | | 566 ALPHA 2 ADRENERGIC AGENTS-GLAUCOMA |
| 09/27/2022 | *salsalate* | *salsalate* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *meloxicam* | *meloxicam* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *qc lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *relistor* | *methylnaltrexone bromide* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *insulin asp prot & asp flexpen* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *vivelle-dot* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *butrans* | *buprenorphine* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *clindagel* | *clindamycin phosphate (topical)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *tyrvaya* | *varenicline tartrate (cholinergic agonist)* | ADD UM: SUM9 | | 565 OPHTHALMICS, ANTI-INFLAMMATORIES-IMMUNOMODULTORS |
| 09/27/2022 | *diclofenac potassium* | *diclofenac potassium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *halobetasol propionate* | *halobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *carbatrol* | *carbamazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *celecoxib* | *celecoxib* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *piroxicam* | *piroxicam* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *multaq* | *dronedarone hcl* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *xhance* | *fluticasone propionate (nasal)* | ADD UM: SUM9 | | 526 NASAL STEROIDS |
| 09/27/2022 | *armonair digihaler* | *fluticasone propionate (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *ery* | *erythromycin (acne aid)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *serevent diskus* | *salmeterol xinafoate* | ADD UM: SUM9 | | 463 BETA - ADRENERGIC AGENTS: LONG ACTING |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *quetiapine fumarate* | *quetiapine fumarate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *tiazac* | *diltiazem hcl extended release beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *tenofovir disoproxil fumarate* | *tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *lyrica* | *pregabalin* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *lotronex* | *alosetron hcl* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *coreg cr* | *carvedilol phosphate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *tadalafil* | *tadalafil* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *faslodex* | *fulvestrant* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *polycin* | *bacitracin-polymyxin b (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *tobramycin-dexamethasone* | *tobramycin-dexamethasone* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *cetirizine hcl childrens alrgy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *rabeprazole sodium* | *rabeprazole sodium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *nisoldipine er* | *nisoldipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *renflexis* | *infliximab-abda* | ADD UM: SUM9 | | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 09/27/2022 | *mycophenolate mofetil* | *mycophenolate mofetil* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *risedronate sodium* | *risedronate sodium* | ADD UM: SUM9 | | 458 BISPHOSPHONATES |
| 09/27/2022 | *decadron* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *cefoxitin sodium* | *cefoxitin sodium* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM9 | | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |
| 09/27/2022 | *dextroamphetamine sulfate er* | *dextroamphetamine sulfate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *ziextenzo* | *pegfilgrastim-bmez* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |
| 09/27/2022 | *gocovri* | *amantadine hcl* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *jalyn* | *dutasteride-tamsulosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *rivastigmine* | *rivastigmine* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 09/27/2022 | *restoril* | *temazepam* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *entecavir* | *entecavir* | ADD UM: SUM9 | | 497 HEPATITIS B - ORAL |
| 09/27/2022 | *natpara* | *parathyroid hormone (recombinant)* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *12hr allergy & congestion* | *fexofenadine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *aspirin-dipyridamole er* | *aspirin-dipyridamole* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *actemra actpen* | *tocilizumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *accu-chek smartview* | *glucose blood* | ADD UM: SUM9 | | 842 DIABETES TEST STRIPS |
| 09/27/2022 | *pertzye* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM9 | | 578 PANCREATIC ENZYMES |
| 09/27/2022 | *ondansetron* | *ondansetron* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *diclegis* | *doxylamine-pyridoxine* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *accu-chek multiclix lancets* | *lancets* | ADD UM: SUM9 | | 845 LANCETS AND DEVICES |
| 09/27/2022 | *sulfacetamide-sulfur in urea* | *sulfacetamide sodium-sulfur in urea vehicle* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *adzenys xr-odt* | *amphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *rimantadine hcl* | *rimantadine hydrochloride* | ADD UM: SUM9 | | 452 INFLUENZA |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *azelastine-fluticasone* | *azelastine hcl-fluticasone propionate* | ADD UM: SUM9 | | 526 NASAL STEROIDS |
| 09/27/2022 | *anjeso* | *meloxicam* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *amphetamine sulfate* | *amphetamine sulfate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *natacyn* | *natamycin* | ADD UM: SUM9 | | 557 OPHTHALMIC ANITFUNGALS |
| 09/27/2022 | *felodipine er* | *felodipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *montelukast sodium* | *montelukast sodium* | ADD UM: SUM9 | | 532 LEUKOTRIENE MODIFIERS |
| 09/27/2022 | *salex* | *salicylic acid* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |
| 09/27/2022 | *vivitrol* | *naltrexone* | ADD UM: SUM9 | | 631 OPIATE DEPENDENCE TREATMENTS, OTHER |
| 09/27/2022 | *accu-chek fastclix lancet* | *lancets misc.* | ADD UM: SUM9 | | 845 LANCETS AND DEVICES |
| 09/27/2022 | *tivicay* | *dolutegravir sodium* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *galantamine hydrobromide* | *galantamine hydrobromide* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *adhansia xr* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *lamictal* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *caldolor* | *ibuprofen* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *lofena* | *diclofenac potassium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *noxafil* | *posaconazole* | ADD UM: SUM9 | | 431 NEW GENERATION AZOLES |
| 09/27/2022 | *diovan hct* | *valsartan-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *ritalin la* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *amytal sodium* | *amobarbital sodium* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 09/27/2022 | *absorica* | *isotretinoin* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *mucinex allergy* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *clonidine* | *clonidine* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 09/27/2022 | *epivir* | *lamivudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *sporanox pulsepak* | *itraconazole* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *tresiba* | *insulin degludec* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *brevibloc premixed* | *esmolol hcl-sodium chloride* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *podofilox* | *podofilox* | ADD UM: SUM9 | | 838 KERATOLYTICS |
| 09/27/2022 | *qc allergy relief* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *trimethoprim* | *trimethoprim* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *calcium-folic acid plus d* | *calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium* | ADD UM: SUM9 | | 580 PHOSPHATE BINDERS |
| 09/27/2022 | *mirtazapine* | *mirtazapine* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *butalbital-asa-caff-codeine* | *butalbital-aspirin-caffeine w/cod* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *olopatadine hcl* | *olopatadine hcl* | ADD UM: SUM9 | | 562 OPHTHALMIC ANTIHISTAMINES |
| 09/27/2022 | *chlordiazepoxide-amitriptyline* | *chlordiazepoxide-amitriptyline* | ADD UM: SUM9 | | 620 ATYPICAL ANTIPSYCOTIC COMBINATION PRODUCTS |
| 09/27/2022 | *sm nicotine* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *propranolol hcl* | *propranolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *nystatin* | *nystatin (mouth-throat)* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *atenolol-chlorthalidone* | *atenolol & chlorthalidone* | ADD UM: SUM9 | | 619 BETA BLOCKER/DIURETIC COMBINATIONS |
| 09/27/2022 | *nalbuphine hcl* | *nalbuphine hcl* | ADD UM: SUM9 | | 570 OPIATE DEPENDENCE TREATMENTS, ORAL |
| 09/27/2022 | *zylet* | *loteprednol etabonate-tobramycin* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *effient* | *prasugrel hcl* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *humira pen* | *adalimumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *kesimpta* | *ofatumumab (ms)* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl (otic)* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |
| 09/27/2022 | *diflunisal* | *diflunisal* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *humulin r u-500 (concentrated)* | *insulin regular (human)* | ADD UM: SUM9 | | 509 INSULIN R |
| 09/27/2022 | *allergy relief/nasal decongest* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *lidocaine-prilocaine* | *lidocaine-prilocaine* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *omnipod dash intro (gen 4)* | *insulin infusion disposable pump* | ADD UM: SUM9 | | 841 INSULIN PUMPS |
| 09/27/2022 | *canasa* | *mesalamine* | ADD UM: SUM9 | | 599 ULCERATIVE COLITIS - RECTAL |
| 09/27/2022 | *ketoprofen* | *ketoprofen* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *skyrizi pen* | *risankizumab-rzaa* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *lidocaine hcl* | *lidocaine hcl* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *tamiflu* | *oseltamivir phosphate* | ADD UM: SUM9 | | 452 INFLUENZA |
| 09/27/2022 | *emgality* | *galcanezumab-gnlm* | ADD UM: SUM9 | | 648 CGRP |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *minocycline hcl* | *minocycline hcl* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *accu-chek softclix lancets* | *lancets* | ADD UM: SUM9 | | 845 LANCETS AND DEVICES |
| 09/27/2022 | *savaysa* | *edoxaban tosylate* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *erythrocin lactobionate* | *erythromycin lactobionate* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *innopran xl* | *propranolol hcl sustained-release beads* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *betoptic-s* | *betaxolol hcl (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *xtampza er* | *oxycodone* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *starlix* | *nateglinide* | ADD UM: SUM9 | | 513 MEGLITINIDES & COMBINATIONS, ORAL ANTIDIABETICS |
| 09/27/2022 | *percocet* | *oxycodone w/ acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *ciclodan cream* | *ciclopirox olamine & cleanser* | ADD UM: SUM9 | | 617 ONYCHOMYCOSIS ANTIFUNGALS - TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *fondaparinux sodium* | *fondaparinux sodium* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 09/27/2022 | *incruse ellipta* | *umeclidinium bromide* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *neulasta onpro* | *pegfilgrastim* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |
| 09/27/2022 | *trospium chloride er* | *trospium chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *mydayis* | *amphetamine-dextroamphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *procainamide hcl* | *procainamide hcl* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *qnasl childrens* | *beclomethasone dipropionate (nasal)* | ADD UM: SUM9 | | 526 NASAL STEROIDS |
| 09/27/2022 | *repaglinide-metformin hcl* | *repaglinide-metformin hcl* | ADD UM: SUM9 | | 513 MEGLITINIDES & COMBINATIONS, ORAL ANTIDIABETICS |
| 09/27/2022 | *fentanyl* | *fentanyl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *ofloxacin* | *ofloxacin* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *kineret* | *anakinra* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *memantine hcl er* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 09/27/2022 | *vimpat* | *lacosamide* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *alogliptin-metformin hcl* | *alogliptin-metformin hcl* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *colchicine* | *colchicine* | ADD UM: SUM9 | | 437 ORAL AGENTS FOR GOUT: MISC |
| 09/27/2022 | *drizalma sprinkle* | *duloxetine hcl* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *kengreal* | *cangrelor tetrasodium* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *genvoya* | *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *metformin hcl* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 09/27/2022 | *penicillin g procaine* | *penicillin g procaine* | ADD UM: SUM9 | | 835 PENICILLINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *imiquimod pump* | *imiquimod* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |
| 09/27/2022 | *carbidopa-levodopa-entacapone* | *carbidopa-levodopa-entacapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *absorica ld* | *isotretinoin micronized* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *all day allergy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *fluvoxamine maleate er* | *fluvoxamine maleate* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *aztreonam* | *aztreonam* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *truvada* | *emtricitabine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *gonitro* | *nitroglycerin* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *testosterone enanthate* | *testosterone enanthate* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *abiraterone acetate* | *abiraterone acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *testosterone cypionate* | *testosterone cypionate* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *synjardy* | *empagliflozin-metformin hcl* | ADD UM: SUM9 | | 515 HYPOGLYCEMICS, SGLT2 |
| 09/27/2022 | *humalog mix 75/25* | *insulin lispro protamine & lispro* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *zenzedi* | *dextroamphetamine sulfate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *humulin r* | *insulin regular (human)* | ADD UM: SUM9 | | 509 INSULIN R |
| 09/27/2022 | *tramadol hcl* | *tramadol hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *tolterodine tartrate er* | *tolterodine tartrate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *accu-chek aviva* | *blood glucose calibration* | ADD UM: SUM9 | | 844 CONTROLS SOLUTIONS |
| 09/27/2022 | *ultomiris* | *ravulizumab-cwvz* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *clindacin pac* | *clindamycin phosphate & cleanser* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *linezolid* | *linezolid* | ADD UM: SUM9 | | 534 OXAZOLIDINONES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *altoprev* | *lovastatin* | ADD UM: SUM9 | | 541 STATINS |
| 09/27/2022 | *bicillin c-r 900/300* | *penicillin g benzathine & procaine* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *avar ls* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *carvedilol phosphate er* | *carvedilol phosphate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *morphine sulfate er beads* | *morphine sulfate beads* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *akynzeo* | *netupitant-palonosetron* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *emend tri-pack* | *aprepitant* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *nafcillin sodium* | *nafcillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *naloxone hcl* | *naloxone hcl* | ADD UM: SUM9 | | 632 OPIATE OVERDOSE TREATMENTS |
| 09/27/2022 | *nizatidine* | *nizatidine* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 09/27/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *narcan* | *naloxone hcl* | ADD UM: SUM9 | | 632 OPIATE OVERDOSE TREATMENTS |
| 09/27/2022 | *avita* | *tretinoin* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *ak-fluor* | *fluorescein sodium injection* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *hm loratadine childrens* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *aristada* | *aripiprazole lauroxil* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *lenalidomide* | *lenalidomide* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *dupixent* | *dupilumab* | ADD UM: SUM9 | | 521 TOPICAL CALCINEURIN INHIBITORS |
| 09/27/2022 | *orgovyx* | *relugolix* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *duloxetine hcl* | *duloxetine hcl* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *locoid* | *hydrocortisone butyrate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *ultracet* | *tramadol-acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *minolira* | *minocycline hcl* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *trokendi xr* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *glyxambi* | *empagliflozin-linagliptin* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *toujeo max solostar* | *insulin glargine* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *cimetidine hcl* | *cimetidine hcl* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 09/27/2022 | *norvasc* | *amlodipine besylate* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *accu-chek smartview control* | *blood glucose calibration* | ADD UM: SUM9 | | 844 CONTROLS SOLUTIONS |
| 09/27/2022 | *lidoderm* | *lidocaine* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *mesalamine-cleanser* | *mesalamine w/ cleanser* | ADD UM: SUM9 | | 599 ULCERATIVE COLITIS - RECTAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *methylphenidate hcl* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *esmolol hcl* | *esmolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *topamax* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *kevzara* | *sarilumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *prezista* | *darunavir* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *conzip* | *tramadol hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *aygestin* | *norethindrone acetate* | ADD UM: SUM9 | | 583 PROGESTATIONAL AGENTS |
| 09/27/2022 | *topicort spray* | *desoximetasone* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *dymista* | *azelastine hcl-fluticasone propionate* | ADD UM: SUM9 | | 526 NASAL STEROIDS |
| 09/27/2022 | *zosyn* | *piperacillin sodium-tazobactam sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *angiomax* | *bivalirudin trifluoroacetate* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *cardizem la* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *fluphenazine decanoate* | *fluphenazine decanoate* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *aptensio xr* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *rizatriptan benzoate* | *rizatriptan benzoate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *proair respiclick* | *albuterol sulfate* | ADD UM: SUM9 | | 466 SHORT ACTING BETA ADRENERGICS |
| 09/27/2022 | *revlimid* | *lenalidomide* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *keppra* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *amrix* | *cyclobenzaprine hcl* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *epoprostenol sodium* | *epoprostenol sodium* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |
| 09/27/2022 | *orenitram* | *treprostinil diolamine* | ADD UM: SUM9 | | 577 ORAL PAH AGENTS – OTHER |
| 09/27/2022 | *abelcet* | *amphotericin b lipid* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *glatiramer acetate* | *glatiramer acetate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *neo-synalar* | *neomycin sulfate-fluocinolone acetonide* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |
| 09/27/2022 | *aristada initio* | *aripiprazole lauroxil* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *provigil* | *modafinil* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *nitroglycerin* | *nitroglycerin* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *janumet* | *sitagliptin-metformin hcl* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *ovide* | *malathion* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *hydrocortisone* | *hydrocortisone (intrarectal)* | ADD UM: SUM9 | | 599 ULCERATIVE COLITIS - RECTAL |
| 09/27/2022 | *secuado* | *asenapine* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *zarxio* | *filgrastim-sndz* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *uplizna* | *inebilizumab-cdon* | ADD UM: SUM9 | | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 09/27/2022 | *noritate* | *metronidazole (topical)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *dexmedetomidine hcl in nacl* | *dexmedetomidine hcl in sodium chloride* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *myxredlin* | *insulin regular (human) in sodium chloride* | ADD UM: SUM9 | | 509 INSULIN R |
| 09/27/2022 | *carisoprodol* | *carisoprodol* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *erygel* | *erythromycin (acne aid)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *fluocinolone acetonide* | *fluocinolone acetonide* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *calcitonin (salmon)* | *calcitonin (salmon)* | ADD UM: SUM9 | | 616 CALCITONINS |
| 09/27/2022 | *solodyn* | *minocycline hcl* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *bss* | *ophthalmic irrigation solution - intraocular* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *fml forte* | *fluorometholone (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *dofetilide* | *dofetilide* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *albuterol sulfate* | *albuterol sulfate* | ADD UM: SUM9 | | 825 BRONCHODILATORS, BETA AGONIST |
| 09/27/2022 | *hydrocortisone ace-pramoxine* | *pramoxine-hc* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *dantrolene sodium* | *dantrolene sodium* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *medrol* | *methylprednisolone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *viracept* | *nelfinavir mesylate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *fanapt titration pack* | *iloperidone* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *apretude* | *cabotegravir* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *gnp nicotine mini* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *norethindrone acetate* | *norethindrone acetate* | ADD UM: SUM9 | | 583 PROGESTATIONAL AGENTS |
| 09/27/2022 | *tekturna hct* | *aliskiren-hydrochlorothiazide* | ADD UM: SUM9 | | 415 DIRECT RENIN INHIBITOR |
| 09/27/2022 | *moxeza* | *moxifloxacin hcl (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *elestrin* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *welchol* | *colesevelam hcl* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 09/27/2022 | *taperdex 12-day* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *nitro-bid* | *nitroglycerin* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *clindesse* | *clindamycin phosphate (one dose)* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 09/27/2022 | *questran light* | *cholestyramine light* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 09/27/2022 | *antihistamine & nasal deconges* | *fexofenadine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *erythromycin ethylsuccinate* | *erythromycin ethylsuccinate* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *asmanex (120 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *indocin* | *indomethacin* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *fintepla* | *fenfluramine hcl (anticonvulsant)* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *nulojix* | *belatacept* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *methylphenidate hcl er (osm)* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *tenoretic 100* | *atenolol & chlorthalidone* | ADD UM: SUM9 | | 619 BETA BLOCKER/DIURETIC COMBINATIONS |
| 09/27/2022 | *climara pro* | *estradiol-levonorgestrel* | ADD UM: SUM9 | | 485 TRANSDERMAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *epifoam* | *pramoxine-hc* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *stalevo 50* | *carbidopa-levodopa-entacapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *kerydin* | *tavaborole* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *riomet* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 09/27/2022 | *lamotrigine starter kit-blue* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *stalevo 75* | *carbidopa-levodopa-entacapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *remodulin* | *treprostinil* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |
| 09/27/2022 | *qc loratadine-d* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *ocrevus* | *ocrelizumab* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *myrbetriq* | *mirabegron* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *clindamycin phosphate in d5w* | *clindamycin phosphate in d5w* | ADD UM: SUM9 | | 533 LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *mavenclad (5 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *dimethyl fumarate starter pack* | *dimethyl fumarate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *mirvaso* | *brimonidine tartrate (topical)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *combivent respimat* | *ipratropium-albuterol* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *methylphenidate hcl er (cd)* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *derma-smoothe/fs scalp* | *fluocinolone acetonide* | ADD UM: SUM9 | | 591 STEROIDS, TOPICAL LOW |
| 09/27/2022 | *doxazosin mesylate* | *doxazosin mesylate* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *efavirenz* | *efavirenz* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *carbamazepine* | *carbamazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *cyclobenzaprine hcl er* | *cyclobenzaprine hcl* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *vibramycin* | *doxycycline (monohydrate)* | ADD UM: SUM9 | | 595 TETRACYCLINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *cleocin phosphate* | *clindamycin phosphate* | ADD UM: SUM9 | | 533 LINCOSAMIDES/ OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *ambrisentan* | *ambrisentan* | ADD UM: SUM9 | | 576 ORAL AGENTS - ENDOTHELIN RECEPTOR ANTAGANISTS (ETRA) |
| 09/27/2022 | *acyclovir sodium* | *acyclovir sodium* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 09/27/2022 | *imvexxy starter pack* | *estradiol vaginal* | ADD UM: SUM9 | | 601 VAGINAL ESTROGENS |
| 09/27/2022 | *lipitor* | *atorvastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 09/27/2022 | *novolog relion* | *insulin aspart* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *sklice* | *ivermectin (pediculicide)* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *dutasteride-tamsulosin hcl* | *dutasteride-tamsulosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *simvastatin* | *simvastatin* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 09/27/2022 | *mavenclad (9 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *jatenzo* | *testosterone undecanoate* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *cortef* | *hydrocortisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *fexofenadine hcl* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *humulin r u-500 kwikpen* | *insulin regular (human)* | ADD UM: SUM9 | | 509 INSULIN R |
| 09/27/2022 | *quinapril-hydrochlorothiazide* | *quinapril-hydrochlorothiazide* | ADD UM: SUM9 | | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 09/27/2022 | *loratadine childrens* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *fosamax plus d* | *alendronate sodium-cholecalciferol* | ADD UM: SUM9 | | 458 BISPHOSPHONATES |
| 09/27/2022 | *cefaclor* | *cefaclor* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |
| 09/27/2022 | *yupelri* | *revefenacin* | ADD UM: SUM9 | | 473 COPD AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide (refrigerate)* | ADD UM: SUM9 | | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |
| 09/27/2022 | *olanzapine* | *olanzapine* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *remifentanil hcl* | *remifentanil hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *veletri* | *epoprostenol sodium* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |
| 09/27/2022 | *indomethacin er* | *indomethacin* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *aveed* | *testosterone undecanoate* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *livalo* | *pitavastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 09/27/2022 | *oxacillin sodium* | *oxacillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *methitest* | *methyltestosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *tobramycin sulfate* | *tobramycin sulfate* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *accu-chek softclix lancet dev* | *lancets misc.* | ADD UM: SUM9 | | 845 LANCETS AND DEVICES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *goodsense allergy relief* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *est estrogens-methyltest* | *esterified estrogens & methyltestosterone* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 09/27/2022 | *synalar* | *fluocinolone acetonide* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *miconazole-zinc oxide-petrolat* | *miconazole-zinc oxide-white petrolatum* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *qulipta* | *atogepant* | ADD UM: SUM9 | | 648 CGRP |
| 09/27/2022 | *ascomp-codeine* | *butalbital-aspirin-caffeine w/cod* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *ofloxacin* | *ofloxacin (otic)* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |
| 09/27/2022 | *travatan z* | *travoprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 09/27/2022 | *est estrogens-methyltest ds* | *esterified estrogens & methyltestosterone* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 09/27/2022 | *trulicity* | *dulaglutide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *trianex* | *triamcinolone acetonide (topical)* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *zileuton er* | *zileuton* | ADD UM: SUM9 | | 531 LEUKOTRIENE FORMATION INHIBITORS |
| 09/27/2022 | *bijuva* | *estradiol-progesterone* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *antivert* | *meclizine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *est estrogens-methyltest hs* | *esterified estrogens & methyltestosterone* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 09/27/2022 | *entocort ec* | *budesonide* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *heparin (porcine) in nacl* | *heparin (porcine) in sodium chloride* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 09/27/2022 | *tresiba flextouch* | *insulin degludec* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *gilenya* | *fingolimod hcl* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *fluticasone furoate-vilanterol* | *fluticasone furoate-vilanterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *extina* | *ketoconazole (topical)* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *gablofen* | *baclofen* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *accu-chek compact plus* | *glucose blood* | ADD UM: SUM9 | | 842 DIABETES TEST STRIPS |
| 09/27/2022 | *nayzilam* | *midazolam (anticonvulsant)* | ADD UM: SUM9 | | 424 ANTICONVULSANTS, NON-ORAL |
| 09/27/2022 | *clarithromycin* | *clarithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *baraclude* | *entecavir* | ADD UM: SUM9 | | 497 HEPATITIS B - ORAL |
| 09/27/2022 | *rybelsus* | *semaglutide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *methadose* | *methadone hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *hemady* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *glucotrol xl* | *glipizide* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 09/27/2022 | *qc loratadine allergy relief* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *aprepitant* | *aprepitant* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *ozempic (2 mg/dose)* | *semaglutide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *econazole nitrate* | *econazole nitrate* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *clodan* | *clobetasol propionate & cleanser* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *avalide* | *irbesartan-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *alendronate sodium* | *alendronate sodium* | ADD UM: SUM9 | | 458 BISPHOSPHONATES |
| 09/27/2022 | *atripla* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *invokamet xr* | *canagliflozin-metformin hcl* | ADD UM: SUM9 | | 515 HYPOGLYCEMICS, SGLT2 |
| 09/27/2022 | *cymbalta* | *duloxetine hcl* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *phenobarbital* | *phenobarbital* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *fortaz* | *ceftazidime* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *sumadan xlt* | *sulfacetamide sodium-sulfur-sunscreen* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *lotensin hct* | *benazepril & hydrochlorothiazide* | ADD UM: SUM9 | | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 09/27/2022 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate (antineoplastic)* | ADD UM: SUM9 | | 583 PROGESTATIONAL AGENTS |
| 09/27/2022 | *lamivudine-zidovudine* | *lamivudine-zidovudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *buprenex* | *buprenorphine hcl* | ADD UM: SUM9 | | 570 OPIATE DEPENDENCE TREATMENTS, ORAL |
| 09/27/2022 | *levemir* | *insulin detemir* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *vibativ* | *telavancin hcl* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *hysingla er* | *hydrocodone bitartrate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *isradipine* | *isradipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *olinvyk* | *oliceridine fumarate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *taperdex 7-day* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *chantix starting month pak* | *varenicline tartrate* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *bupropion hcl* | *bupropion hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *proair hfa* | *albuterol sulfate* | ADD UM: SUM9 | | 466 SHORT ACTING BETA ADRENERGICS |
| 09/27/2022 | *timolol maleate ocudose* | *timolol maleate (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *estazolam* | *estazolam* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *nitrolingual* | *nitroglycerin* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *haloperidol* | *haloperidol* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *calan sr* | *verapamil hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *dexlansoprazole* | *dexlansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *novolog mix 70/30 flexpen* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *goodsense esomeprazole* | *esomeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *clozaril* | *clozapine* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *epitol* | *carbamazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *hm allergy relief (cetirizine)* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *prozac* | *fluoxetine hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *fluocinolone acetonide scalp* | *fluocinolone acetonide* | ADD UM: SUM9 | | 591 STEROIDS, TOPICAL LOW |
| 09/27/2022 | *oxycodone hcl er* | *oxycodone hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *scopolamine* | *scopolamine* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *sulfacetamide sodium (acne)* | *sulfacetamide sodium (acne)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *qc nicotine transdermal system* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *paroxetine mesylate* | *paroxetine mesylate (vasomotor)* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *genotropin miniquick* | *somatropin* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *gimoti* | *metoclopramide hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *haldol decanoate* | *haloperidol decanoate* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *nuvessa* | *metronidazole vaginal* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 09/27/2022 | *desoxyn* | *methamphetamine hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *metaxalone* | *metaxalone* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *levorphanol tartrate* | *levorphanol tartrate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *e.e.s. granules* | *erythromycin ethylsuccinate* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *tremfya* | *guselkumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *doryx* | *doxycycline hyclate* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *naftin* | *naftifine hcl* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *prolia* | *denosumab* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |
| 09/27/2022 | *segluromet* | *ertugliflozin-metformin hcl* | ADD UM: SUM9 | | 515 HYPOGLYCEMICS, SGLT2 |
| 09/27/2022 | *famotidine premixed* | *famotidine in nacl* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 09/27/2022 | *azor* | *amlodipine besylate-olmesartan medoxomil* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 09/27/2022 | *telmisartan* | *telmisartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *bydureon bcise* | *exenatide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *mupirocin calcium* | *mupirocin calcium (topical)* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |
| 09/27/2022 | *moxifloxacin hcl (2x day)* | *moxifloxacin hcl (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *benazepril-hydrochlorothiazide* | *benazepril & hydrochlorothiazide* | ADD UM: SUM9 | | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 09/27/2022 | *clindamycin phosphate* | *clindamycin phosphate* | ADD UM: SUM9 | | 533 LINCOSAMIDES/ OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *benzamycin* | *benzoyl peroxide-erythromycin* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *lyrica cr* | *pregabalin (once-daily)* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *qc fexofenadine hydrochloride* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *diflorasone diacetate* | *diflorasone diacetate* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *gnp allergy relief* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *detrol la* | *tolterodine tartrate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *bicillin c-r* | *penicillin g benzathine & procaine* | ADD UM: SUM9 | | 835 PENICILLINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *tiagabine hcl* | *tiagabine hcl* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *minipress* | *prazosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *paroxetine hcl* | *paroxetine hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *estradiol valerate* | *estradiol valerate* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *evamist* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *levemir flextouch* | *insulin detemir* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *adderall* | *amphetamine-dextroamphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *ketodan* | *ketoconazole & cleanser* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *demeclocycline hcl* | *demeclocycline hcl* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *sinuva* | *mometasone furoate (nasal)* | ADD UM: SUM9 | | 526 NASAL STEROIDS |
| 09/27/2022 | *allergy relief* | *levocetirizine dihydrochloride* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *tegretol-xr* | *carbamazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *lupron depot (1-month)* | *leuprolide acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *zanaflex* | *tizanidine hcl* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *celontin* | *methsuximide* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *diltiazem hcl* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *candesartan cilexetil-hctz* | *candesartan cilexetil-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *bimatoprost* | *bimatoprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 09/27/2022 | *vivlodex* | *meloxicam* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *xigduo xr* | *dapagliflozin-metformin hcl* | ADD UM: SUM9 | | 515 HYPOGLYCEMICS, SGLT2 |
| 09/27/2022 | *divalproex sodium er* | *divalproex sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *valsartan* | *valsartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *dorzolamide hcl-timolol mal pf* | *dorzolamide hcl-timolol maleate* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *saizenprep* | *somatropin (non-refrigerated)* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *oxistat* | *oxiconazole nitrate* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *eliquis dvt/pe starter pack* | *apixaban* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *wakix* | *pitolisant hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *spiriva handihaler* | *tiotropium bromide monohydrate* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *derma-smoothe/fs body* | *fluocinolone acetonide* | ADD UM: SUM9 | | 591 STEROIDS, TOPICAL LOW |
| 09/27/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD UM: SUM9 | | 553 TOPICAL NSAIDS |
| 09/27/2022 | *glumetza* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 09/27/2022 | *gabitril* | *tiagabine hcl* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *azelastine hcl* | *azelastine hcl (ophth)* | ADD UM: SUM9 | | 562 OPHTHALMIC ANTIHISTAMINES |
| 09/27/2022 | *maxalt-mlt* | *rizatriptan benzoate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *sumatriptan-naproxen sodium* | *sumatriptan-naproxen sodium* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *brilinta* | *ticagrelor* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *simulect* | *basiliximab* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *ciclopirox treatment* | *ciclopirox* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *aklief* | *trifarotene* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *diastat acudial* | *diazepam (anticonvulsant)* | ADD UM: SUM9 | | 424 ANTICONVULSANTS, NON-ORAL |
| 09/27/2022 | *ciclodan* | *ciclopirox olamine* | ADD UM: SUM9 | | 617 ONYCHOMYCOSIS ANTIFUNGALS - TOPICAL |
| 09/27/2022 | *zymaxid* | *gatifloxacin (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *elidel* | *pimecrolimus* | ADD UM: SUM9 | | 521 TOPICAL CALCINEURIN INHIBITORS |
| 09/27/2022 | *kapspargo sprinkle* | *metoprolol succinate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *briviact* | *brivaracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *clonidine hcl er* | *clonidine hcl (adhd)* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *fentanyl citrate pf* | *fentanyl citrate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *probenecid* | *probenecid* | ADD UM: SUM9 | | 437 ORAL AGENTS FOR GOUT: MISC |
| 09/27/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *verelan pm* | *verapamil hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *oriahnn* | *elagolix sodium-estradiol-norethindrone acetate* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 09/27/2022 | *mysoline* | *primidone* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *hydrocortisone-acetic acid* | *hydrocortisone w/acetic acid* | ADD UM: SUM9 | | 833 OTIC ANTI-INFECTIVES & ANESTHETICS |
| 09/27/2022 | *evenity* | *romosozumab-aqqg* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |
| 09/27/2022 | *forfivo xl* | *bupropion hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *actiq* | *fentanyl citrate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *cardizem* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *nucynta er* | *tapentadol hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *budesonide-formoterol fumarate* | *budesonide-formoterol fumarate dihydrate* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *nyamyc* | *nystatin (topical)* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *simponi* | *golimumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *tizanidine hcl* | *tizanidine hcl* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *zioptan* | *tafluprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 09/27/2022 | *cordran* | *flurandrenolide* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *pindolol* | *pindolol* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *acyclovir* | *acyclovir topical* | ADD UM: SUM9 | | 453 TOPICAL ANTIVIRALS |
| 09/27/2022 | *novolog flexpen* | *insulin aspart* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *zomacton (for zoma-jet 10)* | *somatropin* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *asenapine maleate* | *asenapine maleate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *abilify* | *aripiprazole* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *keflex* | *cephalexin* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *timolol maleate* | *timolol maleate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *asmanex (14 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *ovace plus* | *sulfacetamide sodium* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *arikayce* | *amikacin sulfate liposome* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *toremifene citrate* | *toremifene citrate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *avonex prefilled* | *interferon beta-1a* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *dorzolamide hcl-timolol mal* | *dorzolamide hcl-timolol maleate* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *basaglar kwikpen* | *insulin glargine* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *cutivate* | *fluticasone propionate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *zontivity* | *vorapaxar sulfate* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *fentora* | *fentanyl citrate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *nuzyra* | *omadacycline tosylate* | ADD UM: SUM9 | | 595 TETRACYCLINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *diltiazem hcl er* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *abacavir sulfate-lamivudine* | *abacavir sulfate-lamivudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *cosentyx* | *secukinumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *atazanavir sulfate* | *atazanavir sulfate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *eurax* | *crotamiton* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *xeljanz xr* | *tofacitinib citrate* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *olmesartan medoxomil* | *olmesartan medoxomil* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *betapace af* | *sotalol hcl (afib/afl)* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *pimecrolimus* | *pimecrolimus* | ADD UM: SUM9 | | 521 TOPICAL CALCINEURIN INHIBITORS |
| 09/27/2022 | *myfembree* | *relugolix-estradiol-norethindrone acetate* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 09/27/2022 | *phenytoin infatabs* | *phenytoin* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *adempas* | *riociguat* | ADD UM: SUM9 | | 577 ORAL PAH AGENTS – OTHER |
| 09/27/2022 | *prandin* | *repaglinide* | ADD UM: SUM9 | | 513 MEGLITINIDES & COMBINATIONS, ORAL ANTIDIABETICS |
| 09/27/2022 | *fulvestrant* | *fulvestrant* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *zithromax tri-pak* | *azithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *plavix* | *clopidogrel bisulfate* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *udenyca* | *pegfilgrastim-cbqv* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |
| 09/27/2022 | *dilantin* | *phenytoin* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *nicotine mini* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *epiduo forte* | *adapalene-benzoyl peroxide* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *isosorbide mononitrate er* | *isosorbide mononitrate* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *abacavir sulfate* | *abacavir sulfate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *lacosamide* | *lacosamide* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *fluoxetine hcl (pmdd)* | *fluoxetine hcl (pmdd)* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *ozurdex* | *dexamethasone (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *zembrace symtouch* | *sumatriptan succinate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *enjaymo* | *sutimlimab-jome* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *mupirocin* | *mupirocin* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |
| 09/27/2022 | *escitalopram oxalate* | *escitalopram oxalate* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *telmisartan-hctz* | *telmisartan-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *acanya* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM9 | | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |
| 09/27/2022 | *symfi* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *restasis* | *cyclosporine (ophth)* | ADD UM: SUM9 | | 565 OPHTHALMICS, ANTI-INFLAMMATORIES-IMMUNOMODULTORS |
| 09/27/2022 | *cipro* | *ciprofloxacin* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 09/27/2022 | *allergy relief/nasal decongest* | *cetirizine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *duramorph* | *morphine sulfate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *zomig* | *zolmitriptan* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *mayzent starter pack* | *siponimod fumarate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *anastrozole* | *anastrozole* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *qc esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *winlevi* | *clascoterone* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *novolin 70/30 relion* | *insulin nph isophane & reg (human)* | ADD UM: SUM9 | | 507 INSULIN MIX |
| 09/27/2022 | *zenpep* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM9 | | 578 PANCREATIC ENZYMES |
| 09/27/2022 | *jublia* | *efinaconazole* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *metronidazole* | *metronidazole vaginal* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 09/27/2022 | *ciclodan* | *ciclopirox* | ADD UM: SUM9 | | 617 ONYCHOMYCOSIS ANTIFUNGALS - TOPICAL |
| 09/27/2022 | *nexlizet* | *bempedoic acid-ezetimibe* | ADD UM: SUM9 | | 538 LIPOTROPICS: CAI |
| 09/27/2022 | *licart* | *diclofenac epolamine* | ADD UM: SUM9 | | 553 TOPICAL NSAIDS |
| 09/27/2022 | *almotriptan malate* | *almotriptan malate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *fetzima titration* | *levomilnacipran hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *heparin sod (porcine) in d5w* | *heparin sod (porcine) in d5w* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 09/27/2022 | *qudexy xr* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *albuterol sulfate er* | *albuterol sulfate* | ADD UM: SUM9 | | 825 BRONCHODILATORS, BETA AGONIST |
| 09/27/2022 | *sympazan* | *clobazam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *mycamine* | *micafungin sodium* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *humira pen-pediatric uc start* | *adalimumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *accutane* | *isotretinoin* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *zegerid* | *omeprazole-sodium bicarbonate* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *invirase* | *saquinavir mesylate* | ADD UM: SUM9 | | 501 HIV / AIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *rytary* | *carbidopa-levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *cefotetan disodium* | *cefotetan disodium* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |
| 09/27/2022 | *breztri aerosphere* | *budesonide-glycopyrrolate-formoterol fumarate* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *freestyle libre 2 reader* | *continuous blood glucose system receiver* | ADD UM: SUM9 | | 840 DIABETES METERS, CONTINUOUS |
| 09/27/2022 | *ilaris* | *canakinumab* | ADD UM: SUM9 | | 469 CAPS |
| 09/27/2022 | *nardil* | *phenelzine sulfate* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *metaxall* | *metaxalone* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *emgality (300 mg dose)* | *galcanezumab-gnlm* | ADD UM: SUM9 | | 648 CGRP |
| 09/27/2022 | *qelbree* | *viloxazine hcl (adhd)* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *tosymra* | *sumatriptan* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *perphenazine* | *perphenazine* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *lidocaine* | *lidocaine* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *amphotericin b liposome* | *amphotericin b liposome* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *azilect* | *rasagiline mesylate* | ADD UM: SUM9 | | 444 NON-ERGOT DOPAMINE RECEPTOR AGONISTS |
| 09/27/2022 | *cleviprex* | *clevidipine* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *augmentin xr* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *synercid* | *quinupristin-dalfopristin* | ADD UM: SUM9 | | 533 LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *hydrocortisone butyr lipo base* | *hydrocortisone butyrate hydrophilic lipo base* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *humalog junior kwikpen* | *insulin lispro* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *mefenamic acid* | *mefenamic acid* | ADD UM: SUM9 | | 552 NSAIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *sm lorata-dine d* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *dermotic* | *fluocinolone acetonide (otic)* | ADD UM: SUM9 | | 573 OTICS, ANTI-INFLAMMATORY |
| 09/27/2022 | *cholestyramine* | *cholestyramine* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 09/27/2022 | *pristiq* | *desvenlafaxine succinate* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *fetzima* | *levomilnacipran hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *fenoglide* | *fenofibrate* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *dicloxacillin sodium* | *dicloxacillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *tavaborole* | *tavaborole* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *argatroban* | *argatroban* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *mepron* | *atovaquone* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *riomet er* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 09/27/2022 | *katerzia* | *amlodipine benzoate* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *cetirizine hcl* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *ovace wash* | *sulfacetamide sodium* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *metoprolol tartrate* | *metoprolol tartrate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *rezurock* | *belumosudil mesylate* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *naproxen-esomeprazole mg* | *naproxen-esomeprazole magnesium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *bystolic* | *nebivolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *humalog mix 50/50 kwikpen* | *insulin lispro protamine & lispro* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *lorcet hd* | *hydrocodone-acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *xcopri* | *cenobamate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *inflectra* | *infliximab-dyyb* | ADD UM: SUM9 | | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 09/27/2022 | *corvert* | *ibutilide fumarate* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *nexletol* | *bempedoic acid* | ADD UM: SUM9 | | 646 LIPOTROPICS: NEXT GENERATION |
| 09/27/2022 | *hydrocortisone valerate* | *hydrocortisone valerate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *epinephrine (anaphylaxis)* | *epinephrine (anaphylaxis)* | ADD UM: SUM9 | | 482 SELF INJECTABLE EPINEPHRINE |
| 09/27/2022 | *xiidra* | *lifitegrast* | ADD UM: SUM9 | | 565 OPHTHALMICS, ANTI-INFLAMMATORIES-IMMUNOMODULTORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *dovonex* | *calcipotriene* | ADD UM: SUM9 | | 446 ANTIPSORIATICS, TOPICAL |
| 09/27/2022 | *acebutolol hcl* | *acebutolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *symlinpen 120* | *pramlintide acetate* | ADD UM: SUM9 | | 504 AMYLIN ANALOGS |
| 09/27/2022 | *siliq* | *brodalumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *arformoterol tartrate* | *arformoterol tartrate* | ADD UM: SUM9 | | 465 LONG ACTING BETA-ADRENERGICS NEBS |
| 09/27/2022 | *polytrim* | *polymyxin b-trimethoprim* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *trimethobenzamide hcl* | *trimethobenzamide hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *synera* | *lidocaine-tetracaine* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *pexeva* | *paroxetine mesylate* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *arazlo* | *tazarotene (acne)* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *doxepin hcl* | *doxepin hcl (sleep)* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *levetiracetam in nacl* | *levetiracetam in sodium chloride* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *xyosted* | *testosterone enanthate* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *methoxsalen rapid* | *methoxsalen rapid* | ADD UM: SUM9 | | 445 ANTIPSORIATICS, ORAL |
| 09/27/2022 | *evekeo* | *amphetamine sulfate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *amlodipine besy-benazepril hcl* | *amlodipine besylate-benazepril hcl* | ADD UM: SUM9 | | 611 ACE INHIBITOR CALCIUM CHANNEL BLOCKER |
| 09/27/2022 | *nicotine polacrilex mini* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *qutenza (2 patch)* | *capsaicin & cleansing gel* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *alvimopan* | *alvimopan* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *talicia* | *amoxicillin-rifabutin-omeprazole* | ADD UM: SUM9 | | 494 H.PYLORI COMBINATIONS |
| 09/27/2022 | *glipizide-metformin hcl* | *glipizide-metformin hcl* | ADD UM: SUM9 | | 830 HYPOGLYCEMICS, METFORMINS |
| 09/27/2022 | *soliris* | *eculizumab* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *veregen* | *sinecatechins* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |
| 09/27/2022 | *labetalol hcl* | *labetalol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *fycompa* | *perampanel* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *colestid* | *colestipol hcl* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 09/27/2022 | *klonopin* | *clonazepam* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 09/27/2022 | *famotidine (pf)* | *famotidine* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 09/27/2022 | *adalat cc* | *nifedipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *crotan* | *crotamiton* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *cleocin* | *clindamycin hcl* | ADD UM: SUM9 | | 533 LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *omnaris* | *ciclesonide (nasal)* | ADD UM: SUM9 | | 526 NASAL STEROIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *omeprazole* | *omeprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *hydrocortisone* | *hydrocortisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *sabril* | *vigabatrin* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *atacand hct* | *candesartan cilexetil-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *bylvay* | *odevixibat* | ADD UM: SUM9 | | 455 BILE SALTS |
| 09/27/2022 | *sotalol hcl (af)* | *sotalol hcl (afib/afl)* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *hm fexofenadine hcl* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *novolog mix 70/30 relion* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *etodolac* | *etodolac* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *durysta* | *bimatoprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 09/27/2022 | *agrylin* | *anagrelide hcl* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *olumiant* | *baricitinib* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *arimidex* | *anastrozole* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *ibuprofen* | *ibuprofen* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *unasyn* | *ampicillin & sulbactam sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *airduo respiclick 113/14* | *fluticasone-salmeterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *phenobarbital sodium* | *phenobarbital sodium* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 09/27/2022 | *sm omeprazole* | *omeprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *reltone* | *ursodiol* | ADD UM: SUM9 | | 455 BILE SALTS |
| 09/27/2022 | *naproxen sodium* | *naproxen sodium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *benicar* | *olmesartan medoxomil* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *retin-a micro pump* | *tretinoin microsphere* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *rhofade* | *oxymetazoline hcl (topical)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *alclometasone dipropionate* | *alclometasone dipropionate* | ADD UM: SUM9 | | 591 STEROIDS, TOPICAL LOW |
| 09/27/2022 | *allopurinol sodium* | *allopurinol sodium* | ADD UM: SUM9 | | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS |
| 09/27/2022 | *abilify maintena* | *aripiprazole* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *gemfibrozil* | *gemfibrozil* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *nutropin aq nuspin 5* | *somatropin* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *dovato* | *dolutegravir sodium-lamivudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *mometasone furoate* | *mometasone furoate (nasal)* | ADD UM: SUM9 | | 526 NASAL STEROIDS |
| 09/27/2022 | *retrovir* | *zidovudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *tegretol* | *carbamazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *nicardipine hcl in nacl* | *nicardipine hcl in sodium chloride* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *adefovir dipivoxil* | *adefovir dipivoxil* | ADD UM: SUM9 | | 497 HEPATITIS B - ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *zestoretic* | *lisinopril & hydrochlorothiazide* | ADD UM: SUM9 | | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 09/27/2022 | *diclofenac-misoprostol* | *diclofenac w/ misoprostol* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *frovatriptan succinate* | *frovatriptan succinate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *cardene iv* | *nicardipine hcl in sodium chloride* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *treximet* | *sumatriptan-naproxen sodium* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *naproxen sodium er* | *naproxen sodium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *fulphila* | *pegfilgrastim-jmdb* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |
| 09/27/2022 | *accupril* | *quinapril hcl* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *norethindrone-eth estradiol* | *norethindrone acetate-ethinyl estradiol* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *cefdinir* | *cefdinir* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *subvenite starter kit-blue* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *jentadueto* | *linagliptin-metformin hcl* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *emtricitabine-tenofovir df* | *emtricitabine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *naratriptan hcl* | *naratriptan hcl* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *jentadueto xr* | *linagliptin-metformin hcl* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *releuko* | *filgrastim-ayow* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |
| 09/27/2022 | *azulfidine* | *sulfasalazine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *neoral* | *cyclosporine modified (for microemulsion)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *metformin hcl er (osm)* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 09/27/2022 | *treprostinil* | *treprostinil* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *novolin n flexpen* | *insulin nph (human) (isophane)* | ADD UM: SUM9 | | 508 INSULIN N |
| 09/27/2022 | *ibutilide fumarate* | *ibutilide fumarate* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *cequa* | *cyclosporine (ophth)* | ADD UM: SUM9 | | 565 OPHTHALMICS, ANTI-INFLAMMATORIES-IMMUNOMODULTORS |
| 09/27/2022 | *levalbuterol tartrate* | *levalbuterol tartrate* | ADD UM: SUM9 | | 466 SHORT ACTING BETA ADRENERGICS |
| 09/27/2022 | *fenofibric acid* | *choline fenofibrate* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *lastacaft* | *alcaftadine* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *cerebyx* | *fosphenytoin sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *carbidopa* | *carbidopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *griseofulvin microsize* | *griseofulvin microsize* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *voltaren* | *diclofenac sodium (topical)* | ADD UM: SUM9 | | 553 TOPICAL NSAIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *fexofenadine-pseudoephed er* | *fexofenadine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *xgeva* | *denosumab* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |
| 09/27/2022 | *avar ls cleanser* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *tramadol hcl er (biphasic)* | *tramadol hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *ziac* | *bisoprolol & hydrochlorothiazide* | ADD UM: SUM9 | | 619 BETA BLOCKER/DIURETIC COMBINATIONS |
| 09/27/2022 | *cilostazol* | *cilostazol* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *humira* | *adalimumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *clindamycin phosphate* | *clindamycin phosphate vaginal* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 09/27/2022 | *antara* | *fenofibrate micronized* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *rapivab* | *peramivir* | ADD UM: SUM9 | | 452 INFLUENZA |
| 09/27/2022 | *ruconest* | *c1 esterase inhibitor (recombinant)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *isordil titradose* | *isosorbide dinitrate* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *progesterone* | *progesterone* | ADD UM: SUM9 | | 583 PROGESTATIONAL AGENTS |
| 09/27/2022 | *pioglitazone hcl-metformin hcl* | *pioglitazone hcl-metformin hcl* | ADD UM: SUM9 | | 516 THIAZOLIDINEDIONE-METFORMIN COMBINATIONS |
| 09/27/2022 | *nicotine* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *meclofenamate sodium* | *meclofenamate sodium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *bp cleansing wash* | *sulfacetamide sodium-sulfur in urea vehicle* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *loteprednol etabonate* | *loteprednol etabonate* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *loprox* | *ciclopirox* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *tavneos* | *avacopan* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *solu-cortef* | *hydrocortisone sod succinate* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *savella* | *milnacipran hcl* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *femring* | *estradiol acetate vaginal* | ADD UM: SUM9 | | 600 ESTROGENS: RINGS |
| 09/27/2022 | *thioridazine hcl* | *thioridazine hcl* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *trelegy ellipta* | *fluticasone-umeclidinium-vilanterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *alyq* | *tadalafil (pulmonary hypertension)* | ADD UM: SUM9 | | 577 ORAL PAH AGENTS – OTHER |
| 09/27/2022 | *prochlorperazine maleate* | *prochlorperazine maleate* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *divigel* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *celexa* | *citalopram hydrobromide* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *mimvey* | *estradiol & norethindrone acetate* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *aliskiren fumarate* | *aliskiren fumarate* | ADD UM: SUM9 | | 415 DIRECT RENIN INHIBITOR |
| 09/27/2022 | *lyllana* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *iopidine* | *apraclonidine hcl* | ADD UM: SUM9 | | 566 ALPHA 2 ADRENERGIC AGENTS-GLAUCOMA |
| 09/27/2022 | *flac* | *fluocinolone acetonide (otic)* | ADD UM: SUM9 | | 573 OTICS, ANTI-INFLAMMATORY |
| 09/27/2022 | *nilutamide* | *nilutamide* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *mycophenolate mofetil* | *mycophenolate mofetil hcl* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *cimzia* | *certolizumab pegol* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *neomycin-polymyxin-hc* | *neomycin-polymyxin-hc (ophth)* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *efavirenz-emtricitab-tenofo df* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *impeklo* | *clobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *amabelz* | *estradiol & norethindrone acetate* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *testosterone* | *testosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *ponvory starter pack* | *ponesimod* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *rapamune* | *sirolimus* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *hm cetirizine hcl* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *olopatadine hcl* | *olopatadine hcl (nasal)* | ADD UM: SUM9 | | 525 INTRANASAL ANTIHISTAMINES |
| 09/27/2022 | *cablivi* | *caplacizumab-yhdp* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *tysabri* | *natalizumab* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *zidovudine* | *zidovudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *zovirax* | *acyclovir topical* | ADD UM: SUM9 | | 453 TOPICAL ANTIVIRALS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *stalevo 200* | *carbidopa-levodopa-entacapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *colestipol hcl* | *colestipol hcl* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 09/27/2022 | *soolantra* | *ivermectin (rosacea)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *cayston* | *aztreonam lysine* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *berinert* | *c1 esterase inhibitor (human)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *insulin lispro (1 unit dial)* | *insulin lispro* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *estradiol-norethindrone acet* | *estradiol & norethindrone acetate* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *ortikos* | *budesonide* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *cardura xl* | *doxazosin mesylate (bph)* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *solifenacin succinate* | *solifenacin succinate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *sumaxin wash* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *lamotrigine starter kit-orange* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *bacitracin* | *bacitracin (ophthalmic)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *omnipod dash pods (gen 4)* | *insulin infusion disposable pump* | ADD UM: SUM9 | | 841 INSULIN PUMPS |
| 09/27/2022 | *brevibloc in nacl* | *esmolol hcl-sodium chloride* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *ezetimibe-simvastatin* | *ezetimibe-simvastatin* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 09/27/2022 | *metformin hcl er (mod)* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 09/27/2022 | *naftifine hcl* | *naftifine hcl* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *galantamine hydrobromide er* | *galantamine hydrobromide* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 09/27/2022 | *viread* | *tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *semglee (yfgn)* | *insulin glargine-yfgn* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *rapaflo* | *silodosin* | ADD UM: SUM9 | | 462 BPH TREATMENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *gralise* | *gabapentin (once-daily)* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *leukine* | *sargramostim* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |
| 09/27/2022 | *zortress* | *everolimus (immunosuppressant)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *duexis* | *ibuprofen-famotidine* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD UM: SUM9 | | 452 INFLUENZA |
| 09/27/2022 | *endocet* | *oxycodone w/ acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *cipro hc* | *ciprofloxacin-hydrocortisone* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |
| 09/27/2022 | *sm all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *nystatin-triamcinolone* | *nystatin-triamcinolone* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *balsalazide disodium* | *balsalazide disodium* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *allergy rel child (loratadine)* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *dilantin* | *phenytoin sodium extended* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *evotaz* | *atazanavir sulfate-cobicistat* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *e.e.s. 400* | *erythromycin ethylsuccinate* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *orencia* | *abatacept* | ADD UM: SUM9 | | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 09/27/2022 | *neo-synalar* | *neomycin-fluocinolone & emollient* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |
| 09/27/2022 | *bicalutamide* | *bicalutamide* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *stalevo 125* | *carbidopa-levodopa-entacapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *dificid* | *fidaxomicin* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *tenormin* | *atenolol* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *stalevo 150* | *carbidopa-levodopa-entacapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *tinidazole* | *tinidazole* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *zeposia starter kit* | *ozanimod hcl* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *promethazine vc* | *promethazine & phenylephrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *stalevo 100* | *carbidopa-levodopa-entacapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *entresto* | *sacubitril-valsartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *caspofungin acetate* | *caspofungin acetate* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *nembutal* | *pentobarbital sodium* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 09/27/2022 | *precedex* | *dexmedetomidine hcl* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *relafen ds* | *nabumetone* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *fluorescein sodium/benoxinate* | *fluorescein w/ benoxinate* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *metoprolol-hydrochlorothiazide* | *metoprolol & hydrochlorothiazide* | ADD UM: SUM9 | | 619 BETA BLOCKER/DIURETIC COMBINATIONS |
| 09/27/2022 | *intuniv* | *guanfacine hcl (adhd)* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *rinvoq* | *upadacitinib* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *tretinoin microsphere pump* | *tretinoin microsphere* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *moexipril hcl* | *moexipril hcl* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *ondansetron hcl* | *ondansetron hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *dhivy* | *carbidopa-levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *ketodan* | *ketoconazole (topical)* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *minitran* | *nitroglycerin* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *dilt-xr* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *minivelle* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *epinephrine* | *epinephrine (anaphylaxis)* | ADD UM: SUM9 | | 482 SELF INJECTABLE EPINEPHRINE |
| 09/27/2022 | *doryx mpc* | *doxycycline hyclate* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *cosopt* | *dorzolamide hcl-timolol maleate* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *velphoro* | *sucroferric oxyhydroxide* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 09/27/2022 | *aricept* | *donepezil hydrochloride* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 09/27/2022 | *acyclovir* | *acyclovir* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 09/27/2022 | *entacapone* | *entacapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *retacrit* | *epoetin alfa-epbx* | ADD UM: SUM9 | | 483 HEMATOPOIETIC AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *granix* | *tbo-filgrastim* | ADD UM: SUM9 | | 472 COLONY STIMULATING FACTORS |
| 09/27/2022 | *actos* | *pioglitazone hcl* | ADD UM: SUM9 | | 517 THIAZOLIDINEDIONES-ORAL ANTIDIABETIC |
| 09/27/2022 | *insulin aspart* | *insulin aspart* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *emsam* | *selegiline* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *trifluoperazine hcl* | *trifluoperazine hcl* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *solosec* | *secnidazole* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *precedex* | *dexmedetomidine hcl in sodium chloride* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *flutamide* | *flutamide* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *cotempla xr-odt* | *methylphenidate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *propafenone hcl* | *propafenone hcl* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *fyavolv* | *norethindrone acetate-ethinyl estradiol* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *fosinopril sodium-hctz* | *fosinopril sodium & hydrochlorothiazide* | ADD UM: SUM9 | | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 09/27/2022 | *invega trinza* | *paliperidone palmitate* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *accu-chek guide* | *glucose blood* | ADD UM: SUM9 | | 842 DIABETES TEST STRIPS |
| 09/27/2022 | *promethazine-phenylephrine* | *promethazine & phenylephrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *odefsey* | *emtricitabine-rilpivirine-tenofovir alafenamide fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *ertaczo* | *sertaconazole nitrate* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *streptomycin sulfate* | *streptomycin sulfate* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *accu-chek aviva plus* | *glucose blood* | ADD UM: SUM9 | | 842 DIABETES TEST STRIPS |
| 09/27/2022 | *vraylar* | *cariprazine hcl* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *tyvaso refill* | *treprostinil* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |
| 09/27/2022 | *tribenzor* | *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 09/27/2022 | *duopa* | *carbidopa-levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *tracleer* | *bosentan* | ADD UM: SUM9 | | 576 ORAL AGENTS - ENDOTHELIN RECEPTOR ANTAGANISTS (ETRA) |
| 09/27/2022 | *tigan* | *trimethobenzamide hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *sumaxin cp* | *sulfacetamide sodium-sulfur w/ skin cleanser* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *invokamet* | *canagliflozin-metformin hcl* | ADD UM: SUM9 | | 515 HYPOGLYCEMICS, SGLT2 |
| 09/27/2022 | *fiasp flextouch* | *insulin aspart (with niacinamide)* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *lamivudine* | *lamivudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *geodon* | *ziprasidone mesylate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *gabapentin* | *gabapentin* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *podocon-25* | *podophyllum resin* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |
| 09/27/2022 | *hydromorphone hcl er* | *hydromorphone hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *cefazolin sodium* | *cefazolin sodium* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *azactam* | *aztreonam* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *penicillin v potassium* | *penicillin v potassium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *lamictal starter* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *desoximetasone* | *desoximetasone* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *loprox* | *ciclopirox olamine & cleanser* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *juluca* | *dolutegravir sodium-rilpivirine hcl* | ADD UM: SUM9 | | 501 HIV / AIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *sandimmune* | *cyclosporine* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *orphenadrine citrate* | *orphenadrine citrate* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *bivalirudin rtu* | *bivalirudin trifluoroacetate* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *pandel* | *hydrocortisone probutate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *desonide* | *desonide* | ADD UM: SUM9 | | 591 STEROIDS, TOPICAL LOW |
| 09/27/2022 | *quinidine gluconate er* | *quinidine gluconate* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *aranesp (albumin free)* | *darbepoetin alfa* | ADD UM: SUM9 | | 483 HEMATOPOIETIC AGENTS |
| 09/27/2022 | *alosetron hcl* | *alosetron hcl* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *dexcom g6 transmitter* | *continuous blood glucose system transmitter* | ADD UM: SUM9 | | 839 TRANSMITTERS AND SENSORS |
| 09/27/2022 | *timolol maleate* | *timolol maleate (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *nicotrol* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate* | ADD UM: SUM9 | | 583 PROGESTATIONAL AGENTS |
| 09/27/2022 | *dipentum* | *olsalazine sodium* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *isosorbide dinitrate* | *isosorbide dinitrate* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *sm all day allergy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *flomax* | *tamsulosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *benazepril hcl* | *benazepril hcl* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *ztlido* | *lidocaine* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *malathion* | *malathion* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *lysodren* | *mitotane* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *promiseb* | *antiseborrheic products, misc.* | ADD UM: SUM9 | | 837 EMOLLIENTS |
| 09/27/2022 | *dextroamphetamine sulfate* | *dextroamphetamine sulfate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *ranitidine hcl* | *ranitidine hcl* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 09/27/2022 | *victoza* | *liraglutide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *diovan* | *valsartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *allergy relief d* | *cetirizine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *vancomycin hcl in nacl* | *vancomycin hcl-sodium chloride* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *brovana* | *arformoterol tartrate* | ADD UM: SUM9 | | 465 LONG ACTING BETA-ADRENERGICS NEBS |
| 09/27/2022 | *dapsone* | *dapsone (topical)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *flurazepam hcl* | *flurazepam hcl* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *fenofibrate micronized* | *fenofibrate micronized* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *ampicillin* | *ampicillin* | ADD UM: SUM9 | | 835 PENICILLINS |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *reyataz* | *atazanavir sulfate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *lyumjev* | *insulin lispro-aabc* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *saphris* | *asenapine maleate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *bp 10-1* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *terazosin hcl* | *terazosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *flector* | *diclofenac epolamine* | ADD UM: SUM9 | | 553 TOPICAL NSAIDS |
| 09/27/2022 | *carisoprodol-aspirin-codeine* | *carisoprodol w/ aspirin & codeine* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *cresemba* | *isavuconazonium sulfate* | ADD UM: SUM9 | | 431 NEW GENERATION AZOLES |
| 09/27/2022 | *budesonide er* | *budesonide* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *exforge hct* | *amlodipine-valsartan-hydrochlorothiazide* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 09/27/2022 | *etravirine* | *etravirine* | ADD UM: SUM9 | | 501 HIV / AIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *qbrelis* | *lisinopril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *versacloz* | *clozapine* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *betamethasone dipropionate aug* | *betamethasone dipropionate augmented* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *mavyret* | *glecaprevir-pibrentasvir* | ADD UM: SUM9 | | 499 HEPATITIS C - ORAL |
| 09/27/2022 | *valtoco 20 mg dose* | *diazepam (anticonvulsant)* | ADD UM: SUM9 | | 424 ANTICONVULSANTS, NON-ORAL |
| 09/27/2022 | *valproate sodium* | *valproate sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *ethosuximide* | *ethosuximide* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *allergy relief* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *dexycu* | *dexamethasone (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *lotrel* | *amlodipine besylate-benazepril hcl* | ADD UM: SUM9 | | 611 ACE INHIBITOR CALCIUM CHANNEL BLOCKER |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *xifaxan* | *rifaximin* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *pred-g s.o.p.* | *gentamicin-prednisolone acetate* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *brimonidine tartrate-timolol* | *brimonidine tartrate-timolol maleate* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *temixys* | *lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *tovet* | *clobetasol propionate emulsion* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *methylprednisolone* | *methylprednisolone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *qutenza (4 patch)* | *capsaicin & cleansing gel* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *hydromorphone hcl pf* | *hydromorphone hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *tradjenta* | *linagliptin* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *glyburide-metformin* | *glyburide-metformin* | ADD UM: SUM9 | | 830 HYPOGLYCEMICS, METFORMINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *lidocaine hcl (cardiac) pf* | *lidocaine hcl (cardiac)* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *ms contin* | *morphine sulfate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *mometasone furoate* | *mometasone furoate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *gentak* | *gentamicin sulfate (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *aimovig* | *erenumab-aooe* | ADD UM: SUM9 | | 648 CGRP |
| 09/27/2022 | *zilxi* | *minocycline hcl micronized (rosacea)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *micafungin sodium* | *micafungin sodium* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *nystatin* | *nystatin* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *isentress* | *raltegravir potassium* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *novolin r relion* | *insulin regular (human)* | ADD UM: SUM9 | | 509 INSULIN R |
| 09/27/2022 | *fluticasone propionate* | *fluticasone propionate (nasal)* | ADD UM: SUM9 | | 526 NASAL STEROIDS |
| 09/27/2022 | *apomorphine hcl* | *apomorphine hydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *glatopa* | *glatiramer acetate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *tobi* | *tobramycin* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *wellbutrin sr* | *bupropion hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *mentax* | *butenafine hcl* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *trihexyphenidyl hcl* | *trihexyphenidyl hcl* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *taclonex* | *calcipotriene-betamethasone dipropionate* | ADD UM: SUM9 | | 446 ANTIPSORIATICS, TOPICAL |
| 09/27/2022 | *mesalamine er* | *mesalamine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *novolin r* | *insulin regular (human)* | ADD UM: SUM9 | | 509 INSULIN R |
| 09/27/2022 | *mesalamine* | *mesalamine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *sulindac* | *sulindac* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *dextenza* | *dexamethasone (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *prograf* | *tacrolimus* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *clozapine* | *clozapine* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *simbrinza* | *brinzolamide-brimonidine tartrate* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *firvanq* | *vancomycin hcl* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *luzu* | *luliconazole* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *extavia* | *interferon beta-1b* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *fluvoxamine maleate* | *fluvoxamine maleate* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *freestyle libre 14 day sensor* | *continuous blood glucose system sensor* | ADD UM: SUM9 | | 839 TRANSMITTERS AND SENSORS |
| 09/27/2022 | *finasteride* | *finasteride* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *aczone* | *dapsone (topical)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *lupron depot (4-month)* | *leuprolide acetate (4 month)* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *qnasl* | *beclomethasone dipropionate (nasal)* | ADD UM: SUM9 | | 526 NASAL STEROIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *flolan* | *epoprostenol sodium* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |
| 09/27/2022 | *voriconazole* | *voriconazole* | ADD UM: SUM9 | | 431 NEW GENERATION AZOLES |
| 09/27/2022 | *amantadine hcl* | *amantadine hcl* | ADD UM: SUM9 | | 452 INFLUENZA |
| 09/27/2022 | *bylvay (pellets)* | *odevixibat* | ADD UM: SUM9 | | 455 BILE SALTS |
| 09/27/2022 | *envarsus xr* | *tacrolimus* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *propranolol-hctz* | *propranolol & hydrochlorothiazide* | ADD UM: SUM9 | | 619 BETA BLOCKER/DIURETIC COMBINATIONS |
| 09/27/2022 | *avar-e emollient* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *tasmar* | *tolcapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *wellbutrin xl* | *bupropion hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *jinteli* | *norethindrone acetate-ethinyl estradiol* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide & moisturizer* | ADD UM: SUM9 | | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *fabior* | *tazarotene (acne)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *onglyza* | *saxagliptin hcl* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *azithromycin* | *azithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *nexterone* | *amiodarone hcl in dextrose* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *amaryl* | *glimepiride* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 09/27/2022 | *labetalol hcl-sodium chloride* | *labetalol hcl-sodium chloride* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *vyepti* | *eptinezumab-jjmr* | ADD UM: SUM9 | | 648 CGRP |
| 09/27/2022 | *micardis hct* | *telmisartan-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *beser* | *fluticasone propionate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *ibu* | *ibuprofen* | ADD UM: SUM9 | | 552 NSAIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *teriparatide (recombinant)* | *teriparatide (recombinant)* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |
| 09/27/2022 | *bacitracin* | *bacitracin* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *norvir* | *ritonavir* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *azstarys* | *serdexmethylphenidate chloride-dexmethylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *cimzia starter kit* | *certolizumab pegol* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *zyprexa* | *olanzapine* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *otiprio* | *ciprofloxacin (otic)* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |
| 09/27/2022 | *gnp esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *fexmid* | *cyclobenzaprine hcl* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *disopyramide phosphate* | *disopyramide phosphate* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *fentanyl citrate* | *fentanyl citrate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *proventil hfa* | *albuterol sulfate* | ADD UM: SUM9 | | 466 SHORT ACTING BETA ADRENERGICS |
| 09/27/2022 | *eprosartan mesylate* | *eprosartan mesylate* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *ery-tab* | *erythromycin base* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *sertraline hcl* | *sertraline hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *prezista* | *darunavir ethanolate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *rythmol sr* | *propafenone hcl* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *geodon* | *ziprasidone hcl* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *sm allergy childrens* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *felbatol* | *felbamate* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *symjepi* | *epinephrine (anaphylaxis)* | ADD UM: SUM9 | | 482 SELF INJECTABLE EPINEPHRINE |
| 09/27/2022 | *mircera* | *methoxy polyethylene glycol-epoetin beta* | ADD UM: SUM9 | | 483 HEMATOPOIETIC AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *methocarbamol* | *methocarbamol* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *lubiprostone* | *lubiprostone* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *fioricet/codeine* | *butalbital-acetaminophen-caffeine w/ codeine* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *tenoretic 50* | *atenolol & chlorthalidone* | ADD UM: SUM9 | | 619 BETA BLOCKER/DIURETIC COMBINATIONS |
| 09/27/2022 | *fluphenazine hcl* | *fluphenazine hcl* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *synalar ts* | *fluocinolone acetonide & cleanser* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *sm fexofenadine hcl* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *airduo digihaler* | *fluticasone-salmeterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *lampit* | *nifurtimox* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *bryhali* | *halobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *texacort* | *hydrocortisone (topical)* | ADD UM: SUM9 | | 591 STEROIDS, TOPICAL LOW |
| 09/27/2022 | *ibandronate sodium* | *ibandronate sodium* | ADD UM: SUM9 | | 458 BISPHOSPHONATES |
| 09/27/2022 | *bacitra-neomycin-polymyxin-hc* | *bacitracin-poly-neomycin-hc* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *ciclodan solution* | *ciclopirox* | ADD UM: SUM9 | | 617 ONYCHOMYCOSIS ANTIFUNGALS - TOPICAL |
| 09/27/2022 | *calcipotriene-betameth diprop* | *calcipotriene-betamethasone dipropionate* | ADD UM: SUM9 | | 446 ANTIPSORIATICS, TOPICAL |
| 09/27/2022 | *androgel pump* | *testosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *salicylic acid wart remover* | *salicylic acid* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |
| 09/27/2022 | *aldara* | *imiquimod* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *mirapex er* | *pramipexole dihydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *metaproterenol sulfate* | *metaproterenol sulfate* | ADD UM: SUM9 | | 825 BRONCHODILATORS, BETA AGONIST |
| 09/27/2022 | *inveltys* | *loteprednol etabonate* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *moxifloxacin hcl* | *moxifloxacin hcl (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *nourianz* | *istradefylline* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *descovy* | *emtricitabine-tenofovir alafenamide fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *lincomycin hcl* | *lincomycin hcl* | ADD UM: SUM9 | | 533 LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *fosamax* | *alendronate sodium* | ADD UM: SUM9 | | 458 BISPHOSPHONATES |
| 09/27/2022 | *naprelan* | *naproxen sodium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *prednisone* | *prednisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *cefuroxime sodium* | *cefuroxime sodium* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |
| 09/27/2022 | *fluvastatin sodium er* | *fluvastatin sodium* | ADD UM: SUM9 | | 541 STATINS |
| 09/27/2022 | *tolcapone* | *tolcapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *betamethasone sod phos & acet* | *betamethasone sod phosphate & acetate* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *rayos* | *prednisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *roxicodone* | *oxycodone hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *morphabond er* | *morphine sulfate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *trilipix* | *choline fenofibrate* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *warfarin sodium* | *warfarin sodium* | ADD UM: SUM9 | | 811 ANTICOAGULANTS |
| 09/27/2022 | *nystop* | *nystatin (topical)* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *sustol* | *granisetron* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *temazepam* | *temazepam* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *daliresp* | *roflumilast* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *acular* | *ketorolac tromethamine (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *nalfon* | *fenoprofen calcium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *metrogel* | *metronidazole (topical)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *synjardy xr* | *empagliflozin-metformin hcl* | ADD UM: SUM9 | | 515 HYPOGLYCEMICS, SGLT2 |
| 09/27/2022 | *diltiazem hcl er beads* | *diltiazem hcl extended release beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *brevibloc premixed ds* | *esmolol hcl-sodium chloride* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *selzentry* | *maraviroc* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *cosentyx sensoready pen* | *secukinumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *metronidazole* | *metronidazole (topical)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *cinryze* | *c1 esterase inhibitor (human)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *glimepiride* | *glimepiride* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 09/27/2022 | *ketorolac tromethamine* | *ketorolac tromethamine (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *rozerem* | *ramelteon* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *nitroglycerin er* | *nitroglycerin* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *nimodipine* | *nimodipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *cortifoam* | *hydrocortisone acetate (intrarectal)* | ADD UM: SUM9 | | 599 ULCERATIVE COLITIS - RECTAL |
| 09/27/2022 | *diacomit* | *stiripentol* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *enspryng* | *satralizumab-mwge* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *orphenadrine citrate er* | *orphenadrine citrate* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *ritalin* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *delestrogen* | *estradiol valerate* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *seglentis* | *celecoxib-tramadol hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *pazeo* | *olopatadine hcl* | ADD UM: SUM9 | | 562 OPHTHALMIC ANTIHISTAMINES |
| 09/27/2022 | *xcopri (250 mg daily dose)* | *cenobamate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *humulin n kwikpen* | *insulin nph (human) (isophane)* | ADD UM: SUM9 | | 508 INSULIN N |
| 09/27/2022 | *eryped 400* | *erythromycin ethylsuccinate* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *vyvanse* | *lisdexamfetamine dimesylate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *sunosi* | *solriamfetol hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *eliquis* | *apixaban* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *terbutaline sulfate* | *terbutaline sulfate* | ADD UM: SUM9 | | 825 BRONCHODILATORS, BETA AGONIST |
| 09/27/2022 | *skyrizi* | *risankizumab-rzaa (crohn's)* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *calcium acetate* | *calcium acetate (phosphate binder)* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 09/27/2022 | *onexton* | *clindamycin phosphate-benzoyl peroxide* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *barhemsys* | *amisulpride (antiemetic)* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *fluocinonide emulsified base* | *fluocinonide emulsified base* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *tramadol-acetaminophen* | *tramadol-acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *amiodarone hcl* | *amiodarone hcl* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *tretinoin microsphere* | *tretinoin microsphere* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *femhrt* | *norethindrone acetate-ethinyl estradiol* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 09/27/2022 | *ipratropium bromide* | *ipratropium bromide (nasal)* | ADD UM: SUM9 | | 804 INTRANASAL RHINITIS AGENTS |
| 09/27/2022 | *yuvafem* | *estradiol vaginal* | ADD UM: SUM9 | | 601 VAGINAL ESTROGENS |
| 09/27/2022 | *kenalog* | *triamcinolone acetonide* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *catapres* | *clonidine hcl* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 09/27/2022 | *centany at* | *mupirocin* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |
| 09/27/2022 | *ilumya* | *tildrakizumab-asmn* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *rebif rebidose* | *interferon beta-1a* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *hm allergy relief* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *kaletra* | *lopinavir-ritonavir* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *zeposia* | *ozanimod hcl* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *morgidox* | *doxycycline hyclate* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *reglan* | *metoclopramide hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *hm all day allergy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *cefotan* | *cefotetan disodium* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |
| 09/27/2022 | *androderm* | *testosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *fleqsuvy* | *baclofen* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *neo-polycin* | *neomycin-bacitracin zn-polymyxin* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *uptravi* | *selexipag* | ADD UM: SUM9 | | 577 ORAL PAH AGENTS – OTHER |
| 09/27/2022 | *isosorbide mononitrate* | *isosorbide mononitrate* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *skyrizi (150 mg dose)* | *risankizumab-rzaa* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *dutasteride* | *dutasteride* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *makena* | *hydroxyprogesterone caproate* | ADD UM: SUM9 | | 583 PROGESTATIONAL AGENTS |
| 09/27/2022 | *zemdri* | *plazomicin sulfate* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *neo-polycin hc* | *bacitracin-poly-neomycin-hc* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *skyrizi* | *risankizumab-rzaa* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *bonjesta* | *doxylamine-pyridoxine* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *enbrel sureclick* | *etanercept* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *soma* | *carisoprodol* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *xarelto starter pack* | *rivaroxaban* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *subvenite* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *emtricitabine* | *emtricitabine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *demerol* | *meperidine hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *namenda xr titration pack* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 09/27/2022 | *atomoxetine hcl* | *atomoxetine hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide (refrigerate)* | ADD UM: SUM9 | | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |
| 09/27/2022 | *cystadrops* | *cysteamine hcl* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *pred forte* | *prednisolone acetate (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *tobradex* | *tobramycin-dexamethasone* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *emend* | *fosaprepitant dimeglumine* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *neurontin* | *gabapentin* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *polymyxin b-trimethoprim* | *polymyxin b-trimethoprim* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *aciphex* | *rabeprazole sodium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *zytiga* | *abiraterone acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *lisinopril-hydrochlorothiazide* | *lisinopril & hydrochlorothiazide* | ADD UM: SUM9 | | 610 ACE INHIBITOR DIURETIC COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *dexamethasone sodium phosphate* | *dexamethasone sodium phosphate (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *haloperidol decanoate* | *haloperidol decanoate* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *opzelura* | *ruxolitinib phosphate (topical)* | ADD UM: SUM9 | | 521 TOPICAL CALCINEURIN INHIBITORS |
| 09/27/2022 | *qc all day allergy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *apidra solostar* | *insulin glulisine* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *evista* | *raloxifene hcl* | ADD UM: SUM9 | | 460 SERM |
| 09/27/2022 | *lipofen* | *fenofibrate* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *ritonavir* | *ritonavir* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *ambien cr* | *zolpidem tartrate* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *fenoprofen calcium* | *fenoprofen calcium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *taltz* | *ixekizumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *amnesteem* | *isotretinoin* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *erythromycin* | *erythromycin (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *bensal hp* | *salicylic acid* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *sevelamer hcl* | *sevelamer hcl* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 09/27/2022 | *xofluza (80 mg dose)* | *baloxavir marboxil* | ADD UM: SUM9 | | 452 INFLUENZA |
| 09/27/2022 | *myfortic* | *mycophenolate sodium* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *efavirenz-lamivudine-tenofovir* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *sm allergy relief* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *etodolac er* | *etodolac* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *cleocin* | *clindamycin palmitate hydrochloride* | ADD UM: SUM9 | | 533 LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *altreno* | *tretinoin* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *ibuprofen lysine* | *ibuprofen lysine* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *hm cetirizine hcl childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *levetiracetam er* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *rasagiline mesylate* | *rasagiline mesylate* | ADD UM: SUM9 | | 444 NON-ERGOT DOPAMINE RECEPTOR AGONISTS |
| 09/27/2022 | *actonel* | *risedronate sodium* | ADD UM: SUM9 | | 458 BISPHOSPHONATES |
| 09/27/2022 | *savella titration pack* | *milnacipran hcl* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *prasugrel hcl* | *prasugrel hcl* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *natesto* | *testosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *dayvigo* | *lemborexant* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *nutropin aq nuspin 20* | *somatropin* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *zoledronic acid* | *zoledronic acid* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *verapamil hcl er* | *verapamil hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *qtern* | *dapagliflozin-saxagliptin* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *penicillin g sodium* | *penicillin g sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *invega* | *paliperidone* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *saizen* | *somatropin (non-refrigerated)* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *trizivir* | *abacavir sulfate-lamivudine-zidovudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *nutropin aq nuspin 10* | *somatropin* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *afrezza* | *insulin regular (human)* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *lexette* | *halobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *proscar* | *finasteride* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *zyprexa relprevv* | *olanzapine pamoate* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *doxycycline hyclate* | *doxycycline hyclate* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *kynmobi titration kit* | *apomorphine hydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *adcirca* | *tadalafil (pulmonary hypertension)* | ADD UM: SUM9 | | 577 ORAL PAH AGENTS – OTHER |
| 09/27/2022 | *androgel* | *testosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *luxiq* | *betamethasone valerate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *cystaran* | *cysteamine hcl* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *eryped 200* | *erythromycin ethylsuccinate* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *valtoco 15 mg dose* | *diazepam (anticonvulsant)* | ADD UM: SUM9 | | 424 ANTICONVULSANTS, NON-ORAL |
| 09/27/2022 | *perforomist* | *formoterol fumarate* | ADD UM: SUM9 | | 465 LONG ACTING BETA-ADRENERGICS NEBS |
| 09/27/2022 | *singulair* | *montelukast sodium* | ADD UM: SUM9 | | 532 LEUKOTRIENE MODIFIERS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *xtandi* | *enzalutamide* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *diclofenac sodium er* | *diclofenac sodium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *beconase aq* | *beclomethasone diprop monohyd* | ADD UM: SUM9 | | 526 NASAL STEROIDS |
| 09/27/2022 | *brinzolamide* | *brinzolamide* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *isentress hd* | *raltegravir potassium* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *novolin n* | *insulin nph (human) (isophane)* | ADD UM: SUM9 | | 508 INSULIN N |
| 09/27/2022 | *pliaglis* | *lidocaine-tetracaine* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *insulin glargine-yfgn* | *insulin glargine-yfgn* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *cardizem cd* | *diltiazem hcl coated beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *indomethacin sodium* | *indomethacin sodium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *benzhydrocodone-acetaminophen* | *benzhydrocodone hcl-acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *brexafemme* | *ibrexafungerp citrate* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *balanced salt* | *ophthalmic irrigation solution - intraocular* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *fluconazole* | *fluconazole* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *travoprost (bak free)* | *travoprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 09/27/2022 | *testim* | *testosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *mitigare* | *colchicine* | ADD UM: SUM9 | | 437 ORAL AGENTS FOR GOUT: MISC |
| 09/27/2022 | *trifluridine* | *trifluridine* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *seroquel* | *quetiapine fumarate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *aripiprazole* | *aripiprazole* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *chlorzoxazone* | *chlorzoxazone* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *doxy 100* | *doxycycline hyclate* | ADD UM: SUM9 | | 595 TETRACYCLINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *neomycin-bacitracin zn-polymyx* | *neomycin-bacitracin zn-polymyxin* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *dexilant* | *dexlansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | ADD UM: SUM9 | | 619 BETA BLOCKER/DIURETIC COMBINATIONS |
| 09/27/2022 | *viibryd starter pack* | *vilazodone hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *lidocaine hcl (cardiac)* | *lidocaine hcl (cardiac)* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *atorvastatin calcium* | *atorvastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 09/27/2022 | *ibuprofen-famotidine* | *ibuprofen-famotidine* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *vigadrone* | *vigabatrin* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *humatrope* | *somatropin* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *tamsulosin hcl* | *tamsulosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *gnp loratadine* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *clotrimazole* | *clotrimazole* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *neomycin-polymyxin-hc* | *neomycin-polymyxin-hc (otic)* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |
| 09/27/2022 | *tricor* | *fenofibrate* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *verelan* | *verapamil hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *prochlorperazine edisylate* | *prochlorperazine edisylate* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *astagraf xl* | *tacrolimus* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *soriatane* | *acitretin* | ADD UM: SUM9 | | 445 ANTIPSORIATICS, ORAL |
| 09/27/2022 | *haegarda* | *c1 esterase inhibitor (human)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *venlafaxine hcl* | *venlafaxine hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *razadyne er* | *galantamine hydrobromide* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *hm allergy complete-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *lovenox* | *enoxaparin sodium* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 09/27/2022 | *captopril-hydrochlorothiazide* | *captopril & hydrochlorothiazide* | ADD UM: SUM9 | | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 09/27/2022 | *amitiza* | *lubiprostone* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *lisinopril* | *lisinopril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *temovate* | *clobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *nubeqa* | *darolutamide* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *dalfampridine er* | *dalfampridine* | ADD UM: SUM9 | | 546 ANCILLARY ORAL AGENTS FOR MULTIPLE SCLEROSIS TREATMENT |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *rosanil cleanser* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *hm nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *vfend iv* | *voriconazole* | ADD UM: SUM9 | | 431 NEW GENERATION AZOLES |
| 09/27/2022 | *erythromycin base* | *erythromycin base* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *prometrium* | *progesterone* | ADD UM: SUM9 | | 583 PROGESTATIONAL AGENTS |
| 09/27/2022 | *bisoprolol fumarate* | *bisoprolol fumarate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *morphine sulfate* | *morphine sulfate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *brimonidine tartrate* | *brimonidine tartrate* | ADD UM: SUM9 | | 566 ALPHA 2 ADRENERGIC AGENTS-GLAUCOMA |
| 09/27/2022 | *xcopri (350 mg daily dose)* | *cenobamate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *maprotiline hcl* | *maprotiline hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *verapamil hcl* | *verapamil hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *hydrocortisone* | *hydrocortisone (topical)* | ADD UM: SUM9 | | 591 STEROIDS, TOPICAL LOW |
| 09/27/2022 | *mycophenolate sodium* | *mycophenolate sodium* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *nifedipine er osmotic release* | *nifedipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *zerviate* | *cetirizine hcl (ophth)* | ADD UM: SUM9 | | 562 OPHTHALMIC ANTIHISTAMINES |
| 09/27/2022 | *metrogel-vaginal* | *metronidazole vaginal* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 09/27/2022 | *fosrenol* | *lanthanum carbonate* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 09/27/2022 | *loprox* | *ciclopirox olamine* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *hydrocodone-ibuprofen* | *hydrocodone-ibuprofen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *levofloxacin* | *levofloxacin (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *solu-medrol* | *methylprednisolone sod succ* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *maxalt* | *rizatriptan benzoate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *avar-e ls* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *provera* | *medroxyprogesterone acetate* | ADD UM: SUM9 | | 583 PROGESTATIONAL AGENTS |
| 09/27/2022 | *cimduo* | *lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *cefoxitin sodium-dextrose* | *cefoxitin sodium and dextrose* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |
| 09/27/2022 | *stelara* | *ustekinumab (iv)* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *revonto* | *dantrolene sodium* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *ceftriaxone sodium* | *ceftriaxone sodium* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *feldene* | *piroxicam* | ADD UM: SUM9 | | 552 NSAIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *zofran* | *ondansetron hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *hemangeol* | *propranolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *allergy relief/indoor/outdoor* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *humalog* | *insulin lispro* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *sanadermrx skin repair* | *triamcinolone acetonide-dimethicone-silicone* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *retin-a* | *tretinoin* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *loratadine-d 24hr* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *ivermectin* | *ivermectin (rosacea)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *chantix* | *varenicline tartrate* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *cipro* | *ciprofloxacin hcl* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *focalin xr* | *dexmethylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *haloperidol lactate* | *haloperidol lactate* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *gnp allergy/congestion relief* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *lotemax sm* | *loteprednol etabonate* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *ciprodex* | *ciprofloxacin-dexamethasone* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |
| 09/27/2022 | *otovel* | *ciprofloxacin-fluocinolone acetonide* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |
| 09/27/2022 | *evekeo odt* | *amphetamine sulfate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *diazepam* | *diazepam (anticonvulsant)* | ADD UM: SUM9 | | 424 ANTICONVULSANTS, NON-ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *benzaclin* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM9 | | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |
| 09/27/2022 | *skelaxin* | *metaxalone* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *penicillin g potassium* | *penicillin g potassium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *cimetidine* | *cimetidine* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 09/27/2022 | *ultiva* | *remifentanil hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *edluar* | *zolpidem tartrate* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *allergy relief (loratadine)* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *twyneo* | *tretinoin-benzoyl peroxide* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *griseofulvin ultramicrosize* | *griseofulvin ultramicrosize* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *combigan* | *brimonidine tartrate-timolol maleate* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *levocetirizine dihydrochloride* | *levocetirizine dihydrochloride* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *trandolapril* | *trandolapril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *famotidine* | *famotidine* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 09/27/2022 | *aemcolo* | *rifamycin sodium* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *flovent diskus* | *fluticasone propionate (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *eprontia* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *bacitracin-polymyxin b* | *bacitracin-polymyxin b (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *fml* | *fluorometholone (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *flagyl* | *metronidazole* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *frova* | *frovatriptan succinate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *symfi lo* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *epipen jr 2-pak* | *epinephrine (anaphylaxis)* | ADD UM: SUM9 | | 482 SELF INJECTABLE EPINEPHRINE |
| 09/27/2022 | *loratadine* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *omeprazole-sodium bicarbonate* | *omeprazole-sodium bicarbonate* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *budesonide* | *budesonide* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *viekira pak* | *ombitasvir-paritaprevir-ritonavir-dasabuvir* | ADD UM: SUM9 | | 499 HEPATITIS C - ORAL |
| 09/27/2022 | *lindane* | *lindane* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *tazicef* | *ceftazidime* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *eligard* | *leuprolide acetate (4 month)* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *betamethasone valerate* | *betamethasone valerate* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *dimenhydrinate* | *dimenhydrinate* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *novolin 70/30 flexpen relion* | *insulin nph isophane & reg (human)* | ADD UM: SUM9 | | 507 INSULIN MIX |
| 09/27/2022 | *zomacton* | *somatropin* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *novolog mix 70/30* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *fluorometholone* | *fluorometholone (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *alfuzosin hcl er* | *alfuzosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *infumorph 200* | *morphine sulfate for continuous microinfusion* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *paremyd* | *hydroxyamphetamine-tropicamide* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *emend* | *aprepitant* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *oxycodone hcl* | *oxycodone hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *protonix* | *pantoprazole sodium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *oxaprozin* | *oxaprozin* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *metronidazole* | *metronidazole* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *nitroglycerin in d5w* | *nitroglycerin in d5w* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *intelence* | *etravirine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *alfentanil hcl* | *alfentanil hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *aplenzin* | *bupropion hydrobromide* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *dexamethasone sod phosphate pf* | *dexamethasone sodium phosphate* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *atovaquone* | *atovaquone* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *avonex pen* | *interferon beta-1a* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *pylera* | *bismuth subcitrate potassium-metronidazole-tetracycline* | ADD UM: SUM9 | | 494 H.PYLORI COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *lortab* | *hydrocodone-acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *alogliptin benzoate* | *alogliptin benzoate* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *aptiom* | *eslicarbazepine acetate* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *serostim* | *somatropin (non-refrigerated)* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *auryxia* | *ferric citrate* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 09/27/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | ADD UM: SUM9 | | 577 ORAL PAH AGENTS – OTHER |
| 09/27/2022 | *plegridy starter pack* | *peginterferon beta-1a* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *angeliq* | *drospirenone-estradiol* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 09/27/2022 | *timoptic ocudose* | *timolol maleate (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *childrens loratadine* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *pramipexole dihydrochloride* | *pramipexole dihydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *genotropin* | *somatropin* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *tamoxifen citrate* | *tamoxifen citrate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *lovastatin* | *lovastatin* | ADD UM: SUM9 | | 541 STATINS |
| 09/27/2022 | *morgidox* | *doxycycline hyclate w/ cleanser* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *tazorac* | *tazarotene* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *enbrel* | *etanercept* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *sorine* | *sotalol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *stelara* | *ustekinumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *subvenite starter kit-green* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *zyclara* | *imiquimod* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *estring* | *estradiol vaginal* | ADD UM: SUM9 | | 600 ESTROGENS: RINGS |
| 09/27/2022 | *accu-chek compact plus control* | *blood glucose calibration* | ADD UM: SUM9 | | 844 CONTROLS SOLUTIONS |
| 09/27/2022 | *dexmethylphenidate hcl er* | *dexmethylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *rufinamide* | *rufinamide* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *namenda titration pak* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 09/27/2022 | *spritam* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *asmanex (60 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *bss plus* | *ophthalmic irrigation solution - intraocular* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *oxcarbazepine* | *oxcarbazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *sm esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *rhopressa* | *netarsudil dimesylate* | ADD UM: SUM9 | | 638 RHO KINASE INHIBITORS |
| 09/27/2022 | *vanos* | *fluocinonide* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *glydo* | *lidocaine hcl* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *zolpidem tartrate er* | *zolpidem tartrate* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *glyburide micronized* | *glyburide micronized* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 09/27/2022 | *omnipod 5 g6 intro (gen 5)* | *insulin infusion disposable pump* | ADD UM: SUM9 | | 841 INSULIN PUMPS |
| 09/27/2022 | *tolsura* | *itraconazole* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *abilify mycite maintenance kit* | *aripiprazole with sensor, strips, & pod* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *infumorph 500* | *morphine sulfate for continuous microinfusion* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *ponvory* | *ponesimod* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *alogliptin-pioglitazone* | *alogliptin-pioglitazone* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *neomycin-polymyxin-dexameth* | *neomycin-polymy-dexameth* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *flurbiprofen* | *flurbiprofen* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *carbamazepine er* | *carbamazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *pentam* | *pentamidine isethionate* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *amzeeq* | *minocycline hcl micronized (acne)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *tobramycin* | *tobramycin* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *cefprozil* | *cefprozil* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |
| 09/27/2022 | *zithromax z-pak* | *azithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *altace* | *ramipril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *ampicillin sodium* | *ampicillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *clarithromycin er* | *clarithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *trileptal* | *oxcarbazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *reblozyl* | *luspatercept-aamt* | ADD UM: SUM9 | | 483 HEMATOPOIETIC AGENTS |
| 09/27/2022 | *ultravate* | *halobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *fenofibrate* | *fenofibrate* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *alrex* | *loteprednol etabonate* | ADD UM: SUM9 | | 562 OPHTHALMIC ANTIHISTAMINES |
| 09/27/2022 | *goodsense all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *uceris* | *budesonide (intrarectal)* | ADD UM: SUM9 | | 599 ULCERATIVE COLITIS - RECTAL |
| 09/27/2022 | *hydrocortisone butyrate* | *hydrocortisone butyrate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *nitazoxanide* | *nitazoxanide* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *humalog mix 50/50* | *insulin lispro protamine & lispro* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *wixela inhub* | *fluticasone-salmeterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *synalar (ointment)* | *fluocinolone-emollient* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *lialda* | *mesalamine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *depakote er* | *divalproex sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *diflucan* | *fluconazole* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *actoplus met* | *pioglitazone hcl-metformin hcl* | ADD UM: SUM9 | | 516 THIAZOLIDINEDIONE-METFORMIN COMBINATIONS |
| 09/27/2022 | *cartia xt* | *diltiazem hcl coated beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *ribavirin* | *ribavirin (hepatitis c)* | ADD UM: SUM9 | | 500 RIBAVIRINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *fareston* | *toremifene citrate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *topiramate* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *ramipril* | *ramipril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *methadone hcl intensol* | *methadone hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *buprenorphine* | *buprenorphine* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *latuda* | *lurasidone hcl* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *clobetasol propionate emulsion* | *clobetasol propionate emulsion* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *lexapro* | *escitalopram oxalate* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *prezcobix* | *darunavir-cobicistat* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *methamphetamine hcl* | *methamphetamine hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *taperdex 6-day* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *prednicarbate* | *prednicarbate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *sumadan wash* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *pentobarbital sodium* | *pentobarbital sodium* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 09/27/2022 | *sancuso* | *granisetron* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *zolmitriptan* | *zolmitriptan* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *mavenclad (6 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *carteolol hcl* | *carteolol hcl (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *ofloxacin* | *ofloxacin (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *cellcept intravenous* | *mycophenolate mofetil hcl* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *tikosyn* | *dofetilide* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *symbicort* | *budesonide-formoterol fumarate dihydrate* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *lamotrigine er* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *methadone hcl* | *methadone hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *pravastatin sodium* | *pravastatin sodium* | ADD UM: SUM9 | | 541 STATINS |
| 09/27/2022 | *pregabalin er* | *pregabalin (once-daily)* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 09/27/2022 | *pred-g* | *gentamicin-prednisolone acetate* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *desvenlafaxine er* | *desvenlafaxine* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *halog* | *halcinonide* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *apokyn* | *apomorphine hydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *dimethyl fumarate* | *dimethyl fumarate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *codeine sulfate* | *codeine sulfate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *acid reducer* | *omeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *clotrimazole* | *clotrimazole (topical)* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *depo-estradiol* | *estradiol cypionate* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *gentamicin sulfate* | *gentamicin sulfate (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *epsolay* | *benzoyl peroxide* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *oracea* | *doxycycline (rosacea)* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *rexulti* | *brexpiprazole* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *clindamycin phosphate in nacl* | *clindamycin phosphate in nacl* | ADD UM: SUM9 | | 533 LINCOSAMIDES/ OXAZOLIDINONES/STREPTOGRAMINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *tranylcypromine sulfate* | *tranylcypromine sulfate* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *exelderm* | *sulconazole nitrate* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *humulin 70/30 kwikpen* | *insulin nph isophane & reg (human)* | ADD UM: SUM9 | | 507 INSULIN MIX |
| 09/27/2022 | *retisert* | *fluocinolone acetonide (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *matzim la* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *celebrex* | *celecoxib* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *nevanac* | *nepafenac* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *humalog mix 75/25 kwikpen* | *insulin lispro protamine & lispro* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *rebif* | *interferon beta-1a* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *fentanyl citrate (pf)* | *fentanyl citrate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *avodart* | *dutasteride* | ADD UM: SUM9 | | 462 BPH TREATMENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *zyclara pump* | *imiquimod* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |
| 09/27/2022 | *lotemax* | *loteprednol etabonate* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *epzicom* | *abacavir sulfate-lamivudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *triamcinolone in absorbase* | *triamcinolone acetonide (topical)* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *naltrexone hcl* | *naltrexone hcl* | ADD UM: SUM9 | | 570 OPIATE DEPENDENCE TREATMENTS, ORAL |
| 09/27/2022 | *epogen* | *epoetin alfa* | ADD UM: SUM9 | | 483 HEMATOPOIETIC AGENTS |
| 09/27/2022 | *kimyrsa* | *oritavancin diphosphate* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *neoprofen* | *ibuprofen lysine* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *irbesartan* | *irbesartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *prolensa* | *bromfenac sodium (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *lonhala magnair refill kit* | *glycopyrrolate (inhalation)* | ADD UM: SUM9 | | 473 COPD AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *bepotastine besilate* | *bepotastine besilate* | ADD UM: SUM9 | | 562 OPHTHALMIC ANTIHISTAMINES |
| 09/27/2022 | *bethkis* | *tobramycin* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *cephalexin* | *cephalexin* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *fosaprepitant dimeglumine* | *fosaprepitant dimeglumine* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *steglatro* | *ertugliflozin l-pyroglutamic acid* | ADD UM: SUM9 | | 515 HYPOGLYCEMICS, SGLT2 |
| 09/27/2022 | *ziagen* | *abacavir sulfate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *ceftriaxone sodium-dextrose* | *ceftriaxone sodium and dextrose* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *glipizide xl* | *glipizide* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 09/27/2022 | *norgesic forte* | *orphenadrine w/ aspirin & caff* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *phenytoin sodium extended* | *phenytoin sodium extended* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *quillichew er* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *fenofibric acid* | *fenofibric acid* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *allergy/congestion relief* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *cancidas* | *caspofungin acetate* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *promethazine hcl* | *promethazine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *cefpodoxime proxetil* | *cefpodoxime proxetil* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *dilantin infatabs* | *phenytoin* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *caplyta* | *lumateperone tosylate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *linzess* | *linaclotide* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *rosadan* | *metronidazole w/ cleanser (topical)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *perindopril erbumine* | *perindopril erbumine* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *dronabinol* | *dronabinol* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *baclofen* | *baclofen* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *allergy relief/indoor/outdoor* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *nafcillin sodium in dextrose* | *nafcillin sodium in dextrose* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *sprix* | *ketorolac tromethamine* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *cefadroxil* | *cefadroxil* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *xopenex concentrate* | *levalbuterol hcl* | ADD UM: SUM9 | | 464 BETA - ADRENERGIC AGENTS: NEBS |
| 09/27/2022 | *aggrastat* | *tirofiban hcl in sodium chloride* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *simponi aria* | *golimumab* | ADD UM: SUM9 | | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 09/27/2022 | *glipizide er* | *glipizide* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 09/27/2022 | *mavenclad (8 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *precose* | *acarbose* | ADD UM: SUM9 | | 503 ALPHA-GLUCOSIDASE INHIBITORS-ORAL ANTIDIABETIC |
| 09/27/2022 | *striverdi respimat* | *olodaterol hcl* | ADD UM: SUM9 | | 463 BETA - ADRENERGIC AGENTS: LONG ACTING |
| 09/27/2022 | *gnp nicotine* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *creon* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM9 | | 578 PANCREATIC ENZYMES |
| 09/27/2022 | *zestril* | *lisinopril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *timolol maleate pf* | *timolol maleate (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *istalol* | *timolol maleate (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *maxitrol* | *neomycin-polymy-dexameth* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *enbrel mini* | *etanercept* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *xepi* | *ozenoxacin* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |
| 09/27/2022 | *tobrex* | *tobramycin (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *erythromycin* | *erythromycin base* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *evoclin* | *clindamycin phosphate (topical)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *zynrelef* | *bupivacaine-meloxicam* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *novolog* | *insulin aspart* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *ceftriaxone sodium in dextrose* | *ceftriaxone sodium in dextrose* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *diastat pediatric* | *diazepam (anticonvulsant)* | ADD UM: SUM9 | | 424 ANTICONVULSANTS, NON-ORAL |
| 09/27/2022 | *allergy 24-hr* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *tobramycin* | *tobramycin (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *insulin lispro* | *insulin lispro* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *humira pen-psor/uveit starter* | *adalimumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *asmanex (30 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *zeposia 7-day starter pack* | *ozanimod hcl* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *clobetasol propionate e* | *clobetasol propionate emollient base* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *carvedilol* | *carvedilol* | ADD UM: SUM9 | | 454 BETA BLOCKERS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *inbrija* | *levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *otezla* | *apremilast* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *zovirax* | *acyclovir* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 09/27/2022 | *omeprazole magnesium* | *omeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *gnp allergy relief 24 hr* | *levocetirizine dihydrochloride* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *gnp omeprazole* | *omeprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *calcium gluconate-nacl* | *calcium gluconate-sodium chloride* | ADD UM: SUM9 | | 580 PHOSPHATE BINDERS |
| 09/27/2022 | *ilevro* | *nepafenac* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *telmisartan-amlodipine* | *telmisartan-amlodipine* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *cyclosporine* | *cyclosporine (ophth)* | ADD UM: SUM9 | | 565 OPHTHALMICS, ANTI-INFLAMMATORIES-IMMUNOMODULTORS |
| 09/27/2022 | *oxymorphone hcl er* | *oxymorphone hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *lodosyn* | *carbidopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *climara* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *relenza diskhaler* | *zanamivir* | ADD UM: SUM9 | | 452 INFLUENZA |
| 09/27/2022 | *invega hafyera* | *paliperidone palmitate* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *acetic acid* | *acetic acid (otic)* | ADD UM: SUM9 | | 833 OTIC ANTI-INFECTIVES & ANESTHETICS |
| 09/27/2022 | *pentasa* | *mesalamine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *fluorescite* | *fluorescein sodium injection* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *fosamprenavir calcium* | *fosamprenavir calcium* | ADD UM: SUM9 | | 501 HIV / AIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *lupkynis* | *voclosporin* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *blephamide s.o.p.* | *sulfacetamide sod-prednisolone* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *glynase* | *glyburide micronized* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 09/27/2022 | *clarinex* | *desloratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *yutiq* | *fluocinolone acetonide (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *clotrimazole-betamethasone* | *clotrimazole w/ betamethasone* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *fortamet* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 09/27/2022 | *aggrastat* | *tirofiban hcl* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *goodsense all day allergy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *ipratropium-albuterol* | *ipratropium-albuterol* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *aptivus* | *tipranavir* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *nebupent* | *pentamidine isethionate* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *levofloxacin in d5w* | *levofloxacin in d5w* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 09/27/2022 | *psorcon* | *diflorasone diacetate* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *paxil cr* | *paroxetine hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *patanase* | *olopatadine hcl (nasal)* | ADD UM: SUM9 | | 525 INTRANASAL ANTIHISTAMINES |
| 09/27/2022 | *soltamox* | *tamoxifen citrate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *olux-e* | *clobetasol propionate emulsion* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *goodsense lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *betadine ophthalmic prep* | *povidone-iodine (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *sinemet* | *carbidopa-levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *inderal xl* | *propranolol hcl sustained-release beads* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *stavudine* | *stavudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 09/27/2022 | *micardis* | *telmisartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *restasis multidose* | *cyclosporine (ophth)* | ADD UM: SUM9 | | 565 OPHTHALMICS, ANTI-INFLAMMATORIES-IMMUNOMODULTORS |
| 09/27/2022 | *pamidronate disodium* | *pamidronate disodium* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |
| 09/27/2022 | *calcipotriene* | *calcipotriene* | ADD UM: SUM9 | | 446 ANTIPSORIATICS, TOPICAL |
| 09/27/2022 | *trogarzo* | *ibalizumab-uiyk* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *edarbyclor* | *azilsartan medoxomil-chlorthalidone* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *adbry* | *tralokinumab-ldrm* | ADD UM: SUM9 | | 521 TOPICAL CALCINEURIN INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *mavenclad (4 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *clonidine hcl* | *clonidine hcl* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 09/27/2022 | *dantrium* | *dantrolene sodium* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *gentamicin in saline* | *gentamicin in saline* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *bevespi aerosphere* | *glycopyrrolate-formoterol fumarate* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *clindacin-p* | *clindamycin phosphate (topical)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *diclofenac sodium* | *diclofenac sodium (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *lonhala magnair starter kit* | *glycopyrrolate (inhalation)* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *lupron depot (6-month)* | *leuprolide acetate (6 month)* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *estrace* | *estradiol vaginal* | ADD UM: SUM9 | | 601 VAGINAL ESTROGENS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *iluvien* | *fluocinolone acetonide (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *nefazodone hcl* | *nefazodone hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *avar* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *firmagon* | *degarelix acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *viibryd* | *vilazodone hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *migergot* | *ergotamine w/ caffeine* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *adlarity* | *donepezil hydrochloride* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 09/27/2022 | *depo-medrol* | *methylprednisolone acetate* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *retin-a micro* | *tretinoin microsphere* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *viramune* | *nevirapine* | ADD UM: SUM9 | | 501 HIV / AIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *acitretin* | *acitretin* | ADD UM: SUM9 | | 445 ANTIPSORIATICS, ORAL |
| 09/27/2022 | *darifenacin hydrobromide er* | *darifenacin hydrobromide* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *xerese* | *acyclovir-hydrocortisone* | ADD UM: SUM9 | | 453 TOPICAL ANTIVIRALS |
| 09/27/2022 | *sitavig* | *acyclovir* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 09/27/2022 | *renagel* | *sevelamer hcl* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 09/27/2022 | *adlyxin starter pack* | *lixisenatide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *livmarli* | *maralixibat chloride* | ADD UM: SUM9 | | 455 BILE SALTS |
| 09/27/2022 | *prednisone intensol* | *prednisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *avsola* | *infliximab-axxq* | ADD UM: SUM9 | | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 09/27/2022 | *ursodiol* | *ursodiol* | ADD UM: SUM9 | | 455 BILE SALTS |
| 09/27/2022 | *lopressor* | *metoprolol tartrate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *orbactiv* | *oritavancin diphosphate* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *zosyn* | *piperacillin sodium-tazobactam sodium in dextrose* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *calcium chloride* | *calcium chloride (dihydrate)* | ADD UM: SUM9 | | 580 PHOSPHATE BINDERS |
| 09/27/2022 | *lupron depot (3-month)* | *leuprolide acetate (3 month)* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *sufentanil citrate* | *sufentanil citrate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *nucynta* | *tapentadol hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *letairis* | *ambrisentan* | ADD UM: SUM9 | | 576 ORAL AGENTS - ENDOTHELIN RECEPTOR ANTAGANISTS (ETRA) |
| 09/27/2022 | *sotylize* | *sotalol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *azasite* | *azithromycin (ophth)* | ADD UM: SUM9 | | 559 OPHTHALMIC MACROLIDES |
| 09/27/2022 | *ampicillin-sulbactam sodium* | *ampicillin & sulbactam sodium* | ADD UM: SUM9 | | 835 PENICILLINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *mulpleta* | *lusutrombopag* | ADD UM: SUM9 | | 483 HEMATOPOIETIC AGENTS |
| 09/27/2022 | *namenda xr* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 09/27/2022 | *lyvispah* | *baclofen* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *cholbam* | *cholic acid* | ADD UM: SUM9 | | 455 BILE SALTS |
| 09/27/2022 | *varenicline tartrate* | *varenicline tartrate* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | ADD UM: SUM9 | | 537 LIPOTROPICS - NIACIN DERIVATIVES |
| 09/27/2022 | *divalproex sodium* | *divalproex sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *metoclopramide hcl* | *metoclopramide hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *halcinonide* | *halcinonide* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *ambisome* | *amphotericin b liposome* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *premphase* | *conjugated estrogens-medroxyprogesterone acetate* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *gentamicin sulfate* | *gentamicin sulfate (topical)* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *labetalol hcl-dextrose* | *labetalol hcl-dextrose* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *tobradex st* | *tobramycin-dexamethasone* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *aduhelm* | *aducanumab-avwa* | ADD UM: SUM9 | | 655 AMYLOID DIRECTED ANTIBODIES |
| 09/27/2022 | *nicotrol ns* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *neomycin sulfate* | *neomycin sulfate* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *stiolto respimat* | *tiotropium bromide-olodaterol hcl* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *ditropan xl* | *oxybutynin chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *zirgan* | *ganciclovir ophthalmic* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *tyvaso* | *treprostinil* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |
| 09/27/2022 | *ziprasidone hcl* | *ziprasidone hcl* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *oseni* | *alogliptin-pioglitazone* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *zepatier* | *elbasvir-grazoprevir* | ADD UM: SUM9 | | 499 HEPATITIS C - ORAL |
| 09/27/2022 | *rukobia* | *fostemsavir tromethamine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *mobic* | *meloxicam* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *asmanex hfa* | *mometasone furoate (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *modafinil* | *modafinil* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *ingrezza* | *valbenazine tosylate* | ADD UM: SUM9 | | 635 MOVEMENT DISORDERS |
| 09/27/2022 | *methylin* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *paromomycin sulfate* | *paromomycin sulfate* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *tramadol hcl er* | *tramadol hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *akynzeo* | *fosnetupitant choride-palonosetron hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *arixtra* | *fondaparinux sodium* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 09/27/2022 | *concerta* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *qc childrens allergy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *buprenorphine hcl* | *buprenorphine hcl* | ADD UM: SUM9 | | 570 OPIATE DEPENDENCE TREATMENTS, ORAL |
| 09/27/2022 | *adzenys er* | *amphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *synalar (cream)* | *fluocinolone-emollient* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *imitrex statdose refill* | *sumatriptan succinate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *gamifant* | *emapalumab-lzsg* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *novolog flexpen relion* | *insulin aspart* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *sulfacetamide-prednisolone* | *sulfacetamide sod-prednisolone* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *mounjaro* | *tirzepatide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *cortisporin-tc* | *neomycin-colistin-hc-thonzonium* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *byetta 5 mcg pen* | *exenatide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *amoxicillin-pot clavulanate er* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *cleocin* | *clindamycin phosphate vaginal* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 09/27/2022 | *ropinirole hcl* | *ropinirole hydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *dsuvia* | *sufentanil citrate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *sss 10-5* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *vigabatrin* | *vigabatrin* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *benzoyl peroxide-erythromycin* | *benzoyl peroxide-erythromycin* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *relpax* | *eletriptan hydrobromide* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *actemra* | *tocilizumab* | ADD UM: SUM9 | | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 09/27/2022 | *anoro ellipta* | *umeclidinium-vilanterol* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *xadago* | *safinamide mesylate* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *onzetra xsail* | *sumatriptan succinate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *cefotetan disodium-dextrose* | *cefotetan disodium and dextrose* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |
| 09/27/2022 | *eligard* | *leuprolide acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *cosentyx sensoready (300 mg)* | *secukinumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *ozempic (0.25 or 0.5 mg/dose)* | *semaglutide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *tazarotene* | *tazarotene* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *ec-naproxen* | *naproxen* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *admelog solostar* | *insulin lispro* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *remeron* | *mirtazapine* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *vancocin* | *vancomycin hcl* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *seroquel xr* | *quetiapine fumarate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *hm loratadine* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *novolog penfill* | *insulin aspart* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *jardiance* | *empagliflozin* | ADD UM: SUM9 | | 515 HYPOGLYCEMICS, SGLT2 |
| 09/27/2022 | *lotensin* | *benazepril hcl* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *rocklatan* | *netarsudil dimesylate-latanoprost* | ADD UM: SUM9 | | 638 RHO KINASE INHIBITORS |
| 09/27/2022 | *valproic acid* | *valproate sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *duobrii* | *halobetasol propionate-tazarotene* | ADD UM: SUM9 | | 446 ANTIPSORIATICS, TOPICAL |
| 09/27/2022 | *ongentys* | *opicapone* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *lamictal odt* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *humira pediatric crohns start* | *adalimumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *ceftazidime* | *ceftazidime* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *duetact* | *pioglitazone hcl-glimepiride* | ADD UM: SUM9 | | 518 THIAZOLIDINEDIONE-SULFONYLUREA COMBINATIONS |
| 09/27/2022 | *insulin lispro prot & lispro* | *insulin lispro protamine & lispro* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *zilretta* | *triamcinolone acetonide* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *rosadan* | *metronidazole (topical)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *edarbi* | *azilsartan medoxomil* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *azathioprine sodium* | *azathioprine sodium* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *fluticasone propionate hfa* | *fluticasone propionate hfa* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *tyvaso dpi titration kit* | *treprostinil* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |
| 09/27/2022 | *firmagon (240 mg dose)* | *degarelix acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *tekturna* | *aliskiren fumarate* | ADD UM: SUM9 | | 415 DIRECT RENIN INHIBITOR |
| 09/27/2022 | *flurbiprofen sodium* | *flurbiprofen sodium* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *zolpidem tartrate* | *zolpidem tartrate* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *inderal la* | *propranolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *dyanavel xr* | *amphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *morphine sulfate (concentrate)* | *morphine sulfate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *stribild* | *elvitegravir-cobicistat-emtricitabine-tenofovir df* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *tudorza pressair* | *aclidinium bromide* | ADD UM: SUM9 | | 473 COPD AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *orencia clickject* | *abatacept* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *forteo* | *teriparatide (recombinant)* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |
| 09/27/2022 | *uceris* | *budesonide* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *posaconazole* | *posaconazole* | ADD UM: SUM9 | | 431 NEW GENERATION AZOLES |
| 09/27/2022 | *plegridy* | *peginterferon beta-1a* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *durezol* | *difluprednate* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *dexmethylphenidate hcl* | *dexmethylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *norliqva* | *amlodipine besylate* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *vosevi* | *sofosbuvir-velpatasvir-voxilaprevir* | ADD UM: SUM9 | | 499 HEPATITIS C - ORAL |
| 09/27/2022 | *accu-chek fastclix lancets* | *lancets* | ADD UM: SUM9 | | 845 LANCETS AND DEVICES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *qvar redihaler* | *beclomethasone dipropionate hfa* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *norpace* | *disopyramide phosphate* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *epclusa* | *sofosbuvir-velpatasvir* | ADD UM: SUM9 | | 499 HEPATITIS C - ORAL |
| 09/27/2022 | *minocin* | *minocycline hcl* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *vancomycin hcl* | *vancomycin hcl* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *opsumit* | *macitentan* | ADD UM: SUM9 | | 576 ORAL AGENTS - ENDOTHELIN RECEPTOR ANTAGANISTS (ETRA) |
| 09/27/2022 | *edurant* | *rilpivirine hcl* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *colazal* | *balsalazide disodium* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *amerge* | *naratriptan hcl* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *diclofenac epolamine* | *diclofenac epolamine* | ADD UM: SUM9 | | 553 TOPICAL NSAIDS |
| 09/27/2022 | *levofloxacin* | *levofloxacin* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *argatroban in sodium chloride* | *argatroban in sodium chloride* | ADD UM: SUM9 | | 423 ORAL ANTICOAGULANTS |
| 09/27/2022 | *cetirizine-pseudoephedrine er* | *cetirizine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *bupropion hcl er (smoking det)* | *bupropion hcl (smoking deterrent)* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *zipsor* | *diclofenac potassium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *dexamethasone sodium phosphate* | *dexamethasone sodium phosphate* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *eligard* | *leuprolide acetate (3 month)* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *apexicon e* | *diflorasone diacetate emollient base* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *luliconazole* | *luliconazole* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *novolin r flexpen relion* | *insulin regular (human)* | ADD UM: SUM9 | | 509 INSULIN R |
| 09/27/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *fluocinonide* | *fluocinonide* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *niaspan* | *niacin (antihyperlipidemic)* | ADD UM: SUM9 | | 537 LIPOTROPICS - NIACIN DERIVATIVES |
| 09/27/2022 | *gnp all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *tolterodine tartrate* | *tolterodine tartrate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *oxymorphone hcl* | *oxymorphone hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *differin* | *adapalene* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *cetirizine hcl hives relief* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *vibramycin* | *doxycycline hyclate* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *cabenuva* | *cabotegravir & rilpivirine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *beser* | *fluticasone-emollient* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *clindamycin-tretinoin* | *clindamycin phosphate-tretinoin* | ADD UM: SUM9 | | 403 TOPICAL RETINOIDS/COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *lantus* | *insulin glargine* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *gnp all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *humira pen-cd/uc/hs starter* | *adalimumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *ubrelvy* | *ubrogepant* | ADD UM: SUM9 | | 648 CGRP |
| 09/27/2022 | *procentra* | *dextroamphetamine sulfate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *sm loratadine* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *flarex* | *fluorometholone acetate* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *ciclopirox olamine* | *ciclopirox olamine* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *kazano* | *alogliptin-metformin hcl* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *omnipod 5 g6 pod (gen 5)* | *insulin infusion disposable pump* | ADD UM: SUM9 | | 841 INSULIN PUMPS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *hm allergy & congestion* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *yonsa* | *abiraterone acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *reclast* | *zoledronic acid* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |
| 09/27/2022 | *eszopiclone* | *eszopiclone* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *betaseron* | *interferon beta-1b* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *vytorin* | *ezetimibe-simvastatin* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 09/27/2022 | *azelaic acid* | *azelaic acid* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *allergy relief d-24* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *clobex spray* | *clobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *selegiline hcl* | *selegiline hcl* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *bicillin l-a* | *penicillin g benzathine* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *cortisone acetate* | *cortisone acetate* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *ezetimibe* | *ezetimibe* | ADD UM: SUM9 | | 538 LIPOTROPICS: CAI |
| 09/27/2022 | *rebif titration pack* | *interferon beta-1a* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *amlodipine-valsartan-hctz* | *amlodipine-valsartan-hydrochlorothiazide* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 09/27/2022 | *famciclovir* | *famciclovir* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 09/27/2022 | *morphine sulfate er* | *morphine sulfate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *sodium sulfacetamide* | *sulfacetamide sodium* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *januvia* | *sitagliptin phosphate* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *chenodal* | *chenodiol* | ADD UM: SUM9 | | 455 BILE SALTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *xelpros* | *latanoprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 09/27/2022 | *aller-ease* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *epidiolex* | *cannabidiol* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *humalog kwikpen* | *insulin lispro* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *esomeprazole sodium* | *esomeprazole sodium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *maraviroc* | *maraviroc* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *adderall xr* | *amphetamine-dextroamphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *atralin* | *tretinoin* | ADD UM: SUM9 | | 402 TOPICAL RETINOIDS |
| 09/27/2022 | *hetlioz* | *tasimelteon* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *raloxifene hcl* | *raloxifene hcl* | ADD UM: SUM9 | | 460 SERM |
| 09/27/2022 | *estradiol* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *promethegan* | *promethazine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *freestyle libre 14 day reader* | *continuous blood glucose system receiver* | ADD UM: SUM9 | | 840 DIABETES METERS, CONTINUOUS |
| 09/27/2022 | *aciphex sprinkle* | *rabeprazole sodium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *nevirapine er* | *nevirapine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *sulfacetamide sodium* | *sulfacetamide sodium* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *morphine sulfate (pf)* | *morphine sulfate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *combipatch* | *estradiol & norethindrone acetate* | ADD UM: SUM9 | | 485 TRANSDERMAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *valproic acid* | *valproic acid* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *exforge* | *amlodipine besylate-valsartan* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 09/27/2022 | *sofosbuvir-velpatasvir* | *sofosbuvir-velpatasvir* | ADD UM: SUM9 | | 499 HEPATITIS C - ORAL |
| 09/27/2022 | *glyburide* | *glyburide* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *steglujan* | *ertugliflozin-sitagliptin* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *marinol* | *dronabinol* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *ciprofloxacin-fluocinolone pf* | *ciprofloxacin-fluocinolone acetonide* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |
| 09/27/2022 | *nateglinide* | *nateglinide* | ADD UM: SUM9 | | 513 MEGLITINIDES & COMBINATIONS, ORAL ANTIDIABETICS |
| 09/27/2022 | *prevalite* | *cholestyramine light* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 09/27/2022 | *nymalize* | *nimodipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *sfrowasa* | *mesalamine* | ADD UM: SUM9 | | 599 ULCERATIVE COLITIS - RECTAL |
| 09/27/2022 | *allergy relief d-12* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *ajovy* | *fremanezumab-vfrm* | ADD UM: SUM9 | | 648 CGRP |
| 09/27/2022 | *emflaza* | *deflazacort* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *arnuity ellipta* | *fluticasone furoate (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *propafenone hcl er* | *propafenone hcl* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *betapace* | *sotalol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *magnebind 400* | *calcium carbonate-magnesium carbonate* | ADD UM: SUM9 | | 580 PHOSPHATE BINDERS |
| 09/27/2022 | *repaglinide* | *repaglinide* | ADD UM: SUM9 | | 513 MEGLITINIDES & COMBINATIONS, ORAL ANTIDIABETICS |
| 09/27/2022 | *azathioprine* | *azathioprine* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *trospium chloride* | *trospium chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *apidra* | *insulin glulisine* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *doxylamine-pyridoxine* | *doxylamine-pyridoxine* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *icosapent ethyl* | *icosapent ethyl* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *novolog 70/30 flexpen relion* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *entyvio* | *vedolizumab* | ADD UM: SUM9 | | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 09/27/2022 | *halcion* | *triazolam* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *latanoprost* | *latanoprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 09/27/2022 | *meperidine hcl* | *meperidine hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *insulin glargine* | *insulin glargine* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *tavalisse* | *fostamatinib disodium* | ADD UM: SUM9 | | 597 THROMBOPOIESIS STIMULATING AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *keppra xr* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *sumadan* | *sulfacetamide sodium-sulfur w/ skin cleanser* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *tetrabenazine* | *tetrabenazine* | ADD UM: SUM9 | | 635 MOVEMENT DISORDERS |
| 09/27/2022 | *sovaldi* | *sofosbuvir* | ADD UM: SUM9 | | 499 HEPATITIS C - ORAL |
| 09/27/2022 | *fluticasone propionate* | *fluticasone propionate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *amlodipine-olmesartan* | *amlodipine besylate-olmesartan medoxomil* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 09/27/2022 | *omega-3-acid ethyl esters* | *omega-3-acid ethyl esters* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *insulin aspart prot & aspart* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM9 | | 511 RAPID-ACTING INSULIN MIX |
| 09/27/2022 | *timoptic* | *timolol maleate (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *donepezil hcl* | *donepezil hydrochloride* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 09/27/2022 | *lunesta* | *eszopiclone* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *promacta* | *eltrombopag olamine* | ADD UM: SUM9 | | 597 THROMBOPOIESIS STIMULATING AGENTS |
| 09/27/2022 | *cefixime* | *cefixime* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *tyvaso starter* | *treprostinil* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |
| 09/27/2022 | *difluprednate* | *difluprednate* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *trijardy xr* | *empagliflozin-linagliptin-metformin* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *insulin glargine solostar* | *insulin glargine* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *perphenazine-amitriptyline* | *perphenazine-amitriptyline* | ADD UM: SUM9 | | 620 ATYPICAL ANTIPSYCOTIC COMBINATION PRODUCTS |
| 09/27/2022 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *vfend* | *voriconazole* | ADD UM: SUM9 | | 431 NEW GENERATION AZOLES |
| 09/27/2022 | *azasan* | *azathioprine* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *epipen 2-pak* | *epinephrine (anaphylaxis)* | ADD UM: SUM9 | | 482 SELF INJECTABLE EPINEPHRINE |
| 09/27/2022 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate* | ADD UM: SUM9 | | 583 PROGESTATIONAL AGENTS |
| 09/27/2022 | *sodium sulfacetamide wash* | *sulfacetamide sodium* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *hm all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *exemestane* | *exemestane* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *remeron soltab* | *mirtazapine* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *pulmicort flexhaler* | *budesonide (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *zenatane* | *isotretinoin* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *viramune xr* | *nevirapine* | ADD UM: SUM9 | | 501 HIV / AIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *mavenclad (10 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 09/27/2022 | *insulin aspart flexpen* | *insulin aspart* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *hydrocodone bitartrate er* | *hydrocodone bitartrate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *apap-caff-dihydrocodeine* | *acetaminophen-caff-dihydrocod* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *salicylic acid* | *salicylic acid* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |
| 09/27/2022 | *gnp all day allergy relief* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *paxil* | *paroxetine hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *asacol hd* | *mesalamine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *premarin* | *estrogens, conjugated* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *admelog* | *insulin lispro* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *ziprasidone mesylate* | *ziprasidone mesylate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *lamivudine* | *lamivudine (hbv)* | ADD UM: SUM9 | | 497 HEPATITIS B - ORAL |
| 09/27/2022 | *emcyt* | *estramustine phosphate sodium* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *combivir* | *lamivudine-zidovudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *prevacid* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *zorvolex* | *diclofenac* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *colesevelam hcl* | *colesevelam hcl* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 09/27/2022 | *amlodipine-atorvastatin* | *amlodipine besylate-atorvastatin calcium* | ADD UM: SUM9 | | 615 COMBINATION HMG AND DHPCCB |
| 09/27/2022 | *methylphenidate hcl er (la)* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *nadolol* | *nadolol* | ADD UM: SUM9 | | 454 BETA BLOCKERS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *clobazam* | *clobazam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *chantix continuing month pak* | *varenicline tartrate* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *lexiva* | *fosamprenavir calcium* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 09/27/2022 | *avar-e green* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *nurtec* | *rimegepant sulfate* | ADD UM: SUM9 | | 648 CGRP |
| 09/27/2022 | *dalvance* | *dalbavancin hcl* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 09/27/2022 | *ozempic (1 mg/dose)* | *semaglutide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *ciprofloxacin-dexamethasone* | *ciprofloxacin-dexamethasone* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |
| 09/27/2022 | *movantik* | *naloxegol oxalate* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *pennsaid* | *diclofenac sodium (topical)* | ADD UM: SUM9 | | 553 TOPICAL NSAIDS |
| 09/27/2022 | *nexium i.v.* | *esomeprazole sodium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *bromsite* | *bromfenac sodium (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *alora* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *xultophy* | *insulin degludec-liraglutide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *olux* | *clobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *dorzolamide hcl* | *dorzolamide hcl* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *dilaudid* | *hydromorphone hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *tolmetin sodium* | *tolmetin sodium* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *cibinqo* | *abrocitinib* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *flucytosine* | *flucytosine* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *ziana* | *clindamycin phosphate-tretinoin* | ADD UM: SUM9 | | 403 TOPICAL RETINOIDS/COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *imuran* | *azathioprine* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *austedo* | *deutetrabenazine* | ADD UM: SUM9 | | 635 MOVEMENT DISORDERS |
| 09/27/2022 | *mycophenolate mofetil hcl* | *mycophenolate mofetil hcl* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *mitigo* | *morphine sulfate for continuous microinfusion* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *accolate* | *zafirlukast* | ADD UM: SUM9 | | 532 LEUKOTRIENE MODIFIERS |
| 09/27/2022 | *fosphenytoin sodium* | *fosphenytoin sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *tarpeyo* | *budesonide* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *ezallor sprinkle* | *rosuvastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 09/27/2022 | *protopic* | *tacrolimus (topical)* | ADD UM: SUM9 | | 521 TOPICAL CALCINEURIN INHIBITORS |
| 09/27/2022 | *suboxone* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD UM: SUM9 | | 570 OPIATE DEPENDENCE TREATMENTS, ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *ciprofloxacin* | *ciprofloxacin* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 09/27/2022 | *nuvigil* | *armodafinil* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (topical)* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *pulmicort* | *budesonide (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *lescol xl* | *fluvastatin sodium* | ADD UM: SUM9 | | 541 STATINS |
| 09/27/2022 | *danazol* | *danazol* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *neomycin-polymyxin-gramicidin* | *neomycin-polymyxin-gramicidin* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *pentazocine-naloxone hcl* | *pentazocine w/ naloxone* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *letrozole* | *letrozole* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *elepsia xr* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *sevelamer carbonate* | *sevelamer carbonate* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *nexium* | *esomeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *cetirizine hcl childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *cortenema* | *hydrocortisone (intrarectal)* | ADD UM: SUM9 | | 599 ULCERATIVE COLITIS - RECTAL |
| 09/27/2022 | *hm esomeprazole magnesium dr* | *esomeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *ceftazidime and dextrose* | *ceftazidime-dextrose* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *nuplazid* | *pimavanserin tartrate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *sustiva* | *efavirenz* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *erythrocin stearate* | *erythromycin stearate* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 09/27/2022 | *nicardipine hcl* | *nicardipine hcl* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *prednisolone* | *prednisolone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *delzicol* | *mesalamine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 09/27/2022 | *symtuza* | *darunavir-cobicistat-emtricitabine-tenofovir alafenamide* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *betamethasone dipropionate* | *betamethasone dipropionate (topical)* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *lorcet* | *hydrocodone-acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *naproxen* | *naproxen* | ADD UM: SUM9 | | 552 NSAIDS |
| 09/27/2022 | *procardia xl* | *nifedipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *apadaz* | *benzhydrocodone hcl-acetaminophen* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *glucotrol* | *glipizide* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 09/27/2022 | *trusopt* | *dorzolamide hcl* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *silodosin* | *silodosin* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *sular* | *nisoldipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *dexcom g6 sensor* | *continuous blood glucose system sensor* | ADD UM: SUM9 | | 839 TRANSMITTERS AND SENSORS |
| 09/27/2022 | *byetta 10 mcg pen* | *exenatide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *oxtellar xr* | *oxcarbazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 09/27/2022 | *sm loratadine d 12hr* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *atenolol* | *atenolol* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *acarbose* | *acarbose* | ADD UM: SUM9 | | 503 ALPHA-GLUCOSIDASE INHIBITORS-ORAL ANTIDIABETIC |
| 09/27/2022 | *quviviq* | *daridorexant hcl* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *taztia xt* | *diltiazem hcl extended release beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 09/27/2022 | *ocuflox* | *ofloxacin (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *allergy relief* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *methylprednisolone sodium succ* | *methylprednisolone sod succ* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *elyxyb* | *celecoxib (migraine)* | ADD UM: SUM9 | | 440 ANTIMIGRAINE AGENTS, OTHER |
| 09/27/2022 | *zonisamide* | *zonisamide* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *dipyridamole* | *dipyridamole* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *suprax* | *cefixime* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 09/27/2022 | *enstilar* | *calcipotriene-betamethasone dipropionate* | ADD UM: SUM9 | | 446 ANTIPSORIATICS, TOPICAL |
| 09/27/2022 | *enalaprilat* | *enalaprilat* | ADD UM: SUM9 | | 412 ACE INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *hm allergy relief/nasal decong* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *oxacillin sodium in dextrose* | *oxacillin sodium in dextrose* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *novolin n relion* | *insulin nph (human) (isophane)* | ADD UM: SUM9 | | 508 INSULIN N |
| 09/27/2022 | *estrace* | *estradiol* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 09/27/2022 | *dexamethasone* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *didanosine* | *didanosine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *motegrity* | *prucalopride succinate* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *dexedrine* | *dextroamphetamine sulfate* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *dexmedetomidine hcl* | *dexmedetomidine hcl* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *dotti* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *cipro in d5w* | *ciprofloxacin in d5w* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *sumaxin* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *ventavis* | *iloprost* | ADD UM: SUM9 | | 575 INHALED PROSTACYCLIN ANALOGS |
| 09/27/2022 | *sporanox* | *itraconazole* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *lovaza* | *omega-3-acid ethyl esters* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 09/27/2022 | *fexofenadine hcl childrens* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *nystatin* | *nystatin (topical)* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *cefuroxime axetil* | *cefuroxime axetil* | ADD UM: SUM9 | | 470 2ND GENERATION CEPHALOSPORINS |
| 09/27/2022 | *cholestyramine light* | *cholestyramine light* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 09/27/2022 | *butorphanol tartrate* | *butorphanol tartrate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *gnp lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *janumet xr* | *sitagliptin-metformin hcl* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *allergy relief* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *clobex* | *clobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *metoprolol succinate er* | *metoprolol succinate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *fiasp penfill* | *insulin aspart (with niacinamide)* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *hydrocortisone-iodoquinol* | *iodoquinol-hc* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *acuvail* | *ketorolac tromethamine (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *spinosad* | *spinosad* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *risperdal* | *risperidone* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *crestor* | *rosuvastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *subvenite starter kit-orange* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *delstrigo* | *doravirine-lamivudine-tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *avar cleanser* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *selenium sulfide* | *selenium sulfide* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *maxidex* | *dexamethasone (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *menostar* | *estradiol* | ADD UM: SUM9 | | 487 TRANSDERMAL ESTROGENS |
| 09/27/2022 | *ipratropium bromide* | *ipratropium bromide* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *premarin* | *estrogens, conjugated vaginal* | ADD UM: SUM9 | | 601 VAGINAL ESTROGENS |
| 09/27/2022 | *clodan* | *clobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *flovent hfa* | *fluticasone propionate hfa* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *hm omeprazole* | *omeprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *sm nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *cialis* | *tadalafil* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *atelvia* | *risedronate sodium* | ADD UM: SUM9 | | 458 BISPHOSPHONATES |
| 09/27/2022 | *millipred* | *prednisolone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *novolin n flexpen relion* | *insulin nph (human) (isophane)* | ADD UM: SUM9 | | 508 INSULIN N |
| 09/27/2022 | *miacalcin* | *calcitonin (salmon)* | ADD UM: SUM9 | | 459 BONE FORMATION STIM. AGENTS |
| 09/27/2022 | *tecfidera* | *dimethyl fumarate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *zetonna* | *ciclesonide (nasal)* | ADD UM: SUM9 | | 526 NASAL STEROIDS |
| 09/27/2022 | *carbidopa-levodopa er* | *carbidopa-levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *levobunolol hcl* | *levobunolol hcl* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *triesence* | *triamcinolone acetonide (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *olmesartan-amlodipine-hctz* | *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 09/27/2022 | *viokace* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM9 | | 578 PANCREATIC ENZYMES |
| 09/27/2022 | *clindacin etz* | *clindamycin phosphate & cleanser* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *sm nicotine* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *atgam* | *lymphocyte immune globulin,anti-thymocyte globulin (equine)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *activella* | *estradiol & norethindrone acetate* | ADD UM: SUM9 | | 484 ORAL ESTROGENS/PROGESTINS |
| 09/27/2022 | *oxytrol* | *oxybutynin* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *nevirapine* | *nevirapine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *farxiga* | *dapagliflozin propanediol* | ADD UM: SUM9 | | 515 HYPOGLYCEMICS, SGLT2 |
| 09/27/2022 | *ciclopirox* | *ciclopirox* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 09/27/2022 | *sumatriptan succinate* | *sumatriptan succinate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *estradiol* | *estradiol vaginal* | ADD UM: SUM9 | | 601 VAGINAL ESTROGENS |
| 09/27/2022 | *alomide* | *lodoxamide tromethamine* | ADD UM: SUM9 | | 563 OPHTHALMIC MAST CELL STABILIZERS |
| 09/27/2022 | *toujeo solostar* | *insulin glargine* | ADD UM: SUM9 | | 510 LONG-ACTING INSULINS |
| 09/27/2022 | *capex* | *fluocinolone acetonide* | ADD UM: SUM9 | | 591 STEROIDS, TOPICAL LOW |
| 09/27/2022 | *bidil* | *isosorbide dinitrate-hydralazine hcl* | ADD UM: SUM9 | | 602 VASODILATORS, COMBINATION |
| 09/27/2022 | *gnp fexofenadine/pseer* | *fexofenadine-pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *viberzi* | *eluxadoline* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *zyflo* | *zileuton* | ADD UM: SUM9 | | 531 LEUKOTRIENE FORMATION INHIBITORS |
| 09/27/2022 | *methyldopa* | *methyldopa* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *trazodone hcl* | *trazodone hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *harvoni* | *ledipasvir-sofosbuvir* | ADD UM: SUM9 | | 499 HEPATITIS C - ORAL |
| 09/27/2022 | *cardura* | *doxazosin mesylate* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 09/27/2022 | *gnp loratadine childrens* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *sorilux* | *calcipotriene* | ADD UM: SUM9 | | 446 ANTIPSORIATICS, TOPICAL |
| 09/27/2022 | *sumatriptan succinate refill* | *sumatriptan succinate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *azopt* | *brinzolamide* | ADD UM: SUM9 | | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 09/27/2022 | *prochlorperazine* | *prochlorperazine* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *salex* | *salicylic acid w/ cleanser* | ADD UM: SUM9 | | 523 IMMUNOMODULATORS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *gnp allergy & congestion* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 09/27/2022 | *bromocriptine mesylate* | *bromocriptine mesylate* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *risperdal consta* | *risperidone microspheres* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *pifeltro* | *doravirine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *blephamide* | *sulfacetamide sod-prednisolone* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 09/27/2022 | *vagifem* | *estradiol vaginal* | ADD UM: SUM9 | | 601 VAGINAL ESTROGENS |
| 09/27/2022 | *adlyxin* | *lixisenatide* | ADD UM: SUM9 | | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 09/27/2022 | *transderm-scop* | *scopolamine* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *fanapt* | *iloperidone* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *omnitrope* | *somatropin* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *bosentan* | *bosentan* | ADD UM: SUM9 | | 576 ORAL AGENTS - ENDOTHELIN RECEPTOR ANTAGANISTS (ETRA) |
| 09/27/2022 | *vumerity* | *diroximel fumarate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *propranolol hcl er* | *propranolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *tovet* | *clobetasol propionate emulsion foam w/ moisturizing cream* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *valsartan-hydrochlorothiazide* | *valsartan-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *ambien* | *zolpidem tartrate* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *kenalog-80* | *triamcinolone acetonide* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *heparin sodium (porcine)* | *heparin sodium (porcine)* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *febuxostat* | *febuxostat* | ADD UM: SUM9 | | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS |
| 09/27/2022 | *memantine hcl* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 09/27/2022 | *allergy childrens* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *24hr allergy relief* | *fexofenadine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 09/27/2022 | *symbyax* | *olanzapine-fluoxetine hcl* | ADD UM: SUM9 | | 620 ATYPICAL ANTIPSYCOTIC COMBINATION PRODUCTS |
| 09/27/2022 | *krystexxa* | *pegloticase* | ADD UM: SUM9 | | 634 ANTIHYPERURICEMICS, IV |
| 09/27/2022 | *fluticasone-salmeterol* | *fluticasone-salmeterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *flunisolide* | *flunisolide (nasal)* | ADD UM: SUM9 | | 526 NASAL STEROIDS |
| 09/27/2022 | *relexxii* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *minocycline hcl er* | *minocycline hcl* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *elimite* | *permethrin* | ADD UM: SUM9 | | 442 ANTIPARASITICS, TOPICAL |
| 09/27/2022 | *diprolene* | *betamethasone dipropionate augmented* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *norditropin flexpro* | *somatropin* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *alocril* | *nedocromil sodium (ophth)* | ADD UM: SUM9 | | 563 OPHTHALMIC MAST CELL STABILIZERS |
| 09/27/2022 | *esmolol hcl-sodium chloride* | *esmolol hcl-sodium chloride* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *kynmobi* | *apomorphine hydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *bromfenac sodium (once-daily)* | *bromfenac sodium (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *roweepra* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *cloderm* | *clocortolone pivalate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *sm lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *trelstar mixject* | *triptorelin pamoate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *prednisolone acetate* | *prednisolone acetate (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *ocaliva* | *obeticholic acid* | ADD UM: SUM9 | | 455 BILE SALTS |
| 09/27/2022 | *quetiapine fumarate er* | *quetiapine fumarate* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *ak-poly-bac* | *bacitracin-polymyxin b (ophth)* | ADD UM: SUM9 | | 807 OPHTHALMIC ANTIBIOTICS |
| 09/27/2022 | *triazolam* | *triazolam* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *cinvanti* | *aprepitant* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *nifedipine* | *nifedipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *moxifloxacin hcl in nacl* | *moxifloxacin hcl in sodium chloride* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *cleocin-t* | *clindamycin phosphate (topical)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 400 ACNE AGENTS, TOPICAL |
| 09/27/2022 | *namzaric* | *memantine hcl-donepezil hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 09/27/2022 | *compro* | *prochlorperazine* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 09/27/2022 | *zorbtive* | *somatropin (non-refrigerated)* | ADD UM: SUM9 | | 493 GROWTH HORMONE |
| 09/27/2022 | *toprol xl* | *metoprolol succinate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *qc omeprazole magnesium* | *omeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *lamotrigine starter kit-green* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *depakote* | *divalproex sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *alvesco* | *ciclesonide* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 09/27/2022 | *doxycycline* | *doxycycline (rosacea)* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *adrenalin* | *epinephrine (anaphylaxis)* | ADD UM: SUM9 | | 482 SELF INJECTABLE EPINEPHRINE |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *corgard* | *nadolol* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *cosentyx (300 mg dose)* | *secukinumab* | ADD UM: SUM9 | | 477 CYTOKINE AND CAM ANTAGONISTS |
| 09/27/2022 | *duavee* | *conjugated estrogens-bazedoxifene* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 09/27/2022 | *fluocinolone acetonide* | *fluocinolone acetonide (otic)* | ADD UM: SUM9 | | 573 OTICS, ANTI-INFLAMMATORY |
| 09/27/2022 | *imitrex* | *sumatriptan succinate* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *freestyle libre 2 sensor* | *continuous blood glucose system sensor* | ADD UM: SUM9 | | 839 TRANSMITTERS AND SENSORS |
| 09/27/2022 | *eptifibatide* | *eptifibatide* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 09/27/2022 | *gnp nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *methyldopa-hydrochlorothiazide* | *methyldopa & hydrochlorothiazide* | ADD UM: SUM9 | | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 09/27/2022 | *colestid flavored* | *colestipol hcl* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 09/27/2022 | *ropinirole hcl er* | *ropinirole hydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *gatifloxacin* | *gatifloxacin (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *prevacid 24hr* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 09/27/2022 | *candesartan cilexetil* | *candesartan cilexetil* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *brevibloc* | *esmolol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 09/27/2022 | *amoxicill-clarithro-lansopraz* | *amoxicillin-clarithromycin w/ lansoprazole* | ADD UM: SUM9 | | 494 H.PYLORI COMBINATIONS |
| 09/27/2022 | *irbesartan-hydrochlorothiazide* | *irbesartan-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *norpace cr* | *disopyramide phosphate* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *heparin sodium (porcine) pf* | *heparin sodium (porcine)* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 09/27/2022 | *thymoglobulin* | *anti-thymocyte globulin (rabbit), lymphocyte immune globulin* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *myorisan* | *isotretinoin* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *midazolam hcl (pf)* | *midazolam hcl* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *olanzapine-fluoxetine hcl* | *olanzapine-fluoxetine hcl* | ADD UM: SUM9 | | 620 ATYPICAL ANTIPSYCOTIC COMBINATION PRODUCTS |
| 09/27/2022 | *osmolex er* | *amantadine hcl* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 09/27/2022 | *methadose sugar-free* | *methadone hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 09/27/2022 | *miglitol* | *miglitol* | ADD UM: SUM9 | | 503 ALPHA-GLUCOSIDASE INHIBITORS-ORAL ANTIDIABETIC |
| 09/27/2022 | *amphetamine er* | *amphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *boniva* | *ibandronate sodium* | ADD UM: SUM9 | | 458 BISPHOSPHONATES |
| 09/27/2022 | *bafiertam* | *monomethyl fumarate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *trulance* | *plecanatide* | ADD UM: SUM9 | | 529 GI MOTILITY, CHRONIC |
| 09/27/2022 | *imvexxy maintenance pack* | *estradiol vaginal* | ADD UM: SUM9 | | 601 VAGINAL ESTROGENS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *kombiglyze xr* | *saxagliptin-metformin hcl* | ADD UM: SUM9 | | 505 DPP-IV INHIBITORS AND COMBINATIONS |
| 09/27/2022 | *urso forte* | *ursodiol* | ADD UM: SUM9 | | 455 BILE SALTS |
| 09/27/2022 | *clobetasol prop emollient base* | *clobetasol propionate emollient base* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *losartan potassium* | *losartan potassium* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 09/27/2022 | *exelon* | *rivastigmine* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 09/27/2022 | *ancobon* | *flucytosine* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 09/27/2022 | *quinidine sulfate* | *quinidine sulfate* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *zomig zmt* | *zolmitriptan* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *gynazole-1* | *butoconazole nitrate (one dose)* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 09/27/2022 | *lidocaine hcl urethral/mucosal* | *lidocaine hcl* | ADD UM: SUM9 | | 551 TOPICAL ANESTHETICS |
| 09/27/2022 | *topicort* | *desoximetasone* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *ultram* | *tramadol hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *robaxin* | *methocarbamol* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *valtoco 5 mg dose* | *diazepam (anticonvulsant)* | ADD UM: SUM9 | | 424 ANTICONVULSANTS, NON-ORAL |
| 09/27/2022 | *oxaydo* | *oxycodone hcl* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *ledipasvir-sofosbuvir* | *ledipasvir-sofosbuvir* | ADD UM: SUM9 | | 499 HEPATITIS C - ORAL |
| 09/27/2022 | *breo ellipta* | *fluticasone furoate-vilanterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *epinastine hcl* | *epinastine hcl (ophth)* | ADD UM: SUM9 | | 562 OPHTHALMIC ANTIHISTAMINES |
| 09/27/2022 | *locoid lipocream* | *hydrocortisone butyrate hydrophilic lipo base* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *alkindi sprinkle* | *hydrocortisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *symlinpen 60* | *pramlintide acetate* | ADD UM: SUM9 | | 504 AMYLIN ANALOGS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *colchicine-probenecid* | *colchicine w/ probenecid* | ADD UM: SUM9 | | 437 ORAL AGENTS FOR GOUT: MISC |
| 09/27/2022 | *xopenex* | *levalbuterol hcl* | ADD UM: SUM9 | | 464 BETA - ADRENERGIC AGENTS: NEBS |
| 09/27/2022 | *levamlodipine maleate* | *levamlodipine maleate* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 09/27/2022 | *xofluza (40 mg dose)* | *baloxavir marboxil* | ADD UM: SUM9 | | 452 INFLUENZA |
| 09/27/2022 | *spiriva respimat* | *tiotropium bromide monohydrate* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 09/27/2022 | *fiorinal/codeine #3* | *butalbital-aspirin-caffeine w/cod* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *phenelzine sulfate* | *phenelzine sulfate* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *clocortolone pivalate* | *clocortolone pivalate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |
| 09/27/2022 | *gloperba* | *colchicine* | ADD UM: SUM9 | | 437 ORAL AGENTS FOR GOUT: MISC |
| 09/27/2022 | *lioresal* | *baclofen* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *depo-testosterone* | *testosterone cypionate* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *megestrol acetate* | *megestrol acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *calcium acetate (phos binder)* | *calcium acetate (phosphate binder)* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 09/27/2022 | *vigamox* | *moxifloxacin hcl (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 09/27/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *fortesta* | *testosterone* | ADD UM: SUM9 | | 408 ANDROGENIC AGENTS |
| 09/27/2022 | *bepreve* | *bepotastine besilate* | ADD UM: SUM9 | | 562 OPHTHALMIC ANTIHISTAMINES |
| 09/27/2022 | *amikacin sulfate* | *amikacin sulfate* | ADD UM: SUM9 | | 419 ANTIBIOTICS, INHALED |
| 09/27/2022 | *zohydro er* | *hydrocodone bitartrate* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *benzaclin with pump* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM9 | | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |
| 09/27/2022 | *belsomra* | *suvorexant* | ADD UM: SUM9 | | 587 SEDATIVE HYPNOTICS |
| 09/27/2022 | *rebif rebidose titration pack* | *interferon beta-1a* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 09/27/2022 | *jornay pm* | *methylphenidate hcl* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 09/27/2022 | *omeclamox-pak* | *amoxicillin-clarithromycin w/ omeprazole* | ADD UM: SUM9 | | 494 H.PYLORI COMBINATIONS |
| 09/27/2022 | *fml liquifilm* | *fluorometholone (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *zyvox* | *linezolid* | ADD UM: SUM9 | | 533 LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *vibramycin* | *doxycycline calcium* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 09/27/2022 | *isotretinoin* | *isotretinoin* | ADD UM: SUM9 | | 400 ACNE AGENTS, TOPICAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *levetiracetam* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 09/27/2022 | *jantoven* | *warfarin sodium* | ADD UM: SUM9 | | 811 ANTICOAGULANTS |
| 09/27/2022 | *betaxolol hcl* | *betaxolol hcl (ophth)* | ADD UM: SUM9 | | 567 BETA BLOCKERS-GLAUCOMA |
| 09/27/2022 | *metrocream* | *metronidazole (topical)* | ADD UM: SUM9 | | 586 ROSACEA AGENTS, TOPICAL |
| 09/27/2022 | *tivicay pd* | *dolutegravir sodium* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *baxdela* | *delafloxacin meglumine* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 09/27/2022 | *acular ls* | *ketorolac tromethamine (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *erleada* | *apalutamide* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *sivextro* | *tedizolid phosphate* | ADD UM: SUM9 | | 533 LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS |
| 09/27/2022 | *amphotericin b* | *amphotericin b* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *pramosone* | *pramoxine-hc* | ADD UM: SUM9 | | 590 STEROIDS, TOPICAL HIGH |
| 09/27/2022 | *solu-medrol (pf)* | *methylprednisolone sod succ* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *penicillin g pot in dextrose* | *penicillin g pot in dextrose* | ADD UM: SUM9 | | 835 PENICILLINS |
| 09/27/2022 | *advair diskus* | *fluticasone-salmeterol* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 09/27/2022 | *triumeq* | *abacavir-dolutegravir-lamivudine* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 09/27/2022 | *millipred dp* | *prednisolone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *gengraf* | *cyclosporine modified (for microemulsion)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 09/27/2022 | *oxycodone-aspirin* | *oxycodone-aspirin* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 09/27/2022 | *fluocinolone acetonide body* | *fluocinolone acetonide* | ADD UM: SUM9 | | 591 STEROIDS, TOPICAL LOW |
| 09/27/2022 | *nicotine step 1* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *nicotine step 3* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 09/27/2022 | *nicotine step 2* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *aromasin* | *exemestane* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *lyumjev kwikpen* | *insulin lispro-aabc* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 09/27/2022 | *vemlidy* | *tenofovir alafenamide fumarate* | ADD UM: SUM9 | | 497 HEPATITIS B - ORAL |
| 09/27/2022 | *zypitamag* | *pitavastatin magnesium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 09/27/2022 | *paliperidone er* | *paliperidone* | ADD UM: SUM9 | | 447 ATYPICAL ANTIPSYCHOTICS |
| 09/27/2022 | *chlorpromazine hcl* | *chlorpromazine hcl* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 09/27/2022 | *ranexa* | *ranolazine* | ADD UM: SUM9 | | 416 ANTIANGINAL & ANTI-ISCHEMIC |
| 09/27/2022 | *eletriptan hydrobromide* | *eletriptan hydrobromide* | ADD UM: SUM9 | | 439 ANTIMIGRAINE AGENTS |
| 09/27/2022 | *carisoprodol-aspirin* | *carisoprodol w/ aspirin* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 09/27/2022 | *belbuca* | *buprenorphine hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *megestrol acetate* | *megestrol acetate (appetite)* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 09/27/2022 | *dexamethasone intensol* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 09/27/2022 | *vesicare ls* | *solifenacin succinate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 09/27/2022 | *vandazole* | *metronidazole vaginal* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 09/27/2022 | *pacerone* | *amiodarone hcl* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 09/27/2022 | *marplan* | *isocarboxazid* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 09/27/2022 | *hyzaar* | *losartan potassium & hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 09/27/2022 | *xipere* | *triamcinolone acetonide (ophth)* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 09/27/2022 | *ampyra* | *dalfampridine* | ADD UM: SUM9 | | 546 ANCILLARY ORAL AGENTS FOR MULTIPLE SCLEROSIS TREATMENT |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 09/27/2022 | *verquvo* | *vericiguat* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 09/27/2022 | *vyzulta* | *latanoprostene bunod* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 09/27/2022 | *fluvastatin sodium* | *fluvastatin sodium* | ADD UM: SUM9 | | 541 STATINS |
| 09/27/2022 | *clobetasol propionate* | *clobetasol propionate* | ADD UM: SUM9 | | 593 STEROIDS, TOPICAL VERY HIGH |
| 09/27/2022 | *phenytek* | *phenytoin sodium extended* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 09/27/2022 | *epaned* | *enalapril maleate* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 09/27/2022 | *invokana* | *canagliflozin* | ADD UM: SUM9 | | 515 HYPOGLYCEMICS, SGLT2 |
| 09/29/2022 | *abilify mycite* | *aripiprazole* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 09/29/2022 | *abilify mycite* | *aripiprazole* | REMOVE UM: AUTHORIZATION | Preferred Step Trial Required | |

# ALLIANCE HEALTH Updates

## October, 2022

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *symproic* | *naldemedine tosylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *desonide* | *desonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *scopolamine* | *scopolamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *crotan* | *crotamiton* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ketorolac tromethamine* | *ketorolac tromethamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *etodolac* | *etodolac* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *goodsense aller-ease* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD TO FORMULARY | | PDL Preferred |
| 10/01/2022 | *edarbyclor* | *azilsartan medoxomil-chlorthalidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diclofenac potassium* | *diclofenac potassium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *humalog* | *insulin lispro* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *flagyl* | *metronidazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dexamethasone intensol* | *dexamethasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aciphex* | *rabeprazole sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *azor* | *amlodipine besylate-olmesartan medoxomil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lindane* | *lindane* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *verapamil hcl er* | *verapamil hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nexlizet* | *bempedoic acid-ezetimibe* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *azelastine hcl* | *azelastine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *striverdi respimat* | *olodaterol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *frovatriptan succinate* | *frovatriptan succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *linezolid* | *linezolid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amrix* | *cyclobenzaprine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *motegrity* | *prucalopride succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *imitrex* | *sumatriptan succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *treximet* | *sumatriptan-naproxen sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *exelderm* | *sulconazole nitrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amoxicill-clarithro-lansopraz* | *amoxicillin-clarithromycin w/ lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *arikayce* | *amikacin sulfate liposome* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *acular ls* | *ketorolac tromethamine (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cardizem cd* | *diltiazem hcl coated beads* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zomig* | *zolmitriptan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *twyneo* | *tretinoin-benzoyl peroxide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pancreaze* | *pancrelipase (lipase-protease-amylase)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avar cleanser* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amzeeq* | *minocycline hcl micronized (acne)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *depakote er* | *divalproex sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ropinirole hcl er* | *ropinirole hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pacerone* | *amiodarone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *akynzeo* | *fosnetupitant choride-palonosetron hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *halcion* | *triazolam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *savella titration pack* | *milnacipran hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluocinonide emulsified base* | *fluocinonide emulsified base* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *antihistamine & nasal deconges* | *fexofenadine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tavalisse* | *fostamatinib disodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dexamethasone* | *dexamethasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *naftifine hcl* | *naftifine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cloderm* | *clocortolone pivalate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *insulin aspart prot & aspart* | *insulin aspart protamine & aspart (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ery-tab* | *erythromycin base* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *frova* | *frovatriptan succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ortikos* | *budesonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alosetron hcl* | *alosetron hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *geodon* | *ziprasidone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *nitazoxanide* | *nitazoxanide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nourianz* | *istradefylline* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bafiertam* | *monomethyl fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mavenclad (8 tabs)* | *cladribine (multiple sclerosis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindamycin phosphate in d5w* | *clindamycin phosphate in d5w* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lyllana* | *estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *viberzi* | *eluxadoline* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *omeprazole* | *omeprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nuzyra* | *omadacycline tosylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *myrbetriq* | *mirabegron* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mesalamine* | *mesalamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *tobramycin-dexamethasone* | *tobramycin-dexamethasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rexulti* | *brexpiprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ketoprofen er* | *ketoprofen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *seroquel* | *quetiapine fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hydrocortisone-acetic acid* | *hydrocortisone w/acetic acid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *urso forte* | *ursodiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *actos* | *pioglitazone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prolia* | *denosumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dexilant* | *dexlansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clobetasol propionate emulsion* | *clobetasol propionate emulsion* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zolmitriptan* | *zolmitriptan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *febuxostat* | *febuxostat* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amantadine hcl* | *amantadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mesalamine er* | *mesalamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zaleplon* | *zaleplon* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *evista* | *raloxifene hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin 70/30 relion* | *insulin nph isophane & reg (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *promethegan* | *promethazine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *demeclocycline hcl* | *demeclocycline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *strattera* | *atomoxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tolcapone* | *tolcapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *wixela inhub* | *fluticasone-salmeterol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *zylet* | *loteprednol etabonate-tobramycin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vigabatrin* | *vigabatrin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bimatoprost* | *bimatoprost* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ultravate* | *halobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *apomorphine hcl* | *apomorphine hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hydrocortisone valerate* | *hydrocortisone valerate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *accolate* | *zafirlukast* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gelnique* | *oxybutynin chloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gemtesa* | *vibegron* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *doxylamine-pyridoxine* | *doxylamine-pyridoxine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dantrolene sodium* | *dantrolene sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *mirapex er* | *pramipexole dihydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *forteo* | *teriparatide (recombinant)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bryhali* | *halobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *keppra xr* | *levetiracetam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *solosec* | *secnidazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cosopt pf* | *dorzolamide hcl-timolol maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *colestipol hcl* | *colestipol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *12hr allergy & congestion* | *fexofenadine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cayston* | *aztreonam lysine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sodium sulfacetamide* | *sulfacetamide sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sivextro* | *tedizolid phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *ziana* | *clindamycin phosphate-tretinoin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cortisporin-tc* | *neomycin-colistin-hc-thonzonium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diovan* | *valsartan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rosadan* | *metronidazole (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prandin* | *repaglinide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zileuton er* | *zileuton* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gnp all day allergy-d* | *cetirizine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *escitalopram oxalate* | *escitalopram oxalate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *reltone* | *ursodiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *voriconazole* | *voriconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *namenda xr titration pack* | *memantine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *tikosyn* | *dofetilide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vesicare* | *solifenacin succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *verquvo* | *vericiguat* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vivelle-dot* | *estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *exforge* | *amlodipine besylate-valsartan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *depakote* | *divalproex sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *duobrii* | *halobetasol propionate-tazarotene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *loratadine childrens* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vibramycin* | *doxycycline hyclate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *omeclamox-pak* | *amoxicillin-clarithromycin w/ omeprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mirvaso* | *brimonidine tartrate (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *zestoretic* | *lisinopril & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sulfacetamide sodium (acne)* | *sulfacetamide sodium (acne)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lincocin* | *lincomycin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amphetamine-dextroamphet er* | *amphetamine-dextroamphetamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diclofenac sodium* | *diclofenac sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ketoprofen* | *ketoprofen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sanadermrx skin repair* | *triamcinolone acetonide-dimethicone-silicone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diflunisal* | *diflunisal* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *olux-e* | *clobetasol propionate emulsion* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *paxil* | *paroxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *condylox* | *podofilox* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cipro hc* | *ciprofloxacin-hydrocortisone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xifaxan* | *rifaximin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *corgard* | *nadolol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *timolol maleate* | *timolol maleate (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gralise* | *gabapentin (once-daily)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zenzedi* | *dextroamphetamine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ponvory* | *ponesimod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *doryx* | *doxycycline hyclate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *albuterol sulfate er* | *albuterol sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *arazlo* | *tazarotene (acne)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *nimodipine* | *nimodipine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *colazal* | *balsalazide disodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aripiprazole* | *aripiprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methylphenidate hcl er (xr)* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hydrocortisone butyrate* | *hydrocortisone butyrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sumaxin wash* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *asmanex (60 metered doses)* | *mometasone furoate (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bromfenac sodium (once-daily)* | *bromfenac sodium (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ibsrela* | *tenapanor hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zyprexa* | *olanzapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fml forte* | *fluorometholone (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *kynmobi* | *apomorphine hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tavaborole* | *tavaborole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *namenda titration pak* | *memantine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lotensin hct* | *benazepril & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *afrezza* | *insulin regular (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *besivance* | *besifloxacin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lopressor* | *metoprolol tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ziac* | *bisoprolol & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *multaq* | *dronedarone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *betamethasone valerate* | *betamethasone valerate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tyrvaya* | *varenicline tartrate (cholinergic agonist)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *flavoxate hcl* | *flavoxate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zeposia starter kit* | *ozanimod hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vanos* | *fluocinonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zafirlukast* | *zafirlukast* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lumigan* | *bimatoprost* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cambia* | *diclofenac potassium (migraine)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tasmar* | *tolcapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hydrocortisone butyr lipo base* | *hydrocortisone butyrate hydrophilic lipo base* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *minolira* | *minocycline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *benzamycin* | *benzoyl peroxide-erythromycin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *loprox* | *ciclopirox* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *apidra* | *insulin glulisine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sular* | *nisoldipine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *duetact* | *pioglitazone hcl-glimepiride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trintellix* | *vortioxetine hbr* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *azelastine hcl* | *azelastine hcl (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *taperdex 7-day* | *dexamethasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *calcipotriene* | *calcipotriene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amphetamine sulfate* | *amphetamine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *adzenys xr-odt* | *amphetamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *opsumit* | *macitentan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mobic* | *meloxicam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *estazolam* | *estazolam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *morgidox* | *doxycycline hyclate w/ cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *questran light* | *cholestyramine light* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sulfacetamide sodium* | *sulfacetamide sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *veregen* | *sinecatechins* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin n flexpen* | *insulin nph (human) (isophane)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin n relion* | *insulin nph (human) (isophane)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nabumetone* | *nabumetone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *doxycycline hyclate* | *doxycycline hyclate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dextroamphetamine sulfate er* | *dextroamphetamine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fabior* | *tazarotene (acne)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *flac* | *fluocinolone acetonide (otic)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nuplazid* | *pimavanserin tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lexette* | *halobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindacin-p* | *clindamycin phosphate (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *duopa* | *carbidopa-levodopa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ponvory starter pack* | *ponesimod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *estradiol* | *estradiol vaginal* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aciphex sprinkle* | *rabeprazole sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sumadan xlt* | *sulfacetamide sodium-sulfur-sunscreen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin 70/30 flexpen relion* | *insulin nph isophane & reg (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *reyvow* | *lasmiditan succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *dhivy* | *carbidopa-levodopa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *indocin* | *indomethacin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aliskiren fumarate* | *aliskiren fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *marplan* | *isocarboxazid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *goodsense lansoprazole* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *admelog* | *insulin lispro* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *budesonide er* | *budesonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *halog* | *halcinonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *allergy relief* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindamycin-tretinoin* | *clindamycin phosphate-tretinoin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bepreve* | *bepotastine besilate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *lexapro* | *escitalopram oxalate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methoxsalen rapid* | *methoxsalen rapid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *atelvia* | *risedronate sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sumadan* | *sulfacetamide sodium-sulfur w/ skin cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *flucytosine* | *flucytosine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cardura* | *doxazosin mesylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *indomethacin er* | *indomethacin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gnp omeprazole* | *omeprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *viibryd* | *vilazodone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vigadrone* | *vigabatrin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *griseofulvin microsize* | *griseofulvin microsize* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *hemangeol* | *propranolol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ketodan* | *ketoconazole (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vyzulta* | *latanoprostene bunod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindacin pac* | *clindamycin phosphate & cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *inderal xl* | *propranolol hcl sustained-release beads* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methylphenidate hcl er (cd)* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fosamax* | *alendronate sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vascepa* | *icosapent ethyl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qc allergy relief* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *epaned* | *enalapril maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rufinamide* | *rufinamide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *revatio* | *sildenafil citrate (pulmonary hypertension)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tosymra* | *sumatriptan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *levobunolol hcl* | *levobunolol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *linezolid in sodium chloride* | *linezolid in sodium chloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *erygel* | *erythromycin (acne aid)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clocortolone pivalate* | *clocortolone pivalate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *timolol maleate* | *timolol maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *delzicol* | *mesalamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dificid* | *fidaxomicin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *risperdal* | *risperidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *erythromycin* | *erythromycin (acne aid)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *tobramycin* | *tobramycin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *morgidox* | *doxycycline hyclate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avar-e ls* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ozurdex* | *dexamethasone (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *propranolol-hctz* | *propranolol & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ivermectin* | *ivermectin (rosacea)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ondansetron hcl* | *ondansetron hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *toujeo solostar* | *insulin glargine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lotronex* | *alosetron hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *elestrin* | *estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *metronidazole* | *metronidazole (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *prednisone intensol* | *prednisone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *emsam* | *selegiline* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vimovo* | *naproxen-esomeprazole magnesium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *centany* | *mupirocin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zembrace symtouch* | *sumatriptan succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gnp all day allergy relief* | *cetirizine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *psorcon* | *diflorasone diacetate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *metrogel-vaginal* | *metronidazole vaginal* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gonitro* | *nitroglycerin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ibandronate sodium* | *ibandronate sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *clozapine* | *clozapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bacitra-neomycin-polymyxin-hc* | *bacitracin-poly-neomycin-hc* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diovan hct* | *valsartan-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prochlorperazine* | *prochlorperazine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *darifenacin hydrobromide er* | *darifenacin hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *azelaic acid* | *azelaic acid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *savella* | *milnacipran hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zetonna* | *ciclesonide (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *semglee (yfgn)* | *insulin glargine-yfgn* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cleocin* | *clindamycin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *levalbuterol tartrate* | *levalbuterol tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *neomycin-polymyxin-gramicidin* | *neomycin-polymyxin-gramicidin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tenoretic 50* | *atenolol & chlorthalidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindagel* | *clindamycin phosphate (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dexlansoprazole* | *dexlansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *donepezil hcl* | *donepezil hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ambrisentan* | *ambrisentan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cosopt* | *dorzolamide hcl-timolol maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cimetidine* | *cimetidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zeposia* | *ozanimod hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *luzu* | *luliconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fenofibrate micronized* | *fenofibrate micronized* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *phenergan* | *promethazine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *plegridy* | *peginterferon beta-1a* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *desloratadine* | *desloratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lamotrigine er* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zegerid* | *omeprazole-sodium bicarbonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *azulfidine* | *sulfasalazine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *kynmobi titration kit* | *apomorphine hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *otiprio* | *ciprofloxacin (otic)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tribenzor* | *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluvastatin sodium er* | *fluvastatin sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *onexton* | *clindamycin phosphate-benzoyl peroxide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *methocarbamol* | *methocarbamol* | CHANGE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prozac* | *fluoxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *temovate* | *clobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *adhansia xr* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cymbalta* | *duloxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nefazodone hcl* | *nefazodone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *omeprazole-sodium bicarbonate* | *omeprazole-sodium bicarbonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *felbatol* | *felbamate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avita* | *tretinoin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *micardis hct* | *telmisartan-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bleph-10* | *sulfacetamide sodium (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *sumadan wash* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lamictal* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *beser* | *fluticasone propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *versacloz* | *clozapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pulmicort flexhaler* | *budesonide (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *halcinonide* | *halcinonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *telmisartan-amlodipine* | *telmisartan-amlodipine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *isradipine* | *isradipine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *keppra* | *levetiracetam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *flurbiprofen* | *flurbiprofen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *edluar* | *zolpidem tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *qc fexofenadine hydrochloride* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fenofibric acid* | *choline fenofibrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *teriparatide (recombinant)* | *teriparatide (recombinant)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *blephamide* | *sulfacetamide sod-prednisolone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sm lansoprazole* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *allergy relief* | *cetirizine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *metronidazole* | *metronidazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *taperdex 6-day* | *dexamethasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tolmetin sodium* | *tolmetin sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *chenodal* | *chenodiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gatifloxacin* | *gatifloxacin (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *dapsone* | *dapsone (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vogelxo* | *testosterone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *colestid* | *colestipol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *oxaprozin* | *oxaprozin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *olanzapine-fluoxetine hcl* | *olanzapine-fluoxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *relenza diskhaler* | *zanamivir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zyloprim* | *allopurinol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *triesence* | *triamcinolone acetonide (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bystolic* | *nebivolol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mavenclad (10 tabs)* | *cladribine (multiple sclerosis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bromsite* | *bromfenac sodium (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *sulfacetamide-sulfur in urea* | *sulfacetamide sodium-sulfur in urea vehicle* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sorilux* | *calcipotriene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin 70/30 flexpen* | *insulin nph isophane & reg (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluocinonide* | *fluocinonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zetia* | *ezetimibe* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bp cleansing wash* | *sulfacetamide sodium-sulfur in urea vehicle* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gnp fexofenadine/pseer* | *fexofenadine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fexofenadine hcl* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *estrace* | *estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fml* | *fluorometholone (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dextroamphetamine sulfate* | *dextroamphetamine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *daypro* | *oxaprozin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin r* | *insulin regular (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *betaxolol hcl* | *betaxolol hcl (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *airduo digihaler* | *fluticasone-salmeterol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *singulair* | *montelukast sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *desoxyn* | *methamphetamine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *montelukast sodium* | *montelukast sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bonjesta* | *doxylamine-pyridoxine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *micardis* | *telmisartan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *brisdelle* | *paroxetine mesylate (vasomotor)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *baraclude* | *entecavir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *metaxalone* | *metaxalone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *testim* | *testosterone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *galantamine hydrobromide er* | *galantamine hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cefpodoxime proxetil* | *cefpodoxime proxetil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tymlos* | *abaloparatide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avar-e emollient* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vesicare ls* | *solifenacin succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dronabinol* | *dronabinol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prolensa* | *bromfenac sodium (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *norgesic forte* | *orphenadrine w/ aspirin & caff* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tarpeyo* | *budesonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *nicotrol ns* | *nicotine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methylphenidate hcl er (osm)* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zithromax tri-pak* | *azithromycin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *metformin hcl* | *metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clotrimazole* | *clotrimazole (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vibramycin* | *doxycycline (monohydrate)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *proair digihaler* | *albuterol sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lamotrigine starter kit-green* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *anzemet* | *dolasetron mesylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *betoptic-s* | *betaxolol hcl (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *aczone* | *dapsone (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tizanidine hcl* | *tizanidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lopid* | *gemfibrozil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sulfacetamide-prednisolone* | *sulfacetamide sod-prednisolone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *denavir* | *penciclovir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zofran* | *ondansetron hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide (refrigerate)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *insulin glargine* | *insulin glargine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neo-polycin* | *neomycin-bacitracin zn-polymyxin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *androgel* | *testosterone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tinidazole* | *tinidazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *norpace cr* | *disopyramide phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *acuvail* | *ketorolac tromethamine (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *jalyn* | *dutasteride-tamsulosin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *renvela* | *sevelamer carbonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *asmanex (30 metered doses)* | *mometasone furoate (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *iopidine* | *apraclonidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *luxiq* | *betamethasone valerate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *wellbutrin sr* | *bupropion hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *finacea* | *azelaic acid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qvar redihaler* | *beclomethasone dipropionate hfa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zanaflex* | *tizanidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *intuniv* | *guanfacine hcl (adhd)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *asacol hd* | *mesalamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diflucan* | *fluconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cleocin* | *clindamycin palmitate hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xipere* | *triamcinolone acetonide (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *calcitonin (salmon)* | *calcitonin (salmon)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *eprosartan mesylate* | *eprosartan mesylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *noritate* | *metronidazole (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alclometasone dipropionate* | *alclometasone dipropionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *keflex* | *cephalexin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *omeprazole magnesium* | *omeprazole magnesium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *texacort* | *hydrocortisone (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *basaglar kwikpen* | *insulin glargine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nevanac* | *nepafenac* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluocinolone acetonide* | *fluocinolone acetonide (otic)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *adderall* | *amphetamine-dextroamphetamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *iluvien* | *fluocinolone acetonide (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *arthrotec* | *diclofenac w/ misoprostol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sustol* | *granisetron* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tovet* | *clobetasol propionate emulsion* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *firvanq* | *vancomycin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *ofloxacin* | *ofloxacin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hm loratadine childrens* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *levofloxacin* | *levofloxacin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *imvexxy maintenance pack* | *estradiol vaginal* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindamycin phosphate in nacl* | *clindamycin phosphate in nacl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *incruse ellipta* | *umeclidinium bromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *albuterol sulfate hfa* | *albuterol sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diltiazem hcl er* | *diltiazem hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tysabri* | *natalizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *emend* | *fosaprepitant dimeglumine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tetracycline hcl* | *tetracycline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *noxafil* | *posaconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dutasteride-tamsulosin hcl* | *dutasteride-tamsulosin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *childrens loratadine* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *azilect* | *rasagiline mesylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cyclobenzaprine hcl er* | *cyclobenzaprine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin 70/30* | *insulin nph isophane & reg (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *livalo* | *pitavastatin calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *doxycycline* | *doxycycline (rosacea)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sumaxin cp* | *sulfacetamide sodium-sulfur w/ skin cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dantrium* | *dantrolene sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *onfi* | *clobazam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *prevacid 24hr* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tobradex st* | *tobramycin-dexamethasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alkindi sprinkle* | *hydrocortisone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mydayis* | *amphetamine-dextroamphetamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *icosapent ethyl* | *icosapent ethyl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *oracea* | *doxycycline (rosacea)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *medrol* | *methylprednisolone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lincomycin hcl* | *lincomycin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mayzent starter pack* | *siponimod fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tobrex* | *tobramycin (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *semglee* | *insulin glargine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *elepsia xr* | *levetiracetam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *perforomist* | *formoterol fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diclofenac epolamine* | *diclofenac epolamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *innopran xl* | *propranolol hcl sustained-release beads* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *millipred dp* | *prednisolone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *timoptic ocudose* | *timolol maleate (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lonhala magnair refill kit* | *glycopyrrolate (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *quinapril-hydrochlorothiazide* | *quinapril-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vaseretic* | *enalapril maleate & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zilxi* | *minocycline hcl micronized (rosacea)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *robaxin* | *methocarbamol* | CHANGE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *ezetimibe-simvastatin* | *ezetimibe-simvastatin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cortef* | *hydrocortisone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hyzaar* | *losartan potassium & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neo-polycin hc* | *bacitracin-poly-neomycin-hc* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tretinoin* | *tretinoin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lamictal odt* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ramelteon* | *ramelteon* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neomycin-bacitracin zn-polymyx* | *neomycin-bacitracin zn-polymyxin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bp 10-1* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vibramycin* | *doxycycline calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *forfivo xl* | *bupropion hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *ovace plus wash* | *sulfacetamide sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *desonate* | *desonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *topiramate er* | *topiramate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nalfon* | *fenoprofen calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lonhala magnair starter kit* | *glycopyrrolate (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *atacand* | *candesartan cilexetil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *betamethasone dipropionate* | *betamethasone dipropionate (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ciprofloxacin* | *ciprofloxacin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *augmentin xr* | *amoxicillin & pot clavulanate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aubagio* | *teriflunomide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mesalamine-cleanser* | *mesalamine w/ cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *repaglinide-metformin hcl* | *repaglinide-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *apidra solostar* | *insulin glulisine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *carbamazepine* | *carbamazepine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *minivelle* | *estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tobi podhaler* | *tobramycin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fetzima titration* | *levomilnacipran hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *acular* | *ketorolac tromethamine (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fiasp penfill* | *insulin aspart (with niacinamide)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *topicort* | *desoximetasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *orenitram* | *treprostinil diolamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *baxdela* | *delafloxacin meglumine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *insulin aspart flexpen* | *insulin aspart* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *flomax* | *tamsulosin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *asmanex (14 metered doses)* | *mometasone furoate (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rosanil cleanser* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *flurandrenolide* | *flurandrenolide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cardura xl* | *doxazosin mesylate (bph)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *benazepril-hydrochlorothiazide* | *benazepril & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *evekeo odt* | *amphetamine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *maxalt-mlt* | *rizatriptan benzoate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *millipred* | *prednisolone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *cetirizine hcl* | *cetirizine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *carbatrol* | *carbamazepine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ciloxan* | *ciprofloxacin hcl (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gnp allergy relief* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *candesartan cilexetil* | *candesartan cilexetil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ocuflox* | *ofloxacin (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qelbree* | *viloxazine hcl (adhd)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *abilify mycite maintenance kit* | *aripiprazole with sensor, strips, & pod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *feldene* | *piroxicam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pioglitazone hcl-glimepiride* | *pioglitazone hcl-glimepiride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *minocycline hcl er* | *minocycline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *megestrol acetate* | *megestrol acetate (appetite)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *silenor* | *doxepin hcl (sleep)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *emend* | *aprepitant* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *natesto* | *testosterone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lastacaft* | *alcaftadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gnp lansoprazole* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *betapace af* | *sotalol hcl (afib/afl)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindamycin phosphate* | *clindamycin phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cotempla xr-odt* | *methylphenidate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *difluprednate* | *difluprednate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zontivity* | *vorapaxar sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *xofluza (40 mg dose)* | *baloxavir marboxil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cholbam* | *cholic acid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *plavix* | *clopidogrel bisulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *omnaris* | *ciclesonide (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pindolol* | *pindolol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cutivate* | *fluticasone propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alogliptin-pioglitazone* | *alogliptin-pioglitazone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diprolene* | *betamethasone dipropionate augmented* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fanapt titration pack* | *iloperidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *desvenlafaxine er* | *desvenlafaxine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *uceris* | *budesonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nexium* | *esomeprazole magnesium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *toujeo max solostar* | *insulin glargine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *uceris* | *budesonide (intrarectal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *riomet er* | *metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *emend tri-pack* | *aprepitant* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *allergy relief/indoor/outdoor* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avar ls cleanser* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bepotastine besilate* | *bepotastine besilate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ovace wash* | *sulfacetamide sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pentasa* | *mesalamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *allergy rel child (loratadine)* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *travoprost (bak free)* | *travoprost* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pred forte* | *prednisolone acetate (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *yupelri* | *revefenacin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *duaklir pressair* | *aclidinium bromide-formoterol fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mometasone furoate* | *mometasone furoate (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lamotrigine* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *airduo respiclick 113/14* | *fluticasone-salmeterol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cefaclor er* | *cefaclor monohydrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *maxidex* | *dexamethasone (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *duavee* | *conjugated estrogens-bazedoxifene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *verelan* | *verapamil hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *timoptic* | *timolol maleate (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neulasta* | *pegfilgrastim* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tenoretic 100* | *atenolol & chlorthalidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ciprofloxacin-fluocinolone pf* | *ciprofloxacin-fluocinolone acetonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hm fexofenadine hcl* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *carteolol hcl* | *carteolol hcl (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *humalog kwikpen* | *insulin lispro* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prilosec* | *omeprazole magnesium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *altace* | *ramipril* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pregabalin er* | *pregabalin (once-daily)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *mupirocin calcium* | *mupirocin calcium (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *admelog solostar* | *insulin lispro* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tracleer* | *bosentan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *natacyn* | *natamycin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mysoline* | *primidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trospium chloride* | *trospium chloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *benzaclin* | *clindamycin phosphate-benzoyl peroxide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pantoprazole sodium* | *pantoprazole sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hepsera* | *adefovir dipivoxil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *brexafemme* | *ibrexafungerp citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cortisone acetate* | *cortisone acetate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *fosrenol* | *lanthanum carbonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fortesta* | *testosterone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zipsor* | *diclofenac potassium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ovace plus* | *sulfacetamide sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fenofibric acid* | *fenofibric acid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *accuretic* | *quinapril-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clotrimazole-betamethasone* | *clotrimazole w/ betamethasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *kapspargo sprinkle* | *metoprolol succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lyrica* | *pregabalin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *edarbi* | *azilsartan medoxomil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *enstilar* | *calcipotriene-betamethasone dipropionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tretinoin microsphere pump* | *tretinoin microsphere* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *actonel* | *risedronate sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trelegy ellipta* | *fluticasone-umeclidinium-vilanterol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate (antineoplastic)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mayzent* | *siponimod fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trimethobenzamide hcl* | *trimethobenzamide hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fexmid* | *cyclobenzaprine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gnp loratadine* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *kerydin* | *tavaborole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *allergy 24-hr* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *dipentum* | *olsalazine sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ciclodan solution* | *ciclopirox* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *viibryd starter pack* | *vilazodone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *impeklo* | *clobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sklice* | *ivermectin (pediculicide)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zypitamag* | *pitavastatin magnesium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *moexipril hcl* | *moexipril hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aricept* | *donepezil hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *naproxen sodium er* | *naproxen sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nebivolol hcl* | *nebivolol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *naproxen* | *naproxen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *synalar* | *fluocinolone acetonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *telmisartan-hctz* | *telmisartan-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vigamox* | *moxifloxacin hcl (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hm omeprazole* | *omeprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pexeva* | *paroxetine mesylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aplenzin* | *bupropion hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zyprexa zydis* | *olanzapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *boniva* | *ibandronate sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *naratriptan hcl* | *naratriptan hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mavenclad (5 tabs)* | *cladribine (multiple sclerosis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rowasa* | *mesalamine w/ cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *solodyn* | *minocycline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *kenalog* | *triamcinolone acetonide (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *capex* | *fluocinolone acetonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *candesartan cilexetil-hctz* | *candesartan cilexetil-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ery* | *erythromycin (acne aid)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *humulin n kwikpen* | *insulin nph (human) (isophane)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *allergy relief d* | *cetirizine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diclofenac-misoprostol* | *diclofenac w/ misoprostol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *topamax* | *topiramate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *azstarys* | *serdexmethylphenidate chloride-dexmethylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *ciclopirox treatment* | *ciclopirox* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cardizem la* | *diltiazem hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zymaxid* | *gatifloxacin (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *phoslyra* | *calcium acetate (phosphate binder)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *namenda* | *memantine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fleqsuvy* | *baclofen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sm all day allergy-d* | *cetirizine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *enalapril maleate* | *enalapril maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *itraconazole* | *itraconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluticasone propionate* | *fluticasone propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *benicar* | *olmesartan medoxomil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *luliconazole* | *luliconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl (otic)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *climara* | *estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *extina* | *ketoconazole (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *skelaxin* | *metaxalone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tobi* | *tobramycin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *olopatadine hcl* | *olopatadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zyclara* | *imiquimod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ketoconazole* | *ketoconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *abilify mycite starter kit* | *aripiprazole with sensor, strips, & pod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *lovaza* | *omega-3-acid ethyl esters* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ovide* | *malathion* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *glumetza* | *metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *caduet* | *amlodipine besylate-atorvastatin calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *soriatane* | *acitretin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ocrevus* | *ocrelizumab* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gimoti* | *metoclopramide hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prevacid solutab* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hm allergy relief* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lunesta* | *eszopiclone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *podofilox* | *podofilox* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *fluticasone furoate-vilanterol* | *fluticasone furoate-vilanterol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zorvolex* | *diclofenac* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sm fexofenadine hcl* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *paroxetine mesylate* | *paroxetine mesylate (vasomotor)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aklief* | *trifarotene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *flector* | *diclofenac epolamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *insulin lispro junior kwikpen* | *insulin lispro* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cipro* | *ciprofloxacin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sumatriptan succinate refill* | *sumatriptan succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *coreg* | *carvedilol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *divigel* | *estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *metoclopramide hcl* | *metoclopramide hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *budesonide-formoterol fumarate* | *budesonide-formoterol fumarate dihydrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lansoprazole* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zyvox* | *linezolid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *naftin* | *naftifine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin r relion* | *insulin regular (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *evenity* | *romosozumab-aqqg* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avodart* | *dutasteride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *miglitol* | *miglitol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ocaliva* | *obeticholic acid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fondaparinux sodium* | *fondaparinux sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *sm omeprazole* | *omeprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qc lansoprazole* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trusopt* | *dorzolamide hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sinuva* | *mometasone furoate (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lybalvi* | *olanzapine-samidorphan l-malate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fiasp* | *insulin aspart (with niacinamide)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *eszopiclone* | *eszopiclone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *etodolac er* | *etodolac* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *marinol* | *dronabinol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ancobon* | *flucytosine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clobetasol propionate* | *clobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *topamax sprinkle* | *topiramate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sprix* | *ketorolac tromethamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *asmanex (120 metered doses)* | *mometasone furoate (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rapaflo* | *silodosin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rayos* | *prednisone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *metformin hcl er (osm)* | *metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cefadroxil* | *cefadroxil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *urso 250* | *ursodiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dexlansoprazole* | *dexlansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *ziextenzo* | *pegfilgrastim-bmez* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluoxetine hcl* | *fluoxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ambien* | *zolpidem tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *glatiramer acetate* | *glatiramer acetate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dotti* | *estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *budesonide* | *budesonide (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *omega-3-acid ethyl esters* | *omega-3-acid ethyl esters* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluocinolone acetonide* | *fluocinolone acetonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cleocin phosphate* | *clindamycin phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fml liquifilm* | *fluorometholone (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xepi* | *ozenoxacin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *lotemax* | *loteprednol etabonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *colestid flavored* | *colestipol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *breztri aerosphere* | *budesonide-glycopyrrolate-formoterol fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *arixtra* | *fondaparinux sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bylvay (pellets)* | *odevixibat* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cresemba* | *isavuconazonium sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clonidine* | *clonidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tazorac* | *tazarotene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *captopril-hydrochlorothiazide* | *captopril & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nitro-bid* | *nitroglycerin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ketoconazole* | *ketoconazole (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *imitrex statdose refill* | *sumatriptan succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methylphenidate hcl er* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *arformoterol tartrate* | *arformoterol tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin n* | *insulin nph (human) (isophane)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *duloxetine hcl* | *duloxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amphetamine er* | *amphetamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zomig zmt* | *zolmitriptan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *felodipine er* | *felodipine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bacitracin* | *bacitracin (ophthalmic)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *baclofen* | *baclofen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dorzolamide hcl-timolol mal pf* | *dorzolamide hcl-timolol maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *zolpidem tartrate* | *zolpidem tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluocinolone acetonide scalp* | *fluocinolone acetonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *jublia* | *efinaconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *drizalma sprinkle* | *duloxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *comtan* | *entacapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fenofibrate* | *fenofibrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alvesco* | *ciclesonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fortamet* | *metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *insulin lispro prot & lispro* | *insulin lispro protamine & lispro* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *colcrys* | *colchicine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tudorza pressair* | *aclidinium bromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *welchol* | *colesevelam hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amcinonide* | *amcinonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *loratadine* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tenormin* | *atenolol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *depakote sprinkles* | *divalproex sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qnasl* | *beclomethasone dipropionate (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sitavig* | *acyclovir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *brimonidine tartrate-timolol* | *brimonidine tartrate-timolol maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluvastatin sodium* | *fluvastatin sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *carbidopa-levodopa-entacapone* | *carbidopa-levodopa-entacapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *allergy relief/nasal decongest* | *cetirizine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *adcirca* | *tadalafil (pulmonary hypertension)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *brimonidine tartrate* | *brimonidine tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neomycin-polymyxin-hc* | *neomycin-polymyxin-hc (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *insulin aspart* | *insulin aspart* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dexycu* | *dexamethasone (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trilipix* | *choline fenofibrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *brinzolamide* | *brinzolamide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lemtrada* | *alemtuzumab (ms)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rasagiline mesylate* | *rasagiline mesylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *paroxetine hcl er* | *paroxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sporanox* | *itraconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *lipofen* | *fenofibrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *eletriptan hydrobromide* | *eletriptan hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin r flexpen relion* | *insulin regular (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fenoglide* | *fenofibrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avalide* | *irbesartan-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fosinopril sodium* | *fosinopril sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nitro-dur* | *nitroglycerin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *riomet* | *metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ciclopirox olamine* | *ciclopirox olamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *centany at* | *mupirocin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *toprol xl* | *metoprolol succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *qc omeprazole magnesium* | *omeprazole magnesium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lyumjev kwikpen* | *insulin lispro-aabc* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *erythromycin ethylsuccinate* | *erythromycin ethylsuccinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zelapar* | *selegiline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *orphenadrine citrate* | *orphenadrine citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Preferred Step Trial Required |
| 10/01/2022 | *clarinex* | *desloratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rhofade* | *oxymetazoline hcl (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dexmethylphenidate hcl er* | *dexmethylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *evoclin* | *clindamycin phosphate (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *flunisolide* | *flunisolide (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *vasotec* | *enalapril maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin n flexpen relion* | *insulin nph (human) (isophane)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *formoterol fumarate* | *formoterol fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *voltaren* | *diclofenac sodium (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *paromomycin sulfate* | *paromomycin sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *adalat cc* | *nifedipine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *atralin* | *tretinoin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clobex spray* | *clobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sulconazole nitrate* | *sulconazole nitrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *memantine hcl er* | *memantine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ertaczo* | *sertaconazole nitrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *actoplus met* | *pioglitazone hcl-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *acanya* | *clindamycin phosphate-benzoyl peroxide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *adefovir dipivoxil* | *adefovir dipivoxil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *oxytrol* | *oxybutynin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lacosamide* | *lacosamide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zovirax* | *acyclovir* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cyclosporine* | *cyclosporine (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *entacapone* | *entacapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *krystexxa* | *pegloticase* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *velphoro* | *sucroferric oxyhydroxide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pramipexole dihydrochloride er* | *pramipexole dihydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *nizatidine* | *nizatidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *orphenadrine citrate er* | *orphenadrine citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Preferred Step Trial Required |
| 10/01/2022 | *renagel* | *sevelamer hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *belsomra* | *suvorexant* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *levocetirizine dihydrochloride* | *levocetirizine dihydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *metformin hcl er (mod)* | *metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *soolantra* | *ivermectin (rosacea)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *femring* | *estradiol acetate vaginal* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fexofenadine-pseudoephed er* | *fexofenadine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lamotrigine starter kit-blue* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zithromax* | *azithromycin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *vancocin* | *vancomycin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *oxistat* | *oxiconazole nitrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *extavia* | *interferon beta-1b* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *retisert* | *fluocinolone acetonide (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *moxeza* | *moxifloxacin hcl (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *questran* | *cholestyramine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lubiprostone* | *lubiprostone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *carbamazepine er* | *carbamazepine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *evekeo* | *amphetamine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *femhrt* | *norethindrone acetate-ethinyl estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sulfacetamide sod-sulfur wash* | *sulfacetamide sodium-sulfur w/ skin cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *nadolol* | *nadolol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sumatriptan-naproxen sodium* | *sumatriptan-naproxen sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amerge* | *naratriptan hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *compro* | *prochlorperazine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lyumjev* | *insulin lispro-aabc* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *epinastine hcl* | *epinastine hcl (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *celebrex* | *celecoxib* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *acyclovir* | *acyclovir topical* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *klaron* | *sulfacetamide sodium (acne)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sporanox pulsepak* | *itraconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *silodosin* | *silodosin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *azopt* | *brinzolamide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diclofenac sodium er* | *diclofenac sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clonazepam* | *clonazepam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lipitor* | *atorvastatin calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *triazolam* | *triazolam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *carvedilol phosphate er* | *carvedilol phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *yuvafem* | *estradiol vaginal* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fosinopril sodium-hctz* | *fosinopril sodium & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fenoprofen calcium* | *fenoprofen calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sodium sulfacetamide wash* | *sulfacetamide sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *tiagabine hcl* | *tiagabine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *synercid* | *quinupristin-dalfopristin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ciclopirox* | *ciclopirox* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prevacid* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *adapalene* | *adapalene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hm lansoprazole* | *lansoprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *parlodel* | *bromocriptine mesylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rabeprazole sodium* | *rabeprazole sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vumerity* | *diroximel fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *carbidopa* | *carbidopa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *eurax* | *crotamiton* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *pred-g* | *gentamicin-prednisolone acetate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *calcitriol* | *calcitriol (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prevalite* | *cholestyramine light* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *uptravi* | *selexipag* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *imitrex* | *sumatriptan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *locoid lipocream* | *hydrocortisone butyrate hydrophilic lipo base* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *doxepin hcl* | *doxepin hcl (sleep)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *econazole nitrate* | *econazole nitrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neupro* | *rotigotine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *acebutolol hcl* | *acebutolol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *topicort spray* | *desoximetasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *metoprolol-hydrochlorothiazide* | *metoprolol & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lotemax sm* | *loteprednol etabonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *apraclonidine hcl* | *apraclonidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *horizant* | *gabapentin enacarbil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sss 10-5* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xarelto* | *rivaroxaban* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ciprofloxacin-dexamethasone* | *ciprofloxacin-dexamethasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nivestym* | *filgrastim-aafi* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *felbamate* | *felbamate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *paliperidone er* | *paliperidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *maxitrol* | *neomycin-polymy-dexameth* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tigan* | *trimethobenzamide hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hemady* | *dexamethasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *almotriptan malate* | *almotriptan malate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *glatopa* | *glatiramer acetate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zyclara pump* | *imiquimod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rozerem* | *ramelteon* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lioresal* | *baclofen* | CHANGE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fiasp flextouch* | *insulin aspart (with niacinamide)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qbrelis* | *lisinopril* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *spinosad* | *spinosad* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *novolin r flexpen* | *insulin regular (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluvoxamine maleate er* | *fluvoxamine maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *flumadine* | *rimantadine hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *norpace* | *disopyramide phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pepcid* | *famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vfend* | *voriconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tolterodine tartrate* | *tolterodine tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zyflo* | *zileuton* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avar ls* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nexletol* | *bempedoic acid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *ritalin* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xelpros* | *latanoprost* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *posaconazole* | *posaconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gnp omeprazole* | *omeprazole magnesium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tamiflu* | *oseltamivir phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tiazac* | *diltiazem hcl extended release beads* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *beconase aq* | *beclomethasone diprop monohyd* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neulasta onpro* | *pegfilgrastim* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *albuterol sulfate* | *albuterol sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *telmisartan* | *telmisartan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methyldopa-hydrochlorothiazide* | *methyldopa & hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *brovana* | *arformoterol tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *olux* | *clobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *viokace* | *pancrelipase (lipase-protease-amylase)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *otovel* | *ciprofloxacin-fluocinolone acetonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *paxil cr* | *paroxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tresiba flextouch* | *insulin degludec* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *loprox* | *ciclopirox olamine & cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aldara* | *imiquimod* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *levetiracetam* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 10/01/2022 | *blephamide s.o.p.* | *sulfacetamide sod-prednisolone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *trandolapril-verapamil hcl er* | *trandolapril-verapamil hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cinvanti* | *aprepitant* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *minocycline hcl* | *minocycline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dexmethylphenidate hcl* | *dexmethylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *colchicine* | *colchicine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *exforge hct* | *amlodipine-valsartan-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *meloxicam* | *meloxicam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sumaxin* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sfrowasa* | *mesalamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *piroxicam* | *piroxicam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *benicar hct* | *olmesartan medoxomil-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *rythmol sr* | *propafenone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zoloft* | *sertraline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trianex* | *triamcinolone acetonide (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *granisetron hcl* | *granisetron hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ximino* | *minocycline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lodosyn* | *carbidopa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fenofibrate* | *fenofibrate micronized* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *stalevo 75* | *carbidopa-levodopa-entacapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *stalevo 50* | *carbidopa-levodopa-entacapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *patanase* | *olopatadine hcl (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zolpidem tartrate er* | *zolpidem tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *mentax* | *butenafine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide & moisturizer* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alocril* | *nedocromil sodium (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *auryxia* | *ferric citrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *taclonex* | *calcipotriene-betamethasone dipropionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *proscar* | *finasteride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ranexa* | *ranolazine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nymalize* | *nimodipine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *timolol maleate pf* | *timolol maleate (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *meclofenamate sodium* | *meclofenamate sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *restoril* | *temazepam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *xalatan* | *latanoprost* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *coreg cr* | *carvedilol phosphate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *seroquel xr* | *quetiapine fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trokendi xr* | *topiramate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bisoprolol fumarate* | *bisoprolol fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *galantamine hydrobromide* | *galantamine hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cimetidine hcl* | *cimetidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diflorasone diacetate* | *diflorasone diacetate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cardizem* | *diltiazem hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *valtrex* | *valacyclovir hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zeposia 7-day starter pack* | *ozanimod hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *nystatin-triamcinolone* | *nystatin-triamcinolone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *betapace* | *sotalol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *androderm* | *testosterone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *licart* | *diclofenac epolamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *airduo respiclick 232/14* | *fluticasone-salmeterol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *matzim la* | *diltiazem hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vogelxo pump* | *testosterone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *armonair digihaler* | *fluticasone propionate (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *katerzia* | *amlodipine benzoate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *antara* | *fenofibrate micronized* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tovet* | *clobetasol propionate emulsion foam w/ moisturizing cream* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *dymista* | *azelastine hcl-fluticasone propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alogliptin-metformin hcl* | *alogliptin-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindamycin phosphate* | *clindamycin phosphate vaginal* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *protonix* | *pantoprazole sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *barhemsys* | *amisulpride (antiemetic)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sumatriptan succinate* | *sumatriptan succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vytorin* | *ezetimibe-simvastatin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methylphenidate hcl er (la)* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pandel* | *hydrocortisone probutate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *verelan pm* | *verapamil hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lotensin* | *benazepril hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *daliresp* | *roflumilast* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *airduo respiclick 55/14* | *fluticasone-salmeterol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clodan* | *clobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fetzima* | *levomilnacipran hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *quinidine gluconate er* | *quinidine gluconate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *uloric* | *febuxostat* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tretinoin microsphere* | *tretinoin microsphere* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *asenapine maleate* | *asenapine maleate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lyrica cr* | *pregabalin (once-daily)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *reglan* | *metoclopramide hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xopenex* | *levalbuterol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *lamictal xr* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *amlodipine-atorvastatin* | *amlodipine besylate-atorvastatin calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cleocin* | *clindamycin phosphate vaginal* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methylphenidate hcl* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clozaril* | *clozapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *loprox* | *ciclopirox olamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ventolin hfa* | *albuterol sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *relafen ds* | *nabumetone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aloxi* | *palonosetron hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *insulin glargine solostar* | *insulin glargine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *palonosetron hcl* | *palonosetron hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *rosadan* | *metronidazole w/ cleanser (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qutenza (4 patch)* | *capsaicin & cleansing gel* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *risedronate sodium* | *risedronate sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *rivastigmine* | *rivastigmine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *remeron* | *mirtazapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xadago* | *safinamide mesylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mucinex allergy* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *relexxii* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sympazan* | *clobazam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *bylvay* | *odevixibat* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tricor* | *fenofibrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *estrace* | *estradiol vaginal* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prednicarbate* | *prednicarbate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lovenox* | *enoxaparin sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *altreno* | *tretinoin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *imvexxy starter pack* | *estradiol vaginal* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *halobetasol propionate* | *halobetasol propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *spritam* | *levetiracetam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *accupril* | *quinapril hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pegasys* | *peginterferon alfa-2a* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *altoprev* | *lovastatin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *savaysa* | *edoxaban tosylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *imitrex statdose system* | *sumatriptan succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ditropan xl* | *oxybutynin chloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *calan sr* | *verapamil hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *oxiconazole nitrate* | *oxiconazole nitrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *hm allergy complete-d* | *cetirizine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *insulin lispro (1 unit dial)* | *insulin lispro* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vemlidy* | *tenofovir alafenamide fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *malathion* | *malathion* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *cefaclor* | *cefaclor* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *isosorb dinitrate-hydralazine* | *isosorbide dinitrate-hydralazine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alora* | *estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *abilify* | *aripiprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *stalevo 100* | *carbidopa-levodopa-entacapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xopenex concentrate* | *levalbuterol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dextenza* | *dexamethasone (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fanapt* | *iloperidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ritalin la* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *adzenys er* | *amphetamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *namenda xr* | *memantine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *lescol xl* | *fluvastatin sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *naproxen sodium* | *naproxen sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *inderal la* | *propranolol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *calcipotriene-betameth diprop* | *calcipotriene-betamethasone dipropionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fosamax plus d* | *alendronate sodium-cholecalciferol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sertraline hcl* | *sertraline hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *taperdex 12-day* | *dexamethasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *yutiq* | *fluocinolone acetonide (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *stalevo 125* | *carbidopa-levodopa-entacapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qutenza* | *capsaicin & cleansing gel* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *stalevo 150* | *carbidopa-levodopa-entacapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *stalevo 200* | *carbidopa-levodopa-entacapone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *prochlorperazine edisylate* | *prochlorperazine edisylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *promiseb* | *antiseborrheic products, misc.* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *captopril* | *captopril* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sabril* | *vigabatrin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methylprednisolone* | *methylprednisolone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cordran* | *flurandrenolide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *levofloxacin* | *levofloxacin (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *adempas* | *riociguat* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nicotrol* | *nicotine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *benzaclin with pump* | *clindamycin phosphate-benzoyl peroxide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *lotrel* | *amlodipine besylate-benazepril hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ivermectin* | *ivermectin (pediculicide)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tresiba* | *insulin degludec* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pennsaid* | *diclofenac sodium (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *secuado* | *asenapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qudexy xr* | *topiramate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zocor* | *simvastatin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tolterodine tartrate er* | *tolterodine tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluticasone-salmeterol* | *fluticasone-salmeterol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methamphetamine hcl* | *methamphetamine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zithromax z-pak* | *azithromycin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *levetiracetam* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |
| 10/01/2022 | *prefest* | *estradiol-norgestimate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *insulin glargine-yfgn* | *insulin glargine-yfgn* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *catapres* | *clonidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *temazepam* | *temazepam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *azulfidine en-tabs* | *sulfasalazine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gloperba* | *colchicine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *inveltys* | *loteprednol etabonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zarontin* | *ethosuximide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mavenclad (7 tabs)* | *cladribine (multiple sclerosis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mavenclad (9 tabs)* | *cladribine (multiple sclerosis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *ampyra* | *dalfampridine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *perindopril erbumine* | *perindopril erbumine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ezallor sprinkle* | *rosuvastatin calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xopenex hfa* | *levalbuterol tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pred-g s.o.p.* | *gentamicin-prednisolone acetate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aspirin-dipyridamole er* | *aspirin-dipyridamole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *detrol la* | *tolterodine tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *precose* | *acarbose* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *proair respiclick* | *albuterol sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *istalol* | *timolol maleate (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *levalbuterol hcl* | *levalbuterol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *polytrim* | *polymyxin b-trimethoprim* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cetirizine-pseudoephedrine er* | *cetirizine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vectical* | *calcitriol (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dexedrine* | *dextroamphetamine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *testosterone* | *testosterone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clarithromycin er* | *clarithromycin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sm loratadine* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *onzetra xsail* | *sumatriptan succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nisoldipine er* | *nisoldipine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *suprax* | *cefixime* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *24hr allergy relief* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trileptal* | *oxcarbazepine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *relpax* | *eletriptan hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nicardipine hcl* | *nicardipine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qnasl childrens* | *beclomethasone dipropionate (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tazarotene* | *tazarotene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *menostar* | *estradiol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *qutenza (2 patch)* | *capsaicin & cleansing gel* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindacin etz* | *clindamycin phosphate (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *banzel* | *rufinamide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bijuva* | *estradiol-progesterone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *crestor* | *rosuvastatin calcium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *insulin lispro* | *insulin lispro* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xerese* | *acyclovir-hydrocortisone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tolsura* | *itraconazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sinemet* | *carbidopa-levodopa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *myxredlin* | *insulin regular (human) in sodium chloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neurontin* | *gabapentin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sancuso* | *granisetron* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trulance* | *plecanatide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *memantine hcl* | *memantine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *naprelan* | *naproxen sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *cetirizine hcl childrens* | *cetirizine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lorzone* | *chlorzoxazone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *targadox* | *doxycycline hyclate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lanthanum carbonate* | *lanthanum carbonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *asmanex hfa* | *mometasone furoate (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *breo ellipta* | *fluticasone furoate-vilanterol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *goodsense all day allergy-d* | *cetirizine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *arnuity ellipta* | *fluticasone furoate (inhalation)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *procardia xl* | *nifedipine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *betaxolol hcl* | *betaxolol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zerviate* | *cetirizine hcl (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *releuko* | *filgrastim-ayow* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *jornay pm* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *tazarotene* | *tazarotene (acne)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cequa* | *cyclosporine (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fluoxetine hcl (pmdd)* | *fluoxetine hcl (pmdd)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sotylize* | *sotalol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *celexa* | *citalopram hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *apexicon e* | *diflorasone diacetate emollient base* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fexofenadine hcl childrens* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ibuprofen-famotidine* | *ibuprofen-famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *ambien cr* | *zolpidem tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *timolol maleate ocudose* | *timolol maleate (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avar-e green* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *starlix* | *nateglinide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *dayvigo* | *lemborexant* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *desoximetasone* | *desoximetasone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alendronate sodium* | *alendronate sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *azelastine-fluticasone* | *azelastine hcl-fluticasone propionate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *procentra* | *dextroamphetamine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mavenclad (4 tabs)* | *cladribine (multiple sclerosis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *epivir hbv* | *lamivudine (hbv)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *insulin aspart penfill* | *insulin aspart* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *proventil hfa* | *albuterol sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *all day allergy-d* | *cetirizine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cleocin-t* | *clindamycin phosphate (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *vivlodex* | *meloxicam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *norvasc* | *amlodipine besylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *gnp loratadine childrens* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *quinapril hcl* | *quinapril hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *mavenclad (6 tabs)* | *cladribine (multiple sclerosis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *clindacin etz* | *clindamycin phosphate & cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *entocort ec* | *budesonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *duexis* | *ibuprofen-famotidine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *rytary* | *carbidopa-levodopa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *trandolapril* | *trandolapril* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *akynzeo* | *netupitant-palonosetron* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *isordil titradose* | *isosorbide dinitrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *diclofex dc* | *diclofenac sodium-capsaicin (topical)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zioptan* | *tafluprost* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alomide* | *lodoxamide tromethamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *fosaprepitant dimeglumine* | *fosaprepitant dimeglumine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *bosentan* | *bosentan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *loteprednol etabonate* | *loteprednol etabonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *namzaric* | *memantine hcl-donepezil hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *remeron soltab* | *mirtazapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pioglitazone hcl-metformin hcl* | *pioglitazone hcl-metformin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *betamethasone dipropionate aug* | *betamethasone dipropionate augmented* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *kesimpta* | *ofatumumab (ms)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xofluza (80 mg dose)* | *baloxavir marboxil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *alrex* | *loteprednol etabonate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lamictal starter* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avapro* | *irbesartan* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *klonopin* | *clonazepam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *methyldopate hcl* | *methyldopate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *pertzye* | *pancrelipase (lipase-protease-amylase)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *fluocinolone acetonide body* | *fluocinolone acetonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *cozaar* | *losartan potassium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *locoid* | *hydrocortisone butyrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *avar* | *sulfacetamide sodium w/ sulfur* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *colesevelam hcl* | *colesevelam hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *neomycin sulfate* | *neomycin sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *aller-ease* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *doryx mpc* | *doxycycline hyclate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *naproxen-esomeprazole mg* | *naproxen-esomeprazole magnesium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *plegridy starter pack* | *peginterferon beta-1a* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *nitrolingual* | *nitroglycerin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *trospium chloride er* | *trospium chloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *zestril* | *lisinopril* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *detrol* | *tolterodine tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *apokyn* | *apomorphine hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *maxalt* | *rizatriptan benzoate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *epitol* | *carbamazepine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *effient* | *prasugrel hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *atacand hct* | *candesartan cilexetil-hydrochlorothiazide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *sm allergy relief* | *fexofenadine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *lamotrigine starter kit-orange* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *xhance* | *fluticasone propionate (nasal)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/01/2022 | *talicia* | *amoxicillin-rifabutin-omeprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/01/2022 | *caplyta* | *lumateperone tosylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 10/12/2022 | *menactra* | *meningococcal (a,c,y&w-135) polysacch diphth conj vaccine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *menquadfi* | *meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *rotateq* | *rotavirus vaccine, live oral pentavalent* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *vaxelis* | *diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *trumenba* | *meningococcal group b vaccine (recombinant)* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *recombivax hb* | *hepatitis b vaccine (recomb)* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *kinrix* | *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *menveo* | *meningococcal (a,c,y&w-135) oligosaccharide conjugate vac* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *ipol* | *poliovirus vaccine, ipv* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *pedvax hib* | *haemophilus b polysac conj vac* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *crofab* | *crotalidae polyvalent immune fab (ovine)* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/12/2022 | *gardasil 9* | *human papillomavirus (hpv) 9-valent recombinant vaccine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *infanrix* | *diphtheria, acellular pertussis & tetanus toxoids* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *gardasil 9* | *human papillomavirus (hpv) 9-valent recombinant vaccine* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *prehevbrio* | *hepatitis b vaccine 3-antigen recombinant* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *varivax* | *varicella virus vaccine live* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *varivax* | *varicella virus vaccine live* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *rotarix* | *rotavirus vaccine, live oral* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *pediarix* | *diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *pedvax hib* | *haemophilus b polysac conj vac* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *pentacel* | *diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *prehevbrio* | *hepatitis b vaccine 3-antigen recombinant* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *engerix-b* | *hepatitis b vaccine (recomb)* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *menactra* | *meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine* | ADD UM: AGE | | At least 19 yrs old |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/12/2022 | *menactra* | *meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *menveo* | *meningococcal (a,c,y&w-135) oligosaccharide conjugate vac* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *quadracel* | *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *rotateq* | *rotavirus vaccine, live oral pentavalent* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *acthib* | *haemophilus b polysac conj vac* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *infanrix* | *diphtheria, acellular pertussis & tetanus toxoids* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *m-m-r ii* | *measles, mumps & rubella virus vaccines* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *shingrix* | *zoster vaccine recombinant adjuvanted* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *daptacel* | *diphtheria, acellular pertussis & tetanus toxoids* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *pediarix* | *diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *rotarix* | *rotavirus vaccine, live oral* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *daptacel* | *diphtheria, acellular pertussis & tetanus toxoids* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *trumenba* | *meningococcal group b vaccine (recombinant)* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *recombivax hb* | *hepatitis b vaccine (recomb)* | ADD UM: AGE | | At least 19 yrs old |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/12/2022 | *acthib* | *haemophilus b polysac conj vac* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *quadracel* | *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *heplisav-b* | *hepatitis b vaccine recombinant adjuvanted* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *proquad* | *measles-mumps-rubella-varicella virus vaccines* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *imovax rabies* | *rabies virus vaccine, hdc* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *zostavax* | *zoster vaccine live* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *engerix-b* | *hepatitis b vaccine (recomb)* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *m-m-r ii* | *measles, mumps & rubella virus vaccines* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *pentacel* | *diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *shingrix* | *zoster vaccine recombinant adjuvanted* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *zostavax* | *zoster vaccine live* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *bcg vaccine* | *bcg vaccine* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *heplisav-b* | *hepatitis b vaccine recombinant adjuvanted* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *menactra* | *meningococcal (a,c,y&w-135) polysacch diphth conj vaccine* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *crofab* | *crotalidae polyvalent immune fab (ovine)* | REMOVE UM: AUTHORIZATION | | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/12/2022 | *ipol* | *poliovirus vaccine, ipv* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *vaxelis* | *diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *proquad* | *measles-mumps-rubella-varicella virus vaccines* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *menquadfi* | *meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *vaqta* | *hepatitis a vaccine* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *bexsero* | *meningococcal vac group b (recombant omv adjuvanted)* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *bcg vaccine* | *bcg vaccine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *twinrix* | *hepatitis a (inactivated)-hepatitis b (recombinant) vaccines* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *havrix* | *hepatitis a vaccine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *twinrix* | *hepatitis a (inactivated)-hepatitis b (recombinant) vaccines* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *bexsero* | *meningococcal vac group b (recombant omv adjuvanted)* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *havrix* | *hepatitis a vaccine* | ADD UM: AGE | | At least 19 yrs old |
| 10/12/2022 | *imovax rabies* | *rabies virus vaccine, hdc* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *vaqta* | *hepatitis a vaccine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/12/2022 | *kinrix* | *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac* | ADD UM: AGE | | At least 19 yrs old |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/19/2022 | *ellume covid-19 home test* | *covid-19 at home test* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/19/2022 | *ellume covid-19 home test* | *covid-19 at home test* | ADD UM: QUANTITY | | 8 / 30 day(s) |
| 10/19/2022 | *ihealth covid-19 rapid test* | *covid-19 at home test* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/19/2022 | *flowflex covid-19 ag home test* | *covid-19 at home test* | ADD UM: QUANTITY | | 8 / 30 day(s) |
| 10/19/2022 | *ihealth covid-19 rapid test* | *covid-19 at home test* | ADD UM: QUANTITY | | 8 / 30 day(s) |
| 10/19/2022 | *accu-chek fastclix lancet* | *lancets misc.* | ADD UM: QUANTITY | | 2 / 1 year(s) |
| 10/19/2022 | *quickvue at-home covid-19 test* | *covid-19 at home test* | ADD UM: QUANTITY | | 8 / 30 day(s) |
| 10/19/2022 | *quickvue at-home covid-19 test* | *covid-19 at home test* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/19/2022 | *accu-chek multiclix lancets* | *lancets* | ADD UM: QUANTITY | | 204 / 30 day(s) |
| 10/19/2022 | *accu-chek fastclix lancets* | *lancets* | ADD UM: QUANTITY | | 204 / 30 day(s) |
| 10/19/2022 | *everlywell covid-19 home test* | *covid-19 home collection test* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/19/2022 | *accu-chek aviva* | *blood glucose calibration* | ADD UM: QUANTITY | | 4 / 1 year(s) |
| 10/19/2022 | *inteliswab covid-19 rapid test* | *covid-19 at home test* | ADD UM: QUANTITY | | 8 / 30 day(s) |
| 10/19/2022 | *accu-chek aviva plus* | *glucose blood* | ADD UM: QUANTITYCUSTOM | | QL= 300/month ages 0-20, 200/month age 21 and over |
| 10/19/2022 | *everlywell covid-19 home test* | *covid-19 home collection test* | ADD UM: QUANTITY | | 8 / 30 day(s) |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/19/2022 | *accu-chek guide* | *glucose blood* | ADD UM: QUANTITYCUSTOM | | QL= 300/month ages 0-20, 200/month age 21 and over |
| 10/19/2022 | *accu-chek guide control* | *blood glucose calibration* | ADD UM: QUANTITY | | 4 / 1 year(s) |
| 10/19/2022 | *carestart covid-19 home test* | *covid-19 at home test* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/19/2022 | *accu-chek compact plus* | *glucose blood* | ADD UM: QUANTITYCUSTOM | | QL= 300/month ages 0-20, 200/month age 21 and over |
| 10/19/2022 | *flowflex covid-19 ag home test* | *covid-19 at home test* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/19/2022 | *accu-chek softclix lancets* | *lancets* | ADD UM: QUANTITY | | 200 / 30 day(s) |
| 10/19/2022 | *lucira check it covid-19 test* | *covid-19 at home test* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/19/2022 | *lucira check it covid-19 test* | *covid-19 at home test* | ADD UM: QUANTITY | | 8 / 30 day(s) |
| 10/19/2022 | *accu-chek smartview* | *glucose blood* | ADD UM: QUANTITYCUSTOM | | QL= 300/month ages 0-20, 200/month age 21 and over |
| 10/19/2022 | *accu-chek softclix lancet dev* | *lancets misc.* | ADD UM: QUANTITY | | 2 / 1 year(s) |
| 10/19/2022 | *carestart covid-19 home test* | *covid-19 at home test* | ADD UM: QUANTITY | | 8 / 30 day(s) |
| 10/19/2022 | *inteliswab covid-19 rapid test* | *covid-19 at home test* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/19/2022 | *accu-chek smartview control* | *blood glucose calibration* | ADD UM: QUANTITY | | 4 / 1 year(s) |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/19/2022 | *accu-chek compact plus control* | *blood glucose calibration* | ADD UM: QUANTITY | | 4 / 1 year(s) |
| 10/19/2022 | *binaxnow covid-19 ag home test* | *covid-19 at home test* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 10/19/2022 | *binaxnow covid-19 ag home test* | *covid-19 at home test* | ADD UM: QUANTITY | | 8 / 30 day(s) |
| 10/20/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *omeprazole magnesium* | *omeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *prevacid* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *katerzia* | *amlodipine benzoate* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *hm omeprazole* | *omeprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *sm omeprazole* | *omeprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *protonix* | *pantoprazole sodium* | ADD UM: AGE | | Up to 12 yrs old |
| 10/20/2022 | *dexilant* | *dexlansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *lansoprazole* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *hm lansoprazole* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *qc omeprazole magnesium* | *omeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *desonide* | *desonide* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *aciphex* | *rabeprazole sodium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *gnp omeprazole* | *omeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *prilosec* | *omeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/20/2022 | *flumist quadrivalent* | *influenza virus vaccine live quadrivalent* | NEW AUTO RULE | | Non-Formulary |
| 10/20/2022 | *clarinex* | *desloratadine* | ADD UM: AGE | | 0 to 2 yrs old |
| 10/20/2022 | *gnp omeprazole* | *omeprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *goodsense lansoprazole* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *esomeprazole sodium* | *esomeprazole sodium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *gnp lansoprazole* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *nexium i.v.* | *esomeprazole sodium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *qbrelis* | *lisinopril* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *sm lansoprazole* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *dexlansoprazole* | *dexlansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *flumist quadrivalent* | *influenza virus vaccine live quadrivalent* | REMOVE UM: AGE | At least 19 yrs old | |
| 10/20/2022 | *metformin hcl* | *metformin hcl* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *haldol* | *haloperidol lactate* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 10/20/2022 | *rabeprazole sodium* | *rabeprazole sodium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *kapspargo sprinkle* | *metoprolol succinate* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *aciphex sprinkle* | *rabeprazole sodium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *prevacid 24hr* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/20/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *ranitidine hcl* | *ranitidine hcl* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 10/20/2022 | *omeprazole* | *omeprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *prevacid solutab* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *flumist quadrivalent* | *influenza virus vaccine live quadrivalent* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 10/20/2022 | *revatio* | *sildenafil citrate (pulmonary hypertension)* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *boniva* | *ibandronate sodium* | ADD UM: SUM9 | | 458 BISPHOSPHONATES |
| 10/20/2022 | *acid reducer* | *omeprazole magnesium* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | ADD UM: AGE | | 0 to 2 yrs old |
| 10/20/2022 | *qc lansoprazole* | *lansoprazole* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/20/2022 | *epaned* | *enalapril maleate* | ADD UM: AGE | | 0 to 12 yrs old |
| 10/24/2022 | *comfort ez micro pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *assure id insulin safety syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *easy comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *leader insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *zevrx pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *drug mart unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ulticare micro pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ulticare mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *maxi-comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *gnp insulin syringes 28gx1/2"* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra-thin ii pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ra pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *true comfort pro pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ulticare insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *clickfine pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *mm insulin syringe/needle* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *drug mart unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *monoject ultra comfort syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *global easy glide insulin syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *vida mia unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *insulin syringe/needle* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *magellan insulin safety syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *true comfort pro insulin syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *insulin syringes* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *embrace pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pen needles 5/16"* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pip pen needles 32g x 4mm* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *aurora pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *advocate insulin pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ms insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *techlite pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *healthwise mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *caretouch pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *sb insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *securesafe insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *valumark pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *easy touch fliplock insulin sy* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *exel comfort point insulin syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd pen needle nano u/f* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *zevrx insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *diathrive pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *px extra short pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra flo insulin syr 1/2 unit* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *leader unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ulticare insulin syr 1/2 unit* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pure comfort pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *careone insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *trueplus pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *h-e-b incontrol unifine pentip* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *medicine shoppe pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *relion pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *prodigy insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *insupen pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *kroger pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd pen needle mini u/f* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *kroger insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *precision sure-dose syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd autoshield duo* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ulticare insulin safety syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pip pen needles 31g x 5mm* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *unifine pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *gnp ultiguard safepack needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *carefine pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *easy comfort pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *microdot pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *safety insulin syringes* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *prevent safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pro comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultiguard safepack pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *hm ulticare mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pen needles 3/16"* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *exel comfort point pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *hm ulticare insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *healthwise pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *vanishpoint insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *maxicomfort syr 27g x 1/2"* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd veo insulin syringe u/f* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *meijer pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra-thin ii insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *bd insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *relion insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *kinray insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultilet insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *comfort ez short pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *todays health mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *comfort ez pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *litetouch pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *comfort assist insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *topcare clickfine pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *aum safety pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *h-e-b incontrol pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *aurora unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pc unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra-thin ii mini pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *insupen ultrafin* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *droplet pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *preferred plus unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *gnp insulin syringes* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *safesnap insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *prevent dropsafe pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *gnp insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *true comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultracare insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *goodsense clickfine pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultilet pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *global ease inject pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *fifty50 pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra-thin ii ins syr short* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra thin pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *healthy accents unifine pentip* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *sure-ject insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd safety-lok insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *caretouch insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *novofine autocover pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *gnp insulin syringes 30gx5/16"* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *global easy glide pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *glucopro insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *easy glide pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *unifine safecontrol pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *sure-fine pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *comfort ez insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *freestyle precision ins syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *ultracare pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *medic insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *healthwise insulin syr/needle* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *litetouch insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *elite-thin insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *reli-on insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *1st tier unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *relion mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *px shortlength pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *novofine pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *freds pharmacy unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *assure id safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *freds pharmacy unifine pentip+* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *comfort touch insulin pen need* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *leader unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *relion short pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *careone unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultilet insulin syringe short* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *marathon medical pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra flo insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd insulin syringe ultrafine* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *easy touch safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *aum readygard duo pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *px mini pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *gnp ulticare pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *insupen sensitive* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra-thin ii pen needle short* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ulticare pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *novotwist pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *clever choice comfort ez* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *precision suredose plus syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd pen needle short u/f* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *droplet micron* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *global insulin syringes* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *gnp ultra com insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd pen needle original u/f* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *techlite insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd pen needle nano 2nd gen* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *shopko unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *incontrol ulticare pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *wegmans unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *shopko unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pro comfort pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *global inject ease insulin syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *goodsense pen needle penfine* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *healthwise micron pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *preferred plus insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *advocate insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *monoject insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *1st tier unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *healthwise short pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *aum mini insulin pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *eql insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd veo insulin syr u/f 1/2unit* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *vp insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *sure comfort pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *dropsafe safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *maxi-comfort safety pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *securesafe safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *bd insulin syringe microfine* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *droplet insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *gnp insulin syringes 31gx5/16"* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *topcare ultra comfort ins syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *qc unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *unifine ultra pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *true comfort pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd safetyglide insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ra insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *easy touch sheathlock syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *insulin syringe-needle u-100* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *sure comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *px pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *longs insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *gnp clickfine pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *bd insulin syringe u/f 1/2unit* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd insulin syringe u/f* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *safety pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *todays health pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd insulin syr ultrafine ii* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultiguard safepack syr/needle* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *qc pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *healthwise unifine pentips* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *todays health short pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *aum pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *easy touch insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *easy touch insulin safety syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *careone unifine pentips plus* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *reality insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra flo insulin pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *novofine plus pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *abouttime pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *raya sure pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *mm pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *trueplus insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *fifty50 superior comfort syr* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *maxicomfort ii pen needle* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *trueplus 5-bevel pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *value health insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *px insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd pen needle micro u/f* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *hm ulticare short pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ultra-comfort insulin syringe* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *bd insulin syringe half-unit* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *ulticare short pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *gnp insulin syringes 29gx1/2"* | *insulin syringe/needle u-100* | NEW AUTO RULE | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 10/24/2022 | *bd autoshield* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *easy touch pen needles* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/24/2022 | *pen needles 1/2"* | *insulin pen needle* | NEW AUTO RULE | | PDL Preferred |
| 10/25/2022 | *donepezil hcl* | *donepezil hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Preferred Step Trial Required |
| 10/28/2022 | *aricept* | *donepezil hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Preferred Step Trial Required |
| 10/28/2022 | *razadyne er* | *galantamine hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Preferred Step Trial Required |
| 10/28/2022 | *galantamine hydrobromide* | *galantamine hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Preferred Step Trial Required |

# ALLIANCE HEALTH Updates

## November, 2022

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *dhs tar gel* | *coal tar extract* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sennosides-docusate sodium* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *systane preservative free* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *betadine antiseptic gargle* | *povidone-iodine (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *isopto tears* | *hypromellose (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *my choice* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ed-apap* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *iodine* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense anti-diarr/ant-gas* | *loperamide-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm nasal spray sinus* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp witch hazel* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *levo-t* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *menstrual pain relief* | *acetaminophen-pamabrom-pyrilamine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *natural fiber therapy* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *genteal tears severe day/night* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *sm alcohol* | *alcohol, rubbing* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *chlorothiazide sodium* | *chlorothiazide sodium* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *hm antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hemorrhoidal* | *phenylephrine in hard fat* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm isopropyl alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc stool softener pls laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *chocolated laxative* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp antacid extra strength* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *aluminum hydroxide gel* | *aluminum hydroxide gel* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sore throat lozenges* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp antacid & anti-gas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *sleep aid (diphenhydramine)* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *solbar shield spf 40* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm sterile alcohol prep* | *alcohol swabs* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *tension headache* | *acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pramoxine hcl (perianal)* | *pramoxine hcl (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *senexon-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *lubricating eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *docu* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp cold therapy relief spray* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *folic acid* | *folic acid* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *8 hour arthritis pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *systane nighttime* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *gnp senna lax* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *fiber laxative + calcium* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *solbar spf30* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm lubricating plus* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sinus congestion max strength* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp infants pain/fever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *renal* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm antacid regular strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp childrens allergy* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mapap arthritis pain* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *actidose-aqua* | *charcoal activated* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc e z nite sleep* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc isopropyl rubbing alcohol* | *isopropyl alcohol, rubbing* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *k-tab* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *gnp anti-diarrheal/anti-gas* | *loperamide-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid extra strength* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *minoxidil for men* | *minoxidil (topical)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *loperamide hcl* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cold-eeze* | *homeopathic products* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *feverall childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mintox maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *nasal spray no drip* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *artificial tears* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *accu-chek nano smartview* | *blood glucose monitoring supplies* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/01/2022 | *gnp nasal spray extra moist* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *econtra one-step* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense hemorrhoidal* | *phenylephrine-cocoa butter* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh lacri-lube* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *white petroleum jelly* | *white petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm alcohol prep* | *alcohol swabs* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ammonium lactate* | *lactic acid (ammonium lactate)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm epsom salt* | *magnesium sulfate (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pediaclear pd childrens* | *triprolidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *diphenhydramine -zinc acetate* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *dr smiths diaper rash* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *thera-gesic plus* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *diaper rash* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *dok plus* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp zinc oxide* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm pain reliever infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *simethicone* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm sleep aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *virt-caps* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mobisyl* | *trolamine salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *benzedrex* | *propylhexedrine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *accu-chek guide* | *blood glucose monitoring supplies* | ADD UM: QUANTITY | | 1 / 2 year(s) |
| 11/01/2022 | *qc castor oil* | *castor oil (pharmaceutic aid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *eye drops* | *tetrahydrozoline hcl (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mapap acetaminophen extra str* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *banophen* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *acid gone* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *multi-vitamin/fluoride/iron* | *ped multivitamins w/fl & iron* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *allergy relief childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cold-eeze plus defense* | *homeopathic products* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *hm ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *opcicon one-step* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *nasal relief* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mintox regular strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *back & body extra strength* | *aspirin-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *milk of magnesia concentrate* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp nose drops extra strength* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ahist* | *chlorcyclizine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *docusol plus mini-enema* | *benzocaine-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *calcium antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sport sunscreen spf50* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm stay awake* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp lubricating plus eye drops* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sport sunscreen spf30* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *vitamin k1* | *phytonadione* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *docusate calcium* | *docusate calcium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *arthritis pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm acetaminophen childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *indapamide* | *indapamide* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *gnp headache relief extra str* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm anti-dandruff coal tar* | *coal tar extract* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm iodine tincture* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp natural fiber* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *artificial tears* | *polyvinyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *nasal four* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cepacol sore throat* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp allergy childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid anti-gas max strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc allergy relief 4-hour* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *diphenhydramine hcl childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *stool softener* | *docusate calcium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *systane ultra* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *hemorrhoidal* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *baby sunscreen spf50* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm antacid advanced max st* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *enemeez plus* | *benzocaine-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp calamine phenolated* | *calamine phenolated* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pedia-lax* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *senna-lax* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *glycerin (adult)* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *senna-time* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *lubricating tears eye drops* | *dextran 70-hypromellose* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm arthritis pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *alum sulfate-ca acetate* | *aluminum sulfate & calcium acetate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *therapeutic* | *coal tar extract* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *colace 2-in-1* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cytra-k* | *potassium citrate-citric acid* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *glycerin adult* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp mucus relief* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *multi-vit/iron/fluoride* | *ped multivitamins w/fl & iron* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid regular strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hemorrhoidal relief* | *lidocaine (anorectal)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sinus relief extra strength* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *solbar fifty* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *rocaltrol* | *calcitriol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense migraine formula* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *betadine surgical scrub* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp loperamide hcl* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *accu-chek aviva plus* | *blood glucose monitoring supplies* | ADD UM: QUANTITY | | 1 / 2 year(s) |
| 11/01/2022 | *dr smiths adult barrier* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *infants simethicone* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense clearlax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *mi-acid gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *neuraxcin* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *new day* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *first aid antiseptic* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *magnesium oxide* | *magnesium oxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *anti-itch* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *stimulant laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *konsyl-d* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *isopropyl alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *vitamins a & d* | *vitamins a & d (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *virt-gard* | *folic acid-vitamin b6-vitamin b12* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm nose drops nasal decongest* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *econtra ez* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh relieva pf* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense pain relief pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ice blue* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sleep tabs* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *niacin er* | *niacin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc mucus relief childrens* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *refresh digital* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc isopropyl rubbing alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *carboxymethylcellulose sodium* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid/antigas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *general protection sunscreen* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm acetaminophen pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp pink bismuth* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc calamine* | *calamine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc sleep-aid max st* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *senna plus* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mag-al plus xs* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *alum & mag hydroxide-simeth* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *adc/f (0.5mg/ml)* | *pediatric vitamins acd w/ fluoride* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm pain reliever ex st* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pain relieving* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *bion tears pf* | *dextran 70-hypromellose* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc mucus relief max st* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *kp folic acid* | *folic acid* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *ergocalciferol* | *ergocalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *dialyvite* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp alcohol swabs* | *alcohol swabs* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm antacid/antigas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *thera-gesic* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc iodine tincture* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *solbar avo* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc pain relief pm ext st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *infants gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *strovite forte* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sodium bicarbonate* | *sodium bicarbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm pain relief extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *childrens silapap* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp nasal spray fast acting* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense arthritis pain* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *fiber* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sunscreen kids spf50+* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *diphenhist* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid ultra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm eye drops advanced relief* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pediaclear 8 childrens* | *pyrilamine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mapap childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *diphenhydramine hcl* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp pain relief pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *sm advanced hand sanitizer* | *ethyl alcohol (skin cleanser)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *acetaminophen extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm enema mineral oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cytra-2* | *sodium citrate & citric acid* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *peg 3350* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *gnp pain relief nighttime* | *acetaminophen-aspirin-diphenhydramine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ala-hist ir* | *dexbrompheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *proctofoam* | *pramoxine hcl (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *enema ready-to-use* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mi-acid maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm pain reliever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *systane overnight therapy* | *hypromellose (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ez char* | *charcoal activated* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cepacol instamax* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sinus nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp pain relief extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *refresh optive advanced pf* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *freshkote pf* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ultra lubricating eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *stomach relief ultra* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm camphor spirit* | *camphor spirit* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *major-prep hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm anti-diarrheal anti-gas* | *loperamide-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *dibucaine (perianal)* | *dibucaine (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *bismatrol maximum strength* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *lubricant eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pain reliever pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *silace* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mapap* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *dhs tar* | *coal tar extract* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *hm milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense lubricating eye drop* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *anti-itch* | *camphor & menthol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *caffeine* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc chocolated laxative* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp eye drops* | *tetrahydrozoline hcl (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *systane balance* | *propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *stay awake maximum strength* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc pain relief childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *acetaminophen pm* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *fleet liquid glycerin supp* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *anti-itch vaginal* | *benzocaine-resorcinol vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp arthricream* | *trolamine salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense sleeptime* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *tri-vite/fluoride* | *pediatric vitamins acd w/ fluoride* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *qc enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *glycerin childrens* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *nasal decongestant spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc headache relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *senna-time s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm witch hazel* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *triamterene-hctz* | *triamterene & hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *pain reliever plus* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm calcium antacid ex st* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh optive pf* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *siladryl allergy* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm pain reliever pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cold & hot medicated* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm gas relief* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *triphrocaps* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *drisdol* | *ergocalciferol* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *almacone double strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm allergy relief* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp mineral oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *lubricant eye drops pf* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *senokot s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *vp-vite rx* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp womens gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *coats aloe* | *allantoin (emollient)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *banophen* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh plus* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm allergy 4 hour* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *dr greenes good stuff* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *sm ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *genteal severe* | *hypromellose (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *bismuth subsalicylate* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense mucus er maximum str* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *actidose with sorbitol* | *charcoal activated-sorbitol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *triveen-duo dha* | *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *gnp isopropyl rubbing alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pain relieving* | *trolamine salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm iodides* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *senokot extra strength* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mag-al plus* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm chest rub* | *camphor-eucalyptus-menthol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *muscle rub* | *menthol-methyl salicylate (liniments)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *12 hour nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *zinc oxide* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid/anti-gas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *qc menstrual complete max st* | *acetaminophen-caffeine-pyrilamine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cyanocobalamin* | *cyanocobalamin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm lubricating tears* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense headache pm* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *betadine antiseptic* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp 8 hour arthritis relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *povidone-iodine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid regular strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mucinex sinus-max clear & cool* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh liquigel* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *nasal spray 12 hour* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *systane ultra pf* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *gnp relief patch* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *acetaminophen childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm nose drops* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *redness relief* | *naphazoline-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm anti-itch extra strength* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh p.m.* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp vitamin a & d* | *vitamins a & d (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *senokot* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm antacid* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *bismatrol* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *niseko sunscreen spf 25* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *betadine swabsticks* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *tapazole* | *methimazole* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *enema mineral oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *fiber-lax* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *phenaseptic* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *laxative max str* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *qc magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm eye drops* | *tetrahydrozoline hcl (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense pain relief extra st* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm nasal spray 12 hour* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *betadine antiseptic dry powder* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *childrens acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *dok* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc non-aspirin extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *puralube* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm senna-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cold-eeze natural multi-symp* | *homeopathic products* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc rest simply* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *docusate sodium* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *feverall infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm mineral oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp anorectal* | *lidocaine (anorectal)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cal-gest antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *dr smiths rash + skin* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ethacrynic acid* | *ethacrynic acid* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *fleet oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hemorrhoidal* | *phenylephrine-cocoa butter* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *torsemide* | *torsemide* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *m-dryl* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp senna plus* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp eye drops* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *moisturel* | *dimethicone (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *lidocaine (anorectal)* | *lidocaine (anorectal)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sleep-aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm pain relieve child dye-free* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *poison ivy wash* | *poison ivy treatments* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *triprolidine hcl* | *triprolidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pedia-lax* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm urinary pain relief max st* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *histex pd* | *triprolidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *accu-chek guide me* | *blood glucose monitoring supplies* | ADD UM: QUANTITY | | 1 / 2 year(s) |
| 11/01/2022 | *my way* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm gas relief infants* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *thyroid* | *thyroid* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *soluble fiber therapy* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *accu-chek aviva plus* | *blood glucose monitoring supplies* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/01/2022 | *hm iodides* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *simethicone ultra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *accu-chek guide me* | *blood glucose monitoring supplies* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/01/2022 | *allergy relief* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *allergy childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antiseptic mouthrinse* | *mouthwashes* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm senna-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm stay awake* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *bisacodyl* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mucinex sinus-max full force* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *multi-vitamin/fluoride* | *pediatric multivitamins w/fl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm antacid advanced* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mephyton* | *phytonadione* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *westab mini* | *folic acid-vitamin b6-vitamin b12* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *naphcon-a* | *naphazoline w/ pheniramine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *betadine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *medi-pads* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *colace clear* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *systane complete* | *propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *gnp rubbing alcohol* | *alcohol, rubbing* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *complete allergy medicine* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cytra-3* | *pot & sod citrates w/citric ac* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc anti-itch extra strength* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm lubricating tears* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm isopropyl alcohol* | *isopropyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *lubricant eye nighttime* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *simethicone drops infants* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp artificial tears* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pain relieving* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *gnp sleep aid nighttime* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *zephrex-d* | *pseudoephedrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm dry eye relief* | *glycerin-hypromellose-polyethylene glycol 400* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *kids continuous spray spf50* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sleep-aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm senna* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh relieva* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm lubricant eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *lubricating plus eye drops* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *accu-chek nano smartview* | *blood glucose monitoring supplies* | ADD UM: QUANTITY | | 1 / 2 year(s) |
| 11/01/2022 | *goodsense pain & fever child* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *multivitamin/fluoride* | *pediatric multivitamins w/fl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *acetazolamide er* | *acetazolamide* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *sm arthricream rub* | *trolamine salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp antacid extra strength* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *sm arthritis pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *8hr muscle aches & pain* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp sleep aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *advanced hand sanitizer/aloe* | *ethyl alcohol (skin cleanser)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *coats aloe liniment* | *methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *fleet bisacodyl* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *iferex 150* | *polysaccharide iron complex* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sleep aid* | *doxylamine succinate (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *klor-con m20* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *hm gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh optive mega-3* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *fleet enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *klor-con m15* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *klor-con m10* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *gnp nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc pain relief extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm senna laxative* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp alert aid* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *decolorized iodine* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp chest rub* | *camphor-eucalyptus-menthol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm nasal spray moisturizing* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc natural vegetable laxative* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp allergy* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *calcium antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *lubrifresh p.m.* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sunscreen ultra sheer* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *levonorgestrel* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cozima* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid plus anti-gas relief* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *genteal tears night-time* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *petrolatum* | *petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm dry eye relief* | *glycerin-hypromellose-polyethylene glycol 400* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp stomach relief ultra* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *calcitriol* | *calcitriol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mucinex sinus-max sinus/allrgy* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *accu-chek guide* | *blood glucose monitoring supplies* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/01/2022 | *nicotinamide* | *niacinamide w/ zinc-copper-methylfolate-se-cr* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp antacid regular strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *petroleum jelly* | *white petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *lorazepam* | *lorazepam* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *levothyroxine sodium* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *qc witch hazel* | *witch hazel (hamamelis virginiana)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm fiber* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *technelite* | *technetium tc 99m sodium pertechnetate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *solbar zinc spf38* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm fiber* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp allergy relief max st* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cepacol sore throat ex st* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *vitamin d3* | *cholecalciferol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mucinex childrens stuffy nose* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *acetaminophen er* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp antacid & anti-gas* | *calcium carbonate-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *nasal spray extra moisturizing* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *docusol mini* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm calamine* | *calamine-zinc oxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *reguloid* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *heartburn relief ex st* | *aluminum hydroxide-mag carb* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *camphor spirit* | *camphor spirit* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *genteal tears* | *artificial tear solution* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *vivarin* | *caffeine* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *mag-al* | *aluminum & magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *klor-con 10* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *sm antiseptic skin cleanser* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *non-aspirin childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *artificial tears* | *white petrolatum-mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp antibacterial hand soap* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *phytonadione* | *phytonadione* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *histex* | *triprolidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm lubricating plus* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh repair* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm gas relief infants drops* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp 8 hour pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *bisacodyl ec* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *vitamins acd-fluoride* | *pediatric vitamins acd w/ fluoride* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *kerr triple dye swabs* | *triple dye* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *dr smiths diaper* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *ziks arthritis pain relief* | *capsaicin-menthol-methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gas relief ultra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *m-pap* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm medicated chest rub* | *camphor-eucalyptus-menthol-turpentine oil-white petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *colace* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *a&d* | *vitamins a & d (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense pain & fever infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hair regrowth treatment men* | *minoxidil (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm antacid anti-gas ex st* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm povidone-iodine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *feverall junior strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm gas relief extra strength* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm pain & fever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *dry eye relief drops* | *glycerin-hypromellose-polyethylene glycol 400* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh* | *polyvinyl alcohol-povidone (ophth)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *antacid maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm fiber laxative* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm advanced antacid max st* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *feverall adults* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *stool softener plus laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *systane hydration pf* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm antacid/antigas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm allergy relief childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm calcium antacid ex st* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *niva-fol* | *folic acid-pyridoxine-cyanocobalamin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp anti-itch* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *lubricant eye drops* | *propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *thiamine hcl* | *thiamine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp fiber-caps* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm nighttime sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mineral oil* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *dyazide* | *triamterene & hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *z-bum* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *clearlax* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *gnp fiber therapy* | *methylcellulose (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *potassium iodide (antidote)* | *potassium iodide (antidote)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *neuracin* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *fleet pediatric* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *headache relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gas relief infants* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *konsyl original daily fiber* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm calamine phenolated* | *calamine phenolated* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp allergy antihistamine* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *aller-chlor* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *calcium carbonate antacid* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *genteal tears moderate pf* | *dextran 70-hypromellose* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp iodine* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *refresh celluvisc* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh optive advanced* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc mineral oil heavy* | *mineral oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *mintox plus* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *klor-con* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *docusol kids* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *acetaminophen infants* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh digital pf* | *carboxymethylcellulose-glycerin-polysorbate 80* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *reno caps* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *allergy* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc nasal decongestant pe* | *phenylephrine hcl (oral)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ascorbic acid* | *ascorbic acid* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm pain reliever childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc hydrogen peroxide* | *hydrogen peroxide* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *peptic relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *docu liquid* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *nicomide* | *niacinamide w/ zinc-copper-methylfolate-se-cr* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *betasept surgical scrub* | *chlorhexidine gluconate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp isopropyl rubbing alcohol* | *isopropyl alcohol, rubbing* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hydrochlorothiazide* | *hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *stomach relief extra strength* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *antacid calcium* | *calcium carbonate (antacid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *laxative regular strength* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp iodides* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm povidone-iodine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp no drip nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *alumina-magnesia-simethicone* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *blue gel* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *vitamin b-complex 100* | *b-complex vitamins* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *goodsense lubricant eye drops* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp anti-gas* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp migraine relief* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *leu technelite* | *technetium tc 99m sodium pertechnetate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ed chlorped jr* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ammonia aromatic* | *ammonia aromatic* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *orasep* | *benzocaine-menthol-cetylpyridinium cl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *konsyl daily fiber* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp enema* | *sodium phosphates* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp anti-itch* | *camphor & menthol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *eye drops advanced relief* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc allergy childrens* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *konsyl original formula* | *psyllium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm castor oil* | *castor oil (pharmaceutic aid)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *methimazole* | *methimazole* | ADD TO FORMULARY | | Covered |
| 11/01/2022 | *itch relief extra strength* | *diphenhydramine-zinc acetate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *allergy-time* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm iodine* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *fiber laxative* | *calcium polycarbophil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *refresh optive* | *carboxymethylcellulose-glycerin* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *magnesium oxide* | *magnesium oxide (mg supplement)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *option 2* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *muscle rub ultra strength* | *camphor-menthol-methyl salicylate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sore throat* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm sinus nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc hemorrhoidal* | *phenylephrine-cocoa butter* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cepacol extra strength* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc antiseptic pain relief* | *camphor & phenol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc povidone iodine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hm pain reliever pm ex st* | *diphenhydramine-acetaminophen (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp acetaminophen ex st* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *hemorrhoidal* | *pramoxine-phenylephrine-glycerin-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp arthritis pain relief* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *qc iodides* | *iodine (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *stool softener laxative* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *refresh tears* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *pedia-lax* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *enemeez mini* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cepacol* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *chest rub* | *camphor-eucalyptus-menthol* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp sore throat spray* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *night time sleep aid* | *diphenhydramine hcl (sleep)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *ibuprofen pm* | *ibuprofen-diphenhydramine citrate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sore throat* | *phenol (antiseptic)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *advanced hand sanitizer* | *ethyl alcohol (skin cleanser)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *12 hour nasal decongestant* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *senna* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *docusate mini* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc vapor inhaler* | *aromatic inhalants* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc antacid/anti-gas* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *almacone* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/01/2022 | *qc allergy relief* | *diphenhydramine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *systane* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *urinary pain relief* | *phenazopyridine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm eye drops* | *tetrahydrozoline-dextran-polyethylene glycol-povidone* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm castor oil* | *castor oil* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *senna-s* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp allergy relief* | *chlorpheniramine maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *kao-tin* | *docusate calcium* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *cold-eeze sugar free* | *homeopathic products* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *sm nasal spray* | *oxymetazoline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *gnp 8 hour pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/01/2022 | *qc non-aspirin childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *memantine hcl* | *memantine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *budesonide* | *budesonide (inhalation)* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *clobetasol propionate* | *clobetasol propionate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *emend* | *aprepitant* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *qc fexofenadine hydrochloride* | *fexofenadine hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *enalapril maleate* | *enalapril maleate* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *invega hafyera* | *paliperidone palmitate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *nafcillin sodium* | *nafcillin sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *gemfibrozil* | *gemfibrozil* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *clonazepam* | *clonazepam* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *subvenite starter kit-blue* | *lamotrigine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *nivestym* | *filgrastim-aafi* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *indocin* | *indomethacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *chlorpromazine hcl* | *chlorpromazine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *methylprednisolo ne* | *methylprednisolone* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *colchicine-probenecid* | *colchicine w/ probenecid* | ADD UM: SUM9 | | 437 ORAL AGENTS FOR GOUT: MISC |
| 11/04/2022 | *clonidine* | *clonidine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *ozempic (0.25 or 0.5 mg/dose)* | *semaglutide* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *nabumetone* | *nabumetone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *varenicline tartrate* | *varenicline tartrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *caspofungin acetate* | *caspofungin acetate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *renvela* | *sevelamer carbonate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *metoprolol tartrate* | *metoprolol tartrate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 11/04/2022 | *lithium carbonate er* | *lithium carbonate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *methylprednisolone* | *methylprednisolone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 11/04/2022 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 11/04/2022 | *wellbutrin xl* | *bupropion hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *fentanyl* | *fentanyl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *donepezil hcl* | *donepezil hydrochloride* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 11/04/2022 | *risperidone* | *risperidone* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/04/2022 | *calcium acetate (phos binder)* | *calcium acetate (phosphate binder)* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 11/04/2022 | *all day allergy childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *abilify* | *aripiprazole* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *mirtazapine* | *mirtazapine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *azithromycin* | *azithromycin* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *imiquimod* | *imiquimod* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *stiolto respimat* | *tiotropium bromide-olodaterol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *cephalexin* | *cephalexin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *sulfacetamide sod-sulfur wash* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *nyvepria* | *pegfilgrastim-apgf* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *clonidine hcl* | *clonidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *glyburide-metformin* | *glyburide-metformin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *vimpat* | *lacosamide* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *xcopri (350 mg daily dose)* | *cenobamate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *doxazosin mesylate* | *doxazosin mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *atenolol* | *atenolol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *nardil* | *phenelzine sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *zolmitriptan* | *zolmitriptan* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *cetirizine hcl* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/04/2022 | *atomoxetine hcl* | *atomoxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *armodafinil* | *armodafinil* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/04/2022 | *temazepam* | *temazepam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *nystatin-triamcinolone* | *nystatin-triamcinolone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *clozaril* | *clozapine* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *lidocaine* | *lidocaine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *insulin aspart prot & aspart* | *insulin aspart protamine & aspart (human)* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *pregabalin* | *pregabalin* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *dimethyl fumarate* | *dimethyl fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *fanapt titration pack* | *iloperidone* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *diltiazem hcl* | *diltiazem hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *glyburide micronized* | *glyburide micronized* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLURE AS |
| 11/04/2022 | *cleocin phosphate* | *clindamycin phosphate* | REMOVE UM: AUTHORIZATION | | |
| 11/04/2022 | *sm esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *mirapex er* | *pramipexole dihydrochloride* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *yuvafem* | *estradiol vaginal* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *aprepitant* | *aprepitant* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 11/04/2022 | *travatan z* | *travoprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *insulin lispro* | *insulin lispro* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *avar ls* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *levofloxacin in d5w* | *levofloxacin in d5w* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *nystatin* | *nystatin (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *benazepril-hydrochlorothiazide* | *benazepril & hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *saphris* | *asenapine maleate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *morphine sulfate er* | *morphine sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *naproxen* | *naproxen* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *elimite* | *permethrin* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *insulin asp prot & asp flexpen* | *insulin aspart protamine & aspart (human)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *sumatriptan succinate* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *elimite* | *permethrin* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/04/2022 | *amoxicillin* | *amoxicillin* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *propafenone hcl er* | *propafenone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *baciim* | *bacitracin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *soolantra* | *ivermectin (rosacea)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *butorphanol tartrate* | *butorphanol tartrate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *vibativ* | *telavancin hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *zosyn* | *piperacillin sodium-tazobactam sodium* | REMOVE UM: SUM9 | 835 PENICILLINS | |
| 11/04/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *solifenacin succinate* | *solifenacin succinate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *divalproex sodium er* | *divalproex sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *albuterol sulfate* | *albuterol sulfate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *tamoxifen citrate* | *tamoxifen citrate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *candesartan cilexetil-hctz* | *candesartan cilexetil-hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *risperdal* | *risperidone* | REMOVE UM: QUANTITY | 4 UNITS / 1 DAYS | |
| 11/04/2022 | *thalomid* | *thalidomide* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *hm esomeprazole magnesium dr* | *esomeprazole magnesium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *mitigare* | *colchicine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *hm loratadine* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/04/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *gabapentin* | *gabapentin* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *methoxsalen rapid* | *methoxsalen rapid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *fluvoxamine maleate* | *fluvoxamine maleate* | ADD UM: QUANTITYCUSTOM | | QL= 3 UNITS / 1 DAYS ages 18 years and older, 2 UNITS / 1 DAYS under 18 years of age |
| 11/04/2022 | *versacloz* | *clozapine* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *acyclovir* | *acyclovir topical* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *prednisone* | *prednisone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *gnp nicotine polacrilex* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *lansoprazole* | *lansoprazole* | REMOVE UM: SUM9 | 585 PROTON PUMP INHIBITORS | |
| 11/04/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 11/04/2022 | *zovirax* | *acyclovir topical* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *epipen jr 2-pak* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *flagyl* | *metronidazole* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *tadalafil* | *tadalafil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *tretinoin* | *tretinoin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *fenofibrate micronized* | *fenofibrate micronized* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *lithium carbonate* | *lithium carbonate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *voriconazole* | *voriconazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *prinivil* | *lisinopril* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *zyprexa relprevv* | *olanzapine pamoate* | REMOVE UM: QUANTITY | 2 UNITS / 28 DAYS | |
| 11/04/2022 | *amlodipine besylate* | *amlodipine besylate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *zyprexa relprevv* | *olanzapine pamoate* | ADD UM: QUANTITYCUSTOM | | QL= 2 UNITS / 1 DAYS ages 18 years and older, 0.08 UNITS / 1 DAYS under 18 years of age |
| 11/04/2022 | *accu-chek multiclix lancets* | *lancets* | REMOVE UM: QUANTITY | 204 / 30 day(s) | |
| 11/04/2022 | *modafinil* | *modafinil* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide (refrigerate)* | ADD UM: SUM9 | | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |
| 11/04/2022 | *omega-3-acid ethyl esters* | *omega-3-acid ethyl esters* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *sm lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 11/04/2022 | *activella* | *estradiol & norethindrone acetate* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *fluoxetine hcl (pmdd)* | *fluoxetine hcl (pmdd)* | ADD UM: QUANTITY | | 3 UNITS / 1 DAYS |
| 11/04/2022 | *multaq* | *dronedarone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *tetrabenazine* | *tetrabenazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *montelukast sodium* | *montelukast sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *demerol* | *meperidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *enbrel* | *etanercept* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *neurontin* | *gabapentin* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 11/04/2022 | *metformin hcl* | *metformin hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *sulindac* | *sulindac* | ADD UM: SUM9 | | 552 NSAIDS |
| 11/04/2022 | *trelstar mixject* | *triptorelin pamoate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *zorvolex* | *diclofenac* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *nadolol* | *nadolol* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *cetirizine hcl* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *caplyta* | *lumateperone tosylate* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *zarxio* | *filgrastim-sndz* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *zafirlukast* | *zafirlukast* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *morphine sulfate (concentrate)* | *morphine sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *lisinopril* | *lisinopril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *glyburide* | *glyburide* | REMOVE UM: SUM9 | 612 2ND GENERATION SULFONYLUREAS | |
| 11/04/2022 | *colchicine-probenecid* | *colchicine w/ probenecid* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *bacitracin* | *bacitracin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *trazodone hcl* | *trazodone hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/04/2022 | *xiidra* | *lifitegrast* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *nevirapine* | *nevirapine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *fanapt* | *iloperidone* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *paroxetine hcl* | *paroxetine hcl* | ADD UM: QUANTITYCUSTOM | | QL= 30 UNITS / 1 DAYS ages 18 years and older, 25 UNITS / 1 DAYS under 18 years of age |
| 11/04/2022 | *zembrace symtouch* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *nicotine polacrilex* | *nicotine polacrilex* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *metoprolol succinate er* | *metoprolol succinate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *emend* | *fosaprepitant dimeglumine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *diltiazem hcl er beads* | *diltiazem hcl extended release beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 11/04/2022 | *felbatol* | *felbamate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *cleocin-t* | *clindamycin phosphate (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *azasite* | *azithromycin (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *naloxone hcl* | *naloxone hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *naproxen sodium* | *naproxen sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *levetiracetam* | *levetiracetam* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *amlodipine-valsartan-hctz* | *amlodipine-valsartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *omeprazole-sodium bicarbonate* | *omeprazole-sodium bicarbonate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *naratriptan hcl* | *naratriptan hcl* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 11/04/2022 | *allopurinol* | *allopurinol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *oxacillin sodium* | *oxacillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 11/04/2022 | *novolog mix 70/30* | *insulin aspart protamine & aspart (human)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *sulfacetamide sod-sulfur wash* | *sulfacetamide sodium-sulfur w/ skin cleanser* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *azathioprine* | *azathioprine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *decadron* | *dexamethasone* | REMOVE UM: SUM9 | 491 GLUCOCORTICOIDS, ORAL | |
| 11/04/2022 | *enbrel mini* | *etanercept* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *repaglinide* | *repaglinide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *finacea* | *azelaic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *movantik* | *naloxegol oxalate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *olmesartan medoxomil-hctz* | *olmesartan medoxomil-hydrochlorothiazide* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *glyburide micronized* | *glyburide micronized* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 11/04/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *ozempic (2 mg/dose)* | *semaglutide* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *subvenite starter kit-orange* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *gnp esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *adalat cc* | *nifedipine* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *tramadol-acetaminophen* | *tramadol-acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *pristiq* | *desvenlafaxine succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *lidocaine-prilocaine* | *lidocaine-prilocaine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *omeprazole* | *omeprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *perphenazine* | *perphenazine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *gnp all day allergy-d* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *fycompa* | *perampanel* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 11/04/2022 | *tobradex* | *tobramycin-dexamethasone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *zoledronic acid* | *zoledronic acid* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *megestrol acetate* | *megestrol acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 11/04/2022 | *megestrol acetate* | *megestrol acetate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *invokana* | *canagliflozin* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *cymbalta* | *duloxetine hcl* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 11/04/2022 | *sm loratadine* | *loratadine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 11/04/2022 | *fluoxetine hcl* | *fluoxetine hcl* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 11/04/2022 | *insulin lispro (1 unit dial)* | *insulin lispro* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *xcopri* | *cenobamate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/04/2022 | *lamotrigine er* | *lamotrigine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *clozapine* | *clozapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *amiodarone hcl* | *amiodarone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *tolmetin sodium* | *tolmetin sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *aripiprazole* | *aripiprazole* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *simvastatin* | *simvastatin* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *labetalol hcl* | *labetalol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *heparin sodium (porcine) pf* | *heparin sodium (porcine)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *morphine sulfate* | *morphine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *duloxetine hcl* | *duloxetine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *prozac* | *fluoxetine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *calcipotriene-betameth diprop* | *calcipotriene-betamethasone dipropionate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *quinapril hcl* | *quinapril hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *cefdinir* | *cefdinir* | REMOVE UM: SUM9 | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS | |
| 11/04/2022 | *fosaprepitant dimeglumine* | *fosaprepitant dimeglumine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *effexor xr* | *venlafaxine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *oxycodone hcl* | *oxycodone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *fenofibric acid* | *choline fenofibrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *all day allergy d* | *cetirizine-pseudoephedrine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *fluocinonide* | *fluocinonide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide (refrigerate)* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *niaspan* | *niacin (antihyperlipidemic)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *pazeo* | *olopatadine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *finacea* | *azelaic acid* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *fluconazole* | *fluconazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *zoledronic acid* | *zoledronic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *levofloxacin in d5w* | *levofloxacin in d5w* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *metrogel* | *metronidazole (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *fentanyl* | *fentanyl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *quetiapine fumarate* | *quetiapine fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *adapalene* | *adapalene* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ozempic (1 mg/dose)* | *semaglutide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *ovace wash* | *sulfacetamide sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *hm loratadine* | *loratadine* | REMOVE UM: SUM9 | 434 LOW SEDATING ANTIHISTAMINES | |
| 11/04/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *chlorzoxazone* | *chlorzoxazone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *mycophenolate sodium* | *mycophenolate sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *all-day allergy childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/04/2022 | *klonopin* | *clonazepam* | REMOVE UM: QUANTITY | 360 UNITS / 30 DAYS | |
| 11/04/2022 | *nystatin* | *nystatin (mouth-throat)* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 11/04/2022 | *morphine sulfate er* | *morphine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *risedronate sodium* | *risedronate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *seroquel* | *quetiapine fumarate* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *sulindac* | *sulindac* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *bupropion hcl* | *bupropion hcl* | ADD UM: QUANTITY | | 4 UNITS / 1 DAYS |
| 11/04/2022 | *soltamox* | *tamoxifen citrate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *nimodipine* | *nimodipine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *dimethyl fumarate* | *dimethyl fumarate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate* | REMOVE UM: SUM9 | 491 GLUCOCORTICOIDS, ORAL | |
| 11/04/2022 | *accu-chek multiclix lancets* | *lancets* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *qc fexofenadine hydrochloride* | *fexofenadine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *sm lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *acarbose* | *acarbose* | ADD UM: SUM9 | | 503 ALPHA-GLUCOSIDASE INHIBITORS-ORAL ANTIDIABETIC |
| 11/04/2022 | *dilantin* | *phenytoin* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *nicotine step 1* | *nicotine* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 11/04/2022 | *bevespi aerosphere* | *glycopyrrolate-formoterol fumarate* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 11/04/2022 | *pristiq* | *desvenlafaxine succinate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *ondansetron hcl* | *ondansetron hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *sumatriptan-naproxen sodium* | *sumatriptan-naproxen sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *nifedipine er osmotic release* | *nifedipine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *vancomycin hcl* | *vancomycin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *naftifine hcl* | *naftifine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *acyclovir* | *acyclovir topical* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *xcopri (250 mg daily dose)* | *cenobamate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *tinidazole* | *tinidazole* | REMOVE UM: AUTHORIZATION | | |
| 11/04/2022 | *invega sustenna* | *paliperidone palmitate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *propranolol hcl* | *propranolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *flovent diskus* | *fluticasone propionate (inhalation)* | ADD UM: SUM9 | | 490 INHALED CORTICOSTEROIDS |
| 11/04/2022 | *hydrocortisone* | *hydrocortisone* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *ozempic (0.25 or 0.5 mg/dose)* | *semaglutide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *tamoxifen citrate* | *tamoxifen citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *zarxio* | *filgrastim-sndz* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *heparin sodium (porcine) pf* | *heparin sodium (porcine)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *niaspan* | *niacin (antihyperlipidemic)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *metformin hcl er (mod)* | *metformin hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *procainamide hcl* | *procainamide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *saphris* | *asenapine maleate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *leukine* | *sargramostim* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *imiquimod pump* | *imiquimod* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *lamivudine* | *lamivudine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *clobazam* | *clobazam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *cardene iv* | *nicardipine hcl in sodium chloride* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *insulin lispro (1 unit dial)* | *insulin lispro* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *atazanavir sulfate* | *atazanavir sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *fanapt* | *iloperidone* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 11/04/2022 | *caspofungin acetate* | *caspofungin acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *nifedipine er osmotic release* | *nifedipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *sm loratadine d* | *loratadine & pseudoephedrine* | ADD UM: QUANTITY | | 102 UNITS / 365 DAYS |
| 11/04/2022 | *tinidazole* | *tinidazole* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *sm loratadine d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *doxazosin mesylate* | *doxazosin mesylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *mydayis* | *amphetamine-dextroamphetamine* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/04/2022 | *methocarbamol* | *methocarbamol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *azithromycin* | *azithromycin* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *lidocaine hcl urethral/mucosal* | *lidocaine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *levocetirizine dihydrochloride* | *levocetirizine dihydrochloride* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/04/2022 | *seroquel xr* | *quetiapine fumarate* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 11/04/2022 | *aspirin-dipyridamole er* | *aspirin-dipyridamole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *equetro* | *carbamazepine (antipsychotic)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *spiriva respimat* | *tiotropium bromide monohydrate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *subvenite starter kit-green* | *lamotrigine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *zolmitriptan* | *zolmitriptan* | CHANGE UM: QUANTITY | 12 UNITS / 30 DAYS | 12 UNITS / 30 DAYS |
| 11/04/2022 | *lucemyra* | *lofexidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *cymbalta* | *duloxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *xcopri* | *cenobamate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *midazolam hcl (pf)* | *midazolam hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *naratriptan hcl* | *naratriptan hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *erythromycin base* | *erythromycin base* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ampicillin sodium* | *ampicillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 11/04/2022 | *balsalazide disodium* | *balsalazide disodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *emend* | *fosaprepitant dimeglumine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *sevelamer hcl* | *sevelamer hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *levocetirizine dihydrochloride* | *levocetirizine dihydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *sumatriptan-naproxen sodium* | *sumatriptan-naproxen sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *escitalopram oxalate* | *escitalopram oxalate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *hm loratadine childrens* | *loratadine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *sertraline hcl* | *sertraline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *allergy relief-d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *zosyn* | *piperacillin sodium-tazobactam sodium* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *compro* | *prochlorperazine* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *doxycycline hyclate* | *doxycycline hyclate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *zorvolex* | *diclofenac* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *irbesartan* | *irbesartan* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *metronidazole* | *metronidazole* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *fenofibrate micronized* | *fenofibrate micronized* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *nitroglycerin er* | *nitroglycerin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *fycompa* | *perampanel* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *clindamycin hcl* | *clindamycin hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *piroxicam* | *piroxicam* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *pioglitazone hcl* | *pioglitazone hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *amoxicill-clarithro-lansopraz* | *amoxicillin-clarithromycin w/ lansoprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *abacavir sulfate-lamivudine* | *abacavir sulfate-lamivudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | REMOVE UM: SUM9 | 619 BETA BLOCKER/DIURETIC COMBINATIONS | |
| 11/04/2022 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *thalomid* | *thalidomide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *quinapril-hydrochlorothiazide* | *quinapril-hydrochlorothiazide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *dextroamphetamine sulfate* | *dextroamphetamine sulfate* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 11/04/2022 | *azathioprine* | *azathioprine* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 11/04/2022 | *bupropion hcl* | *bupropion hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *omeprazole-sodium bicarbonate* | *omeprazole-sodium bicarbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *testosterone* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *ilevro* | *nepafenac* | ADD UM: SUM9 | | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 11/04/2022 | *cialis* | *tadalafil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *calcipotriene-betameth diprop* | *calcipotriene-betamethasone dipropionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *lamotrigine starter kit-green* | *lamotrigine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *flovent diskus* | *fluticasone propionate (inhalation)* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *perindopril erbumine* | *perindopril erbumine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *prochlorperazine maleate* | *prochlorperazine maleate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *fibricor* | *fenofibric acid* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *telmisartan* | *telmisartan* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *novolog mix 70/30* | *insulin aspart protamine & aspart (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *raloxifene hcl* | *raloxifene hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *finasteride* | *finasteride* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *diacomit* | *stiripentol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *provera* | *medroxyprogesterone acetate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *celecoxib* | *celecoxib* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *aripiprazole* | *aripiprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *secuado* | *asenapine* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *budesonide* | *budesonide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *tetrabenazine* | *tetrabenazine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *bevespi aerosphere* | *glycopyrrolate-formoterol fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *wellbutrin xl* | *bupropion hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *tinidazole* | *tinidazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *nardil* | *phenelzine sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *gamifant* | *emapalumab-lzsg* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *demerol* | *meperidine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *metformin hcl er* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *phenobarbital* | *phenobarbital* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *solifenacin succinate* | *solifenacin succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *clonidine* | *clonidine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *quetiapine fumarate* | *quetiapine fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *sevelamer carbonate* | *sevelamer carbonate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *verapamil hcl* | *verapamil hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *all day allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *latuda* | *lurasidone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *carvedilol* | *carvedilol* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *thiothixene* | *thiothixene* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *metrogel* | *metronidazole (topical)* | REMOVE UM: SUM9 | 586 ROSACEA AGENTS, TOPICAL | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *cefixime* | *cefixime* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *amlodipine besylate* | *amlodipine besylate* | REMOVE UM: SUM9 | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS | |
| 11/04/2022 | *enbrel* | *etanercept* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *duloxetine hcl* | *duloxetine hcl* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 11/04/2022 | *accupril* | *quinapril hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *aripiprazole* | *aripiprazole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/04/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *cefdinir* | *cefdinir* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *terbinafine hcl* | *terbinafine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *synjardy* | *empagliflozin-metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *valacyclovir hcl* | *valacyclovir hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *levetiracetam* | *levetiracetam* | REMOVE UM: SUM9 | 427 SECOND GENERATION ANTICONVULSANTS | |
| 11/04/2022 | *minocycline hcl er* | *minocycline hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *fenofibrate* | *fenofibrate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *drizalma sprinkle* | *duloxetine hcl* | ADD UM: QUANTITY | | 2 UNITS / 1 DAYS |
| 11/04/2022 | *prinivil* | *lisinopril* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *paxil* | *paroxetine hcl* | ADD UM: QUANTITYCUSTOM | | QL= 30 UNITS / 1 DAYS ages 18 years and older, 25 UNITS / 1 DAYS under 18 years of age |
| 11/04/2022 | *tadalafil* | *tadalafil* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *methyldopa* | *methyldopa* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 11/04/2022 | *modafinil* | *modafinil* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *zyprexa* | *olanzapine* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *telmisartan* | *telmisartan* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *methylphenidate hcl* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *valsartan* | *valsartan* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *quinapril hcl* | *quinapril hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *ovace wash* | *sulfacetamide sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *heparin sodium (porcine)* | *heparin sodium (porcine)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *nadolol* | *nadolol* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *renvela* | *sevelamer carbonate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *stiolto respimat* | *tiotropium bromide-olodaterol hcl* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 11/04/2022 | *atorvastatin calcium* | *atorvastatin calcium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *armodafinil* | *armodafinil* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *insulin lispro junior kwikpen* | *insulin lispro* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *ciclopirox* | *ciclopirox* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *fenofibric acid* | *choline fenofibrate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *colchicine* | *colchicine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *topiramate* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 11/04/2022 | *all day allergy d* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *prochlorperazine* | *prochlorperazine* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *zolpidem tartrate* | *zolpidem tartrate* | ADD UM: QUANTITY | | 15 UNITS / 30 DAYS |
| 11/04/2022 | *tecfidera* | *dimethyl fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *diflunisal* | *diflunisal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *venlafaxine hcl* | *venlafaxine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *carvedilol* | *carvedilol* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 11/04/2022 | *lamotrigine er* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 11/04/2022 | *oxycodone hcl* | *oxycodone hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *paliperidone er* | *paliperidone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *flomax* | *tamsulosin hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *cefprozil* | *cefprozil* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *abacavir sulfate* | *abacavir sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *dimethyl fumarate starter pack* | *dimethyl fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | ADD UM: SUM9 | | 537 LIPOTROPICS - NIACIN DERIVATIVES |
| 11/04/2022 | *prevacid* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *pulmicort* | *budesonide (inhalation)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *accu-chek compact plus control* | *blood glucose calibration* | REMOVE UM: QUANTITY | 4 / 1 year(s) | |
| 11/04/2022 | *lorcet plus* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *sm loratadine* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *ramipril* | *ramipril* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *eprontia* | *topiramate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *lamotrigine* | *lamotrigine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *tobradex* | *tobramycin-dexamethasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *naratriptan hcl* | *naratriptan hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *acarbose* | *acarbose* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *risperidone* | *risperidone* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *memantine hcl er* | *memantine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *ziprasidone hcl* | *ziprasidone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *movantik* | *naloxegol oxalate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *accu-chek compact plus* | *glucose blood* | REMOVE UM: SUM9 | 842 DIABETES TEST STRIPS | |
| 11/04/2022 | *mirapex er* | *pramipexole dihydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *atazanavir sulfate* | *atazanavir sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *ethosuximide* | *ethosuximide* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *cefdinir* | *cefdinir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *temazepam* | *temazepam* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *dimethyl fumarate starter pack* | *dimethyl fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *methylphenidate hcl* | *methylphenidate hcl* | ADD UM: QUANTITY | | 3 UNITS / 1 DAYS |
| 11/04/2022 | *diltiazem hcl* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *symjepi* | *epinephrine (anaphylaxis)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *abacavir sulfate* | *abacavir sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *lisinopril* | *lisinopril* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *valsartan-hydrochlorothiazide* | *valsartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *fluticasone propionate* | *fluticasone propionate (nasal)* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *candesartan cilexetil-hctz* | *candesartan cilexetil-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *procainamide hcl* | *procainamide hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *banzel* | *rufinamide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *diclofex dc* | *diclofenac sodium-capsaicin (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *metoprolol succinate er* | *metoprolol succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *flagyl* | *metronidazole* | REMOVE UM: AUTHORIZATION | | |
| 11/04/2022 | *pulmicort* | *budesonide (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *amlodipine-valsartan-hctz* | *amlodipine-valsartan-hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *all day allergy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/04/2022 | *asenapine maleate* | *asenapine maleate* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *perphenazine* | *perphenazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *divalproex sodium er* | *divalproex sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *tecfidera* | *dimethyl fumarate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *diflunisal* | *diflunisal* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *adderall* | *amphetamine-dextroamphetamine* | ADD UM: QUANTITYCUSTOM | | QL= 2 UNITS / 1 DAYS ages 18 years and older, 1 UNITS / 1 DAYS under 18 years of age |
| 11/04/2022 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *insulin lispro junior kwikpen* | *insulin lispro* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *phenobarbital* | *phenobarbital* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *methadone hcl* | *methadone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *fycompa* | *perampanel* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *sevelamer carbonate* | *sevelamer carbonate* | REMOVE UM: SUM9 | 579 ELECTROLYTE DEPLETERS | |
| 11/04/2022 | *mavyret* | *glecaprevir-pibrentasvir* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *sm all day allergy childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *metoprolol tartrate* | *metoprolol tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *mitigare* | *colchicine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *lamotrigine starter kit-blue* | *lamotrigine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *perindopril erbumine* | *perindopril erbumine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *seroquel xr* | *quetiapine fumarate* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *trifluoperazine hcl* | *trifluoperazine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *subvenite starter kit-orange* | *lamotrigine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *gnp esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *activella* | *estradiol & norethindrone acetate* | REMOVE UM: SUM9 | 484 ORAL ESTROGENS/PROGESTINS | |
| 11/04/2022 | *sumatriptan succinate* | *sumatriptan succinate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *entecavir* | *entecavir* | ADD UM: SUM9 | | 497 HEPATITIS B - ORAL |
| 11/04/2022 | *gnp all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *pristiq* | *desvenlafaxine succinate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *dilantin* | *phenytoin* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 11/04/2022 | *enoxaparin sodium* | *enoxaparin sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ciclopirox* | *ciclopirox* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *nystatin* | *nystatin (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *propafenone hcl er* | *propafenone hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *metoclopramide hcl* | *metoclopramide hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *efavirenz* | *efavirenz* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *divalproex sodium* | *divalproex sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 11/04/2022 | *tretinoin* | *tretinoin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *clobetasol propionate* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *zovirax* | *acyclovir topical* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/04/2022 | *tramadol hcl* | *tramadol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *lithobid* | *lithium carbonate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *cefixime* | *cefixime* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *accu-chek compact plus* | *glucose blood* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *brimonidine tartrate* | *brimonidine tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *cefpodoxime proxetil* | *cefpodoxime proxetil* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *amlodipine besylate* | *amlodipine besylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *clozapine* | *clozapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *nystatin* | *nystatin (mouth-throat)* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *voriconazole* | *voriconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *multaq* | *dronedarone hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *imiquimod* | *imiquimod* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *cleocin-t* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *naloxone hcl* | *naloxone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *lithium* | *lithium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *granisetron hcl* | *granisetron hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *soltamox* | *tamoxifen citrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *gabapentin* | *gabapentin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *clonidine hcl* | *clonidine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ilevro* | *nepafenac* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *methoxsalen rapid* | *methoxsalen rapid* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *clonazepam* | *clonazepam* | ADD UM: QUANTITY | | 6 UNITS / 1 DAYS |
| 11/04/2022 | *ozempic (1 mg/dose)* | *semaglutide* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *nevirapine* | *nevirapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *bacitracin* | *bacitracin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *canasa* | *mesalamine* | ADD UM: SUM9 | | 599 ULCERATIVE COLITIS - RECTAL |
| 11/04/2022 | *insulin lispro* | *insulin lispro* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *albuterol sulfate* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *prednisone* | *prednisone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *klonopin* | *clonazepam* | ADD UM: QUANTITYCUSTOM | | QL= 360 UNITS / 30 DAYS ages 18 years and older, 300 UNITS / 30 DAYS under 18 years of age |
| 11/04/2022 | *moxifloxacin hcl (2x day)* | *moxifloxacin hcl (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *trazodone hcl* | *trazodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *emend* | *aprepitant* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *glyburide-metformin* | *glyburide-metformin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *invega trinza* | *paliperidone palmitate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *mirtazapine* | *mirtazapine* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/04/2022 | *insulin asp prot & asp flexpen* | *insulin aspart protamine & aspart (human)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *entecavir* | *entecavir* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *epipen 2-pak* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *fibricor* | *fenofibric acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *fluvoxamine maleate* | *fluvoxamine maleate* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 11/04/2022 | *hydromorphone hcl* | *hydromorphone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *ibuprofen* | *ibuprofen* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *metoclopramide hcl* | *metoclopramide hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 11/04/2022 | *cefprozil* | *cefprozil* | REMOVE UM: SUM9 | 470 2ND GENERATION CEPHALOSPORINS | |
| 11/04/2022 | *zolpidem tartrate* | *zolpidem tartrate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *valacyclovir hcl* | *valacyclovir hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *mometasone furoate* | *mometasone furoate (nasal)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ozempic (2 mg/dose)* | *semaglutide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *novolog mix 70/30 relion* | *insulin aspart protamine & aspart (human)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *maprotiline hcl* | *maprotiline hcl* | REMOVE UM: SUM9 | 428 ANTIDEPRESSANTS, OTHER | |
| 11/04/2022 | *granisetron hcl* | *granisetron hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 11/04/2022 | *paliperidone er* | *paliperidone* | REMOVE UM: QUANTITY | 1 UNITS / 1 DAYS | |
| 11/04/2022 | *nadolol* | *nadolol* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *hm loratadine* | *loratadine* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *telmisartan* | *telmisartan* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *hm esomeprazole magnesium dr* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *cephalexin* | *cephalexin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *losartan potassium* | *losartan potassium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *tacrolimus* | *tacrolimus* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 11/04/2022 | *aristada* | *aripiprazole lauroxil* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *cardene iv* | *nicardipine hcl in sodium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *paroxetine hcl* | *paroxetine hcl* | REMOVE UM: QUANTITY | 30 UNITS / 30 DAYS | |
| 11/04/2022 | *quetiapine fumarate er* | *quetiapine fumarate* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 11/04/2022 | *decadron* | *dexamethasone* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *flomax* | *tamsulosin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *midazolam hcl (pf)* | *midazolam hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *klor-con m20* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |
| 11/04/2022 | *klor-con m10* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *paliperidone er* | *paliperidone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *carbidopa-levodopa-entacapone* | *carbidopa-levodopa-entacapone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *nuplazid* | *pimavanserin tartrate* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *ventolin hfa* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *vimpat* | *lacosamide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *quinapril-hydrochlorothiazide* | *quinapril-hydrochlorothiazide* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *cimetidine hcl* | *cimetidine hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *erythromycin base* | *erythromycin base* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *all-day allergy childrens* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *xcopri* | *cenobamate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *travatan z* | *travoprost* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *lamotrigine er* | *lamotrigine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *baciim* | *bacitracin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *yuvafem* | *estradiol vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *varenicline tartrate* | *varenicline tartrate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *spiriva respimat* | *tiotropium bromide monohydrate* | ADD UM: SUM9 | | 473 COPD AGENTS |
| 11/04/2022 | *diacomit* | *stiripentol* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *nabumetone* | *nabumetone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *amoxicill-clarithro-lansopraz* | *amoxicillin-clarithromycin w/ lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *gnp nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM9 | | 589 SMOKING CESSATION |
| 11/04/2022 | *fulphila* | *pegfilgrastim-jmdb* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *pioglitazone hcl* | *pioglitazone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *subvenite starter kit-blue* | *lamotrigine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *rizatriptan benzoate* | *rizatriptan benzoate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *lamivudine* | *lamivudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *naproxen* | *naproxen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *fluconazole* | *fluconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *amantadine hcl* | *amantadine hcl* | REMOVE UM: AUTHORIZATION | | |
| 11/04/2022 | *lovaza* | *omega-3-acid ethyl esters* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *abiraterone acetate* | *abiraterone acetate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *fosinopril sodium-hctz* | *fosinopril sodium & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *valsartan-hydrochlorothiazide* | *valsartan-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 11/04/2022 | *venlafaxine hcl* | *venlafaxine hcl* | REMOVE UM: QUANTITY | 5 UNITS / 1 DAYS | |
| 11/04/2022 | *gemfibrozil* | *gemfibrozil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *ursodiol* | *ursodiol* | ADD UM: SUM9 | | 455 BILE SALTS |
| 11/04/2022 | *adderall* | *amphetamine-dextroamphetamine* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *effexor xr* | *venlafaxine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *soolantra* | *ivermectin (rosacea)* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *lorcet plus* | *hydrocodone-acetaminophen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *brisdelle* | *paroxetine mesylate (vasomotor)* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/04/2022 | *lidocaine* | *lidocaine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *xcopri (250 mg daily dose)* | *cenobamate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *lorazepam* | *lorazepam* | ADD UM: QUANTITY | | 5 UNITS / 1 DAYS |
| 11/04/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *desoximetasone* | *desoximetasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *granix* | *tbo-filgrastim* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *orencia* | *abatacept* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *lisinopril* | *lisinopril* | REMOVE UM: SUM9 | 412 ACE INHIBITORS | |
| 11/04/2022 | *amoxicillin* | *amoxicillin* | ADD UM: SUM9 | | 835 PENICILLINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *geodon* | *ziprasidone hcl* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *allergy relief* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/04/2022 | *serevent diskus* | *salmeterol xinafoate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *indomethacin er* | *indomethacin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *allergy relief* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *meclizine hcl* | *meclizine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 11/04/2022 | *prevacid* | *lansoprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *gamifant* | *emapalumab-lzsg* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *nyvepria* | *pegfilgrastim-apgf* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *levofloxacin* | *levofloxacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *subvenite starter kit-blue* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *haloperidol lactate* | *haloperidol lactate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *metformin hcl er* | *metformin hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *qc esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *paroxetine mesylate* | *paroxetine mesylate (vasomotor)* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/04/2022 | *clonazepam* | *clonazepam* | REMOVE UM: QUANTITY | 360 UNITS / 30 DAYS | |
| 11/04/2022 | *accupril* | *quinapril hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *avar ls* | *sulfacetamide sodium w/ sulfur* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *trospium chloride er* | *trospium chloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *roweepra* | *levetiracetam* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *cialis* | *tadalafil* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *granisetron hcl* | *granisetron hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *atenolol* | *atenolol* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *chlorpromazine hcl* | *chlorpromazine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *clarithromycin* | *clarithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 11/04/2022 | *memantine hcl er* | *memantine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *darifenacin hydrobromide er* | *darifenacin hydrobromide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *esomeprazole sodium* | *esomeprazole sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *subvenite starter kit-green* | *lamotrigine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *famciclovir* | *famciclovir* | REMOVE UM: SUM9 | 613 HERPES ANTIVIRALS | |
| 11/04/2022 | *estradiol* | *estradiol* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *ventolin hfa* | *albuterol sulfate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 11/04/2022 | *memantine hcl* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *methyldopa* | *methyldopa* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *nitroglycerin* | *nitroglycerin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *epipen 2-pak* | *epinephrine (anaphylaxis)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 11/04/2022 | *indocin* | *indomethacin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *cleocin phosphate* | *clindamycin phosphate* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *fluticasone propionate* | *fluticasone propionate (nasal)* | REMOVE UM: SUM9 | 526 NASAL STEROIDS | |
| 11/04/2022 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *canasa* | *mesalamine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *quetiapine fumarate er* | *quetiapine fumarate* | ADD UM: QUANTITYCUSTOM | | QL= 2 UNITS / 1 DAYS ages 18 years and older, 1 UNITS / 1 DAYS under 18 years of age |
| 11/04/2022 | *testosterone* | *testosterone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *vancomycin hcl* | *vancomycin hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *lovaza* | *omega-3-acid ethyl esters* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *prasugrel hcl* | *prasugrel hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *lamotrigine* | *lamotrigine* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *ozempic (2 mg/dose)* | *semaglutide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *metformin hcl er (mod)* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *prasugrel hcl* | *prasugrel hcl* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 11/04/2022 | *terbinafine hcl* | *terbinafine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *tramadol hcl* | *tramadol hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *goodsense esomeprazole* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *abiraterone acetate* | *abiraterone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *minocycline hcl er* | *minocycline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *effexor xr* | *venlafaxine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *methadone hcl* | *methadone hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *eprontia* | *topiramate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *desoximetasone* | *desoximetasone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ranolazine er* | *ranolazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *maprotiline hcl* | *maprotiline hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *ethosuximide* | *ethosuximide* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 11/04/2022 | *amantadine hcl* | *amantadine hcl* | ADD UM: SUM9 | | 452 INFLUENZA |
| 11/04/2022 | *rexulti* | *brexpiprazole* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *haloperidol decanoate* | *haloperidol decanoate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *naproxen* | *naproxen* | REMOVE UM: SUM9 | 552 NSAIDS | |
| 11/04/2022 | *subvenite starter kit-orange* | *lamotrigine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *doxycycline hyclate* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *zenzedi* | *dextroamphetamine sulfate* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 11/04/2022 | *vandazole* | *metronidazole vaginal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *heparin sodium (porcine)* | *heparin sodium (porcine)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *irbesartan* | *irbesartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 11/04/2022 | *brimonidine tartrate* | *brimonidine tartrate* | ADD UM: SUM9 | | 566 ALPHA 2 ADRENERGIC AGENTS-GLAUCOMA |
| 11/04/2022 | *finasteride* | *finasteride* | REMOVE UM: SUM9 | 462 BPH TREATMENTS | |
| 11/04/2022 | *mycophenolate sodium* | *mycophenolate sodium* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 11/04/2022 | *ziprasidone hcl* | *ziprasidone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *methylphenidate hcl er (la)* | *methylphenidate hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/04/2022 | *zenzedi* | *dextroamphetamine sulfate* | ADD UM: QUANTITYCUSTOM | | QL= 2 UNITS / 1 DAYS ages 18 years and older, 6 UNITS / 1 DAYS under 18 years of age |
| 11/04/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ondansetron hcl* | *ondansetron hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *insulin aspart prot & aspart* | *insulin aspart protamine & aspart (human)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *lipitor* | *atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *lipitor* | *atorvastatin calcium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *accu-chek compact plus control* | *blood glucose calibration* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *doxazosin mesylate* | *doxazosin mesylate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 11/04/2022 | *amiodarone hcl* | *amiodarone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *risedronate sodium* | *risedronate sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *insulin asp prot & asp flexpen* | *insulin aspart protamine & aspart (human)* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *hm loratadine childrens* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *varenicline tartrate* | *varenicline tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *vibativ* | *telavancin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *epinephrine* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *diacomit* | *stiripentol* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 11/04/2022 | *elimite* | *permethrin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *pregabalin* | *pregabalin* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 11/04/2022 | *haloperidol lactate* | *haloperidol lactate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *zolmitriptan* | *zolmitriptan* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *atorvastatin calcium* | *atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *balsalazide disodium* | *balsalazide disodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *budesonide* | *budesonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *klor-con* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 11/04/2022 | *trospium chloride er* | *trospium chloride* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ranitidine hcl* | *ranitidine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *nimodipine* | *nimodipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *zyprexa zydis* | *olanzapine* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *clindamycin hcl* | *clindamycin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *meclizine hcl* | *meclizine hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *piroxicam* | *piroxicam* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *celecoxib* | *celecoxib* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *symjepi* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *hydromorphone hcl* | *hydromorphone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *goodsense esomeprazole* | *esomeprazole magnesium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *mometasone furoate* | *mometasone furoate (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *adapalene* | *adapalene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *venlafaxine hcl* | *venlafaxine hcl* | ADD UM: QUANTITY | | 3 UNITS / 1 DAYS |
| 11/04/2022 | *abacavir sulfate-lamivudine* | *abacavir sulfate-lamivudine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *vandazole* | *metronidazole vaginal* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *novolog mix 70/30 relion* | *insulin aspart protamine & aspart (human)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *sabril* | *vigabatrin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *levofloxacin* | *levofloxacin* | REMOVE UM: SUM9 | 488 QUINOLONES - SYSTEMIC | |
| 11/04/2022 | *ozempic (0.25 or 0.5 mg/dose)* | *semaglutide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *allergy relief-d* | *loratadine & pseudoephedrine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ursodiol* | *ursodiol* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD UM: QUANTITYCUSTOM | | QL= 3 UNITS / 1 DAYS ages 18 years and older, 1 UNITS / 1 DAYS under 18 years of age |
| 11/04/2022 | *oxcarbazepine* | *oxcarbazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 11/04/2022 | *topiramate* | *topiramate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *amantadine hcl* | *amantadine hcl* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *risperdal* | *risperidone* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *hydrocortisone* | *hydrocortisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 11/04/2022 | *abilify mycite starter kit* | *aripiprazole with sensor, strips, & pod* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *sm all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/04/2022 | *naproxen sodium* | *naproxen sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *adalat cc* | *nifedipine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *propranolol hcl* | *propranolol hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *oxacillin sodium* | *oxacillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *fulphila* | *pegfilgrastim-jmdb* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *metronidazole* | *metronidazole* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *risperidone* | *risperidone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 11/04/2022 | *calcium acetate (phos binder)* | *calcium acetate (phosphate binder)* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *budesonide* | *budesonide (inhalation)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *verapamil hcl* | *verapamil hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *vimpat* | *lacosamide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *moxifloxacin hcl (2x day)* | *moxifloxacin hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *paxil* | *paroxetine hcl* | REMOVE UM: QUANTITY | 30 UNITS / 30 DAYS | |
| 11/04/2022 | *escitalopram oxalate* | *escitalopram oxalate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *tramadol hcl er* | *tramadol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *glyxambi* | *empagliflozin-linagliptin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *provera* | *medroxyprogesterone acetate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD UM: SUM9 | | 452 INFLUENZA |
| 11/04/2022 | *cymbalta* | *duloxetine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *nicotine step 1* | *nicotine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *subvenite starter kit-green* | *lamotrigine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *losartan potassium* | *losartan potassium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *sevelamer carbonate* | *sevelamer carbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *colchicine* | *colchicine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *xcopri (350 mg daily dose)* | *cenobamate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *nyvepria* | *pegfilgrastim-apgf* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *xiidra* | *lifitegrast* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *benazepril-hydrochlorothiazide* | *benazepril & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *aristada* | *aripiprazole lauroxil* | ADD UM: QUANTITY | | 3.9 UNITS / 60 DAYS |
| 11/04/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *clarithromycin* | *clarithromycin* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *olmesartan medoxomil-hctz* | *olmesartan medoxomil-hydrochlorothiazide* | REMOVE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *tolmetin sodium* | *tolmetin sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *methocarbamol* | *methocarbamol* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *glyburide* | *glyburide* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *avar* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *armodafinil* | *armodafinil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 11/04/2022 | *raloxifene hcl* | *raloxifene hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *ramipril* | *ramipril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 11/04/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | ADD UM: SUM9 | | 577 ORAL PAH AGENTS – OTHER |
| 11/04/2022 | *morphine sulfate (concentrate)* | *morphine sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *xcopri (250 mg daily dose)* | *cenobamate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *nystatin-triamcinolone* | *nystatin-triamcinolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/04/2022 | *roweepra* | *levetiracetam* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *dimethyl fumarate* | *dimethyl fumarate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *atomoxetine hcl* | *atomoxetine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *cimetidine hcl* | *cimetidine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *prozac* | *fluoxetine hcl* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 11/04/2022 | *lidocaine hcl urethral/mucosal* | *lidocaine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *clobazam* | *clobazam* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *leukine* | *sargramostim* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ampicillin sodium* | *ampicillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *qc esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *efavirenz* | *efavirenz* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *esomeprazole sodium* | *esomeprazole sodium* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *granix* | *tbo-filgrastim* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *sm esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *fosinopril sodium-hctz* | *fosinopril sodium & hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *olopatadine hcl* | *olopatadine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *tramadol-acetaminophen* | *tramadol-acetaminophen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *levetiracetam* | *levetiracetam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *duloxetine hcl* | *duloxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *klor-con 10* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 11/04/2022 | *methylphenidate hcl er (cd)* | *methylphenidate hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/04/2022 | *imiquimod pump* | *imiquimod* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *xcopri (350 mg daily dose)* | *cenobamate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 11/04/2022 | *acyclovir* | *acyclovir topical* | ADD UM: SUM9 | | 453 TOPICAL ANTIVIRALS |
| 11/04/2022 | *ranitidine hcl* | *ranitidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *nitroglycerin er* | *nitroglycerin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *naftifine hcl* | *naftifine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *fluocinonide* | *fluocinonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *haloperidol decanoate* | *haloperidol decanoate* | ADD UM: SUM9 | | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC |
| 11/04/2022 | *orencia* | *abatacept* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *famciclovir* | *famciclovir* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *enoxaparin sodium* | *enoxaparin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *butorphanol tartrate* | *butorphanol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *abilify mycite maintenance kit* | *aripiprazole with sensor, strips, & pod* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 11/04/2022 | *zafirlukast* | *zafirlukast* | ADD TO FORMULARY | | Non-Formulary |
| 11/04/2022 | *carbidopa-levodopa-entacapone* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *labetalol hcl* | *labetalol hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *lidocaine-prilocaine* | *lidocaine-prilocaine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *zembrace symtouch* | *sumatriptan succinate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *sertraline hcl* | *sertraline hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *diltiazem hcl er beads* | *diltiazem hcl extended release beads* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *sevelamer hcl* | *sevelamer hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *gabapentin* | *gabapentin* | REMOVE UM: SUM9 | 549 NEUROPATHIC PAIN | |
| 11/04/2022 | *neurontin* | *gabapentin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *nivestym* | *filgrastim-aafi* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *diazepam* | *diazepam* | ADD UM: QUANTITY | | 40 UNITS / 1 DAYS |
| 11/04/2022 | *cefpodoxime proxetil* | *cefpodoxime proxetil* | REMOVE UM: AUTHORIZATION | | |
| 11/04/2022 | *invega* | *paliperidone* | ADD UM: QUANTITYCUSTOM | | QL= 2 UNITS / 1 DAYS ages 18 years and older, 3 UNITS / 1 DAYS under 18 years of age |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *aspirin-dipyridamole er* | *aspirin-dipyridamole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *morphine sulfate* | *morphine sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *levofloxacin* | *levofloxacin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *ranolazine er* | *ranolazine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *trelstar mixject* | *triptorelin pamoate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *nafcillin sodium* | *nafcillin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *dextroamphetamine sulfate* | *dextroamphetamine sulfate* | ADD UM: QUANTITYCUSTOM | | QL= 2 UNITS / 1 DAYS ages 18 years and older, 6 UNITS / 1 DAYS under 18 years of age |
| 11/04/2022 | *pazeo* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *clobazam* | *clobazam* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *chlorzoxazone* | *chlorzoxazone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *molindone hcl* | *molindone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *donepezil hcl* | *donepezil hydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *lucemyra* | *lofexidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATIO N REQUIRED |
| 11/04/2022 | *zafirlukast* | *zafirlukast* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *oxcarbazepine* | *oxcarbazepine* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *omega-3-acid ethyl esters* | *omega-3-acid ethyl esters* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *valsartan* | *valsartan* | CHANGE UM: SUM9 | 413 ANGIOTENSIN RECEPTOR BLOCKERS | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 11/04/2022 | *quetiapine fumarate* | *quetiapine fumarate* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 11/04/2022 | *divalproex sodium* | *divalproex sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *fosaprepitant dimeglumine* | *fosaprepitant dimeglumine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *nitroglycerin* | *nitroglycerin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *simvastatin* | *simvastatin* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *prozac* | *fluoxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *lamotrigine starter kit-orange* | *lamotrigine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *azasite* | *azithromycin (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *repaglinide* | *repaglinide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *allopurinol* | *allopurinol* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/04/2022 | *catapres* | *clonidine hcl* | ADD UM: QUANTITY | | 2 UNITS / 1 DAYS |
| 11/04/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *dimethyl fumarate starter pack* | *dimethyl fumarate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *eprontia* | *topiramate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 11/04/2022 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *rizatriptan benzoate* | *rizatriptan benzoate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *enbrel mini* | *etanercept* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *serevent diskus* | *salmeterol xinafoate* | ADD UM: SUM9 | | 463 BETA - ADRENERGIC AGENTS: LONG ACTING |
| 11/04/2022 | *nardil* | *phenelzine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *diclofex dc* | *diclofenac sodium-capsaicin (topical)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/04/2022 | *estradiol* | *estradiol* | ADD UM: SUM9 | | 486 ORAL ESTROGENIC AGENTS |
| 11/04/2022 | *trifluoperazine hcl* | *trifluoperazine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *latuda* | *lurasidone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *invega* | *paliperidone* | REMOVE UM: QUANTITY | 1 UNITS / 1 DAYS | |
| 11/04/2022 | *indomethacin er* | *indomethacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *darifenacin hydrobromide er* | *darifenacin hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *ozempic (1 mg/dose)* | *semaglutide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PRIOR AUTHORIZATION REQUIRED |
| 11/04/2022 | *tacrolimus* | *tacrolimus* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *avar* | *sulfacetamide sodium w/ sulfur* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/04/2022 | *montelukast sodium* | *montelukast sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *enalapril maleate* | *enalapril maleate* | REMOVE UM: SUM9 | 412 ACE INHIBITORS | |
| 11/04/2022 | *metformin hcl* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *xiidra* | *lifitegrast* | ADD TO FORMULARY | | PDL Preferred |
| 11/04/2022 | *omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/04/2022 | *seroquel* | *quetiapine fumarate* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 11/08/2022 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | | PDL Preferred |
| 11/08/2022 | *sumatriptan succinate* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Preferred |
| 11/08/2022 | *amlodipine-valsartan-hctz* | *amlodipine-valsartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 11/09/2022 | *bensal hp* | *salicylic acid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Preferred Step Trial Required |
| 11/16/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 11/16/2022 | *lucemyra* | *lofexidine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 11/16/2022 | *valsartan* | *valsartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/16/2022 | *prednisone* | *prednisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 11/16/2022 | *gemfibrozil* | *gemfibrozil* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 11/16/2022 | *briviact* | *brivaracetam* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/16/2022 | *valsartan-hydrochlorothiazide* | *valsartan-hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 11/16/2022 | *valsartan* | *valsartan* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/16/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/16/2022 | *briviact* | *brivaracetam* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/16/2022 | *lucemyra* | *lofexidine hcl* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 11/17/2022 | *accu-chek compact plus* | *glucose blood* | REMOVE UM: QUANTITYCUSTOM | QL= 300/month ages 0-20, 200/month age 21 and over | |
| 11/17/2022 | *lansoprazole* | *lansoprazole* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/17/2022 | *lansoprazole* | *lansoprazole* | REMOVE UM: SUM9 | 585 PROTON PUMP INHIBITORS | |
| 11/18/2022 | *dipyridamole* | *dipyridamole* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *sm all day allergy relief* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/18/2022 | *celecoxib* | *celecoxib* | ADD UM: SUM9 | | 552 NSAIDS |
| 11/18/2022 | *atenolol* | *atenolol* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *cephalexin* | *cephalexin* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *mycophenolate mofetil* | *mycophenolate mofetil* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 11/18/2022 | *allergy relief cetirizine* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *indomethacin* | *indomethacin* | ADD UM: SUM9 | | 552 NSAIDS |
| 11/18/2022 | *lisinopril* | *lisinopril* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *cholestyramine light* | *cholestyramine light* | ADD UM: SUM9 | | 535 BILE ACID SEQUESTRANTS |
| 11/18/2022 | *metoprolol succinate er* | *metoprolol succinate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 11/18/2022 | *gabapentin* | *gabapentin* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *diltiazem hcl er* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *levetiracetam* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 11/18/2022 | *ranolazine er* | *ranolazine* | ADD UM: SUM9 | | 416 ANTIANGINAL & ANTI-ISCHEMIC |
| 11/18/2022 | *lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *mupirocin* | *mupirocin* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |
| 11/18/2022 | *tramadol hcl* | *tramadol hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/18/2022 | *celecoxib* | *celecoxib* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/18/2022 | *fenofibrate* | *fenofibrate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/18/2022 | *enalapril maleate* | *enalapril maleate* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 11/18/2022 | *moxifloxacin hcl* | *moxifloxacin hcl (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *enoxaparin sodium* | *enoxaparin sodium* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 11/18/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/18/2022 | *lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 11/18/2022 | *phenobarbital* | *phenobarbital* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *primidone* | *primidone* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 11/18/2022 | *colchicine* | *colchicine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *mupirocin* | *mupirocin* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *sirolimus* | *sirolimus* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 11/18/2022 | *sm all day allergy relief* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *enoxaparin sodium* | *enoxaparin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 11/18/2022 | *ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *amlodipine besylate* | *amlodipine besylate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ofloxacin* | *ofloxacin (otic)* | ADD UM: SUM9 | | 571 OTIC ANTIBIOTICS |
| 11/18/2022 | *verapamil hcl er* | *verapamil hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *allergy relief ceterizine* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *propafenone hcl* | *propafenone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *tenofovir disoproxil fumarate* | *tenofovir disoproxil fumarate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *phenobarbital* | *phenobarbital* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 11/18/2022 | *trazodone hcl* | *trazodone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/18/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 11/18/2022 | *sumatriptan succinate* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ethosuximide* | *ethosuximide* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *indomethacin* | *indomethacin* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *metronidazole* | *metronidazole vaginal* | ADD UM: SUM9 | | 421 VAGINAL ANTIBIOTICS |
| 11/18/2022 | *divalproex sodium er* | *divalproex sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *mirtazapine* | *mirtazapine* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/18/2022 | *clobazam* | *clobazam* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *dicloxacillin sodium* | *dicloxacillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ondansetron hcl* | *ondansetron hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 11/18/2022 | *rosuvastatin calcium* | *rosuvastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |
| 11/18/2022 | *fragmin* | *dalteparin sodium* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *nifedipine er osmotic release* | *nifedipine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/18/2022 | *pravastatin sodium* | *pravastatin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *raloxifene hcl* | *raloxifene hcl* | ADD UM: SUM9 | | 460 SERM |
| 11/18/2022 | *nateglinide* | *nateglinide* | ADD UM: SUM9 | | 513 MEGLITINIDES & COMBINATIONS, ORAL ANTIDIABETICS |
| 11/18/2022 | *nystatin* | *nystatin (mouth-throat)* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *levetiracetam* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *pegasys* | *peginterferon alfa-2a* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *clozapine* | *clozapine* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/18/2022 | *ibuprofen* | *ibuprofen* | ADD UM: SUM9 | | 552 NSAIDS |
| 11/18/2022 | *tenofovir disoproxil fumarate* | *tenofovir disoproxil fumarate* | ADD UM: SUM9 | | 501 HIV / AIDS |
| 11/18/2022 | *meclizine hcl* | *meclizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *simvastatin* | *simvastatin* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *colcrys* | *colchicine* | CHANGE UM: SUM9 | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS | 437 ORAL AGENTS FOR GOUT: MISC |
| 11/18/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *metronidazole* | *metronidazole vaginal* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *dicloxacillin sodium* | *dicloxacillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 11/18/2022 | *zonisamide* | *zonisamide* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 11/18/2022 | *tacrolimus* | *tacrolimus (topical)* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/18/2022 | *tamsulosin hcl* | *tamsulosin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *allergy relief ceterizine* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/18/2022 | *allopurinol* | *allopurinol* | ADD UM: SUM9 | | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS |
| 11/18/2022 | *nitroglycerin* | *nitroglycerin* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *metformin hcl* | *metformin hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *cetirizine hcl* | *cetirizine hcl* | CHANGE UM: SUM9 | 434 LOW SEDATING ANTIHISTAMINES | 434 LOW SEDATING ANTIHISTAMINES |
| 11/18/2022 | *sumatriptan succinate* | *sumatriptan succinate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/18/2022 | *dexamethasone* | *dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *diltiazem hcl er* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *metformin hcl* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 11/18/2022 | *methadone hcl* | *methadone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *losartan potassium* | *losartan potassium* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 11/18/2022 | *cephalexin* | *cephalexin* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 11/18/2022 | *dexamethasone* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 11/18/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ondansetron hcl* | *ondansetron hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *promethazine hcl* | *promethazine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 11/18/2022 | *memantine hcl* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 11/18/2022 | *baclofen* | *baclofen* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *valsartan* | *valsartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 11/18/2022 | *ipratropium bromide* | *ipratropium bromide (nasal)* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ipratropium bromide* | *ipratropium bromide (nasal)* | ADD UM: SUM9 | | 804 INTRANASAL RHINITIS AGENTS |
| 11/18/2022 | *mirtazapine* | *mirtazapine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/18/2022 | *prednisone* | *prednisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 11/18/2022 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 11/18/2022 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *oxacillin sodium* | *oxacillin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *prochlorperazine maleate* | *prochlorperazine maleate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *lamotrigine* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 11/18/2022 | *clobazam* | *clobazam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 11/18/2022 | *promethazine hcl* | *promethazine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *lisinopril* | *lisinopril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 11/18/2022 | *valproic acid* | *valproate sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *raloxifene hcl* | *raloxifene hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *pegasys* | *peginterferon alfa-2a* | ADD UM: SUM9 | | 498 HEPATITIS C - INJECTABLE |
| 11/18/2022 | *acyclovir* | *acyclovir* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *nitroglycerin* | *nitroglycerin* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 11/18/2022 | *primidone* | *primidone* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ropinirole hcl* | *ropinirole hydrochloride* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ezetimibe* | *ezetimibe* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *quetiapine fumarate* | *quetiapine fumarate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *quetiapine fumarate er* | *quetiapine fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *atorvastatin calcium* | *atorvastatin calcium* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *colchicine* | *colchicine* | ADD UM: SUM9 | | 437 ORAL AGENTS FOR GOUT: MISC |
| 11/18/2022 | *fragmin* | *dalteparin sodium* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 11/18/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *dyanavel xr* | *amphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 11/18/2022 | *dipyridamole* | *dipyridamole* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 11/18/2022 | *mycophenolate mofetil* | *mycophenolate mofetil* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *alfuzosin hcl er* | *alfuzosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 11/18/2022 | *griseofulvin microsize* | *griseofulvin microsize* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 11/18/2022 | *famotidine* | *famotidine* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 11/18/2022 | *simvastatin* | *simvastatin* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *atorvastatin calcium* | *atorvastatin calcium* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *ofloxacin* | *ofloxacin (otic)* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *omeprazole* | *omeprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 11/18/2022 | *atenolol* | *atenolol* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 11/18/2022 | *prednisolone* | *prednisolone* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *mirtazapine* | *mirtazapine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *memantine hcl* | *memantine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *sm all day allergy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *risperidone* | *risperidone* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *sm all day allergy* | *cetirizine hcl* | CHANGE UM: SUM9 | 434 LOW SEDATING ANTIHISTAMINES | 434 LOW SEDATING ANTIHISTAMINES |
| 11/18/2022 | *pravastatin sodium* | *pravastatin sodium* | ADD UM: SUM9 | | 541 STATINS |
| 11/18/2022 | *loratadine* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *famotidine* | *famotidine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *prochlorperazine maleate* | *prochlorperazine maleate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/18/2022 | *loratadine* | *loratadine* | CHANGE UM: SUM9 | 434 LOW SEDATING ANTIHISTAMINES | 434 LOW SEDATING ANTIHISTAMINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *prednisolone* | *prednisolone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 11/18/2022 | *celecoxib* | *celecoxib* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/18/2022 | *tacrolimus* | *tacrolimus (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 11/18/2022 | *amlodipine-valsartan-hctz* | *amlodipine-valsartan-hydrochlorothiazide* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 11/18/2022 | *onfi* | *clobazam* | CHANGE UM: SUM9 | 826 ANTICONVULSANTS | 427 SECOND GENERATION ANTICONVULSANTS |
| 11/18/2022 | *losartan potassium* | *losartan potassium* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *quetiapine fumarate er* | *quetiapine fumarate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/18/2022 | *moxifloxacin hcl* | *moxifloxacin hcl (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 11/18/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *sirolimus* | *sirolimus* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *alendronate sodium* | *alendronate sodium* | ADD UM: SUM9 | | 458 BISPHOSPHONATES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *megestrol acetate* | *megestrol acetate* | ADD UM: SUM9 | | 584 PROGRESTINS USED FOR CACHEXIA |
| 11/18/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 11/18/2022 | *amantadine hcl* | *amantadine hcl* | ADD UM: SUM9 | | 452 INFLUENZA |
| 11/18/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD UM: SUM9 | | 429 SSRIS |
| 11/18/2022 | *megestrol acetate* | *megestrol acetate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *albuterol sulfate* | *albuterol sulfate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *tramadol hcl* | *tramadol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *sumatriptan succinate* | *sumatriptan succinate* | ADD UM: QUANTITY | | 12 UNITS / 30 DAYS |
| 11/18/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/18/2022 | *propafenone hcl* | *propafenone hcl* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 11/18/2022 | *ropinirole hcl* | *ropinirole hydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 11/18/2022 | *paroxetine hcl* | *paroxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *enalapril maleate* | *enalapril maleate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *nifedipine er osmotic release* | *nifedipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 11/18/2022 | *oxybutynin chloride* | *oxybutynin chloride* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *trazodone hcl* | *trazodone hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSANTS, OTHER |
| 11/18/2022 | *lamotrigine* | *lamotrigine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *zonisamide* | *zonisamide* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD UM: QUANTITY | | 3 UNITS / 1 DAYS |
| 11/18/2022 | *aprepitant* | *aprepitant* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD UM: SUM9 | | 452 INFLUENZA |
| 11/18/2022 | *quetiapine fumarate* | *quetiapine fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *metoprolol succinate er* | *metoprolol succinate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *albuterol sulfate* | *albuterol sulfate* | ADD UM: SUM9 | | 464 BETA - ADRENERGIC AGENTS: NEBS |
| 11/18/2022 | *solifenacin succinate* | *solifenacin succinate* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |
| 11/18/2022 | *amlodipine-valsartan-hctz* | *amlodipine-valsartan-hydrochlorothiazide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ranolazine er* | *ranolazine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *griseofulvin microsize* | *griseofulvin microsize* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 11/18/2022 | *paroxetine hcl* | *paroxetine hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/18/2022 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *isosorbide dinitrate* | *isosorbide dinitrate* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 11/18/2022 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 11/18/2022 | *cetirizine hcl* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | ADD UM: QUANTITY | | 2 UNITS / 1 DAYS |
| 11/18/2022 | *gabapentin* | *gabapentin* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 11/18/2022 | *ezetimibe* | *ezetimibe* | ADD UM: SUM9 | | 538 LIPOTROPICS: CAI |
| 11/18/2022 | *divalproex sodium er* | *divalproex sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *valproic acid* | *valproate sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 11/18/2022 | *solifenacin succinate* | *solifenacin succinate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *ethosuximide* | *ethosuximide* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 11/18/2022 | *verapamil hcl er* | *verapamil hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 11/18/2022 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *risperidone* | *risperidone* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/18/2022 | *acyclovir* | *acyclovir* | ADD UM: SUM9 | | 613 HERPES ANTIVIRALS |
| 11/18/2022 | *dutasteride* | *dutasteride* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 11/18/2022 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 11/18/2022 | *amantadine hcl* | *amantadine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *oxybutynin chloride* | *oxybutynin chloride* | ADD UM: SUM9 | | 456 URINARY TRACT ANTISPASMODICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *allergy relief cetirizine* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 11/18/2022 | *meclizine hcl* | *meclizine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 11/18/2022 | *valsartan* | *valsartan* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *methadone hcl* | *methadone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/18/2022 | *cholestyramine light* | *cholestyramine light* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *amlodipine besylate* | *amlodipine besylate* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 11/18/2022 | *rosuvastatin calcium* | *rosuvastatin calcium* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *tamsulosin hcl* | *tamsulosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 11/18/2022 | *oxacillin sodium* | *oxacillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 11/18/2022 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *prednisone* | *prednisone* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *dyanavel xr* | *amphetamine* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *isosorbide dinitrate* | *isosorbide dinitrate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/18/2022 | *baclofen* | *baclofen* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 11/18/2022 | *nystatin* | *nystatin (mouth-throat)* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 11/18/2022 | *aprepitant* | *aprepitant* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 11/18/2022 | *allopurinol* | *allopurinol* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *nateglinide* | *nateglinide* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *clozapine* | *clozapine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 11/18/2022 | *amlodipine-valsartan-hctz* | *amlodipine-valsartan-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 11/18/2022 | *fenofibrate* | *fenofibrate* | ADD UM: SUM9 | | 539 TRIGLYCERIDE LOWERING AGENTS |
| 11/20/2022 | *butorphanol tartrate* | *butorphanol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *meijer truetrack glucose sys* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *cyclophosphamid e* | *cyclophosphamide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *sumatriptan succinate refill* | *sumatriptan succinate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *on call express monitoring sys* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *bevyxxa* | *betrixaban maleate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *disulfiram* | *disulfiram* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *tolbutamide* | *tolbutamide* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *iglucose monitoring system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *ra trueresult blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *zypitamag* | *pitavastatin magnesium* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *sterile water for irrigation* | *water for irrigation, sterile* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *diazepam* | *diazepam* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *trueresult blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *precision link* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *onetouch profile system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *gluconavii blood glucose sys* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *microdot blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *easymax n blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *videx ec* | *didanosine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *glucocard 01 blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *accu-chek guide me* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *contour next ez* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *plasbumin-25* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *accu-chek advantage diabetes* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *pocketchem ez system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *freestyle precision neo system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *relion confirm glucose monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *meijer essential blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *drospirenone-ethinyl estradiol* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *epirubicin hcl* | *epirubicin hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *biotel care blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *osmolex er* | *amantadine hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *dicyclomine hcl* | *dicyclomine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *true care starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *ethambutol hcl* | *ethambutol hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *onetouch solutions fit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *true metrix go glucose meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *rexall blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *true metrix meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *seebri neohaler* | *glycopyrrolate (inhalation)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *adenosine (diagnostic)* | *adenosine (diagnostic)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *imipramine hcl* | *imipramine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *gnp true metrix glucose meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *bethanechol chloride* | *bethanechol chloride* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *trandolapril-verapamil hcl er* | *trandolapril-verapamil hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *abstral* | *fentanyl citrate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *tarka* | *trandolapril-verapamil hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *truetrack blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *telcare blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *ge100 blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *relion confirm glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *diabetic.com starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *zorvolex* | *diclofenac* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *onetouch ultra system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *multitrace-4 neonatal* | *trace minerals (cr-cu-mn-zn)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *sucralfate* | *sucralfate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *vanatol lq* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *truetrack blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *onetouch verio flex system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *gluconavii blood glucose sys* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *glycopyrrolate* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *omnipred* | *prednisolone acetate (ophth)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *accu-chek guide me* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *easyplus r13n blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *bd logic blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *ergomar* | *ergotamine tartrate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *arymo er* | *morphine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *freestyle sidekick ii* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *oxycodone-ibuprofen* | *oxycodone-ibuprofen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *sarafem* | *fluoxetine hcl (pmdd)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *advocate redi-code+ talking* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *nalocet* | *oxycodone w/ acetaminophen* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *normosol-m in d5w* | *electrolyte-m in dextrose* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *reveal blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *zoladex* | *goserelin acetate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *colistimethate sodium (cba)* | *colistimethate sodium* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *leucovorin calcium* | *leucovorin calcium* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *hm embrace talk system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *urin ds* | *methenamine-hyosc-methylene blue-sod phos-phenyl sal* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *easypro blood glucose monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *blood glucose monitor system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *smart diabetes xpres system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *relion premier compact system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *fora tn'g voice* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *viramune* | *nevirapine* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *goodsense blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *control blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *oxaliplatin* | *oxaliplatin* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *shoprite value pack* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *rexall blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *accu-chek active care kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *ra trueresult blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *prodigy voicepro blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *freestyle freedom* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *sterile water for injection* | *water for injection, sterile* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *acetic acid* | *acetic acid* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *sodium chloride (pf)* | *sodium chloride* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *prialt* | *ziconotide acetate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *duane reade starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *zyloprim* | *allopurinol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *d-care glucometer* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *glucocard expression monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *isuprel* | *isoproterenol hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *glucocard 01 blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *biotel care blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *glucocard x-meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *wavesense keynote* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *clever choice micro system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *carimune nf* | *immune globulin (human) iv* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *dextrose-nacl* | *dextrose w/ sodium chloride* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *quicktek* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *cool monitor kit* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *precision link* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *healthpro blood glucose monito* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *duragesic-75* | *fentanyl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *augmentin* | *amoxicillin & pot clavulanate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *infed* | *iron dextran* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *oxsoralen ultra* | *methoxsalen rapid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *duragesic-12* | *fentanyl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *duragesic-75* | *fentanyl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *duragesic-25* | *fentanyl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *microdot blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *vumerity (starter)* | *diroximel fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *duragesic-50* | *fentanyl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *duragesic-50* | *fentanyl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *contour next link* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *duragesic-25* | *fentanyl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *duragesic-12* | *fentanyl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *isoniazid* | *isoniazid* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *easygluco* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *romidepsin* | *romidepsin* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *albendazole* | *albendazole* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *acthrel* | *corticorelin ovine triflutate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *glucotrol* | *glipizide* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *desipramine hcl* | *desipramine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *hm embrace talk system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *guanidine hcl* | *guanidine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *surechek blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *truetrack smart system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *capastat sulfate* | *capreomycin sulfate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *phytonadione* | *phytonadione* | REMOVE FROM FORMULARY | Covered | Non-Formulary |
| 11/20/2022 | *contour next usb monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *sodium fluoride* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *pepaxto* | *melphalan flufenamide hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *caffeine citrate* | *caffeine citrate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *oxsoralen ultra* | *methoxsalen rapid* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *normosol-r* | *electrolyte-r* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *pravachol* | *pravastatin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *xylocaine-mpf/epinephrine* | *lidocaine w/ epinephrine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *fifty50 glucose meter 2.0* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *drug emp starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *prodigy pocket blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *flagyl* | *metronidazole* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *onetouch verio sync system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *duragesic-100* | *fentanyl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *glucocard shine express* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *arymo er* | *morphine sulfate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *ge100 blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *quzyttir* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *prodigy preferred monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *aminosyn-pf* | *amino acid infusion* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *fora v10/v12/d10/d20 test* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *contour monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *accu-chek aviva plus* | *blood glucose monitoring supplies* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *iglucose monitoring system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *agamatrix presto* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *temodar* | *temozolomide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *procardia* | *nifedipine* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *viramune* | *nevirapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *freestyle freedom lite* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *freestyle sidekick ii* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *prestige smart system value pk* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *smart sense premium system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *easygluco plus starter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *mm easy touch glucose meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *true metrix meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *onetouch ultra mini* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *pataday* | *olopatadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *onetouch solutions complete* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *didget* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *rightest gm300 blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *maxima meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *aptivus* | *tipranavir* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *probuphine implant kit* | *buprenorphine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *albenza* | *albendazole* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *alfentanil hcl* | *alfentanil hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *on call vivid meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *pocketchem ez system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *desonate* | *desonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *meijer trueresult glucose sys* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *freestyle insulinx system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *enablex* | *darifenacin hydrobromide* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *d-care glucometer* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *thrombate iii* | *antithrombin iii (human)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *prestige smart system iq kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *eql true2go blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *mutamycin* | *mitomycin* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *glyset* | *miglitol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *imitrex* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *nuplazid* | *pimavanserin tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *glucocard x-meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *ibg star blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *xylocaine* | *lidocaine hcl (local anesth.)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *embrace talk monitoring system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *advocate redi-code* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *temozolomide* | *temozolomide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *glucocard vital monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *ldr blood glucose truetest* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *gmate smart starter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *cyproheptadine hcl* | *cyproheptadine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *advance intuition monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *kroger blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *adasuve* | *loxapine* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *zinecard* | *dexrazoxane hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *infinity voice* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *contour next one* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *choice dm diabetes risk test* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *prodigy pocket blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *varubi (180 mg dose)* | *rolapitant hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *glucocard shine* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *prodigy autocode blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *onetouch verio reflect* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *reveal blood glucose monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *osmolex er* | *amantadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *khapzory* | *levoleucovorin* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *true metrix air glucose meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *a1c now* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *onetouch verio sync system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *nitrofurantoin monohyd macro* | *nitrofurantoin monohyd macro* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *onetouch verio* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *on call vivid meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *easypro plus* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *vyleesi* | *bremelanotide acetate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *prodigy autocode blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *nasonex* | *mometasone furoate (nasal)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *glucocard shine* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *contour next gen monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *human albumin grifols* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *aminoacetic acid* | *glycine (gu irrigant)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *easypro blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *duragesic-100* | *fentanyl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *pb-hyoscy-atropine-scopolamine* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *surechek blood glucose monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *accu-chek compact plus control* | *blood glucose calibration* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/20/2022 | *infinity voice* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *pegintron* | *peginterferon alfa-2b* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *ranitidine hcl* | *ranitidine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/20/2022 | *uro-458* | *methenamine-hyosc-methylene blue-sod phos-phenyl sal* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *easymax v blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *easy touch glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *embrace evo glucose monitoring* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *rightest gm550 blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *colyte with flavor packs* | *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *mannitol* | *mannitol* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *sensorcaine* | *bupivacaine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *ultima* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *starlix* | *nateglinide* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *oravig* | *miconazole (mouth-throat)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *makena* | *hydroxyprogesterone caproate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *bivigam* | *immune globulin (human) iv* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *vanatol s* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *pataday* | *olopatadine hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *avandia* | *rosiglitazone maleate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *fasttake monitoring system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *bunavail* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *prostin e2* | *dinoprostone* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *accu-chek aviva connect* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *multitrace-4 concentrate* | *trace minerals (cr-cu-mn-zn)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *dextrose* | *dextrose* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *integrilin* | *eptifibatide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *accu-chek nano smartview* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *diabetes monitor digit add-on* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *norco* | *hydrocodone-acetaminophen* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *relion ultima glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *optumrx blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *sulfamethoxazole-trimethoprim* | *sulfamethoxazole-trimethoprim* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *aptivus* | *tipranavir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *embrace talk monitoring system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *glucocard 01-mini glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *docetaxel* | *docetaxel* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *alprazolam* | *alprazolam* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *morphine sulfate er* | *morphine sulfate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *trueresult blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *amethia lo* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *on call express monitoring sys* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *onetouch solutions starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *paradigm link glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *salex* | *salicylic acid w/ cleanser* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *humatrope* | *somatropin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *phospholine iodide* | *echothiophate iodide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *lupaneta pack* | *leuprolide acetate & norethindrone acetate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *taxotere* | *docetaxel* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *prestige lx blood glucose kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *glucocard vital monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *pyridostigmine bromide* | *pyridostigmine bromide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *meijer truetrack glucose sys* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *relion true met air gluc meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *seconal* | *secobarbital sodium* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *actigall* | *ursodiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *fifty50 glucose meter 2.0* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *relion premier compact system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *oracit* | *sodium citrate & citric acid* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *onetouch ultra mini* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *caretouch monitor system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *smart sense premium system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *digoxin* | *digoxin* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *fludarabine phosphate* | *fludarabine phosphate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *pharmacist choice autocode sys* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *winrho sdf* | *rho d immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *peganone* | *ethotoin* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *kcl in dextrose-nacl* | *potassium chloride in dextrose & sodium chloride* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *gnp true metrix air meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *easymax ng blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *wavesense amp* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *one drop blood glucose monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *rightest gm300 blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *accu-chek guide* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *vivlodex* | *meloxicam* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *clever chek system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *freestyle precision neo system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *prolate* | *oxycodone w/ acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *acura blood glucose starter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *agamatrix jazz wireless 2* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *trandolapril-verapamil hcl er* | *trandolapril-verapamil hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *nizatidine* | *nizatidine* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *accu-chek aviva plus* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *plasmanate* | *plasma protein fraction* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *tarka* | *trandolapril-verapamil hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *acura blood glucose meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *meijer true2go blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *sarafem* | *fluoxetine hcl (pmdd)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *cool monitor kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *fora tn'g voice* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *epinephrine pf* | *epinephrine* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *helidac therapy* | *metronidazole-tetracycline w/ bismuth subsalicylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *morphine sulfate* | *morphine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *infinity blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *goodsense blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *agamatrix presto* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *propantheline bromide* | *propantheline bromide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *oxycodone-ibuprofen* | *oxycodone-ibuprofen* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *fluorouracil* | *fluorouracil (topical)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *on call plus meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *phenylephrine hcl* | *phenylephrine hcl (pressors)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *onetouch ultra 2* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *easy step glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *biotel care blood glucose syst* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *zelnorm* | *tegaserod maleate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *prolastin-c* | *alpha1-proteinase inhibitor (human)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *prodigy pocket pro blood gluco* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *smartest eject starter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *optumrx blood glucose meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *accu-chek compact plus care* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *maxima starter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *kerr drug starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *cardene iv* | *nicardipine hcl in dextrose* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *healthpro blood glucose monito* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *hyperhep b* | *hepatitis b immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *antabuse* | *disulfiram* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *signifor lar* | *pasireotide pamoate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *refuah plus monitoring system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *true2go blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *prodigy voice blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *prodigy blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *bretylium tosylate* | *bretylium tosylate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *multitrace-5 concentrate* | *trace minerals (cr-cu-mn-se-zn)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *cvs blood glucose meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *easymax l blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *utibron neohaler* | *indacaterol maleate-glycopyrrolate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *verasens blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *gnp true metrix glucose meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *contour next link* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *smart sense value glucose sys* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *accu-chek voicemate* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *tgt blood glucose monitoring* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *enablex* | *darifenacin hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *buspirone hcl* | *buspirone hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *precision xtra* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *ra true2go blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *glucolab glucose monitoring* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *a1c now selfcheck* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *glycine* | *glycine (gu irrigant)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *paradigm link glucose monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *imitrex* | *sumatriptan succinate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *on call vivid monitoring* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *glyset* | *miglitol* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *glucophage xr* | *metformin hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *ninlaro* | *ixazomib citrate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *blood glucose system pak* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *blood glucose meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *fora g20 blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *contour next monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *accu-chek guide me* | *blood glucose monitoring supplies* | ADD UM: C1 | | Pref: ACCU-CHEK Guide & Guide Me - Use the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643. |
| 11/20/2022 | *etopophos* | *etoposide phosphate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *timolol maleate* | *timolol maleate (ophth)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *adasuve* | *loxapine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *smartest persona starter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *tranexamic acid* | *tranexamic acid* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *nova max blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *meijer premium blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *varubi (180 mg dose)* | *rolapitant hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *cafergot* | *ergotamine w/ caffeine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *carboplatin* | *carboplatin* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *omniscan/sodium chloride* | *gadodiamide-sodium chloride* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *contour blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *keflex* | *cephalexin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *methotrexate sodium (pf)* | *methotrexate sodium* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *ght blood glucose monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *fora g71a blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *gavilyte-h* | *bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *ultra trak pro blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *acura plus blood glucose sys* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *nortriptyline hcl* | *nortriptyline hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *paclitaxel* | *paclitaxel* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *abilify mycite* | *aripiprazole* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *nizatidine* | *nizatidine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *bayer contour link 2.4* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *element autocode system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *winn dixie medic value pack* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *embrace evo glucose monitoring* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *solus v2 blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *flebogamma dif* | *immune globulin (human) iv* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *fora g20 blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *crixivan* | *indinavir sulfate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *maxima blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *advocate blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *optium blood glucose monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *onetouch basic system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *qmiiz odt* | *meloxicam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *mycamine* | *micafungin sodium* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *morphine sulfate* | *morphine sulfate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *urea* | *urea* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *zuplenz* | *ondansetron* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *biotel care blood glucose syst* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *magnevist* | *gadopentetate dimeglumine* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *bl blood glucose monitoring* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *wavesense amp* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *onetouch verio iq system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *cyanocobalamin* | *cyanocobalamin* | REMOVE FROM FORMULARY | Covered | Non-Formulary |
| 11/20/2022 | *procardia* | *nifedipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *quicktek/meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *fortiscare glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *binosto* | *alendronate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *bd latitude diabetes* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *gnp trueread* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *quadramet* | *samarium sm 153 lexidronam* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *diabetes monitor digit soln* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *one drop blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *accu-chek compact plus* | *glucose blood* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/20/2022 | *norethindrone* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *smartest protege starter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *freestyle lite* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *nuplazid* | *pimavanserin tartrate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *hydroxychloroquine sulfate* | *hydroxychloroquine sulfate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *kroger premium blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *rightest gm100 blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *myglucohealth blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *caziant* | *desogestrel-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *stavudine* | *stavudine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *utibron neohaler* | *indacaterol maleate-glycopyrrolate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *morphabond er* | *morphine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *sumatriptan succinate* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *gemcitabine hcl* | *gemcitabine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *acamprosate calcium* | *acamprosate calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *ght blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *onetouch ultrasmart* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *advocate redi-code* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *refuah plus monitoring system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *contour blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *on call vivid monitoring* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *smartest eject starter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *fora v30a blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *tivorbex* | *indomethacin* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *ra true2go blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *cefadroxil* | *cefadroxil* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *cefadroxil* | *cefadroxil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *cephalexin* | *cephalexin* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *boniva* | *ibandronate sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *tivorbex* | *indomethacin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *glucagon hcl (diagnostic)* | *glucagon hcl (diagnostic)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *multitrace-5* | *trace minerals (cr-cu-mn-se-zn)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *precision xtra* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *binosto* | *alendronate sodium* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *dilatrate-sr* | *isosorbide dinitrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *easyplus v blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *blood glucose system pak* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *kinray value pack* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *fortiscare glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *humatrope* | *somatropin* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *cephalexin* | *cephalexin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *hyoscyamine sulfate* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *on call plus meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *levobunolol hcl* | *levobunolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *augmentin* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *hydrocortisone butyrate* | *hydrocortisone butyrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *tgt blood glucose monitoring* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *vumerity (starter)* | *diroximel fumarate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *seconal* | *secobarbital sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *bd latitude diabetes* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *glucocom monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *prodigy no coding blood gluc* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *on call vivid pal meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *busulfan* | *busulfan* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *actigall* | *ursodiol* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *element autocode system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *rifampin* | *rifampin* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *glucotrol* | *glipizide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *at last blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *relion ultima glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *onetouch ultralink* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *quelicin* | *succinylcholine chloride* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *dacarbazine* | *dacarbazine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *smart sense value glucose sys* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *cvs blood glucose meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *accu-chek nano smartview* | *blood glucose monitoring supplies* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/20/2022 | *freestyle lite* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *abilify mycite* | *aripiprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *rightest gm100 blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *glucocard shine connex* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *nasonex* | *mometasone furoate (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *normosol-r ph 7.4* | *electrolyte-r (ph 7.4)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *zorvolex* | *diclofenac* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *onetouch solutions refill* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *nabi-hb* | *hepatitis b immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *levoleucovorin calcium pf* | *levoleucovorin calcium* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *bayer contour link 2.4* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *abstral* | *fentanyl citrate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *anavip* | *crotalidae immune f(ab')2 (equine)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *life med blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *easy touch healthpro glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *easymax ng blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *lactulose* | *lactulose* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *accu-chek multiclix lancets* | *lancets* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/20/2022 | *sodium chloride* | *sodium chloride* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *cytarabine (pf)* | *cytarabine* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *qmiiz odt* | *meloxicam* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *quicktek/meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *polymyxin b sulfate* | *polymyxin b sulfate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *nalocet* | *oxycodone w/ acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *morphabond er* | *morphine sulfate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *zuplenz* | *ondansetron* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *accu-chek aviva plus* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *caretouch monitor system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *meijer true2go blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *bd latitude diabetes system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *avandia* | *rosiglitazone maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *sorbitol* | *sorbitol irrigation* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *plasbumin-5* | *albumin, human* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *stavudine* | *stavudine* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *deferasirox* | *deferasirox* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *easy trak blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *discount drug mart value pack* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *on call plus monitoring system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *trilyte* | *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *ddavp rhinal tube* | *desmopressin acetate refrigerated* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *clovique* | *trientine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *sumatriptan succinate* | *sumatriptan succinate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *easy talk blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *eclipse blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *anascorp* | *centruroides (scorpion) immune f(ab')2 (equine)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *butorphanol tartrate* | *butorphanol tartrate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *sumatriptan succinate refill* | *sumatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *decitabine* | *decitabine* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *tempo welcome* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *careone blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *glucophage xr* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *clever choice micro system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *tolbutamide* | *tolbutamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *bevyxxa* | *betrixaban maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *fora v30a blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *omniscan* | *gadodiamide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *doxorubicin hcl* | *doxorubicin hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *zypitamag* | *pitavastatin magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *freestyle system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *optumrx blood glucose meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *relion micro* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *sodium bicarbonate* | *sodium bicarbonate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *lactated ringers* | *lactated ringer's* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *glucocard 01-mini glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *meijer blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *infinity blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *prodigy voice blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *tilia fe* | *norethindrone acetate-ethinyl estradiol-fe* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *optumrx blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *videx ec* | *didanosine* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *kroger premium blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *panzyga* | *immune globulin (human)-ifas* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *onetouch ultra 2* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *merrem* | *meropenem* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *envision autocode* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *cafergot* | *ergotamine w/ caffeine* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *easygluco plus* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *agamatrix jazz wireless 2* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *blood glucose monitor system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *accu-chek guide* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *boniva* | *ibandronate sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/20/2022 | *smartest pronto starter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *fora v22 blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *keflex* | *cephalexin* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *timolol maleate* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *accu-chek compact plus control* | *blood glucose calibration* | ADD UM: QUANTITY | | 4 / 1 year(s) |
| 11/20/2022 | *seebri neohaler* | *glycopyrrolate (inhalation)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *verasens blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *bd logic blood glucose monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *accu-chek multiclix lancets* | *lancets* | ADD UM: QUANTITY | | 204 / 30 day(s) |
| 11/20/2022 | *intron a* | *interferon alfa-2b* | ADD TO FORMULARY | | Covered |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *pravachol* | *pravastatin sodium* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *flagyl* | *metronidazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *prodigy no coding blood gluc* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *sulfamylon* | *mafenide acetate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *long starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *prestige smart system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *prolate* | *oxycodone w/ acetaminophen* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *solus v2 blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *express med starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *meijer blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *quzyttir* | *cetirizine hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *meijer starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *ultravist* | *iopromide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *helidac therapy* | *metronidazole-tetracycline w/ bismuth subsalicylate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *vivlodex* | *meloxicam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *easymax v blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *physiosol irrigation* | *irrigation solutions, physiological* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *albertsons starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *easymax v2 blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *zelnorm* | *tegaserod maleate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *smartest pronto starter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *assure 3 meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *freestyle flash system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *chlordiazepoxide hcl* | *chlordiazepoxide hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *freestyle freedom* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *glucocom monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *true metrix go glucose meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *multitrace-4 pediatric* | *trace minerals (cr-cu-mn-zn)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *freestyle insulinx system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *gnp true metrix air meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *careone blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *contour next ez* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *disulfiram* | *disulfiram* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *pharmacist choice autocode sys* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *antabuse* | *disulfiram* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *relion true met air gluc meter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *clever chek system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *ranitidine hcl* | *ranitidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *trientine hcl* | *trientine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *desonate* | *desonide* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *nova max blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *myglucohealth blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *osmitrol* | *mannitol* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *dihydroergotamine mesylate* | *dihydroergotamine mesylate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *xylocaine-mpf* | *lidocaine hcl (local anesth.)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *morphine sulfate er* | *morphine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *navelbine* | *vinorelbine tartrate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *smartest protege starter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *prestige lx* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *contour next monitor* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *smartest persona starter* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *freestyle freedom lite* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *carbinoxamine maleate* | *carbinoxamine maleate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *rightest gm550 blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *advance intuition monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *zyloprim* | *allopurinol* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *advocate redi-code+ talking* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *dilatrate-sr* | *isosorbide dinitrate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *bayer contour monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *pyrazinamide* | *pyrazinamide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *carbocaine* | *mepivacaine hcl* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *relion micro* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *levobunolol hcl* | *levobunolol hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *etoposide* | *etoposide* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *glucocard shine express* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *meijer trueresult glucose sys* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *lactated ringers* | *lactated ringer's (irrigation)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *ldr blood glucose truetest* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *butalbital-apap-caffeine* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *hectorol* | *doxercalciferol* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *sodium chloride* | *sodium chloride (gu irrigant)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *easy check glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *mm easy touch glucose meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *bayer contour usb* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *ortho micronor* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *hydrocortisone butyrate* | *hydrocortisone butyrate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *ibg star blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *glucocard shine connex* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *on call plus monitoring system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *bayer contour link monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *peganone* | *ethotoin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *bayer breeze 2 system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *haldol* | *haloperidol lactate* | ADD TO FORMULARY | | PDL Preferred |
| 11/20/2022 | *easy touch glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *accu-chek nano smartview* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *optium blood glucose monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *bd latitude diabetes system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *onetouch verio iq system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *norco* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *easy plus blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *nexgen meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *onetouch ultralink* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *advocate blood glucose system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *omnipred* | *prednisolone acetate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *pegintron* | *peginterferon alfa-2b* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *contour next gen monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *wavesense keynote* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *sodium fluoride 5000 plus* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *ferriprox* | *deferiprone* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *accu-chek guide* | *blood glucose monitoring supplies* | ADD UM: C1 | | Pref: ACCU-CHEK Guide & Guide Me - Use the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643. |
| 11/20/2022 | *glucocard expression monitor* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *oravig* | *miconazole (mouth-throat)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *onetouch verio reflect* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *starlix* | *nateglinide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *on call vivid pal meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *meijer premium blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *crixivan* | *indinavir sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/20/2022 | *accu-chek compact plus* | *glucose blood* | ADD UM: QUANTITYCUSTOM | | QL= 300/month ages 0-20, 200/month age 21 and over |
| 11/20/2022 | *onetouch verio flex system* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *deferoxamine mesylate* | *deferoxamine mesylate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *sodium polystyrene sulfonate* | *sodium polystyrene sulfonate* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *freamine iii* | *amino acid infusion* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *mononine* | *coagulation factor ix* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *meijer essential blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *kroger blood glucose* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *telcare blood glucose system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *easypro plus* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *praluent* | *alirocumab* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *bunavail* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *evencare glucose monitoring* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *onetouch verio* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/20/2022 | *giant eagle pharmacy value pk* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *acamprosate calcium* | *acamprosate calcium* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/20/2022 | *cetylev* | *acetylcysteine (antidote)* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *sentry starter kit* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *lorazepam* | *lorazepam* | ADD TO FORMULARY | | Covered |
| 11/20/2022 | *ultra trak pro blood glucose* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *true metrix air glucose meter* | *blood glucose monitoring supplies* | REMOVE UM: QUANTITY | 1 / 2 year(s) | |
| 11/20/2022 | *truetrack smart system* | *blood glucose monitoring supplies* | NEW AUTO RULE | | Non-Formulary |
| 11/20/2022 | *dapsone* | *dapsone* | ADD TO FORMULARY | | Covered |
| 11/21/2022 | *duloxetine hcl* | *duloxetine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/21/2022 | *clonazepam* | *clonazepam* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 11/21/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 11/21/2022 | *fluoxetine hcl* | *fluoxetine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/21/2022 | *quetiapine fumarate* | *quetiapine fumarate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/22/2022 | *lacosamide* | *lacosamide* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 11/22/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/22/2022 | *namenda* | *memantine hcl* | CHANGE UM: SUM9 | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS | 405 NMDA RECEPTOR |
| 11/22/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 11/22/2022 | *cephalexin* | *cephalexin* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/22/2022 | *dexamethasone* | *dexamethasone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 11/22/2022 | *tazorac* | *tazarotene* | CHANGE UM: SUM9 | 477 CYTOKINE AND CAM ANTAGONISTS | 402 TOPICAL RETINOIDS |
| 11/22/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | ADD UM: SUM9 | | 595 TETRACYCLINES |
| 11/22/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD UM: SUM9 | | 452 INFLUENZA |
| 11/22/2022 | *oxcarbazepine* | *oxcarbazepine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *methylprednisolone* | *methylprednisolone* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/22/2022 | *ondansetron hcl* | *ondansetron hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 11/22/2022 | *tobradex* | *tobramycin-dexamethasone* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/22/2022 | *primidone* | *primidone* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 11/22/2022 | *sotalol hcl* | *sotalol hcl* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/22/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 11/22/2022 | *latanoprost* | *latanoprost* | ADD UM: SUM9 | | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC |
| 11/22/2022 | *banzel* | *rufinamide* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/22/2022 | *tadalafil* | *tadalafil* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 11/22/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/22/2022 | *lamotrigine starter kit-orange* | *lamotrigine* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/22/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 11/22/2022 | *dexamethasone* | *dexamethasone* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *celecoxib* | *celecoxib* | ADD UM: SUM9 | | 552 NSAIDS |
| 11/22/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *lamotrigine starter kit-green* | *lamotrigine* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/22/2022 | *topiramate* | *topiramate* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/22/2022 | *namenda xr* | *memantine hcl* | CHANGE UM: SUM9 | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS | 405 NMDA RECEPTOR |
| 11/22/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/22/2022 | *methylprednisolone* | *methylprednisolone* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *fenofibrate* | *fenofibrate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/22/2022 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 11/22/2022 | *ondansetron hcl* | *ondansetron hcl* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *metaxalone* | *metaxalone* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 11/22/2022 | *lamotrigine starter kit-blue* | *lamotrigine* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/22/2022 | *enoxaparin sodium* | *enoxaparin sodium* | ADD UM: SUM9 | | 422 LOW MOLECULAR WEIGHT HEPARINS |
| 11/22/2022 | *metaxalone* | *metaxalone* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/22/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 11/22/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/22/2022 | *pristiq* | *desvenlafaxine succinate* | REMOVE UM: SUM7 | 72 Hour Fill List | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/22/2022 | *noxafil* | *posaconazole* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/22/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 11/22/2022 | *noxafil* | *posaconazole* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 11/22/2022 | *lamotrigine er* | *lamotrigine* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/22/2022 | *lacosamide* | *lacosamide* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/22/2022 | *methadone hcl* | *methadone hcl* | ADD UM: SUM9 | | 406 NARCOTICS: LONG ACTING |
| 11/22/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 11/22/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/22/2022 | *ramipril* | *ramipril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 11/22/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | REMOVE UM: QUANTITY | 1 UNITS / 1 DAYS | |
| 11/22/2022 | *cephalexin* | *cephalexin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 11/22/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *oxcarbazepine* | *oxcarbazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/22/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | REMOVE UM: AUTHORIZATION | Preferred Step Trial Required | |
| 11/22/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *apexicon e* | *diflorasone diacetate emollient base* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |
| 11/22/2022 | *felodipine er* | *felodipine* | CHANGE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 11/22/2022 | *norco* | *hydrocodone-acetaminophen* | ADD UM: QUANTITY | | 40 / 10 day(s) |
| 11/22/2022 | *namenda titration pak* | *memantine hcl* | CHANGE UM: SUM9 | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS | 405 NMDA RECEPTOR |
| 11/22/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/22/2022 | *dipyridamole* | *dipyridamole* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *tadalafil* | *tadalafil* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/22/2022 | *clobazam* | *clobazam* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/22/2022 | *clobazam* | *clobazam* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/22/2022 | *propafenone hcl er* | *propafenone hcl* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *topiramate* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 11/22/2022 | *carbamazepine er* | *carbamazepine* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 11/22/2022 | *carbamazepine er* | *carbamazepine* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 11/22/2022 | *dipyridamole* | *dipyridamole* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 11/22/2022 | *felbatol* | *felbamate* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/22/2022 | *ramipril* | *ramipril* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD UM: QUANTITY | | 20 / 1 day(s) |
| 11/22/2022 | *sabril* | *vigabatrin* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/22/2022 | *lamotrigine* | *lamotrigine* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 11/22/2022 | *ultram* | *tramadol hcl* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 11/22/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 11/22/2022 | *celecoxib* | *celecoxib* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 11/22/2022 | *sotalol hcl* | *sotalol hcl* | ADD UM: SUM9 | | 454 BETA BLOCKERS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/22/2022 | *tobradex* | *tobramycin-dexamethasone* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 11/22/2022 | *propafenone hcl er* | *propafenone hcl* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 11/25/2022 | *levetiracetam er* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |
| 11/25/2022 | *nystatin* | *nystatin (mouth-throat)* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/25/2022 | *lyumjev tempo pen* | *insulin lispro-aabc* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/25/2022 | *basaglar tempo pen* | *insulin glargine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/25/2022 | *benazepril hcl* | *benazepril hcl* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 11/25/2022 | *cresemba* | *isavuconazonium sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *oxcarbazepine* | *oxcarbazepine* | ADD TO FORMULARY | | PDL Preferred |
| 11/25/2022 | *metoclopramide hcl* | *metoclopramide hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *lamotrigine* | *lamotrigine* | ADD TO FORMULARY | | PDL Preferred |
| 11/25/2022 | *rolvedon* | *eflapegrastim-xnst* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/25/2022 | *eszopiclone* | *eszopiclone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/25/2022 | *oxcarbazepine* | *oxcarbazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |
| 11/25/2022 | *farxiga* | *dapagliflozin propanediol* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/25/2022 | *terbutaline sulfate* | *terbutaline sulfate* | ADD UM: SUM9 | | 825 BRONCHODILATORS, BETA AGONIST |
| 11/25/2022 | *fluoxetine hcl (pmdd)* | *fluoxetine hcl (pmdd)* | REMOVE UM: AUTHORIZATION | | |
| 11/25/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/25/2022 | *nystatin* | *nystatin (mouth-throat)* | REMOVE UM: SUM9 | 432 ORAL ANTIFUNGALS | |
| 11/25/2022 | *lamotrigine* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 11/25/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/25/2022 | *benazepril hcl* | *benazepril hcl* | ADD TO FORMULARY | | PDL Preferred |
| 11/25/2022 | *formoterol fumarate* | *formoterol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *celecoxib* | *celecoxib* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/25/2022 | *methylphenidate hcl er (osm)* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/25/2022 | *cresemba* | *isavuconazonium sulfate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/25/2022 | *lamotrigine er* | *lamotrigine* | ADD TO FORMULARY | | PDL Preferred |
| 11/25/2022 | *fluoxetine hcl (pmdd)* | *fluoxetine hcl (pmdd)* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 11/25/2022 | *morphine sulfate (concentrate)* | *morphine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/25/2022 | *naltrexone hcl* | *naltrexone hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/25/2022 | *lamotrigine er* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 11/25/2022 | *fentanyl* | *fentanyl* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/25/2022 | *lyumjev tempo pen* | *insulin lispro-aabc* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *fentanyl* | *fentanyl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/25/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 11/25/2022 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/25/2022 | *farxiga* | *dapagliflozin propanediol* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/25/2022 | *celecoxib* | *celecoxib* | REMOVE UM: SUM9 | 552 NSAIDS | |
| 11/25/2022 | *humalog tempo pen* | *insulin lispro* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *formoterol fumarate* | *formoterol fumarate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/25/2022 | *methylphenidate hcl er (osm)* | *methylphenidate hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/25/2022 | *econazole nitrate* | *econazole nitrate* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 11/25/2022 | *penciclovir* | *penciclovir* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/25/2022 | *veregen* | *sinecatechins* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/25/2022 | *veregen* | *sinecatechins* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/25/2022 | *morphine sulfate (concentrate)* | *morphine sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 11/25/2022 | *rolvedon* | *eflapegrastim-xnst* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *levetiracetam er* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 11/25/2022 | *naltrexone hcl* | *naltrexone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *penciclovir* | *penciclovir* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *humalog tempo pen* | *insulin lispro* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 11/25/2022 | *basaglar tempo pen* | *insulin glargine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *oxacillin sodium* | *oxacillin sodium* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/25/2022 | *econazole nitrate* | *econazole nitrate* | REMOVE UM: SUM9 | 433 ANTIFUNGALS, TOPICAL | |
| 11/25/2022 | *oxacillin sodium* | *oxacillin sodium* | REMOVE UM: SUM9 | 835 PENICILLINS | |
| 11/25/2022 | *eszopiclone* | *eszopiclone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 11/25/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 11/25/2022 | *metoclopramide hcl* | *metoclopramide hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

## December, 2022

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/02/2022 | *estradiol* | *estradiol* | ADD TO FORMULARY | | Non-Formulary |
| 12/07/2022 | *acebutolol hcl* | *acebutolol hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/07/2022 | *semglee* | *insulin glargine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/07/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | REMOVE UM: QUANTITY | 1 UNITS / 1 DAYS | |
| 12/07/2022 | *cefdinir* | *cefdinir* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 12/07/2022 | *relexxii* | *methylphenidate hcl* | ADD UM: QUANTITY | | 1 / 1 day(s) |
| 12/07/2022 | *methamphetamine hcl* | *methamphetamine hcl* | REMOVE UM: QUANTITY | 5 UNITS / 1 DAYS | |
| 12/07/2022 | *hm all day allergy* | *cetirizine hcl* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 12/07/2022 | *semglee* | *insulin glargine* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 12/07/2022 | *acebutolol hcl* | *acebutolol hcl* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 12/07/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | REMOVE UM: QUANTITY | 1 UNITS / 1 DAYS | |
| 12/07/2022 | *cefdinir* | *cefdinir* | REMOVE UM: SUM9 | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/07/2022 | *voriconazole* | *voriconazole* | REMOVE UM: AUTHORIZATION | | |
| 12/07/2022 | *hm all day allergy* | *cetirizine hcl* | REMOVE UM: SUM9 | 434 LOW SEDATING ANTIHISTAMINES | |
| 12/07/2022 | *amlodipine besylate* | *amlodipine besylate* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 12/07/2022 | *amlodipine besylate* | *amlodipine besylate* | REMOVE UM: SUM9 | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS | |
| 12/07/2022 | *voriconazole* | *voriconazole* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 12/08/2022 | *cleocin phosphate* | *clindamycin phosphate* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 12/09/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/09/2022 | *doxazosin mesylate* | *doxazosin mesylate* | REMOVE UM: SUM9 | 462 BPH TREATMENTS | |
| 12/09/2022 | *nitroglycerin er* | *nitroglycerin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/09/2022 | *unifine pentips* | *insulin pen needle* | REMOVE UM: QUANTITY | 200 / 30 day(s) | |
| 12/09/2022 | *hydrocortisone acetate* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *hydrocortisone ace-pramoxine* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/09/2022 | *est estrogens-methyltest ds* | *esterified estrogens & methyltestosterone* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/09/2022 | *est estrogens-methyltest hs* | *esterified estrogens & methyltestosterone* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/09/2022 | *demeclocycline hcl* | *demeclocycline hcl* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/09/2022 | *donepezil hcl* | *donepezil hydrochloride* | REMOVE UM: SUM9 | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS | |
| 12/09/2022 | *oracit* | *sodium citrate & citric acid* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *lactated ringers* | *lactated ringer's* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *metformin hcl er* | *metformin hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/09/2022 | *multitrace-5* | *trace minerals (cr-cu-mn-se-zn)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *olanzapine-fluoxetine hcl* | *olanzapine-fluoxetine hcl* | REMOVE UM: AUTHORIZATION | | |
| 12/09/2022 | *hydrocortisone ace-pramoxine* | *pramoxine-hc* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/09/2022 | *tafluprost (pf)* | *tafluprost* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/09/2022 | *multitrace-4 concentrate* | *trace minerals (cr-cu-mn-zn)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *multitrace-4 pediatric* | *trace minerals (cr-cu-mn-zn)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/09/2022 | *unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *hydrocortisone ace-pramoxine* | *pramoxine-hc* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *prochlorperazine edisylate* | *prochlorperazine edisylate* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/09/2022 | *est estrogens-methyltest ds* | *esterified estrogens & methyltestosterone* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *amlodipine besy-benazepril hcl* | *amlodipine besylate-benazepril hcl* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 12/09/2022 | *est estrogens-methyltest hs* | *esterified estrogens & methyltestosterone* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *unifine pentips plus* | *insulin pen needle* | REMOVE UM: QUANTITY | 200 / 30 day(s) | |
| 12/09/2022 | *unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *proctocort* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *normosol-r ph 7.4* | *electrolyte-r (ph 7.4)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *infed* | *iron dextran* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *sodium polystyrene sulfonate* | *sodium polystyrene sulfonate* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *iodoquinol-hc-aloe polysacch* | *iodoquinol-hydrocortisone-aloe polysaccharide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/09/2022 | *nitroglycerin er* | *nitroglycerin* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *freamine iii* | *amino acid infusion* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *sodium chloride* | *sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *aminosyn-pf* | *amino acid infusion* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/09/2022 | *phenobarbital* | *phenobarbital* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/09/2022 | *phenohytro* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *zolpidem tartrate er* | *zolpidem tartrate* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 12/09/2022 | *memantine hcl* | *memantine hcl* | ADD UM: SUM9 | | 405 NMDA RECEPTOR |
| 12/09/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/09/2022 | *pramosone* | *pramoxine-hc* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/09/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/09/2022 | *multitrace-4 neonatal* | *trace minerals (cr-cu-mn-zn)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *zolpidem tartrate er* | *zolpidem tartrate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/09/2022 | *sodium bicarbonate* | *sodium bicarbonate* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *sodium fluoride 5000 plus* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *fem ph* | *acetic acid-oxyquinoline vaginal* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *analpram hc* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *memantine hcl* | *memantine hcl* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/09/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/09/2022 | *hydrocortisone-iodoquinol* | *iodoquinol-hc* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *est estrogens-methyltest* | *esterified estrogens & methyltestosterone* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *demeclocycline hcl* | *demeclocycline hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/09/2022 | *multitrace-5 concentrate* | *trace minerals (cr-cu-mn-se-zn)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *lamotrigine* | *lamotrigine* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 12/09/2022 | *normosol-r* | *electrolyte-r* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *naproxen* | *naproxen* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/09/2022 | *metformin hcl er* | *metformin hcl* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 12/09/2022 | *kcl in dextrose-nacl* | *potassium chloride in dextrose & sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *anusol-hc* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *prochlorperazine edisylate* | *prochlorperazine edisylate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/09/2022 | *enalapril maleate* | *enalapril maleate* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 12/09/2022 | *enalapril maleate* | *enalapril maleate* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 12/09/2022 | *lamotrigine* | *lamotrigine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/09/2022 | *analpram hc singles* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *tafluprost (pf)* | *tafluprost* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/09/2022 | *phenobarbital* | *phenobarbital* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *dextrose* | *dextrose* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *doxazosin mesylate* | *doxazosin mesylate* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 12/09/2022 | *normosol-m in d5w* | *electrolyte-m in dextrose* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *hydrocort-pramoxine (perianal)* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *iodoquinol-hc-aloe polysacch* | *iodoquinol-hydrocortisone-aloe polysaccharide* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *symax-sl* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *donnatal* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *sodium chloride (pf)* | *sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *analpram-hc* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *amlodipine besy-benazepril hcl* | *amlodipine besylate-benazepril hcl* | REMOVE UM: SUM9 | 611 ACE INHIBITOR CALCIUM CHANNEL BLOCKER | |
| 12/09/2022 | *donepezil hcl* | *donepezil hydrochloride* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 12/09/2022 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/09/2022 | *olanzapine-fluoxetine hcl* | *olanzapine-fluoxetine hcl* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 12/09/2022 | *naproxen* | *naproxen* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/09/2022 | *hyosyne* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD UM: QUANTITYCUSTOM | | QL= 2 UNITS / 1 DAYS ages 18 years and older, 1 UNITS / 1 DAYS under 18 years of age |
| 12/09/2022 | *dextrose-nacl* | *dextrose w/ sodium chloride* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *pramosone* | *pramoxine-hc* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *procort* | *hydrocortisone acetate w/ pramoxine* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *sodium fluoride* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *hydrocortisone-iodoquinol* | *iodoquinol-hc* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/09/2022 | *chlordiazepoxide-clidinium* | *chlordiazepoxide hcl-clidinium bromide* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *fenofibrate* | *fenofibrate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/09/2022 | *pb-hyoscy-atropine-scopolamine* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *proctocort* | *hydrocortisone (rectal)* | ADD TO FORMULARY | | Non-Formulary |
| 12/09/2022 | *est estrogens-methyltest* | *esterified estrogens & methyltestosterone* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *esomeprazole sodium* | *esomeprazole sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *avita* | *tretinoin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *skytrofa* | *lonapegsomatropin-tcgd* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clotrimazole* | *clotrimazole (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fragmin* | *dalteparin sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ambien cr* | *zolpidem tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clindamycin palmitate hcl* | *clindamycin palmitate hydrochloride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lidocaine hcl urethral/mucosal* | *lidocaine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *etodolac* | *etodolac* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *rabeprazole sodium* | *rabeprazole sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *olinvyk* | *oliceridine fumarate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *nevanac* | *nepafenac* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *tizanidine hcl* | *tizanidine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *kitabis pak* | *tobramycin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *alogliptin-pioglitazone* | *alogliptin-pioglitazone* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 12/19/2022 | *ultravate* | *halobetasol propionate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *valproic acid* | *valproic acid* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *carbidopa-levodopa* | *carbidopa-levodopa* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *gentle laxative* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *subvenite starter kit-orange* | *lamotrigine* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *insulin asp prot & asp flexpen* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *pregabalin er* | *pregabalin (once-daily)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *doxycycline hyclate* | *doxycycline hyclate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *lidocort* | *lidocaine-hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sodium chloride (pf)* | *sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prometrium* | *progesterone* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *acetaminophen childrens* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *erythromycin* | *erythromycin base* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *thioridazine hcl* | *thioridazine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *proair digihaler* | *albuterol sulfate* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 466 SHORT ACTING BETA ADRENERGICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *vfend iv* | *voriconazole* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *asmanex hfa* | *mometasone furoate (inhalation)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *emgality (300 mg dose)* | *galcanezumab-gnlm* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dexrazoxane hcl* | *dexrazoxane hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *metformin hcl* | *metformin hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *clozapine* | *clozapine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dofetilide* | *dofetilide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *pristiq* | *desvenlafaxine succinate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *azilect* | *rasagiline mesylate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *natpara* | *parathyroid hormone (recombinant)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *oxycodone hcl er* | *oxycodone hcl* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 12/19/2022 | *wakix* | *pitolisant hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *xgeva* | *denosumab* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *insulin glargine solostar* | *insulin glargine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *rufinamide* | *rufinamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *fluticasone propionate* | *fluticasone propionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *travoprost (bak free)* | *travoprost* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *symtuza* | *darunavir-cobicistat-emtricitabine-tenofovir alafenamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mycophenolate sodium* | *mycophenolate sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lupron depot (3-month)* | *leuprolide acetate (3 month)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *simbrinza* | *brinzolamide-brimonidine tartrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *rhofade* | *oxymetazoline hcl (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *meclizine hcl* | *meclizine hcl* | ADD UM: SUM9 | | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 12/19/2022 | *eligard* | *leuprolide acetate (3 month)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tresiba* | *insulin degludec* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 510 LONG-ACTING INSULINS |
| 12/19/2022 | *novolin n flexpen* | *insulin nph (human) (isophane)* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 508 INSULIN N |
| 12/19/2022 | *pentazocine-naloxone hcl* | *pentazocine w/ naloxone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *timolol maleate pf* | *timolol maleate (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tiazac* | *diltiazem hcl extended release beads* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *apriso* | *mesalamine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zithromax* | *azithromycin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *imitrex* | *sumatriptan* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *cefixime* | *cefixime* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *mexiletine hcl* | *mexiletine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tobramycin* | *tobramycin (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *imitrex statdose system* | *sumatriptan succinate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *remifentanil hcl* | *remifentanil hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *protamine sulfate* | *protamine sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *demerol* | *meperidine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *prasugrel hcl* | *prasugrel hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *amrix* | *cyclobenzaprine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methylprednisolone acetate* | *methylprednisolone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *azelastine hcl* | *azelastine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ivermectin* | *ivermectin (rosacea)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *allergy relief ceterizine* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *salicylic acid* | *salicylic acid* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *amnesteem* | *isotretinoin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *levofloxacin* | *levofloxacin* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 12/19/2022 | *daliresp* | *roflumilast* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *livalo* | *pitavastatin calcium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *doryx mpc* | *doxycycline hyclate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *acebutolol hcl* | *acebutolol hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *vibativ* | *telavancin hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *arnuity ellipta* | *fluticasone furoate (inhalation)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *metformin hcl er* | *metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *duetact* | *pioglitazone hcl-glimepiride* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 518 THIAZOLIDINEDIONE-SULFONYLUREA COMBINATIONS |
| 12/19/2022 | *breo ellipta* | *fluticasone furoate-vilanterol* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *neo-polycin* | *neomycin-bacitracin zn-polymyxin* | CHANGE UM: SUM9 | 560 OPHTHALMIC QUINOLONES | 807 OPHTHALMIC ANTIBIOTICS |
| 12/19/2022 | *hm loratadine* | *loratadine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *jalyn* | *dutasteride-tamsulosin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sulfasalazine* | *sulfasalazine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *roweepra* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *tretinoin* | *tretinoin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nicotinamide* | *niacinamide w/ zinc-copper-methylfolate-se-cr* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bp 10-1* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aczone* | *dapsone (topical)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *taztia xt* | *diltiazem hcl extended release beads* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cocaine hcl* | *cocaine hcl (nasal anesthetic)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *vivjoa* | *oteseconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *acetylcysteine* | *acetylcysteine* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *humulin 70/30* | *insulin nph isophane & reg (human)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *calcipotriene* | *calcipotriene* | CHANGE UM: SUM9 | 477 CYTOKINE AND CAM ANTAGONISTS | 446 ANTIPSORIATICS, TOPICAL |
| 12/19/2022 | *humira pen-ps/uv/adol hs start* | *adalimumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ceftazidime* | *ceftazidime* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *terbutaline sulfate* | *terbutaline sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *iopidine* | *apraclonidine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | CHANGE UM: SUM9 | 560 OPHTHALMIC QUINOLONES | 807 OPHTHALMIC ANTIBIOTICS |
| 12/19/2022 | *metoprolol succinate er* | *metoprolol succinate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *brevibloc* | *esmolol hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *oxytrol* | *oxybutynin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *infliximab* | *infliximab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tigan* | *trimethobenzamide hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *eprontia* | *topiramate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *cefixime* | *cefixime* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *epsolay* | *benzoyl peroxide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *alfentanil hcl* | *alfentanil hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zinc oxide* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *ketoprofen* | *ketoprofen* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fingolimod hcl* | *fingolimod hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *relenza diskhaler* | *zanamivir* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp nicotine* | *nicotine polacrilex* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *emtricitabine* | *emtricitabine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *orbactiv* | *oritavancin diphosphate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *ziac* | *bisoprolol & hydrochlorothiazide* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 619 BETA BLOCKER/DIUR ETIC COMBINATIONS |
| 12/19/2022 | *methylin* | *methylphenidate hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *levonorgestrel* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *lyrica cr* | *pregabalin (once-daily)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nuwiq* | *antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cefoxitin sodium* | *cefoxitin sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ciprofloxacin in d5w* | *ciprofloxacin in d5w* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *abiraterone acetate* | *abiraterone acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *caffeine citrate* | *caffeine citrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *penicillin g pot in dextrose* | *penicillin g pot in dextrose* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *pepcid* | *famotidine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sanadermrx skin repair* | *triamcinolone acetonide-dimethicone-silicone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zoryve* | *roflumilast (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *enoxaparin sodium* | *enoxaparin sodium* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *synalar* | *fluocinolone acetonide* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |
| 12/19/2022 | *fyavolv* | *norethindrone acetate-ethinyl estradiol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *phospholine iodide* | *echothiophate iodide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *neomycin-polymyxin-hc* | *neomycin-polymyxin-hc (otic)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lubricant eye drops (pf)* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *mayzent starter pack* | *siponimod fumarate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vivitrol* | *naltrexone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sertraline hcl* | *sertraline hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *diastat acudial* | *diazepam (anticonvulsant)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *glatopa* | *glatiramer acetate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lioresal* | *baclofen* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ak-fluor* | *fluorescein sodium injection* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *dorzolamide hcl-timolol mal pf* | *dorzolamide hcl-timolol maleate* | CHANGE UM: SUM9 | 567 BETA BLOCKERS-GLAUCOMA | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 12/19/2022 | *neo-synalar* | *neomycin sulfate-fluocinolone acetonide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *myfortic* | *mycophenolate sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *acarbose* | *acarbose* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *diclofenac sodium* | *diclofenac sodium (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *prevacid 24hr* | *lansoprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *serevent diskus* | *salmeterol xinafoate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *azithromycin* | *azithromycin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pifeltro* | *doravirine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *oxycodone hcl* | *oxycodone hcl* | REMOVE UM: QUANTITY | 120 UNITS / 30 DAYS | |
| 12/19/2022 | *lidocaine hcl* | *lidocaine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *estrace* | *estradiol* | CHANGE UM: SUM9 | 487 TRANSDERMAL ESTROGENS | 486 ORAL ESTROGENIC AGENTS |
| 12/19/2022 | *prevalite* | *cholestyramine light* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *retrovir* | *zidovudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sterile water for injection* | *water for injection, sterile* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dyanavel xr* | *amphetamine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *eprosartan mesylate* | *eprosartan mesylate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nitrostat* | *nitroglycerin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *glipizide-metformin hcl* | *glipizide-metformin hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *rozerem* | *ramelteon* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *enoxaparin sodium* | *enoxaparin sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *opzelura* | *ruxolitinib phosphate (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nifedipine* | *nifedipine* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *terbutaline sulfate* | *terbutaline sulfate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tetracycline hcl* | *tetracycline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide (refrigerate)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *carbamazepine* | *carbamazepine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *morphine sulfate* | *morphine sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *morphabond er* | *morphine sulfate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *cinvanti* | *aprepitant* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lamivudine* | *lamivudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *folditam* | *folic acid-cholecalciferol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *mavenclad (10 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methylphenidate hcl er (osm)* | *methylphenidate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fabior* | *tazarotene (acne)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *maraviroc* | *maraviroc* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ilaris* | *canakinumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dextroamphetamine sulfate* | *dextroamphetamine sulfate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cefotetan disodium* | *cefotetan disodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *coreg cr* | *carvedilol phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *trifluoperazine hcl* | *trifluoperazine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nystatin* | *nystatin (mouth-throat)* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 12/19/2022 | *fexofenadine hcl* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *venclexta* | *venetoclax* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *imcivree* | *setmelanotide acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *haldol decanoate* | *haloperidol decanoate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *injectafer* | *ferric carboxymaltose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prezcobix* | *darunavir-cobicistat* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *aggrastat* | *tirofiban hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *lidocaine* | *lidocaine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *multaq* | *dronedarone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *meropenem* | *meropenem* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *myorisan* | *isotretinoin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *belbuca* | *buprenorphine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *revonto* | *dantrolene sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *accu-chek softclix lancet dev* | *lancets misc.* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *bss* | *ophthalmic irrigation solution - intraocular* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *isentress hd* | *raltegravir potassium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *perindopril erbumine* | *perindopril erbumine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tiagabine hcl* | *tiagabine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fentanyl citrate pf* | *fentanyl citrate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *arsenic trioxide* | *arsenic trioxide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nystatin* | *nystatin (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *skyrizi pen* | *risankizumab-rzaa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *carbidopa-levodopa er* | *carbidopa-levodopa* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dantrolene sodium* | *dantrolene sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *brovana* | *arformoterol tartrate* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 465 LONG ACTING BETA-ADRENERGICS NEBS |
| 12/19/2022 | *methadone hcl* | *methadone hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *radicava ors starter kit* | *edaravone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *actemra* | *tocilizumab* | CHANGE UM: SUM9 | 477 CYTOKINE AND CAM ANTAGONISTS | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 12/19/2022 | *fluorescein sodium/benoxinate* | *fluorescein w/ benoxinate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *toujeo solostar* | *insulin glargine* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 510 LONG-ACTING INSULINS |
| 12/19/2022 | *aller-ease* | *fexofenadine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dalvance* | *dalbavancin hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *centany* | *mupirocin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methylphenidate hcl er (la)* | *methylphenidate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nexterone* | *amiodarone hcl in dextrose* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *doxazosin mesylate* | *doxazosin mesylate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *mavenclad (9 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sumaxin wash* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ipratropium-albuterol* | *ipratropium-albuterol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *omeprazole* | *omeprazole* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *udamin sp* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *gabitril* | *tiagabine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *hydrocortisone butyr lipo base* | *hydrocortisone butyrate hydrophilic lipo base* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |
| 12/19/2022 | *ketoprofen er* | *ketoprofen* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *prenatryl* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *omnaris* | *ciclesonide (nasal)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *flolan* | *epoprostenol sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *firmagon (240 mg dose)* | *degarelix acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pirfenidone* | *pirfenidone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *invokamet xr* | *canagliflozin-metformin hcl* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 515 HYPOGLYCEMICS, SGLT2 |
| 12/19/2022 | *magnesium sulfate* | *magnesium sulfate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *qtern* | *dapagliflozin-saxagliptin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *intuniv* | *guanfacine hcl (adhd)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tobramycin-dexamethasone* | *tobramycin-dexamethasone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sorine* | *sotalol hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *baraclude* | *entecavir* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clindamycin hcl* | *clindamycin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *epzicom* | *abacavir sulfate-lamivudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *permethrin* | *permethrin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ciclopirox* | *ciclopirox* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *granisetron hcl* | *granisetron hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *elyxyb* | *celecoxib (migraine)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *donepezil hcl* | *donepezil hydrochloride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *misoprostol* | *misoprostol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *effient* | *prasugrel hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *precedex* | *dexmedetomidine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lidocaine in d5w* | *lidocaine in d5w* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tiadylt er* | *diltiazem hcl extended release beads* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vilazodone hcl* | *vilazodone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *duloxetine hcl* | *duloxetine hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *levalbuterol hcl* | *levalbuterol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *morphine sulfate (pf)* | *morphine sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *loratadine childrens* | *loratadine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *narcan* | *naloxone hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *varenicline tartrate* | *varenicline tartrate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *colesevelam hcl* | *colesevelam hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *metronidazole* | *metronidazole* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *moxeza* | *moxifloxacin hcl (ophth)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *propafenone hcl er* | *propafenone hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *duexis* | *ibuprofen-famotidine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ziana* | *clindamycin phosphate-tretinoin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *danazol* | *danazol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hm allergy relief (cetirizine)* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *bisacodyl* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *mycophenolate mofetil hcl* | *mycophenolate mofetil hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *cortenema* | *hydrocortisone (intrarectal)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *mometasone furoate* | *mometasone furoate (nasal)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *neo-synalar* | *neomycin sulfate-fluocinolone acetonide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *novolin 70/30 flexpen* | *insulin nph isophane & reg (human)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *acetaminophen* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *nicotine step 3* | *nicotine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nicotine step 2* | *nicotine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nicotine step 1* | *nicotine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cefdinir* | *cefdinir* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 12/19/2022 | *divalproex sodium er* | *divalproex sodium* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *mavenclad (7 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methadone hcl* | *methadone hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *iclevia* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dorzolamide hcl* | *dorzolamide hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dexcom g6 transmitter* | *continuous blood glucose system transmitter* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *aubagio* | *teriflunomide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *renflexis* | *infliximab-abda* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *promiseb* | *antiseborrheic products, misc.* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *trizivir* | *abacavir sulfate-lamivudine-zidovudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *candesartan cilexetil* | *candesartan cilexetil* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *testopel* | *testosterone* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *tlando* | *testosterone undecanoate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cimduo* | *lamivudine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *vytorin* | *ezetimibe-simvastatin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nystop* | *nystatin (topical)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *diclegis* | *doxylamine-pyridoxine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *wixela inhub* | *fluticasone-salmeterol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *jornay pm* | *methylphenidate hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 12/19/2022 | *prezcobix* | *darunavir-cobicistat* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *mucinex instasoothe throat/pn* | *benzocaine-menthol (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *levetiracetam* | *levetiracetam* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSA NTS |
| 12/19/2022 | *keflex* | *cephalexin* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *oseni* | *alogliptin-pioglitazone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *chantix starting month pak* | *varenicline tartrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fycompa* | *perampanel* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *chlorpromazine hcl* | *chlorpromazine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *potassium citrate er* | *potassium citrate (alkalinizer)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *aggrastat* | *tirofiban hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *gilenya* | *fingolimod hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *adbry* | *tralokinumab-ldrm* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clindamycin hcl* | *clindamycin hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *bisoprolol fumarate* | *bisoprolol fumarate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *metformin hcl er (osm)* | *metformin hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *butalbital-asa-caff-codeine* | *butalbital-aspirin-caffeine w/cod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *guanfacine hcl* | *guanfacine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *malathion* | *malathion* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ziprasidone hcl* | *ziprasidone hcl* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *ampyra* | *dalfampridine* | CHANGE UM: SUM9 | 547 MULTIPLE SCLEROSIS AGENTS | 546 ANCILLARY ORAL AGENTS FOR MULTIPLE SCLEROSIS TREATMENT |
| 12/19/2022 | *airduo digihaler* | *fluticasone-salmeterol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *insulin aspart* | *insulin aspart* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *savella* | *milnacipran hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *prenatrix* | *prenatal vit w/ ferrous fumarate-folic acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *norvir* | *ritonavir* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *doxy 100* | *doxycycline hyclate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *erlotinib hcl* | *erlotinib hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *lescol xl* | *fluvastatin sodium* | CHANGE UM: SUM9 | 540 HIGH POTENCY STATINS | 541 STATINS |
| 12/19/2022 | *sofosbuvir-velpatasvir* | *sofosbuvir-velpatasvir* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *adefovir dipivoxil* | *adefovir dipivoxil* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *temazepam* | *temazepam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aloprim* | *allopurinol sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *colchicine* | *colchicine* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *entresto* | *sacubitril-valsartan* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *freestyle libre 14 day sensor* | *continuous blood glucose system sensor* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vasopressin* | *vasopressin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *xeljanz* | *tofacitinib citrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *belsomra* | *suvorexant* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | CHANGE UM: SUM9 | 835 PENICILLINS | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 12/19/2022 | *zerviate* | *cetirizine hcl (ophth)* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 562 OPHTHALMIC ANTIHISTAMINES |
| 12/19/2022 | *estradiol-norethindrone acet* | *estradiol & norethindrone acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *jatenzo* | *testosterone undecanoate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *vivlodex* | *meloxicam* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nizatidine* | *nizatidine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *moxifloxacin hcl (2x day)* | *moxifloxacin hcl (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ledipasvir-sofosbuvir* | *ledipasvir-sofosbuvir* | CHANGE UM: SUM9 | 497 HEPATITIS B - ORAL | 499 HEPATITIS C - ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *trogarzo* | *ibalizumab-uiyk* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *betaxolol hcl* | *betaxolol hcl (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aptivus* | *tipranavir* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nalmefene hcl* | *nalmefene hcl (antidote)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *humalog mix 50/50 kwikpen* | *insulin lispro protamine & lispro* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *entacapone* | *entacapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *neomycin-bacitracin zn-polymyx* | *neomycin-bacitracin zn-polymyxin* | CHANGE UM: SUM9 | 560 OPHTHALMIC QUINOLONES | 807 OPHTHALMIC ANTIBIOTICS |
| 12/19/2022 | *infumorph 500* | *morphine sulfate for continuous microinfusion* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *mili* | *norgestimate-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clindacin-p* | *clindamycin phosphate (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *topamax sprinkle* | *topiramate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *metformin hcl er (mod)* | *metformin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *mavyret* | *glecaprevir-pibrentasvir* | CHANGE UM: SUM9 | 497 HEPATITIS B - ORAL | 499 HEPATITIS C - ORAL |
| 12/19/2022 | *ceftazidime and dextrose* | *ceftazidime-dextrose* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *renagel* | *sevelamer hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *novolin r* | *insulin regular (human)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ketoprofen* | *ketoprofen* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nystatin* | *nystatin* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *reyataz* | *atazanavir sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sertraline hcl* | *sertraline hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sublocade* | *buprenorphine* | CHANGE UM: QUANTITY | 0.5 UNITS / 30 DAYS | 0.5 UNITS / 30 DAYS |
| 12/19/2022 | *zemdri* | *plazomicin sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *minivelle* | *estradiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *heparin sod (porcine) in d5w* | *heparin sod (porcine) in d5w* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tyvaso* | *treprostinil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *benicar hct* | *olmesartan medoxomil-hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ritalin la* | *methylphenidate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methadone hcl intensol* | *methadone hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ivermectin* | *ivermectin (pediculicide)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fluocinonide emulsified base* | *fluocinonide emulsified base* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *velphoro* | *sucroferric oxyhydroxide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cimetidine hcl* | *cimetidine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *eligard* | *leuprolide acetate (3 month)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *concerta* | *methylphenidate hcl* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *levalbuterol tartrate* | *levalbuterol tartrate* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 466 SHORT ACTING BETA ADRENERGICS |
| 12/19/2022 | *miconazole 3* | *miconazole nitrate vaginal* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *novolog relion* | *insulin aspart* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ritonavir* | *ritonavir* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *delzicol* | *mesalamine* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 598 ULCERATIVE COLITIS – ORAL |
| 12/19/2022 | *cialis* | *tadalafil* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lenalidomide* | *lenalidomide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *aygestin* | *norethindrone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *neo-synalar* | *neomycin-fluocinolone & emollient* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *alendronate sodium* | *alendronate sodium* | CHANGE UM: SUM9 | 459 BONE FORMATION STIM. AGENTS | 458 BISPHOSPHONATES |
| 12/19/2022 | *colestid* | *colestipol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ceftriaxone sodium-dextrose* | *ceftriaxone sodium and dextrose* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *zeposia 7-day starter pack* | *ozanimod hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *flarex* | *fluorometholone acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *glyburide-metformin* | *glyburide-metformin* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *prezista* | *darunavir ethanolate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *dorzolamide hcl-timolol mal* | *dorzolamide hcl-timolol maleate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *elestrin* | *estradiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *provera* | *medroxyprogesterone acetate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *lyumjev* | *insulin lispro-aabc* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lokelma* | *sodium zirconium cyclosilicate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tymlos* | *abaloparatide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ultracet* | *tramadol-acetaminophen* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sunosi* | *solriamfetol hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *bylvay* | *odevixibat* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *loprox* | *ciclopirox olamine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *firvanq* | *vancomycin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cetirizine hcl childrens* | *cetirizine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *finzala* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *methylphenidate* | *methylphenidate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *bicalutamide* | *bicalutamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *isosorbide mononitrate er* | *isosorbide mononitrate* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *flunisolide* | *flunisolide (nasal)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *duavee* | *conjugated estrogens-bazedoxifene* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *glipizide xl* | *glipizide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sevelamer carbonate* | *sevelamer carbonate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *azathioprine sodium* | *azathioprine sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *ketorolac tromethamine* | *ketorolac tromethamine (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cipro* | *ciprofloxacin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *abelcet* | *amphotericin b lipid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *duaklir pressair* | *aclidinium bromide-formoterol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *durysta* | *bimatoprost* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *premphase* | *conjugated estrogens-medroxyprogesterone acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dilantin* | *phenytoin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sustiva* | *efavirenz* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *forfivo xl* | *bupropion hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *treprostinil* | *treprostinil* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nicotrol ns* | *nicotine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fluorouracil* | *fluorouracil* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sm stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *remeron* | *mirtazapine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gemfibrozil* | *gemfibrozil* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *glipizide er* | *glipizide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vancomycin hcl* | *vancomycin hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *infumorph 200* | *morphine sulfate for continuous microinfusion* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *asmanex (14 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *xadago* | *safinamide mesylate* | CHANGE UM: SUM9 | 444 NON-ERGOT DOPAMINE RECEPTOR AGONISTS | 443 ANTIPARKINSO N'S AGENTS |
| 12/19/2022 | *gonitro* | *nitroglycerin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *stalevo 50* | *carbidopa-levodopa-entacapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nucynta er* | *tapentadol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *descovy* | *emtricitabine-tenofovir alafenamide fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *kenalog-80* | *triamcinolone acetonide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *simvastatin* | *simvastatin* | ADD UM: SUM9 | | 540 HIGH POTENCY STATINS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *stalevo 75* | *carbidopa-levodopa-entacapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *bosentan* | *bosentan* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cymbalta* | *duloxetine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vesicare ls* | *solifenacin succinate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp allergy/congestion relief* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tolterodine tartrate* | *tolterodine tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *brevibloc premixed ds* | *esmolol hcl-sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cefaclor* | *cefaclor* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tekturna hct* | *aliskiren-hydrochlorothiazide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *janumet xr* | *sitagliptin-metformin hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clonidine hcl er* | *clonidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *esmolol hcl-sodium chloride* | *esmolol hcl-sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *micardis* | *telmisartan* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fluphenazine decanoate* | *fluphenazine decanoate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *ambien* | *zolpidem tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *moxifloxacin hcl* | *moxifloxacin hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *allergy relief* | *cetirizine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *reyataz* | *atazanavir sulfate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *ranolazine er* | *ranolazine* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *neoprofen* | *ibuprofen lysine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *hydroxyprogester one caproate* | *hydroxyprogesterone caproate (antineoplastic)* | CHANGE UM: SUM9 | 584 PROGRESTINS USED FOR CACHEXIA | 583 PROGESTATIO NAL AGENTS |
| 12/19/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *viekira pak* | *ombitasvir-paritaprevir-ritonavir-dasabuvir* | CHANGE UM: SUM9 | 497 HEPATITIS B - ORAL | 499 HEPATITIS C - ORAL |
| 12/19/2022 | *descovy* | *emtricitabine-tenofovir alafenamide fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *evekeo odt* | *amphetamine sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dayvigo* | *lemborexant* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aurovela 1.5/30* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nitrofurantoin macrocrystal* | *nitrofurantoin macrocrystal* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *epinephrine (anaphylaxis)* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *insulin aspart penfill* | *insulin aspart* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tavneos* | *avacopan* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *miconazole 3* | *miconazole nitrate vaginal* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *famotidine premixed* | *famotidine in nacl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *maxidex* | *dexamethasone (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *goodsense esomeprazole* | *esomeprazole magnesium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *propranolol hcl* | *propranolol hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *invokamet* | *canagliflozin-metformin hcl* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 515 HYPOGLYCEMICS, SGLT2 |
| 12/19/2022 | *colazal* | *balsalazide disodium* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 598 ULCERATIVE COLITIS – ORAL |
| 12/19/2022 | *spevigo* | *spesolimab-sbzo* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *edarbyclor* | *azilsartan medoxomil-chlorthalidone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *desmopressin acetate* | *desmopressin acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *testosterone cypionate* | *testosterone cypionate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *testosterone enanthate* | *testosterone enanthate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *savella titration pack* | *milnacipran hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *budesonide er* | *budesonide* | CHANGE UM: SUM9 | 491 GLUCOCORTICOIDS, ORAL | 598 ULCERATIVE COLITIS – ORAL |
| 12/19/2022 | *ascomp-codeine* | *butalbital-aspirin-caffeine w/cod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *morphine sulfate er* | *morphine sulfate* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 12/19/2022 | *accu-chek guide* | *glucose blood* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *metaxalone* | *metaxalone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *fluticasone propionate* | *fluticasone propionate (nasal)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *brimonidine tartrate-timolol* | *brimonidine tartrate-timolol maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *simponi* | *golimumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *mysoline* | *primidone* | CHANGE UM: SUM9 | 427 SECOND GENERATION ANTICONVULSANTS | 426 FIRST GENERATION ANTICONVULSANTS |
| 12/19/2022 | *versacloz* | *clozapine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pentam* | *pentamidine isethionate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *cefepime hcl* | *cefepime hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *bensal hp* | *salicylic acid* | CHANGE UM: SUM9 | 523 IMMUNOMODULATORS, TOPICAL | 433 ANTIFUNGALS, TOPICAL |
| 12/19/2022 | *moxifloxacin hcl* | *moxifloxacin hcl* | ADD UM: SUM9 | | 488 QUINOLONES - SYSTEMIC |
| 12/19/2022 | *novolin n* | *insulin nph (human) (isophane)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *emend tri-pack* | *aprepitant* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 12/19/2022 | *modafinil* | *modafinil* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *korsuva* | *difelikefalin acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *anzemet* | *dolasetron mesylate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *doxorubicin hcl* | *doxorubicin hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *e.e.s. 400* | *erythromycin ethylsuccinate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *rytary* | *carbidopa-levodopa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *klor-con m20* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fosamax plus d* | *alendronate sodium-cholecalciferol* | CHANGE UM: SUM9 | 459 BONE FORMATION STIM. AGENTS | 458 BISPHOSPHONATES |
| 12/19/2022 | *klor-con m10* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *klor-con m15* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *carisoprodol-aspirin-codeine* | *carisoprodol w/ aspirin & codeine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *imvexxy maintenance pack* | *estradiol vaginal* | CHANGE UM: SUM9 | 600 ESTROGENS: RINGS | 601 VAGINAL ESTROGENS |
| 12/19/2022 | *byooviz* | *ranibizumab-nuna* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *enalaprilat* | *enalaprilat* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *proair respiclick* | *albuterol sulfate* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 466 SHORT ACTING BETA ADRENERGICS |
| 12/19/2022 | *diclofenac sodium* | *diclofenac sodium (actinic keratoses)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *carvedilol* | *carvedilol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *beser* | *fluticasone-emollient* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *tramadol-acetaminophen* | *tramadol-acetaminophen* | REMOVE UM: QUANTITY | 40 UNITS / 5 DAYS | |
| 12/19/2022 | *albuterol sulfate* | *albuterol sulfate* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 825 BRONCHODILATORS, BETA AGONIST |
| 12/19/2022 | *lioresal* | *baclofen* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *prezista* | *darunavir ethanolate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *depakote er* | *divalproex sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ofloxacin* | *ofloxacin (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cortisone acetate* | *cortisone acetate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *bevespi aerosphere* | *glycopyrrolate-formoterol fumarate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ciprofloxacin* | *ciprofloxacin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *metrocream* | *metronidazole (topical)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clarithromycin er* | *clarithromycin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *akynzeo* | *netupitant-palonosetron* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *glostrips* | *fluorescein sodium topical* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *vancomycin hcl in dextrose* | *vancomycin hcl-dextrose* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *chlordiazepoxide-clidinium* | *chlordiazepoxide hcl-clidinium bromide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pred-g* | *gentamicin-prednisolone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *menostar* | *estradiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fml forte* | *fluorometholone (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *gnp allergy relief 24 hr* | *levocetirizine dihydrochloride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vandazole* | *metronidazole vaginal* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *escitalopram oxalate* | *escitalopram oxalate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *lipofen* | *fenofibrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *corvita* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clindamycin phosphate* | *clindamycin phosphate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cetirizine hcl* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ranolazine er* | *ranolazine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *morphabond er* | *morphine sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cefaclor er* | *cefaclor monohydrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *safyral* | *drospirenone-ethinyl estradiol-levomefolate calcium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *berinert* | *c1 esterase inhibitor (human)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tobrex* | *tobramycin (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *famotidine (pf)* | *famotidine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *caplyta* | *lumateperone tosylate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *stalevo 75* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *levocetirizine dihydrochloride* | *levocetirizine dihydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *oriahnn* | *elagolix sodium-estradiol-norethindrone acetate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *atripla* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zirgan* | *ganciclovir ophthalmic* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *methylphenidate hcl er* | *methylphenidate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ilevro* | *nepafenac* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *enjaymo* | *sutimlimab-jome* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *trospium chloride* | *trospium chloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lipitor* | *atorvastatin calcium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lupkynis* | *voclosporin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *androgel pump* | *testosterone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *prolate* | *oxycodone w/ acetaminophen* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *testim* | *testosterone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *allergy relief* | *loratadine* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINE S |
| 12/19/2022 | *epipen jr 2-pak* | *epinephrine (anaphylaxis)* | ADD UM: QUANTITY | | 6 UNITS / 180 DAYS |
| 12/19/2022 | *progesterone* | *progesterone* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sumadan wash* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *maxalt-mlt* | *rizatriptan benzoate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *naproxen sodium er* | *naproxen sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *dovato* | *dolutegravir sodium-lamivudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *lanthanum carbonate* | *lanthanum carbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *dexedrine* | *dextroamphetamine sulfate* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 12/19/2022 | *simpesse* | *levonorgestrel-ethinyl estradiol (91-day)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *stelara* | *ustekinumab (iv)* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 477 CYTOKINE AND CAM ANTAGONISTS |
| 12/19/2022 | *betamethasone dipropionate aug* | *betamethasone dipropionate augmented* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ziprasidone mesylate* | *ziprasidone mesylate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *acyclovir* | *acyclovir* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *prilosec* | *omeprazole magnesium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *symtuza* | *darunavir-cobicistat-emtricitabine-tenofovir alafenamide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *marcaine spinal* | *bupivacaine in dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *abacavir sulfate* | *abacavir sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sustiva* | *efavirenz* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *locoid* | *hydrocortisone butyrate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |
| 12/19/2022 | *revatio* | *sildenafil citrate (pulmonary hypertension)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *roxicodone* | *oxycodone hcl* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *tramadol hcl* | *tramadol hcl* | CHANGE UM: QUANTITY | 40 UNITS / 5 DAYS | 40 UNITS / 5 DAYS |
| 12/19/2022 | *imatinib mesylate* | *imatinib mesylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *arformoterol tartrate* | *arformoterol tartrate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *aurovela fe 1/20* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *entadfi* | *finasteride-tadalafil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *halobetasol propionate* | *halobetasol propionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |
| 12/19/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide & moisturizer* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *cleviprex* | *clevidipine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *nephplex rx* | *b-complex w/ c-zn & folic acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *vivlodex* | *meloxicam* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *lamotrigine starter kit-blue* | *lamotrigine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clobetasol propionate e* | *clobetasol propionate emollient base* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vibramycin* | *doxycycline calcium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cosopt* | *dorzolamide hcl-timolol maleate* | CHANGE UM: SUM9 | 567 BETA BLOCKERS-GLAUCOMA | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 12/19/2022 | *primidone* | *primidone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *compro* | *prochlorperazine* | CHANGE UM: SUM9 | 448 LONG ACTING INJECTABLE ANTIPSYCHOTI C | 430 ANTIEMETIC/AN TIVERTIGO AGENTS |
| 12/19/2022 | *trazodone hcl* | *trazodone hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSA NTS, OTHER |
| 12/19/2022 | *prednisone* | *prednisone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *zohydro er* | *hydrocodone bitartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *betapace* | *sotalol hcl* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *neo-synalar* | *neomycin-fluocinolone & emollient* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *menest* | *esterified estrogens* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *solu-medrol (pf)* | *methylprednisolone sod succ* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *sm allergy childrens* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *cromolyn sodium* | *cromolyn sodium (mastocytosis)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ms contin* | *morphine sulfate* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 12/19/2022 | *copaxone* | *glatiramer acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *combipatch* | *estradiol & norethindrone acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *qbrelis* | *lisinopril* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *rizatriptan benzoate* | *rizatriptan benzoate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *midazolam hcl* | *midazolam hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *magnebind 400* | *calcium carbonate-magnesium carbonate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *arazlo* | *tazarotene (acne)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dexamethasone sodium phosphate* | *dexamethasone sodium phosphate (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *kesimpta* | *ofatumumab (ms)* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *verkazia* | *cyclosporine (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *vivelle-dot* | *estradiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *avonex prefilled* | *interferon beta-1a* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *riomet er* | *metformin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *twyneo* | *tretinoin-benzoyl peroxide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *azactam* | *aztreonam* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *avar cleanser* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ipratropium bromide* | *ipratropium bromide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *risperdal* | *risperidone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *olanzapine* | *olanzapine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tazicef* | *ceftazidime* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *farxiga* | *dapagliflozin propanediol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lemtrada* | *alemtuzumab (ms)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clobetasol propionate* | *clobetasol propionate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *pentamidine isethionate* | *pentamidine isethionate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *colestid flavored* | *colestipol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *detrol la* | *tolterodine tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *acetazolamide sodium* | *acetazolamide sodium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *welchol* | *colesevelam hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *chantix* | *varenicline tartrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *acyclovir* | *acyclovir* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *depo-medrol* | *methylprednisolone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *austedo* | *deutetrabenazine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *humalog kwikpen* | *insulin lispro* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fluticasone propionate hfa* | *fluticasone propionate hfa* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *rapivab* | *peramivir* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *hm nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *amlodipine-valsartan-hctz* | *amlodipine-valsartan-hydrochlorothiazide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *naloxone hcl* | *naloxone hcl* | ADD UM: SUM9 | | 632 OPIATE OVERDOSE TREATMENTS |
| 12/19/2022 | *trianex* | *triamcinolone acetonide (topical)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *calcium-folic acid plus d* | *calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *levetiracetam in nacl* | *levetiracetam in sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *drospirenone-ethinyl estradiol* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *metronidazole* | *metronidazole* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 12/19/2022 | *metoprolol tartrate* | *metoprolol tartrate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *retrovir* | *zidovudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *erleada* | *apalutamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cimzia starter kit* | *certolizumab pegol* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 477 CYTOKINE AND CAM ANTAGONISTS |
| 12/19/2022 | *clindamycin phosphate in d5w* | *clindamycin phosphate in d5w* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *lyllana* | *estradiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *soliris* | *eculizumab* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *geodon* | *ziprasidone mesylate* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 12/19/2022 | *reblozyl* | *luspatercept-aamt* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *milk of magnesia* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *metrogel* | *metronidazole (topical)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lisinopril-hydrochlorothiazide* | *lisinopril & hydrochlorothiazide* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *dilaudid* | *hydromorphone hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *eryped 200* | *erythromycin ethylsuccinate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *baxdela* | *delafloxacin meglumine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *altreno* | *tretinoin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *prandin* | *repaglinide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *sodium sulfacetamide* | *sulfacetamide sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *celexa* | *citalopram hydrobromide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cinryze* | *c1 esterase inhibitor (human)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *quviviq* | *daridorexant hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *exforge hct* | *amlodipine-valsartan-hydrochlorothiazide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *qelbree* | *viloxazine hcl (adhd)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *calan sr* | *verapamil hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nevirapine er* | *nevirapine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *zenatane* | *isotretinoin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ajovy* | *fremanezumab-vfrm* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *semglee (yfgn)* | *insulin glargine-yfgn* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 510 LONG-ACTING INSULINS |
| 12/19/2022 | *isoproterenol hcl* | *isoproterenol hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *methylprednisolone acetate* | *methylprednisolone acetate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *protonix* | *pantoprazole sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *jynarque* | *tolvaptan* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *noxafil* | *posaconazole* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *votrient* | *pazopanib hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *alogliptin-pioglitazone* | *alogliptin-pioglitazone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *loxapine succinate* | *loxapine succinate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hydrocodone bitartrate er* | *hydrocodone bitartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *amphotericin b* | *amphotericin b* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *humira pen-pediatric uc start* | *adalimumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *pandel* | *hydrocortisone probutate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *isentress hd* | *raltegravir potassium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mesalamine-cleanser* | *mesalamine w/ cleanser* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 599 ULCERATIVE COLITIS - RECTAL |
| 12/19/2022 | *fluconazole* | *fluconazole* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *pioglitazone hcl-glimepiride* | *pioglitazone hcl-glimepiride* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 518 THIAZOLIDINEDIONE-SULFONYLUREA COMBINATIONS |
| 12/19/2022 | *clotrimazole-betamethasone* | *clotrimazole w/ betamethasone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *diovan hct* | *valsartan-hydrochlorothiazide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cisatracurium besylate (pf)* | *cisatracurium besylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *thymoglobulin* | *anti-thymocyte globulin (rabbit), lymphocyte immune globulin* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *xcopri (350 mg daily dose)* | *cenobamate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *fintepla* | *fenfluramine hcl (anticonvulsant)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *irbesartan* | *irbesartan* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *baclofen* | *baclofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *aloxi* | *palonosetron hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *butalbital-apap-caff-cod* | *butalbital-acetaminophen-caffeine w/ codeine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *acular* | *ketorolac tromethamine (ophth)* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *folixapure* | *folic acid-cholecalciferol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *novolog penfill* | *insulin aspart* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *pifeltro* | *doravirine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *desoximetasone* | *desoximetasone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sfrowasa* | *mesalamine* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 599 ULCERATIVE COLITIS - RECTAL |
| 12/19/2022 | *vancomycin hcl in nacl* | *vancomycin hcl-sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *zilretta* | *triamcinolone acetonide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *radiaura* | *lidocaine-hydrocortisone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *eysuvis* | *loteprednol etabonate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sm lansoprazole* | *lansoprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *hepsera* | *adefovir dipivoxil* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *paroxetine mesylate* | *paroxetine mesylate (vasomotor)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *reclast* | *zoledronic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *avar-e ls* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *salsalate* | *salsalate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *zyprexa* | *olanzapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *allergy relief* | *fexofenadine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dilt-xr* | *diltiazem hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ibutilide fumarate* | *ibutilide fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ocaliva* | *obeticholic acid* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *azasan* | *azathioprine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *auvelity* | *dextromethorphan hydrobromide-bupropion hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *gralise* | *gabapentin (once-daily)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sucralfate* | *sucralfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *anjeso* | *meloxicam* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *taperdex 12-day* | *dexamethasone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *prochlorperazine maleate* | *prochlorperazine maleate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *aggrastat* | *tirofiban hcl in sodium chloride* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *lovaza* | *omega-3-acid ethyl esters* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *apexicon e* | *diflorasone diacetate emollient base* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *prazosin hcl* | *prazosin hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ibandronate sodium* | *ibandronate sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *edurant* | *rilpivirine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *edurant* | *rilpivirine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *timoptic ocudose* | *timolol maleate (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *edluar* | *zolpidem tartrate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *subvenite starter kit-green* | *lamotrigine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *everolimus* | *everolimus* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *paliperidone er* | *paliperidone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *oxycodone-aspirin* | *oxycodone-aspirin* | CHANGE UM: QUANTITY | 540 UNITS / 30 DAYS | 540 UNITS / 30 DAYS |
| 12/19/2022 | *sivextro* | *tedizolid phosphate* | REMOVE UM: AUTHORIZATION | | |
| 12/19/2022 | *trizivir* | *abacavir sulfate-lamivudine-zidovudine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *demeclocycline hcl* | *demeclocycline hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *methadose sugar-free* | *methadone hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *atazanavir sulfate* | *atazanavir sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *allergy relief cetirizine* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *bss* | *ophthalmic irrigation solution - intraocular* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *rizatriptan benzoate* | *rizatriptan benzoate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sulfacetamide sod-sulfur wash* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *kloxxado* | *naloxone hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *chlordiazepoxide-amitriptyline* | *chlordiazepoxide-amitriptyline* | CHANGE UM: QUANTITY | 6 UNITS / 1 DAYS | 6 UNITS / 1 DAYS |
| 12/19/2022 | *ak-fluor* | *fluorescein sodium injection* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *ondansetron* | *ondansetron* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *codeine sulfate* | *codeine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *ciprofloxacin-fluocinolone pf* | *ciprofloxacin-fluocinolone acetonide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *erythromycin base* | *erythromycin base* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *cefdinir* | *cefdinir* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *cinryze* | *c1 esterase inhibitor (human)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *corvert* | *ibutilide fumarate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *ritonavir* | *ritonavir* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *remodulin* | *treprostinil* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *gnp all day allergy relief* | *cetirizine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tivicay pd* | *dolutegravir sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *focalin xr* | *dexmethylphenidate hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clonazepam* | *clonazepam* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *epoprostenol sodium* | *epoprostenol sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *olmesartan medoxomil* | *olmesartan medoxomil* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 12/19/2022 | *gentamicin in saline* | *gentamicin in saline* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *calcitriol* | *calcitriol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *xofluza (40 mg dose)* | *baloxavir marboxil* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *lupkynis* | *voclosporin* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *epaned* | *enalapril maleate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *catapres-tts-1* | *clonidine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *catapres-tts-2* | *clonidine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *catapres-tts-3* | *clonidine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | ADD UM: QUANTITY | | 2 UNITS / 1 DAYS |
| 12/19/2022 | *remeron soltab* | *mirtazapine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *insulin degludec* | *insulin degludec* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *zoledronic acid* | *zoledronic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *fluconazole* | *fluconazole* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *onglyza* | *saxagliptin hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *onexton* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fentanyl citrate (pf)* | *fentanyl citrate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *eryped 400* | *erythromycin ethylsuccinate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *hydrocortisone-acetic acid* | *hydrocortisone w/acetic acid* | CHANGE UM: SUM9 | 573 OTICS, ANTI-INFLAMMATORY | 833 OTIC ANTI-INFECTIVES & ANESTHETICS |
| 12/19/2022 | *doxycycline hyclate* | *doxycycline hyclate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *symfi* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *symbyax* | *olanzapine-fluoxetine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nevirapine er* | *nevirapine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nexium i.v.* | *esomeprazole sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *meloxicam* | *meloxicam* | ADD UM: SUM9 | | 552 NSAIDS |
| 12/19/2022 | *glimepiride* | *glimepiride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gnp stool softener* | *docusate calcium* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *carisoprodol* | *carisoprodol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *desloratadine* | *desloratadine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *namzaric* | *memantine hcl-donepezil hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cefpodoxime proxetil* | *cefpodoxime proxetil* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *bethanechol chloride* | *bethanechol chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zolpidem tartrate er* | *zolpidem tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *midodrine hcl* | *midodrine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *atropine sulfate* | *atropine sulfate (ophthalmic)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prevacid solutab* | *lansoprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ziextenzo* | *pegfilgrastim-bmez* | CHANGE UM: SUM9 | 483 HEMATOPOIETIC AGENTS | 472 COLONY STIMULATING FACTORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *acitretin* | *acitretin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *viread* | *tenofovir disoproxil fumarate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *alogliptin benzoate* | *alogliptin benzoate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hemangeol* | *propranolol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *trulance* | *plecanatide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *makena* | *hydroxyprogesterone caproate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *salicylic acid* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *kengreal* | *cangrelor tetrasodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *imuran* | *azathioprine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *verapamil hcl* | *verapamil hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *pentobarbital sodium* | *pentobarbital sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *invega hafyera* | *paliperidone palmitate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *azathioprine* | *azathioprine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *calcium chloride* | *calcium chloride (dihydrate)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *spiriva handihaler* | *tiotropium bromide monohydrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *flomax* | *tamsulosin hcl* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *dexamethasone sodium phosphate* | *dexamethasone sodium phosphate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *lidocaine hcl (cardiac)* | *lidocaine hcl (cardiac)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *valtoco 5 mg dose* | *diazepam (anticonvulsant)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *fenofibric acid* | *choline fenofibrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *caldolor* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *amiodarone hcl* | *amiodarone hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *venlafaxine besylate er* | *venlafaxine besylate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *robaxin* | *methocarbamol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hydrocortisone acetate* | *hydrocortisone acetate (rectal)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *doxepin hcl* | *doxepin hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *abilify maintena* | *aripiprazole* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *dilantin infatabs* | *phenytoin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zylet* | *loteprednol etabonate-tobramycin* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *rizatriptan benzoate* | *rizatriptan benzoate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *albuterol sulfate hfa* | *albuterol sulfate* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 466 SHORT ACTING BETA ADRENERGICS |
| 12/19/2022 | *sulindac* | *sulindac* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *alomide* | *lodoxamide tromethamine* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 563 OPHTHALMIC MAST CELL STABILIZERS |
| 12/19/2022 | *ztlido* | *lidocaine* | ADD UM: QUANTITY | | 6 UNITS / 1 DAYS |
| 12/19/2022 | *lamivudine* | *lamivudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *epinastine hcl* | *epinastine hcl (ophth)* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 562 OPHTHALMIC ANTIHISTAMINES |
| 12/19/2022 | *risedronate sodium* | *risedronate sodium* | CHANGE UM: SUM9 | 459 BONE FORMATION STIM. AGENTS | 458 BISPHOSPHONATES |
| 12/19/2022 | *tafluprost (pf)* | *tafluprost* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *epinephrine (anaphylaxis)* | *epinephrine (anaphylaxis)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *qc lansoprazole* | *lansoprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zetonna* | *ciclesonide (nasal)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zarontin* | *ethosuximide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tolvaptan* | *tolvaptan* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *raloxifene hcl* | *raloxifene hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *amlodipine-atorvastatin* | *amlodipine besylate-atorvastatin calcium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 12/19/2022 | *neostigmine methylsulfate* | *neostigmine methylsulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clocortolone pivalate* | *clocortolone pivalate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *minitran* | *nitroglycerin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cytogam* | *cytomegalovirus immune globulin (human)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sumatriptan* | *sumatriptan* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *voriconazole* | *voriconazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *acetylcysteine* | *acetylcysteine (antidote)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *brexafemme* | *ibrexafungerp citrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ultiva* | *remifentanil hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clobetasol propionate emulsion* | *clobetasol propionate emulsion* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *cosentyx (300 mg dose)* | *secukinumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *kerydin* | *tavaborole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ventolin hfa* | *albuterol sulfate* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 466 SHORT ACTING BETA ADRENERGICS |
| 12/19/2022 | *precedex* | *dexmedetomidine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *actiq* | *fentanyl citrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ryaltris* | *olopatadine hcl-mometasone furoate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *ztalmy* | *ganaxolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *tricor* | *fenofibrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ceftriaxone sodium in dextrose* | *ceftriaxone sodium in dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *medrol* | *methylprednisolone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zimhi* | *naloxone hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *invokana* | *canagliflozin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *topamax* | *topiramate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nephron fa* | *ferrous fumarate w/ fa-dss-b complex-vit c* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *adlarity* | *donepezil hydrochloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *estradiol valerate* | *estradiol valerate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zafirlukast* | *zafirlukast* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *neoral* | *cyclosporine modified (for microemulsion)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *moxeza* | *moxifloxacin hcl (ophth)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *calcitonin (salmon)* | *calcitonin (salmon)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cimduo* | *lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *letrozole* | *letrozole* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pegasys* | *peginterferon alfa-2a* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *symbicort* | *budesonide-formoterol fumarate dihydrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vagifem* | *estradiol vaginal* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cotempla xr-odt* | *methylphenidate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *premarin* | *estrogens, conjugated* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cortef* | *hydrocortisone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *firmagon (240 mg dose)* | *degarelix acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *famotidine* | *famotidine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *flurbiprofen sodium* | *flurbiprofen sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *allopurinol* | *allopurinol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *ozempic (1 mg/dose)* | *semaglutide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *qc allergy relief* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *qc allergy relief* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *ultravate* | *halobetasol propionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |
| 12/19/2022 | *insulin aspart flexpen* | *insulin aspart* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tramadol hcl er (biphasic)* | *tramadol hcl* | REMOVE UM: QUANTITY | 40 UNITS / 5 DAYS | |
| 12/19/2022 | *singulair* | *montelukast sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methadose* | *methadone hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gablofen* | *baclofen* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *cellcept intravenous* | *mycophenolate mofetil hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *berinert* | *c1 esterase inhibitor (human)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *glycopyrrolate* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zirgan* | *ganciclovir ophthalmic* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nembutal* | *pentobarbital sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nebivolol hcl* | *nebivolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *xyosted* | *testosterone enanthate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *bacitracin-polymyxin b* | *bacitracin-polymyxin b (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *midazolam-sodium chloride* | *midazolam-sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *colchicine-probenecid* | *colchicine w/ probenecid* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *tobramycin sulfate* | *tobramycin sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lacosamide* | *lacosamide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *clarinex* | *desloratadine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *parlodel* | *bromocriptine mesylate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *my way* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *demeclocycline hcl* | *demeclocycline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *exelderm* | *sulconazole nitrate* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *tekturna* | *aliskiren fumarate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nuzyra* | *omadacycline tosylate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *bss plus* | *ophthalmic irrigation solution - intraocular* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *insulin glargine-yfgn* | *insulin glargine-yfgn* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 510 LONG-ACTING INSULINS |
| 12/19/2022 | *azulfidine* | *sulfasalazine* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 598 ULCERATIVE COLITIS – ORAL |
| 12/19/2022 | *doxazosin mesylate* | *doxazosin mesylate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tetrabenazine* | *tetrabenazine* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *emflaza* | *deflazacort* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ciclodan solution* | *ciclopirox* | CHANGE UM: SUM9 | 433 ANTIFUNGALS, TOPICAL | 617 ONYCHOMYCOSIS ANTIFUNGALS - TOPICAL |
| 12/19/2022 | *suboxone* | *buprenorphine hcl-naloxone hcl dihydrate* | CHANGE UM: QUANTITY | 3 UNITS / 1 DAYS | 3 UNITS / 1 DAYS |
| 12/19/2022 | *flurbiprofen* | *flurbiprofen* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *apadaz* | *benzhydrocodone hcl-acetaminophen* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *auvelity* | *dextromethorphan hydrobromide-bupropion hydrochloride* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *humira pediatric crohns start* | *adalimumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *benicar* | *olmesartan medoxomil* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *erythromycin lactobionate* | *erythromycin lactobionate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cilostazol* | *cilostazol* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *zilxi* | *minocycline hcl micronized (rosacea)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *colchicine* | *colchicine* | CHANGE UM: SUM9 | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS | 437 ORAL AGENTS FOR GOUT: MISC |
| 12/19/2022 | *ultomiris* | *ravulizumab-cwvz* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prochlorperazine edisylate* | *prochlorperazine edisylate* | CHANGE UM: SUM9 | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 12/19/2022 | *edarbi* | *azilsartan medoxomil* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *candesartan cilexetil-hctz* | *candesartan cilexetil-hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *intelence* | *etravirine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *quillivant xr* | *methylphenidate hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ery-tab* | *erythromycin base* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zyclara* | *imiquimod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sm all day allergy* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *bicillin l-a* | *penicillin g benzathine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *xopenex* | *levalbuterol hcl* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 464 BETA - ADRENERGIC AGENTS: NEBS |
| 12/19/2022 | *novolog mix 70/30 relion* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fluorescite* | *fluorescein sodium injection* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *qc all day allergy* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *acyclovir sodium* | *acyclovir sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *jublia* | *efinaconazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *budesonide* | *budesonide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *vimpat* | *lacosamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mavenclad (6 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *empaveli* | *pegcetacoplan* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *humulin r u-500 (concentrated)* | *insulin regular (human)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *labetalol hcl* | *labetalol hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sitavig* | *acyclovir* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *metolazone* | *metolazone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nisoldipine er* | *nisoldipine* | CHANGE UM: SUM9 | 468 NONDIHYDROP YRIDINE CCB'S | 467 DIHYDROPYRIDI NE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *epivir* | *lamivudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mounjaro* | *tirzepatide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *oxybutynin chloride er* | *oxybutynin chloride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *xcopri* | *cenobamate* | CHANGE UM: SUM9 | 426 FIRST GENERATION ANTICONVULSA NTS | 427 SECOND GENERATION ANTICONVULSA NTS |
| 12/19/2022 | *potassium phosphates(71 meq k)* | *potassium phosphates* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tamiflu* | *oseltamivir phosphate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cabenuva* | *cabotegravir & rilpivirine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *zioptan* | *tafluprost* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *veletri* | *epoprostenol sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *mayzent* | *siponimod fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *famotidine* | *famotidine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *trimethoprim* | *trimethoprim* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *celestone soluspan* | *betamethasone sod phosphate & acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *genotropin miniquick* | *somatropin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vimovo* | *naproxen-esomeprazole magnesium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ciclopirox treatment* | *ciclopirox* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cyclobenzaprine hcl er* | *cyclobenzaprine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *famotidine (pf)* | *famotidine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *zomig zmt* | *zolmitriptan* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *imiquimod pump* | *imiquimod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *solodyn* | *minocycline hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zestoretic* | *lisinopril & hydrochlorothiazide* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 610 ACE INHIBITOR DIURETIC COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *olanzapine* | *olanzapine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *ciclodan cream* | *ciclopirox olamine & cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *insulin degludec flextouch* | *insulin degludec* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *bidil* | *isosorbide dinitrate-hydralazine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *didanosine* | *didanosine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *finasteride* | *finasteride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *trijardy xr* | *empagliflozin-linagliptin-metformin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fiasp penfill* | *insulin aspart (with niacinamide)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *luxiq* | *betamethasone valerate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |
| 12/19/2022 | *cosopt pf* | *dorzolamide hcl-timolol maleate* | CHANGE UM: SUM9 | 567 BETA BLOCKERS-GLAUCOMA | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA |
| 12/19/2022 | *vectical* | *calcitriol (topical)* | CHANGE UM: SUM9 | 477 CYTOKINE AND CAM ANTAGONISTS | 446 ANTIPSORIATICS, TOPICAL |
| 12/19/2022 | *enjaymo* | *sutimlimab-jome* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *arikayce* | *amikacin sulfate liposome* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *amoxicillin* | *amoxicillin* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *imitrex statdose refill* | *sumatriptan succinate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *novolin n flexpen relion* | *insulin nph (human) (isophane)* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 508 INSULIN N |
| 12/19/2022 | *zyflo* | *zileuton* | CHANGE UM: SUM9 | 532 LEUKOTRIENE MODIFIERS | 531 LEUKOTRIENE FORMATION INHIBITORS |
| 12/19/2022 | *naproxen sodium* | *naproxen sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp chest rub* | *camphor-eucalyptus-menthol* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *evamist* | *estradiol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *hydralazine hcl* | *hydralazine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ketoconazole* | *ketoconazole* | CHANGE UM: SUM9 | 431 NEW GENERATION AZOLES | 432 ORAL ANTIFUNGALS |
| 12/19/2022 | *xcopri (250 mg daily dose)* | *cenobamate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *lopressor* | *metoprolol tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *loxapine succinate* | *loxapine succinate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *mavenclad (4 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *calcium gluconate-nacl* | *calcium gluconate-sodium chloride* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *roflumilast* | *roflumilast* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *sodium fluoride* | *sodium fluoride (dental)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *asmanex (14 metered doses)* | *mometasone furoate (inhalation)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *evoclin* | *clindamycin phosphate (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *humira pen-cd/uc/hs starter* | *adalimumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *aranesp (albumin free)* | *darbepoetin alfa* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *xofluza (80 mg dose)* | *baloxavir marboxil* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *estradiol* | *estradiol* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *crotan* | *crotamiton* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *bryhali* | *halobetasol propionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |
| 12/19/2022 | *gnp all day allergy* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *mupirocin* | *mupirocin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sumadan xlt* | *sulfacetamide sodium-sulfur-sunscreen* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *brimonidine tartrate* | *brimonidine tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cloderm* | *clocortolone pivalate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *glynase* | *glyburide micronized* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zontivity* | *vorapaxar sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *omeclamox-pak* | *amoxicillin-clarithromycin w/ omeprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fluvoxamine maleate* | *fluvoxamine maleate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cardizem la* | *diltiazem hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *solu-medrol* | *methylprednisolone sod succ* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *verquvo* | *vericiguat* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *mitomycin* | *mitomycin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *halog* | *halcinonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *trazodone hcl* | *trazodone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *tamiflu* | *oseltamivir phosphate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *flagyl* | *metronidazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *mesalamine er* | *mesalamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *dimethyl fumarate starter pack* | *dimethyl fumarate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *trulicity* | *dulaglutide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *orenitram* | *treprostinil diolamine* | CHANGE UM: SUM9 | 575 INHALED PROSTACYCLIN ANALOGS | 577 ORAL PAH AGENTS – OTHER |
| 12/19/2022 | *adc/f (0.5mg/ml)* | *pediatric vitamins acd w/ fluoride* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *vyvgart* | *efgartigimod alfa-fcab* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *meclofenamate sodium* | *meclofenamate sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lamotrigine starter kit-green* | *lamotrigine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lysodren* | *mitotane* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *hydrocortisone* | *hydrocortisone (intrarectal)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *dermacinrx davimet* | *multiple vitamin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *itraconazole* | *itraconazole* | CHANGE UM: SUM9 | 431 NEW GENERATION AZOLES | 432 ORAL ANTIFUNGALS |
| 12/19/2022 | *accutane* | *isotretinoin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *dabigatran etexilate mesylate* | *dabigatran etexilate mesylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *tafluprost (pf)* | *tafluprost* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *eliquis* | *apixaban* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *pradaxa* | *dabigatran etexilate mesylate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *prednisone intensol* | *prednisone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *penicillin g sodium* | *penicillin g sodium* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *ambrisentan* | *ambrisentan* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | CHANGE UM: QUANTITY | 40 UNITS / 5 DAYS | 40 UNITS / 5 DAYS |
| 12/19/2022 | *etomidate* | *etomidate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *uptravi* | *selexipag* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *proair hfa* | *albuterol sulfate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *indomethacin sodium* | *indomethacin sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sevelamer hcl* | *sevelamer hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pioglitazone hcl* | *pioglitazone hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *latuda* | *lurasidone hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sunosi* | *solriamfetol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *fluvastatin sodium* | *fluvastatin sodium* | CHANGE UM: SUM9 | 540 HIGH POTENCY STATINS | 541 STATINS |
| 12/19/2022 | *imbruvica* | *ibrutinib* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sss 10-5* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *atovaquone* | *atovaquone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *enspryng* | *satralizumab-mwge* | CHANGE UM: SUM9 | 524 IMMUNOSUPPRESSANTS | 477 CYTOKINE AND CAM ANTAGONISTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *acetaminophen er* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *levetiracetam* | *levetiracetam* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *naftin* | *naftifine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pliaglis* | *lidocaine-tetracaine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ovace plus* | *sulfacetamide sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *subvenite starter kit-blue* | *lamotrigine* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *kapspargo sprinkle* | *metoprolol succinate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *butalbital-apap-caffeine* | *butalbital-acetaminophen-caffeine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *eurax* | *crotamiton* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lampit* | *nifurtimox* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *imitrex* | *sumatriptan succinate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *cibinqo* | *abrocitinib* | CHANGE UM: SUM9 | 521 TOPICAL CALCINEURIN INHIBITORS | 477 CYTOKINE AND CAM ANTAGONISTS |
| 12/19/2022 | *travatan z* | *travoprost* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *minocin* | *minocycline hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nitazoxanide* | *nitazoxanide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *valtoco 10 mg dose* | *diazepam (anticonvulsant)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *theophylline er* | *theophylline* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *paremyd* | *hydroxyamphetamine-tropicamide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *miacalcin* | *calcitonin (salmon)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *perphenazine* | *perphenazine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *viokace* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *adrenalin* | *epinephrine (anaphylaxis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *bludigo* | *indigotindisulfonate sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *podofilox* | *podofilox* | CHANGE UM: SUM9 | 523 IMMUNOMODULATORS, TOPICAL | 838 KERATOLYTICS |
| 12/19/2022 | *sm hemorrhoidal* | *phenylephrine-mineral oil-petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *byetta 5 mcg pen* | *exenatide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *childrens loratadine* | *loratadine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tazicef* | *ceftazidime* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *trospium chloride er* | *trospium chloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *soliris* | *eculizumab* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *treximet* | *sumatriptan-naproxen sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *valtoco 15 mg dose* | *diazepam (anticonvulsant)* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *diltiazem hcl* | *diltiazem hcl* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 12/19/2022 | *zyprexa relprevv* | *olanzapine pamoate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *solosec* | *secnidazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pentamidine isethionate* | *pentamidine isethionate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *airduo respiclick 113/14* | *fluticasone-salmeterol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *rukobia* | *fostemsavir tromethamine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *afirmelle* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *flutamide* | *flutamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *triamcinolone in absorbase* | *triamcinolone acetonide (topical)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *amlodipine besylate* | *amlodipine besylate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *locoid lipocream* | *hydrocortisone butyrate hydrophilic lipo base* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |
| 12/19/2022 | *atazanavir sulfate* | *atazanavir sulfate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *sumatriptan succinate refill* | *sumatriptan succinate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *olmesartan-amlodipine-hctz* | *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ingrezza* | *valbenazine tosylate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fulphila* | *pegfilgrastim-jmdb* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zenatane* | *isotretinoin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *estradiol* | *estradiol vaginal* | CHANGE UM: SUM9 | 600 ESTROGENS: RINGS | 601 VAGINAL ESTROGENS |
| 12/19/2022 | *tobi podhaler* | *tobramycin* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *olux-e* | *clobetasol propionate emulsion* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |
| 12/19/2022 | *eligard* | *leuprolide acetate (4 month)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *gnp nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *carbidopa-levodopa-entacapone* | *carbidopa-levodopa-entacapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *anoro ellipta* | *umeclidinium-vilanterol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *oseni* | *alogliptin-pioglitazone* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *naftifine hcl* | *naftifine hcl* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *epinephrine* | *epinephrine (anaphylaxis)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *extina* | *ketoconazole (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *atripla* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *acyclovir* | *acyclovir topical* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *emtriva* | *emtricitabine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bimatoprost* | *bimatoprost* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ergocalciferol* | *ergocalciferol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *metrogel-vaginal* | *metronidazole vaginal* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *new day* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *xcopri (350 mg daily dose)* | *cenobamate* | CHANGE UM: SUM9 | 426 FIRST GENERATION ANTICONVULSANTS | 427 SECOND GENERATION ANTICONVULSANTS |
| 12/19/2022 | *paroxetine hcl* | *paroxetine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *procrit* | *epoetin alfa* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *potassium citrate-citric acid* | *potassium citrate-citric acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *vyepti* | *eptinezumab-jjmr* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *symproic* | *naldemedine tosylate* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *mobic* | *meloxicam* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *simulect* | *basiliximab* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *reclast* | *zoledronic acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pravastatin sodium* | *pravastatin sodium* | ADD UM: SUM9 | | 541 STATINS |
| 12/19/2022 | *cresemba* | *isavuconazonium sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *evista* | *raloxifene hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *anagrelide hcl* | *anagrelide hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *nitrofurantoin monohyd macro* | *nitrofurantoin monohyd macro* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *estazolam* | *estazolam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ciclodan* | *ciclopirox olamine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *miconazole-zinc oxide-petrolat* | *miconazole-zinc oxide-white petrolatum* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hydromorphone hcl pf* | *hydromorphone hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *salicylic acid wart remover* | *salicylic acid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *diclofenac epolamine* | *diclofenac epolamine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zenzedi* | *dextroamphetamine sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *xifaxan* | *rifaximin* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *lyumjev kwikpen* | *insulin lispro-aabc* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *trimethobenzamide hcl* | *trimethobenzamide hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *diclofenac sodium* | *diclofenac sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *invirase* | *saquinavir mesylate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *methitest* | *methyltestosterone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *buprenorphine* | *buprenorphine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *diacomit* | *stiripentol* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *armodafinil* | *armodafinil* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *isotretinoin* | *isotretinoin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prednisolone* | *prednisolone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *faslodex* | *fulvestrant* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *zegerid* | *omeprazole-sodium bicarbonate* | CHANGE UM: SUM9 | 494 H.PYLORI COMBINATIONS | 585 PROTON PUMP INHIBITORS |
| 12/19/2022 | *bivalirudin rtu* | *bivalirudin trifluoroacetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *qutenza (2 patch)* | *capsaicin & cleansing gel* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *anjeso* | *meloxicam* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *zithromax* | *azithromycin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *propranolol hcl* | *propranolol hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *calcitriol* | *calcitriol (topical)* | CHANGE UM: SUM9 | 477 CYTOKINE AND CAM ANTAGONISTS | 446 ANTIPSORIATIC S, TOPICAL |
| 12/19/2022 | *omnipod 5 g6 pod (gen 5)* | *insulin infusion disposable pump* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *neomycin-polymyxin-gramicidin* | *neomycin-polymyxin-gramicidin* | CHANGE UM: SUM9 | 560 OPHTHALMIC QUINOLONES | 807 OPHTHALMIC ANTIBIOTICS |
| 12/19/2022 | *nevirapine* | *nevirapine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *lincocin* | *lincomycin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *streptomycin sulfate* | *streptomycin sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bexarotene* | *bexarotene (topical)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tolterodine tartrate er* | *tolterodine tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp zinc oxide* | *zinc oxide (topical)* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *amitiza* | *lubiprostone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nexletol* | *bempedoic acid* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *istalol* | *timolol maleate (ophth)* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *methyldopa* | *methyldopa* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *fosaprepitant dimeglumine* | *fosaprepitant dimeglumine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *novolin r relion* | *insulin regular (human)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *betadine ophthalmic prep* | *povidone-iodine (ophth)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *zonisade* | *zonisamide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *neurontin* | *gabapentin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *olopatadine hcl* | *olopatadine hcl (nasal)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *diltiazem hcl* | *diltiazem hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *dodex* | *cyanocobalamin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *paxil* | *paroxetine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ruconest* | *c1 esterase inhibitor (recombinant)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *horizant* | *gabapentin enacarbil* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nicardipine hcl in nacl* | *nicardipine hcl in sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *octreotide acetate* | *octreotide acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tysabri* | *natalizumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cipro* | *ciprofloxacin hcl* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *fluphenazine hcl* | *fluphenazine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clindacin pac* | *clindamycin phosphate & cleanser* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *mircera* | *methoxy polyethylene glycol-epoetin beta* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *allergy rel child (loratadine)* | *loratadine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fludrocortisone acetate* | *fludrocortisone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clindamycin phosphate in d5w* | *clindamycin phosphate in d5w* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *extavia* | *interferon beta-1b* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clobetasol propionate* | *clobetasol propionate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *nevirapine* | *nevirapine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *kazano* | *alogliptin-metformin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *menthol cold/hot* | *menthol (topical analgesic)* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *mirtazapine* | *mirtazapine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nitroglycerin in d5w* | *nitroglycerin in d5w* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *calcium acetate* | *calcium acetate (phosphate binder)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sm lorata-dine d* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tegretol* | *carbamazepine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *blephamide s.o.p.* | *sulfacetamide sod-prednisolone* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sumaxin cp* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *valsartan* | *valsartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 12/19/2022 | *lorazepam* | *lorazepam* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *angiomax* | *bivalirudin trifluoroacetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *eligard* | *leuprolide acetate (6 month)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *casodex* | *bicalutamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *labetalol hcl-sodium chloride* | *labetalol hcl-sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *irbesartan-hydrochlorothiazide* | *irbesartan-hydrochlorothiazide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *hiprex* | *methenamine hippurate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *lysodren* | *mitotane* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *azelaic acid* | *azelaic acid* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clindamycin phosphate* | *clindamycin phosphate* | REMOVE UM: AUTHORIZATION | | |
| 12/19/2022 | *hyftor* | *sirolimus (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *elepsia xr* | *levetiracetam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sancuso* | *granisetron* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *potassium chloride er* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *triamcinolone acetonide* | *triamcinolone acetonide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tarpeyo* | *budesonide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *oxaprozin* | *oxaprozin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *ziprasidone mesylate* | *ziprasidone mesylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pluvicto* | *lutetium lu 177 vipivotide tetraxetan* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *onzetra xsail* | *sumatriptan succinate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *oxaydo* | *oxycodone hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *besivance* | *besifloxacin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aptiom* | *eslicarbazepine acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *diflunisal* | *diflunisal* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *revatio* | *sildenafil citrate (pulmonary hypertension)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *xarelto* | *rivaroxaban* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *levothyroxine sodium* | *levothyroxine sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *diacomit* | *stiripentol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zileuton er* | *zileuton* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *qc cetirizine allergy relief* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *brevibloc premixed* | *esmolol hcl-sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *adapalene* | *adapalene* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tramadol hcl er* | *tramadol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aplenzin* | *bupropion hydrobromide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zynrelef* | *bupivacaine-meloxicam* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *actonel* | *risedronate sodium* | CHANGE UM: SUM9 | 459 BONE FORMATION STIM. AGENTS | 458 BISPHOSPHONATES |
| 12/19/2022 | *tegretol-xr* | *carbamazepine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *mavenclad (5 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *synera* | *lidocaine-tetracaine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *goodsense lansoprazole* | *lansoprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *loperamide hcl* | *loperamide hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *doryx* | *doxycycline hyclate* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *orgovyx* | *relugolix* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *sinemet* | *carbidopa-levodopa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *kimyrsa* | *oritavancin diphosphate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prochlorperazine maleate* | *prochlorperazine maleate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *mafenide acetate* | *mafenide acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *paliperidone er* | *paliperidone* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *colcrys* | *colchicine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *acid reducer* | *omeprazole magnesium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *phenytoin* | *phenytoin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lidocaine* | *lidocaine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *loratadine-d 12hr* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *millipred* | *prednisolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *fosamprenavir calcium* | *fosamprenavir calcium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fosamax* | *alendronate sodium* | CHANGE UM: SUM9 | 459 BONE FORMATION STIM. AGENTS | 458 BISPHOSPHONATES |
| 12/19/2022 | *levamlodipine maleate* | *levamlodipine maleate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *lonhala magnair refill kit* | *glycopyrrolate (inhalation)* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *promethazine vc* | *promethazine & phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *tivicay pd* | *dolutegravir sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sulfacetamide sodium (acne)* | *sulfacetamide sodium (acne)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pyridoxine hcl* | *pyridoxine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *glyxambi* | *empagliflozin-linagliptin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *abacavir sulfate-lamivudine* | *abacavir sulfate-lamivudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *azelastine hcl* | *azelastine hcl (ophth)* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 562 OPHTHALMIC ANTIHISTAMINES |
| 12/19/2022 | *levamlodipine maleate* | *levamlodipine maleate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *hm loratadine childrens* | *loratadine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *clarithromycin* | *clarithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 12/19/2022 | *buprenorphine hcl* | *buprenorphine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *pentobarbital sodium* | *pentobarbital sodium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *lidocaine hcl (cardiac)* | *lidocaine hcl (cardiac)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tracleer* | *bosentan* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ibuprofen-famotidine* | *ibuprofen-famotidine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *losartan potassium* | *losartan potassium* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *paremyd* | *hydroxyamphetamine-tropicamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *aemcolo* | *rifamycin sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *estrace* | *estradiol vaginal* | CHANGE UM: SUM9 | 600 ESTROGENS: RINGS | 601 VAGINAL ESTROGENS |
| 12/19/2022 | *foltrexyl* | *folic acid-cholecalciferol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lonhala magnair starter kit* | *glycopyrrolate (inhalation)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *depo-testosterone* | *testosterone cypionate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *maraviroc* | *maraviroc* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *adenosine* | *adenosine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *precedex* | *dexmedetomidine hcl in sodium chloride* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *breztri aerosphere* | *budesonide-glycopyrrolate-formoterol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *cefprozil* | *cefprozil* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *diflorasone diacetate* | *diflorasone diacetate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *breztri aerosphere* | *budesonide-glycopyrrolate-formoterol fumarate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ultram* | *tramadol hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *selenium sulfide* | *selenium sulfide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *procardia xl* | *nifedipine* | CHANGE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *prolia* | *denosumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *oxistat* | *oxiconazole nitrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *brevibloc in nacl* | *esmolol hcl-sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *cefazolin sodium-dextrose* | *cefazolin sodium-dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *depo-estradiol* | *estradiol cypionate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *tramadol hcl er* | *tramadol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *takhzyro* | *lanadelumab-flyo* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *revlimid* | *lenalidomide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *briviact* | *brivaracetam* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *valsartan-hydrochlorothiazide* | *valsartan-hydrochlorothiazide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dimethyl fumarate starter pack* | *dimethyl fumarate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *mitigo* | *morphine sulfate for continuous microinfusion* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *cancidas* | *caspofungin acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *diazepam* | *diazepam (anticonvulsant)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *symlinpen 60* | *pramlintide acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *linezolid* | *linezolid* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *levofloxacin* | *levofloxacin (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *benazepril-hydrochlorothiazide* | *benazepril & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *apretude* | *cabotegravir* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ancobon* | *flucytosine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nalbuphine hcl* | *nalbuphine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *dexmedetomidine hcl in nacl* | *dexmedetomidine hcl in sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *premarin* | *estrogens, conjugated* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *doptelet* | *avatrombopag maleate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *risperidone* | *risperidone* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *arimidex* | *anastrozole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *patanase* | *olopatadine hcl (nasal)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fluconazole* | *fluconazole* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *didanosine* | *didanosine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *avar-e emollient* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *decitabine* | *decitabine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *methotrexate* | *methotrexate sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *geodon* | *ziprasidone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fondaparinux sodium* | *fondaparinux sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *polyethylene glycol 3350* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *naproxen-esomeprazole mg* | *naproxen-esomeprazole magnesium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methyltestosterone* | *methyltestosterone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *abacavir sulfate* | *abacavir sulfate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *amlodipine besylate-valsartan* | *amlodipine besylate-valsartan* | ADD UM: SUM9 | | 410 ARB/CCB COMBINATIONS |
| 12/19/2022 | *myrbetriq* | *mirabegron* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *remicade* | *infliximab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *petroleum jelly* | *white petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *celestone soluspan* | *betamethasone sod phosphate & acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *neomycin-polymyxin-hc* | *neomycin-polymyxin-hc (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *motegrity* | *prucalopride succinate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *valacyclovir hcl* | *valacyclovir hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *rybelsus* | *semaglutide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dihydroergotamine mesylate* | *dihydroergotamine mesylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nitisinone* | *nitisinone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *azopt* | *brinzolamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *krystexxa* | *pegloticase* | CHANGE UM: SUM9 | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS | 634 ANTIHYPERURICEMICS, IV |
| 12/19/2022 | *norliqva* | *amlodipine besylate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ambrisentan* | *ambrisentan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *aquasol a* | *vitamin a* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dexcom g6 receiver* | *continuous blood glucose system receiver* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *butorphanol tartrate* | *butorphanol tartrate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *diclofenac potassium* | *diclofenac potassium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *clindamycin-tretinoin* | *clindamycin phosphate-tretinoin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *juxtapid* | *lomitapide mesylate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *condylox* | *podofilox* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lotemax* | *loteprednol etabonate* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *aczone* | *dapsone (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *doxercalciferol* | *doxercalciferol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *vyvanse* | *lisdexamfetamine dimesylate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *roflumilast* | *roflumilast* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *pamidronate disodium* | *pamidronate disodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *stavudine* | *stavudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *argatroban in sodium chloride* | *argatroban in sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *ivermectin* | *ivermectin (rosacea)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *colace* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *aristada initio* | *aripiprazole lauroxil* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *xeljanz xr* | *tofacitinib citrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hm lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *rapaflo* | *silodosin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *triamcinolone acetonide* | *triamcinolone acetonide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *ceftriaxone sodium in dextrose* | *ceftriaxone sodium in dextrose* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *illuccix configuration a* | *gallium ga 68 psma-11* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *illuccix configuration b* | *gallium ga 68 psma-11* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *scopolamine* | *scopolamine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *estradiol* | *estradiol* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *forteo* | *teriparatide (recombinant)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *levofloxacin in d5w* | *levofloxacin in d5w* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *amlodipine-olmesartan* | *amlodipine besylate-olmesartan medoxomil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *prednicarbate* | *prednicarbate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *diphenhydramine hcl* | *diphenhydramine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *xcopri (250 mg daily dose)* | *cenobamate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cortifoam* | *hydrocortisone acetate (intrarectal)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *symfi* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *gimoti* | *metoclopramide hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *insulin lispro* | *insulin lispro* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *procainamide hcl* | *procainamide hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *pandel* | *hydrocortisone probutate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *cablivi* | *caplacizumab-yhdp* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *loratadine* | *loratadine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *cambia* | *diclofenac potassium (migraine)* | CHANGE UM: QUANTITY | 15 UNITS / 30 DAYS | 15 UNITS / 30 DAYS |
| 12/19/2022 | *zyvox* | *linezolid* | CHANGE UM: SUM9 | 533 LINCOSAMIDES/ OXAZOLIDINONES/STREPTOGRAMINS | 534 OXAZOLIDINONES |
| 12/19/2022 | *cresemba* | *isavuconazonium sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *ipratropium bromide* | *ipratropium bromide (nasal)* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *venexa fe* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ranitidine hcl* | *ranitidine hcl* | ADD UM: SUM9 | | 614 HISTAMINE-2 - RECEPTOR ANTAGONISTS |
| 12/19/2022 | *namenda* | *memantine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pemetrexed* | *pemetrexed* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *acamprosate calcium* | *acamprosate calcium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *advair hfa* | *fluticasone-salmeterol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lotensin hct* | *benazepril & hydrochlorothiazide* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 12/19/2022 | *reglan* | *metoclopramide hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *flucytosine* | *flucytosine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sulfacetamide-sulfur in urea* | *sulfacetamide sodium-sulfur in urea vehicle* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *frovatriptan succinate* | *frovatriptan succinate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *mesalamine* | *mesalamine* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 598 ULCERATIVE COLITIS – ORAL |
| 12/19/2022 | *mupirocin calcium* | *mupirocin calcium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *nalocet* | *oxycodone w/ acetaminophen* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *vanos* | *fluocinonide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ketodan* | *ketoconazole (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *synera* | *lidocaine-tetracaine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *vaseretic* | *enalapril maleate & hydrochlorothiazide* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 12/19/2022 | *darifenacin hydrobromide er* | *darifenacin hydrobromide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *metoprolol tartrate* | *metoprolol tartrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zithromax* | *azithromycin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *omeprazole-sodium bicarbonate* | *omeprazole-sodium bicarbonate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *kevzara* | *sarilumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp anti-gas* | *simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *nuvigil* | *armodafinil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *telmisartan-amlodipine* | *telmisartan-amlodipine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *indomethacin er* | *indomethacin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *minolira* | *minocycline hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nilutamide* | *nilutamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mometasone furoate* | *mometasone furoate* | ADD UM: SUM9 | | 592 STEROIDS, TOPICAL MEDIUM |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *cyclosporine* | *cyclosporine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tretinoin microsphere pump* | *tretinoin microsphere* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *alymsys* | *bevacizumab-maly* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD UM: SUM9 | | 452 INFLUENZA |
| 12/19/2022 | *8 hour arthritis pain reliever* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *budesonide-formoterol fumarate* | *budesonide-formoterol fumarate dihydrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *apretude* | *cabotegravir* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *fosaprepitant dimeglumine* | *fosaprepitant dimeglumine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *nystatin* | *nystatin (topical)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *trusopt* | *dorzolamide hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fiasp* | *insulin aspart (with niacinamide)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nucynta* | *tapentadol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vigabatrin* | *vigabatrin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *voriconazole* | *voriconazole* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *delestrogen* | *estradiol valerate* | ADD TO FORMULARY | | Covered |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sivextro* | *tedizolid phosphate* | CHANGE UM: SUM9 | 533 LINCOSAMIDES/ OXAZOLIDINONES/STREPTOGRAMINS | 534 OXAZOLIDINONES |
| 12/19/2022 | *javygtor* | *sapropterin dihydrochloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *movantik* | *naloxegol oxalate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *thiotepa* | *thiotepa* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *epivir* | *lamivudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *levobunolol hcl* | *levobunolol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *propofol* | *propofol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *medroxyprogesterone acetate* | *medroxyprogesterone acetate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *tobramycin* | *tobramycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *levofloxacin* | *levofloxacin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *flutamide* | *flutamide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lamivudine* | *lamivudine (hbv)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *alphanate* | *antihemophilic factor/von willebrand factor complex (human)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *dantrolene sodium* | *dantrolene sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *hydrocodone-ibuprofen* | *hydrocodone-ibuprofen* | CHANGE UM: QUANTITY | 120 UNITS / 30 DAYS | 120 UNITS / 30 DAYS |
| 12/19/2022 | *arcalyst* | *rilonacept* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cilostazol* | *cilostazol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *disopyramide phosphate* | *disopyramide phosphate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *kadian* | *morphine sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *epogen* | *epoetin alfa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *uceris* | *budesonide* | CHANGE UM: SUM9 | 491 GLUCOCORTICOIDS, ORAL | 598 ULCERATIVE COLITIS – ORAL |
| 12/19/2022 | *zovirax* | *acyclovir* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ciprofloxacin-dexamethasone* | *ciprofloxacin-dexamethasone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *bethkis* | *tobramycin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fluocinolone acetonide* | *fluocinolone acetonide (otic)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *montelukast sodium* | *montelukast sodium* | ADD UM: SUM9 | | 532 LEUKOTRIENE MODIFIERS |
| 12/19/2022 | *viramune xr* | *nevirapine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *amphotericin b liposome* | *amphotericin b liposome* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *minipress* | *prazosin hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *timoptic-xe* | *timolol maleate (ophth)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *metformin hcl er* | *metformin hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *zafirlukast* | *zafirlukast* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *drisdol* | *ergocalciferol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *salex* | *salicylic acid w/ cleanser* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *phenytoin sodium* | *phenytoin sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *allopurinol* | *allopurinol* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *invega* | *paliperidone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *allergy 24-hr* | *fexofenadine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *otiprio* | *ciprofloxacin (otic)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *rukobia* | *fostemsavir tromethamine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *depakote* | *divalproex sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *releuko* | *filgrastim-ayow* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *cinacalcet hcl* | *cinacalcet hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *vfend iv* | *voriconazole* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *dexycu* | *dexamethasone (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *buspirone hcl* | *buspirone hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ondansetron hcl* | *ondansetron hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fenofibric acid* | *fenofibric acid* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ceftazidime* | *ceftazidime* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *kombiglyze xr* | *saxagliptin-metformin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *duramorph* | *morphine sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nutropin aq nuspin 5* | *somatropin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ertaczo* | *sertaconazole nitrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sotyktu* | *deucravacitinib* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *eligard* | *leuprolide acetate (4 month)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *haloperidol* | *haloperidol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *amphetamine sulfate* | *amphetamine sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *novolin 70/30 relion* | *insulin nph isophane & reg (human)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hydromorphone hcl* | *hydromorphone hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *haloperidol decanoate* | *haloperidol decanoate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *heparin (porcine) in nacl* | *heparin (porcine) in sodium chloride* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *ibuprofen lysine* | *ibuprofen lysine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *symfi lo* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *sandimmune* | *cyclosporine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *roxybond* | *oxycodone hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *nymalize* | *nimodipine* | CHANGE UM: SUM9 | 468 NONDIHYDROP YRIDINE CCB'S | 467 DIHYDROPYRIDI NE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *icosapent ethyl* | *icosapent ethyl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *adzenys xr-odt* | *amphetamine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *asmanex (30 metered doses)* | *mometasone furoate (inhalation)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *norgesic forte* | *orphenadrine w/ aspirin & caff* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *daytrana* | *methylphenidate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dapsone* | *dapsone (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fluocinonide* | *fluocinonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *faslodex* | *fulvestrant* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *lupron depot (4-month)* | *leuprolide acetate (4 month)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *foliflex* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *oxymorphone hcl* | *oxymorphone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ozempic (0.25 or 0.5 mg/dose)* | *semaglutide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *gnp stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *fortesta* | *testosterone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp omeprazole* | *omeprazole magnesium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *verkazia* | *cyclosporine (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *nubeqa* | *darolutamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cefoxitin sodium-dextrose* | *cefoxitin sodium and dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *loprox* | *ciclopirox* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *biktarvy* | *bictegravir-emtricitabine-tenofovir alafenamide fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *bacitracin* | *bacitracin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *plavix* | *clopidogrel bisulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *rebif rebidose* | *interferon beta-1a* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *phenergan* | *promethazine hcl* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *naproxen sodium er* | *naproxen sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *polyvinyl alcohol* | *polyvinyl alcohol* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *zyprexa zydis* | *olanzapine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sumatriptan succinate* | *sumatriptan succinate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *sprycel* | *dasatinib* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *novolin r flexpen* | *insulin regular (human)* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 509 INSULIN R |
| 12/19/2022 | *flecainide acetate* | *flecainide acetate* | ADD UM: SUM9 | | 417 ANTIARRHYTHMICS ORAL |
| 12/19/2022 | *morphine sulfate er* | *morphine sulfate* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 12/19/2022 | *fleqsuvy* | *baclofen* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *argatroban* | *argatroban* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *erythrocin lactobionate* | *erythromycin lactobionate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *efavirenz-lamivudine-tenofovir* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *viibryd* | *vilazodone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *caldolor* | *ibuprofen* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dexlansoprazole* | *dexlansoprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pfizerpen* | *penicillin g potassium* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *promethazine-phenylephrine* | *promethazine & phenylephrine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *ditropan xl* | *oxybutynin chloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *complera* | *emtricitabine-rilpivirine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *12hr allergy relief* | *fexofenadine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *fluphenazine hcl* | *fluphenazine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *labetalol hcl* | *labetalol hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *premarin* | *estrogens, conjugated* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cancidas* | *caspofungin acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *pliaglis* | *lidocaine-tetracaine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *fosphenytoin sodium* | *fosphenytoin sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *dexamethasone sod phosphate pf* | *dexamethasone sodium phosphate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *humalog tempo pen* | *insulin lispro* | CHANGE UM: SUM9 | 511 RAPID-ACTING INSULIN MIX | 512 RAPID-ACTING INSULINS |
| 12/19/2022 | *glydo* | *lidocaine hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *naproxen* | *naproxen* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *lupkynis* | *voclosporin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *oxymorphone hcl er* | *oxymorphone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *avar ls cleanser* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vesicare* | *solifenacin succinate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *vonjo* | *pacritinib citrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mitigare* | *colchicine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *omnipod dash intro (gen 4)* | *insulin infusion disposable pump* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *metronidazole* | *metronidazole (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zanaflex* | *tizanidine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aduhelm* | *aducanumab-avwa* | CHANGE UM: SUM9 | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS | 655 AMYLOID DIRECTED ANTIBODIES |
| 12/19/2022 | *pramipexole dihydrochloride er* | *pramipexole dihydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *bp cleansing wash* | *sulfacetamide sodium-sulfur in urea vehicle* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *profilnine* | *factor ix complex* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *marplan* | *isocarboxazid* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *progesterone* | *progesterone* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *altace* | *ramipril* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *megestrol acetate* | *megestrol acetate (appetite)* | CHANGE UM: SUM9 | 583 PROGESTATIONAL AGENTS | 584 PROGRESTINS USED FOR CACHEXIA |
| 12/19/2022 | *natroba* | *spinosad* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gentak* | *gentamicin sulfate (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *heparin sod (porcine) in d5w* | *heparin sod (porcine) in d5w* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *cetirizine hcl allergy child* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *rasagiline mesylate* | *rasagiline mesylate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ciprodex* | *ciprofloxacin-dexamethasone* | CHANGE UM: SUM9 | 571 OTIC ANTIBIOTICS | 571 OTIC ANTIBIOTICS |
| 12/19/2022 | *ponvory* | *ponesimod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nebupent* | *pentamidine isethionate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *naloxone hcl* | *naloxone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *aripiprazole* | *aripiprazole* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 12/19/2022 | *cabenuva* | *cabotegravir & rilpivirine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *jinteli* | *norethindrone acetate-ethinyl estradiol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *mefenamic acid* | *mefenamic acid* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *abiraterone acetate* | *abiraterone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *camzyos* | *mavacamten* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *relexxii* | *methylphenidate hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *nyamyc* | *nystatin (topical)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide (refrigerate)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *trandolapril-verapamil hcl er* | *trandolapril-verapamil hcl* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 611 ACE INHIBITOR CALCIUM CHANNEL BLOCKER |
| 12/19/2022 | *fexofenadine-pseudoephed er* | *fexofenadine-pseudoephedrine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *epiduo forte* | *adapalene-benzoyl peroxide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dsuvia* | *sufentanil citrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *diltiazem hcl* | *diltiazem hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *qc all day allergy relief* | *cetirizine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *pred-g s.o.p.* | *gentamicin-prednisolone acetate* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *erythromycin ethylsuccinate* | *erythromycin ethylsuccinate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *questran light* | *cholestyramine light* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *movantik* | *naloxegol oxalate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *topiramate er* | *topiramate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sotalol hcl (af)* | *sotalol hcl (afib/afl)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *emtricitabine* | *emtricitabine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *doxepin hcl* | *doxepin hcl (sleep)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *fortamet* | *metformin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zafemy* | *norelgestromin-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *norvir* | *ritonavir* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *epidiolex* | *cannabidiol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *humulin n kwikpen* | *insulin nph (human) (isophane)* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 508 INSULIN N |
| 12/19/2022 | *prograf* | *tacrolimus* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *allergy relief* | *levocetirizine dihydrochloride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *urso 250* | *ursodiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *amerge* | *naratriptan hcl* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *arthrotec* | *diclofenac w/ misoprostol* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *tobrex* | *tobramycin (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *dificid* | *fidaxomicin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | ADD UM: SUM9 | | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS |
| 12/19/2022 | *morphine sulfate* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *nafcillin sodium in dextrose* | *nafcillin sodium in dextrose* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cosentyx sensoready (300 mg)* | *secukinumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tyrvaya* | *varenicline tartrate (cholinergic agonist)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *efavirenz-lamivudine-tenofovir* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *klor-con* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *eliquis dvt/pe starter pack* | *apixaban* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *paxil cr* | *paroxetine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *divalproex sodium* | *divalproex sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *haloperidol lactate* | *haloperidol lactate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *levocetirizine dihydrochloride* | *levocetirizine dihydrochloride* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *fosinopril sodium-hctz* | *fosinopril sodium & hydrochlorothiazide* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 12/19/2022 | *fentanyl citrate* | *fentanyl citrate* | CHANGE UM: QUANTITY | 120 UNITS / 30 DAYS | 120 UNITS / 30 DAYS |
| 12/19/2022 | *enbrel mini* | *etanercept* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sublocade* | *buprenorphine* | REMOVE UM: QUANTITY | 0.5 UNITS / 30 DAYS | |
| 12/19/2022 | *zaleplon* | *zaleplon* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nubeqa* | *darolutamide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *ongentys* | *opicapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zeposia starter kit* | *ozanimod hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *abacavir sulfate-lamivudine* | *abacavir sulfate-lamivudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tenofovir disoproxil fumarate* | *tenofovir disoproxil fumarate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clodan* | *clobetasol propionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |
| 12/19/2022 | *biktarvy* | *bictegravir-emtricitabine-tenofovir alafenamide fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *afrezza* | *insulin regular (human)* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *nuzyra* | *omadacycline tosylate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *zonisamide* | *zonisamide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lamotrigine* | *lamotrigine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cipro in d5w* | *ciprofloxacin in d5w* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *novolin r flexpen relion* | *insulin regular (human)* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 509 INSULIN R |
| 12/19/2022 | *inveltys* | *loteprednol etabonate* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *geodon* | *ziprasidone mesylate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *precedex* | *dexmedetomidine hcl in sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *oxycontin* | *oxycodone hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 12/19/2022 | *methenamine hippurate* | *methenamine hippurate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *aprepitant* | *aprepitant* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dexmethylphenidate hcl* | *dexmethylphenidate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *endocet* | *oxycodone w/ acetaminophen* | REMOVE UM: QUANTITY | 40 UNITS / 5 DAYS | |
| 12/19/2022 | *tribenzor* | *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *betapace af* | *sotalol hcl (afib/afl)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *rezurock* | *belumosudil mesylate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *absorica ld* | *isotretinoin micronized* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *orgovyx* | *relugolix* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pregabalin* | *pregabalin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *avodart* | *dutasteride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *natesto* | *testosterone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aptensio xr* | *methylphenidate hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *pemetrexed ditromethamine* | *pemetrexed ditromethamine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *celebrex* | *celecoxib* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *exforge* | *amlodipine besylate-valsartan* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *metformin hcl* | *metformin hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *eluryng* | *etonogestrel-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *metoprolol tartrate* | *metoprolol tartrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *auryxia* | *ferric citrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lidocaine in d5w* | *lidocaine in d5w* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *carvykti* | *ciltacabtagene autoleucel* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *humalog mix 75/25* | *insulin lispro protamine & lispro* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *betamethasone valerate* | *betamethasone valerate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |
| 12/19/2022 | *goodsense allergy relief* | *loratadine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fluocinolone acetonide body* | *fluocinolone acetonide* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 591 STEROIDS, TOPICAL LOW |
| 12/19/2022 | *yuvafem* | *estradiol vaginal* | CHANGE UM: SUM9 | 600 ESTROGENS: RINGS | 601 VAGINAL ESTROGENS |
| 12/19/2022 | *revlimid* | *lenalidomide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *kenalog* | *triamcinolone acetonide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *flumadine* | *rimantadine hydrochloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nitroglycerin* | *nitroglycerin* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *oxycodone-aspirin* | *oxycodone-aspirin* | REMOVE UM: QUANTITY | 540 UNITS / 30 DAYS | |
| 12/19/2022 | *brimonidine tartrate-timolol* | *brimonidine tartrate-timolol maleate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *enstilar* | *calcipotriene-betamethasone dipropionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 446 ANTIPSORIATICS, TOPICAL |
| 12/19/2022 | *ziprasidone mesylate* | *ziprasidone mesylate* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 12/19/2022 | *rocaltrol* | *calcitriol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *econazole nitrate* | *econazole nitrate* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *epitol* | *carbamazepine* | CHANGE UM: SUM9 | 427 SECOND GENERATION ANTICONVULSANTS | 425 CARBAMAZEPINE DERIVATIVES |
| 12/19/2022 | *fanapt titration pack* | *iloperidone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *linezolid in sodium chloride* | *linezolid in sodium chloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *temovate* | *clobetasol propionate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *stavudine* | *stavudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *androgel* | *testosterone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aztreonam* | *aztreonam* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *toremifene citrate* | *toremifene citrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *phenelzine sulfate* | *phenelzine sulfate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *abilify mycite starter kit* | *aripiprazole with sensor, strips, & pod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *azasite* | *azithromycin (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *noritate* | *metronidazole (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *xalatan* | *latanoprost* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *qutenza (4 patch)* | *capsaicin & cleansing gel* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *trelegy ellipta* | *fluticasone-umeclidinium-vilanterol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *apidra* | *insulin glulisine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tramadol hcl* | *tramadol hcl* | REMOVE UM: QUANTITY | 40 UNITS / 5 DAYS | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *atelvia* | *risedronate sodium* | CHANGE UM: SUM9 | 459 BONE FORMATION STIM. AGENTS | 458 BISPHOSPHONATES |
| 12/19/2022 | *dexamethasone sodium phosphate* | *dexamethasone sodium phosphate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *xiidra* | *lifitegrast* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *labetalol hcl-dextrose* | *labetalol hcl-dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ibuprofen* | *ibuprofen* | ADD UM: SUM9 | | 552 NSAIDS |
| 12/19/2022 | *phenobarbital* | *phenobarbital* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 12/19/2022 | *dry eye relief* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *apap-caff-dihydrocodeine* | *acetaminophen-caff-dihydrocod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *welchol* | *colesevelam hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *bicalutamide* | *bicalutamide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *norpace cr* | *disopyramide phosphate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *senna* | *sennosides* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *metoprolol-hydrochlorothiazide* | *metoprolol & hydrochlorothiazide* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 619 BETA BLOCKER/DIURETIC COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *epzicom* | *abacavir sulfate-lamivudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *anagrelide hcl* | *anagrelide hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *trogarzo* | *ibalizumab-uiyk* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *doxy 100* | *doxycycline hyclate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *absorica* | *isotretinoin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *phenytek* | *phenytoin sodium extended* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dexmedetomidine hcl in nacl* | *dexmedetomidine hcl in sodium chloride* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *drizalma sprinkle* | *duloxetine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tralement* | *trace minerals (cu-mn-se-zn)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nourianz* | *istradefylline* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *relpax* | *eletriptan hydrobromide* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *omnipaque* | *iohexol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clindamycin phosphate* | *clindamycin phosphate (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *allergy/congestion relief* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *steglujan* | *ertugliflozin-sitagliptin* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *dipentum* | *olsalazine sodium* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 598 ULCERATIVE COLITIS – ORAL |
| 12/19/2022 | *simliya* | *desogestrel-ethinyl estradiol (biphasic)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *alogliptin-pioglitazone* | *alogliptin-pioglitazone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *zomacton (for zoma-jet 10)* | *somatropin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *angeliq* | *drospirenone-estradiol* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *nifedipine er* | *nifedipine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *rosanil cleanser* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zeposia* | *ozanimod hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *bacitra-neomycin-polymyxin-hc* | *bacitracin-poly-neomycin-hc* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *osmolex er* | *amantadine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *venlafaxine hcl* | *venlafaxine hcl* | ADD UM: SUM9 | | 428 ANTIDEPRESSA NTS, OTHER |
| 12/19/2022 | *febuxostat* | *febuxostat* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *epinephrine* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *azor* | *amlodipine besylate-olmesartan medoxomil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *alphagan p* | *brimonidine tartrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lopid* | *gemfibrozil* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *esmolol hcl* | *esmolol hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *januvia* | *sitagliptin phosphate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gnp allergy relief* | *fexofenadine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ultravist* | *iopromide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *millipred dp* | *prednisolone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cefotan* | *cefotetan disodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *saizenprep* | *somatropin (non-refrigerated)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nifedipine er osmotic release* | *nifedipine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *xopenex hfa* | *levalbuterol tartrate* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 466 SHORT ACTING BETA ADRENERGICS |
| 12/19/2022 | *fortaz* | *ceftazidime* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *brilinta* | *ticagrelor* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *eye irritation relief* | *tetrahydrozoline-polyvinyl alcohol-povidone* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *heparin (porcine) in nacl* | *heparin (porcine) in sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cutivate* | *fluticasone propionate* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *amzeeq* | *minocycline hcl micronized (acne)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ponvory starter pack* | *ponesimod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *abilify mycite maintenance kit* | *aripiprazole with sensor, strips, & pod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nafcillin sodium* | *nafcillin sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *desonide* | *desonide* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *baxdela* | *delafloxacin meglumine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ezetimibe-simvastatin* | *ezetimibe-simvastatin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *xcopri (250 mg daily dose)* | *cenobamate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *casodex* | *bicalutamide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *hydrocortisone* | *hydrocortisone* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 12/19/2022 | *synercid* | *quinupristin-dalfopristin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sm omeprazole* | *omeprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *amikacin sulfate* | *amikacin sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *bupropion hcl er (sr)* | *bupropion hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *linzess* | *linaclotide* | ADD UM: SUM10 | | PDL |

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

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *ciclodan* | *ciclopirox* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *voriconazole* | *voriconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *busulfan* | *busulfan* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pacerone* | *amiodarone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *repaglinide-metformin hcl* | *repaglinide-metformin hcl* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 513 MEGLITINIDES & COMBINATIONS, ORAL ANTIDIABETICS |
| 12/19/2022 | *sular* | *nisoldipine* | CHANGE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *moxifloxacin hcl in nacl* | *moxifloxacin hcl in sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *saline bacteriostatic* | *bacteriostatic sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *intelence* | *etravirine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *oxcarbazepine* | *oxcarbazepine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cimzia* | *certolizumab pegol* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 477 CYTOKINE AND CAM ANTAGONISTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *prolensa* | *bromfenac sodium (ophth)* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *dyanavel xr* | *amphetamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *roweepra* | *levetiracetam* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tyvaso dpi maintenance kit* | *treprostinil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *tri-mili* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prezista* | *darunavir* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *methylprednisolone sodium succ* | *methylprednisolone sod succ* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *infuvite pediatric* | *pediatric multiple vitamins* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *methyltestosterone* | *methyltestosterone* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *divalproex sodium er* | *divalproex sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *clotrimazole* | *clotrimazole* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *treprostinil* | *treprostinil* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sulfacetamide sod-sulfur wash* | *sulfacetamide sodium w/ sulfur* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *bivalirudin rtu* | *bivalirudin trifluoroacetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *rexulti* | *brexpiprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *quetiapine fumarate er* | *quetiapine fumarate* | ADD UM: QUANTITYCUSTOM | | QL= 1 UNITS / 1 DAYS ages 18 years and older, 5 UNITS / 1 DAYS under 18 years of age |
| 12/19/2022 | *atenolol-chlorthalidone* | *atenolol & chlorthalidone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *hm stool softener/laxative* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *boniva* | *ibandronate sodium* | CHANGE UM: SUM9 | 459 BONE FORMATION STIM. AGENTS | 458 BISPHOSPHONATES |
| 12/19/2022 | *luzu* | *luliconazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lenalidomide* | *lenalidomide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *glucotrol xl* | *glipizide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dexilant* | *dexlansoprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clonazepam* | *clonazepam* | ADD UM: QUANTITY | | 6 UNITS / 1 DAYS |
| 12/19/2022 | *nilutamide* | *nilutamide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *rocklatan* | *netarsudil dimesylate-latanoprost* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *alkindi sprinkle* | *hydrocortisone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *loprox* | *ciclopirox olamine & cleanser* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *niaspan* | *niacin (antihyperlipidemic)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *mentax* | *butenafine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *viramune xr* | *nevirapine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fenoprofen calcium* | *fenoprofen calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *doxazosin mesylate* | *doxazosin mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *sm all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cefuroxime axetil* | *cefuroxime axetil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lotronex* | *alosetron hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *prandin* | *repaglinide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fosamprenavir calcium* | *fosamprenavir calcium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *omega-3-acid ethyl esters* | *omega-3-acid ethyl esters* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *loteprednol etabonate* | *loteprednol etabonate* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *fluocinonide* | *fluocinonide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *mekinist* | *trametinib dimethyl sulfoxide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *loperamide-simethicone* | *loperamide-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *xcopri* | *cenobamate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *cleocin* | *clindamycin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fareston* | *toremifene citrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dexamethasone* | *dexamethasone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *prozac* | *fluoxetine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zelapar* | *selegiline hcl* | CHANGE UM: SUM9 | 444 NON-ERGOT DOPAMINE RECEPTOR AGONISTS | 443 ANTIPARKINSON'S AGENTS |
| 12/19/2022 | *bicillin c-r 900/300* | *penicillin g benzathine & procaine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tadliq* | *tadalafil (pulmonary hypertension)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *sm all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *enemeez mini* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *zorvolex* | *diclofenac* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *hetlioz lq* | *tasimelteon* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cablivi* | *caplacizumab-yhdp* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *ovace wash* | *sulfacetamide sodium* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sm fexofenadine hcl* | *fexofenadine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *hydromorphone hcl pf* | *hydromorphone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *nitroglycerin* | *nitroglycerin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *admelog* | *insulin lispro* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *insulin lispro junior kwikpen* | *insulin lispro* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *symfi lo* | *efavirenz-lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *trileptal* | *oxcarbazepine* | CHANGE UM: SUM9 | 427 SECOND GENERATION ANTICONVULSANTS | 425 CARBAMAZEPINE DERIVATIVES |
| 12/19/2022 | *invega trinza* | *paliperidone palmitate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *bystolic* | *nebivolol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *duloxetine hcl* | *duloxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *pindolol* | *pindolol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fycompa* | *perampanel* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *nefazodone hcl* | *nefazodone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aveed* | *testosterone undecanoate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *eletriptan hydrobromide* | *eletriptan hydrobromide* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *brevibloc premixed ds* | *esmolol hcl-sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *e.e.s. granules* | *erythromycin ethylsuccinate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *pylarify* | *piflufolastat f 18* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *omeprazole* | *omeprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 12/19/2022 | *ximino* | *minocycline hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dexamethasone intensol* | *dexamethasone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lopinavir-ritonavir* | *lopinavir-ritonavir* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *noxafil* | *posaconazole* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *glycopyrrolate (pf)* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sm loratadine* | *loratadine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *humulin r* | *insulin regular (human)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *endometrin* | *progesterone (vaginal)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ultram* | *tramadol hcl* | CHANGE UM: QUANTITY | 40 UNITS / 5 DAYS | 40 UNITS / 5 DAYS |
| 12/19/2022 | *solifenacin succinate* | *solifenacin succinate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *captopril* | *captopril* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *complera* | *emtricitabine-rilpivirine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *testosterone cypionate* | *testosterone cypionate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *duloxetine hcl* | *duloxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | ADD UM: SUM9 | | 594 ANTIHYPERKINESIS |
| 12/19/2022 | *agrylin* | *anagrelide hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *neoprofen* | *ibuprofen lysine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *testosterone enanthate* | *testosterone enanthate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *moxifloxacin hcl* | *moxifloxacin hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *isentress* | *raltegravir potassium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *codeine sulfate* | *codeine sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bivalirudin-sodium chloride* | *bivalirudin trifluoroacetate-sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fluoxetine hcl* | *fluoxetine hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *methocarbamol* | *methocarbamol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *roxicodone* | *oxycodone hcl* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *altoprev* | *lovastatin* | CHANGE UM: SUM9 | 540 HIGH POTENCY STATINS | 541 STATINS |
| 12/19/2022 | *claravis* | *isotretinoin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *alfuzosin hcl er* | *alfuzosin hcl* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *copiktra* | *duvelisib* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *freestyle libre 2 reader* | *continuous blood glucose system receiver* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *insulin asp prot & asp flexpen* | *insulin aspart protamine & aspart (human)* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *nicotine polacrilex mini* | *nicotine polacrilex* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *effient* | *prasugrel hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *naproxen* | *naproxen* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *ventrixyl fe* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tribenzor* | *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *timoptic* | *timolol maleate (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pentam* | *pentamidine isethionate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nystatin-triamcinolone* | *nystatin-triamcinolone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methyldopa* | *methyldopa* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *equetro* | *carbamazepine (antipsychotic)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lyrica* | *pregabalin* | CHANGE UM: SUM9 | 427 SECOND GENERATION ANTICONVULSANTS | 549 NEUROPATHIC PAIN |
| 12/19/2022 | *colesevelam hcl* | *colesevelam hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *edluar* | *zolpidem tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *alora* | *estradiol* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *xenpozyme* | *olipudase alfa-rpcp* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mepron* | *atovaquone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *stalevo 200* | *carbidopa-levodopa-entacapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *buprenex* | *buprenorphine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fetzima titration* | *levomilnacipran hcl* | CHANGE UM: SUM9 | 549 NEUROPATHIC PAIN | 428 ANTIDEPRESSANTS, OTHER |
| 12/19/2022 | *docetaxel* | *docetaxel* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ilumya* | *tildrakizumab-asmn* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *apexicon e* | *diflorasone diacetate emollient base* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *duobrii* | *halobetasol propionate-tazarotene* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 446 ANTIPSORIATICS, TOPICAL |
| 12/19/2022 | *entyvio* | *vedolizumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ampicillin* | *ampicillin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *subvenite starter kit-orange* | *lamotrigine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cefotetan disodium-dextrose* | *cefotetan disodium and dextrose* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *methylphenidate hcl* | *methylphenidate hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *phenytoin sodium extended* | *phenytoin sodium extended* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *quinidine sulfate* | *quinidine sulfate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *effexor xr* | *venlafaxine hcl* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *onfi* | *clobazam* | CHANGE UM: SUM9 | 826 ANTICONVULSANTS | 427 SECOND GENERATION ANTICONVULSANTS |
| 12/19/2022 | *tetracycline hcl* | *tetracycline hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *cambia* | *diclofenac potassium (migraine)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *kenalog* | *triamcinolone acetonide (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *firmagon* | *degarelix acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *triumeq* | *abacavir-dolutegravir-lamivudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *adderall* | *amphetamine-dextroamphetamine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *atacand* | *candesartan cilexetil* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *diflucan* | *fluconazole* | CHANGE UM: SUM9 | 431 NEW GENERATION AZOLES | 432 ORAL ANTIFUNGALS |
| 12/19/2022 | *buprenorphine* | *buprenorphine* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *chlordiazepoxide hcl* | *chlordiazepoxide hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pylera* | *bismuth subcitrate potassium-metronidazole-tetracycline* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lamotrigine er* | *lamotrigine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *yutiq* | *fluocinolone acetonide (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *ovace plus wash* | *sulfacetamide sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tamoxifen citrate* | *tamoxifen citrate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *hm esomeprazole magnesium dr* | *esomeprazole magnesium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *raloxifene hcl* | *raloxifene hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sm esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zepatier* | *elbasvir-grazoprevir* | CHANGE UM: SUM9 | 497 HEPATITIS B - ORAL | 499 HEPATITIS C - ORAL |
| 12/19/2022 | *rayos* | *prednisone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zoloft* | *sertraline hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *verapamil hcl* | *verapamil hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fexofenadine hcl* | *fexofenadine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *amphotericin b liposome* | *amphotericin b liposome* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *cerebyx* | *fosphenytoin sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clindamycin phosphate in nacl* | *clindamycin phosphate in nacl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *novolog mix 70/30* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methoxsalen rapid* | *methoxsalen rapid* | CHANGE UM: SUM9 | 477 CYTOKINE AND CAM ANTAGONISTS | 445 ANTIPSORIATICS, ORAL |
| 12/19/2022 | *nurtec* | *rimegepant sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *plegridy* | *peginterferon beta-1a* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *carbatrol* | *carbamazepine* | CHANGE UM: SUM9 | 427 SECOND GENERATION ANTICONVULSANTS | 425 CARBAMAZEPINE DERIVATIVES |
| 12/19/2022 | *natpara* | *parathyroid hormone (recombinant)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *neupogen* | *filgrastim* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lyumjev tempo pen* | *insulin lispro-aabc* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *xigduo xr* | *dapagliflozin-metformin hcl* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 515 HYPOGLYCEMICS, SGLT2 |
| 12/19/2022 | *clodan* | *clobetasol propionate & cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *zoryve* | *roflumilast (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *desoxyn* | *methamphetamine hcl* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *pegasys* | *peginterferon alfa-2a* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *basaglar kwikpen* | *insulin glargine* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 510 LONG-ACTING INSULINS |
| 12/19/2022 | *cystadrops* | *cysteamine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ubrelvy* | *ubrogepant* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vusion* | *miconazole-zinc oxide-white petrolatum* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *emcyt* | *estramustine phosphate sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *tyvaso refill* | *treprostinil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lansoprazole* | *lansoprazole* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *butrans* | *buprenorphine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *enbrel sureclick* | *etanercept* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *flurazepam hcl* | *flurazepam hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *duramorph* | *morphine sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *potassium chloride crys er* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *gloperba* | *colchicine* | CHANGE UM: SUM9 | 438 ORAL AGENTS FOR GOUT: XANTHINE OXIDASE INHIBITORS | 437 ORAL AGENTS FOR GOUT: MISC |
| 12/19/2022 | *atacand hct* | *candesartan cilexetil-hydrochlorothiazide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *naproxen* | *naproxen* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *propranolol-hctz* | *propranolol & hydrochlorothiazide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *chantix continuing month pak* | *varenicline tartrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *skyrizi* | *risankizumab-rzaa (crohn's)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *heparin sodium (porcine) pf* | *heparin sodium (porcine)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nuvessa* | *metronidazole vaginal* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *pertzye* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *oxacillin sodium* | *oxacillin sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *wellbutrin xl* | *bupropion hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *efavirenz-emtricitab-tenofo df* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *oxistat* | *oxiconazole nitrate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *hm cetirizine hcl* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *wellbutrin sr* | *bupropion hcl* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *toremifene citrate* | *toremifene citrate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *pioglitazone hcl* | *pioglitazone hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dextenza* | *dexamethasone (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *genvoya* | *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *butorphanol tartrate* | *butorphanol tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *valacyclovir hcl* | *valacyclovir hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *metaxalone* | *metaxalone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *doryx mpc* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *zipsor* | *diclofenac potassium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *delstrigo* | *doravirine-lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lovenox* | *enoxaparin sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *benicar hct* | *olmesartan medoxomil-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *calcium-folic acid plus d* | *calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *emtricitabine-tenofovir df* | *emtricitabine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *savaysa* | *edoxaban tosylate* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *centany at* | *mupirocin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *raloxifene hcl* | *raloxifene hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *norvasc* | *amlodipine besylate* | CHANGE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *suboxone* | *buprenorphine hcl-naloxone hcl dihydrate* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 12/19/2022 | *sufentanil citrate* | *sufentanil citrate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *baclofen* | *baclofen* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *allergy relief (loratadine)* | *loratadine* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *erythrocin lactobionate* | *erythromycin lactobionate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *acuvail* | *ketorolac tromethamine (ophth)* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *perforomist* | *formoterol fumarate* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 465 LONG ACTING BETA-ADRENERGICS NEBS |
| 12/19/2022 | *doxycycline monohydrate* | *doxycycline (monohydrate)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *diclofenac-misoprostol* | *diclofenac w/ misoprostol* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *clonidine hcl* | *clonidine hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *odefsey* | *emtricitabine-rilpivirine-tenofovir alafenamide fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *tri-lo-mili* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *atenolol* | *atenolol* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *letairis* | *ambrisentan* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cetirizine-pseudoephedrine er* | *cetirizine-pseudoephedrine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ciloxan* | *ciprofloxacin hcl (ophth)* | CHANGE UM: SUM9 | 560 OPHTHALMIC QUINOLONES | 558 OPHTHALMIC ANTIBIOTICS OINTMENT |
| 12/19/2022 | *glydo* | *lidocaine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *solu-medrol (pf)* | *methylprednisolone sod succ* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *denavir* | *penciclovir* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *warfarin sodium* | *warfarin sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *invega sustenna* | *paliperidone palmitate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zetia* | *ezetimibe* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *norethindron-ethinyl estrad-fe* | *norethindrone acetate-ethinyl estradiol-fe* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *protonix* | *pantoprazole sodium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *buprenorphine hcl* | *buprenorphine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *clindesse* | *clindamycin phosphate (one dose)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clobazam* | *clobazam* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *amphotericin b* | *amphotericin b* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pemetrexed disodium* | *pemetrexed disodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *stalevo 125* | *carbidopa-levodopa-entacapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *novavax covid-19 vaccine* | *covid-19 (sars-cov-2) subunit (spike) protein virus vaccine* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *24hr allergy relief* | *fexofenadine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *evoxac* | *cevimeline hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *salicylic acid* | *salicylic acid* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *lotrel* | *amlodipine besylate-benazepril hcl* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 611 ACE INHIBITOR CALCIUM CHANNEL BLOCKER |
| 12/19/2022 | *bydureon* | *exenatide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *stalevo 150* | *carbidopa-levodopa-entacapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ciprofloxacin in d5w* | *ciprofloxacin in d5w* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *femring* | *estradiol acetate vaginal* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *skyrizi* | *risankizumab-rzaa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *orencia* | *abatacept* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 477 CYTOKINE AND CAM ANTAGONISTS |
| 12/19/2022 | *triamcinolone acetonide* | *triamcinolone acetonide (topical)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *esomeprazole sodium* | *esomeprazole sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *retisert* | *fluocinolone acetonide (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORI ES |
| 12/19/2022 | *alocril* | *nedocromil sodium (ophth)* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 563 OPHTHALMIC MAST CELL STABILIZERS |
| 12/19/2022 | *adhansia xr* | *methylphenidate hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 12/19/2022 | *nebupent* | *pentamidine isethionate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nulojix* | *belatacept* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *fuzeon* | *enfuvirtide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *atgam* | *lymphocyte immune globulin,anti-thymocyte globulin (equine)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *brisdelle* | *paroxetine mesylate (vasomotor)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *depo-medrol* | *methylprednisolone acetate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *zosyn* | *piperacillin sodium-tazobactam sodium in dextrose* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *azactam* | *aztreonam* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *vibramycin* | *doxycycline (monohydrate)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dermacinrx dotremin* | *folic acid-cholecalciferol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *carisoprodol-aspirin* | *carisoprodol w/ aspirin* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *lorazepam* | *lorazepam* | CHANGE UM: QUANTITY | 5 UNITS / 1 DAYS | 5 UNITS / 1 DAYS |
| 12/19/2022 | *apokyn* | *apomorphine hydrochloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *bisoprolol fumarate* | *bisoprolol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *opcicon one-step* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *capecitabine* | *capecitabine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sm lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *azelex* | *azelaic acid (acne)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *gnp allergy & congestion* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *verelan* | *verapamil hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *saizen* | *somatropin (non-refrigerated)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cimetidine* | *cimetidine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zymaxid* | *gatifloxacin (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *bivalirudin trifluoroacetate* | *bivalirudin trifluoroacetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *valacyclovir hcl* | *valacyclovir hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *stalevo 100* | *carbidopa-levodopa-entacapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hyzaar* | *losartan potassium & hydrochlorothiazide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cleocin* | *clindamycin phosphate vaginal* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *percocet* | *oxycodone w/ acetaminophen* | REMOVE UM: QUANTITY | 40 UNITS / 5 DAYS | |
| 12/19/2022 | *24hr allergy & congestion reli* | *fexofenadine-pseudoephedrine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *tybost* | *cobicistat* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *sodium chloride* | *sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *valtrex* | *valacyclovir hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *azulfidine en-tabs* | *sulfasalazine* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 598 ULCERATIVE COLITIS – ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *azithromycin* | *azithromycin* | ADD UM: SUM9 | | 542 MACROLIDES/KETOLIDES |
| 12/19/2022 | *delstrigo* | *doravirine-lamivudine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *tivicay* | *dolutegravir sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *cipro in d5w* | *ciprofloxacin in d5w* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *inbrija* | *levodopa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *olumiant* | *baricitinib* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zithromax tri-pak* | *azithromycin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *climara* | *estradiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *minocycline hcl* | *minocycline hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ropivacaine hcl* | *ropivacaine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mupirocin calcium* | *mupirocin calcium (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *cardene iv* | *nicardipine hcl in sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *quillichew er* | *methylphenidate hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ultram* | *tramadol hcl* | REMOVE UM: QUANTITY | 40 UNITS / 5 DAYS | |
| 12/19/2022 | *jardiance* | *empagliflozin* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *nitroglycerin er* | *nitroglycerin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *doxycycline hyclate* | *doxycycline hyclate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *genvoya* | *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *famotidine* | *famotidine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lodosyn* | *carbidopa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *etodolac er* | *etodolac* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *glyburide-metformin* | *glyburide-metformin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *efavirenz-emtricitab-tenofo df* | *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *fulvestrant* | *fulvestrant* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pred mild* | *prednisolone acetate (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *qc stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *lupron depot (1-month)* | *leuprolide acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *nesina* | *alogliptin benzoate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tyvaso starter* | *treprostinil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zilretta* | *triamcinolone acetonide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *olux* | *clobetasol propionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *rocuronium bromide* | *rocuronium bromide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *asmanex (30 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *natacyn* | *natamycin* | CHANGE UM: SUM9 | 560 OPHTHALMIC QUINOLONES | 557 OPHTHALMIC ANITFUNGALS |
| 12/19/2022 | *glyburide-metformin* | *glyburide-metformin* | ADD UM: SUM9 | | 830 HYPOGLYCEMICS, METFORMINS |
| 12/19/2022 | *leukine* | *sargramostim* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *spevigo* | *spesolimab-sbzo* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *mydayis* | *amphetamine-dextroamphetamine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vancomycin hcl in nacl* | *vancomycin hcl-sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lupron depot (4-month)* | *leuprolide acetate (4 month)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *novolin n relion* | *insulin nph (human) (isophane)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *prednisone* | *prednisone* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *azithromycin* | *azithromycin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *morphine sulfate (pf)* | *morphine sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *innopran xl* | *propranolol hcl sustained-release beads* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *frovatriptan succinate* | *frovatriptan succinate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *provayblue* | *methylene blue (antidote)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *epclusa* | *sofosbuvir-velpatasvir* | CHANGE UM: SUM9 | 497 HEPATITIS B - ORAL | 499 HEPATITIS C - ORAL |
| 12/19/2022 | *duramorph* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *ibandronate sodium* | *ibandronate sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bicillin c-r* | *penicillin g benzathine & procaine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *rapamune* | *sirolimus* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *niaspan* | *niacin (antihyperlipidemic)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *olanzapine* | *olanzapine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *eligard* | *leuprolide acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *xepi* | *ozenoxacin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *prezista* | *darunavir* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *odefsey* | *emtricitabine-rilpivirine-tenofovir alafenamide fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tacrolimus* | *tacrolimus* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *qc esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *avalide* | *irbesartan-hydrochlorothiazide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ofloxacin* | *ofloxacin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cequa* | *cyclosporine (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *novolog flexpen relion* | *insulin aspart* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *prazosin hcl* | *prazosin hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *timolol maleate pf* | *timolol maleate (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *baclofen* | *baclofen* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *meperidine hcl* | *meperidine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *lofena* | *diclofenac potassium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *leflunomide* | *leflunomide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *felodipine er* | *felodipine* | CHANGE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *segluromet* | *ertugliflozin-metformin hcl* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 515 HYPOGLYCEMICS, SGLT2 |
| 12/19/2022 | *oxiconazole nitrate* | *oxiconazole nitrate* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *balsalazide disodium* | *balsalazide disodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *chlordiazepoxide-amitriptyline* | *chlordiazepoxide-amitriptyline* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *qc loratadine allergy relief* | *loratadine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *adderall xr* | *amphetamine-dextroamphetamine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gentamicin in saline* | *gentamicin in saline* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *toprol xl* | *metoprolol succinate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *angeliq* | *drospirenone-estradiol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *topicort spray* | *desoximetasone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *capex* | *fluocinolone acetonide* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 591 STEROIDS, TOPICAL LOW |
| 12/19/2022 | *amlodipine-valsartan-hctz* | *amlodipine-valsartan-hydrochlorothiazide* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *juluca* | *dolutegravir sodium-rilpivirine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *restoril* | *temazepam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *absorica* | *isotretinoin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *heparin sodium (porcine) pf* | *heparin sodium (porcine)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *basaglar tempo pen* | *insulin glargine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *antara* | *fenofibrate micronized* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *methylphenidate* | *methylphenidate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *zubsolv* | *buprenorphine hcl-naloxone hcl dihydrate* | CHANGE UM: QUANTITY | 1 UNITS / 1 DAYS | 1 UNITS / 1 DAYS |
| 12/19/2022 | *keppra* | *levetiracetam* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *labetalol hcl-dextrose* | *labetalol hcl-dextrose* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *tranylcypromine sulfate* | *tranylcypromine sulfate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *coreg cr* | *carvedilol phosphate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *novolin 70/30 flexpen relion* | *insulin nph isophane & reg (human)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cartia xt* | *diltiazem hcl coated beads* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lidocaine hcl* | *lidocaine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *accu-chek smartview* | *glucose blood* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *anastrozole* | *anastrozole* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *avonex pen* | *interferon beta-1a* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clonidine hcl er* | *clonidine hcl (adhd)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *testosterone* | *testosterone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *insulin lispro prot & lispro* | *insulin lispro protamine & lispro* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 511 RAPID-ACTING INSULIN MIX |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *proscar* | *finasteride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *emtriva* | *emtricitabine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *topicort* | *desoximetasone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *varenicline tartrate* | *varenicline tartrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *xtampza er* | *oxycodone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fareston* | *toremifene citrate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *carvedilol phosphate er* | *carvedilol phosphate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clonidine hcl er* | *clonidine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *zoledronic acid* | *zoledronic acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *isosorbide mononitrate* | *isosorbide mononitrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lumigan* | *bimatoprost* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *bromsite* | *bromfenac sodium (ophth)* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *ramelteon* | *ramelteon* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *strensiq* | *asfotase alfa* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tolterodine tartrate* | *tolterodine tartrate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *remodulin* | *treprostinil* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *nayzilam* | *midazolam (anticonvulsant)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *envarsus xr* | *tacrolimus* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *proventil hfa* | *albuterol sulfate* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 466 SHORT ACTING BETA ADRENERGICS |
| 12/19/2022 | *modafinil* | *modafinil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *imiquimod* | *imiquimod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gabapentin* | *gabapentin* | ADD UM: SUM9 | | 549 NEUROPATHIC PAIN |
| 12/19/2022 | *qulipta* | *atogepant* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *renal* | *b-complex w/ c & folic acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *adrenalin* | *epinephrine (anaphylaxis)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *keppra xr* | *levetiracetam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lanthanum carbonate* | *lanthanum carbonate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *folite* | *folic acid-vitamin d3-mag cit-acetylcysteine-ca cit* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cellcept intravenous* | *mycophenolate mofetil hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *rivastigmine tartrate* | *rivastigmine tartrate* | ADD UM: SUM9 | | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS |
| 12/19/2022 | *lincomycin hcl* | *lincomycin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lamictal odt* | *lamotrigine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *levemir* | *insulin detemir* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *uloric* | *febuxostat* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *atropine sulfate* | *atropine sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prednisone* | *prednisone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *amiodarone hcl* | *amiodarone hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fingolimod hcl* | *fingolimod hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *humulin r u-500 kwikpen* | *insulin regular (human)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *rimantadine hcl* | *rimantadine hydrochloride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *elidel* | *pimecrolimus* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *podocon-25* | *podophyllum resin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *osmolex er* | *amantadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *midazolam hcl (pf)* | *midazolam hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *cephalexin* | *cephalexin* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 12/19/2022 | *eprontia* | *topiramate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *pheburane* | *sodium phenylbutyrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qc cetirizine allergy relief* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 12/19/2022 | *levemir flextouch* | *insulin detemir* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lactulose* | *lactulose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *esmolol hcl-sodium chloride* | *esmolol hcl-sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *doxepin hcl* | *doxepin hcl (sleep)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *imvexxy starter pack* | *estradiol vaginal* | CHANGE UM: SUM9 | 600 ESTROGENS: RINGS | 601 VAGINAL ESTROGENS |
| 12/19/2022 | *dupixent* | *dupilumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *eptifibatide* | *eptifibatide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *myleran* | *busulfan* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fentora* | *fentanyl citrate* | CHANGE UM: QUANTITY | 120 UNITS / 30 DAYS | 120 UNITS / 30 DAYS |
| 12/19/2022 | *allergy relief/indoor/outdoor* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *alvesco* | *ciclesonide* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *infuvite adult* | *multiple vitamin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hydromorphone hcl* | *hydromorphone hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *phytonadione* | *phytonadione* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *acyclovir* | *acyclovir topical* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *droxidopa* | *droxidopa* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qc nicotine transdermal system* | *nicotine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ranexa* | *ranolazine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *skelaxin* | *metaxalone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *omnitrope* | *somatropin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sirolimus* | *sirolimus* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fml* | *fluorometholone (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *epoprostenol sodium* | *epoprostenol sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *metaxalone* | *metaxalone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *isentress* | *raltegravir potassium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hm allergy & congestion* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *uptravi* | *selexipag* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *kengreal* | *cangrelor tetrasodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qudexy xr* | *topiramate* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *esmolol hcl* | *esmolol hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *zyloprim* | *allopurinol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *folitin-z* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *retin-a micro pump* | *tretinoin microsphere* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *balsalazide disodium* | *balsalazide disodium* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *uplizna* | *inebilizumab-cdon* | CHANGE UM: SUM9 | 524 IMMUNOSUPPRESSANTS | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 12/19/2022 | *ertapenem sodium* | *ertapenem sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nicardipine hcl* | *nicardipine hcl* | CHANGE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *calcitonin (salmon)* | *calcitonin (salmon)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *ambisome* | *amphotericin b liposome* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *indocin* | *indomethacin* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *levetiracetam er* | *levetiracetam* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zomacton* | *somatropin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vemlidy* | *tenofovir alafenamide fumarate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *soma* | *carisoprodol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *protonix* | *pantoprazole sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *metformin hcl er* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 12/19/2022 | *oseni* | *alogliptin-pioglitazone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *theophylline* | *theophylline* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ampicillin-sulbactam sodium* | *ampicillin & sulbactam sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *prolate* | *oxycodone w/ acetaminophen* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *vijoice* | *alpelisib (pros agents)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *percocet* | *oxycodone w/ acetaminophen* | CHANGE UM: QUANTITY | 40 UNITS / 5 DAYS | 40 UNITS / 5 DAYS |
| 12/19/2022 | *temixys* | *lamivudine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *vasotec* | *enalapril maleate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vogelxo pump* | *testosterone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sm nicotine* | *nicotine polacrilex* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *retacrit* | *epoetin alfa-epbx* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *morphine sulfate (pf)* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *estradiol valerate* | *estradiol valerate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *fentora* | *fentanyl citrate* | REMOVE UM: QUANTITY | 120 UNITS / 30 DAYS | |
| 12/19/2022 | *yupelri* | *revefenacin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *qvar redihaler* | *beclomethasone dipropionate hfa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *maxalt* | *rizatriptan benzoate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *medrol* | *methylprednisolone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *zemdri* | *plazomicin sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zinc sulfate* | *zinc sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *baxdela* | *delafloxacin meglumine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *trifluridine* | *trifluridine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *isordil titradose* | *isosorbide dinitrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *metformin hcl er (osm)* | *metformin hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *opsumit* | *macitentan* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *licart* | *diclofenac epolamine* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *tolsura* | *itraconazole* | CHANGE UM: SUM9 | 431 NEW GENERATION AZOLES | 432 ORAL ANTIFUNGALS |
| 12/19/2022 | *tavaborole* | *tavaborole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *paroxetine hcl* | *paroxetine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *cystaran* | *cysteamine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *biorphen* | *phenylephrine hcl (pressors)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sotyktu* | *deucravacitinib* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *gnp omeprazole* | *omeprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *abacavir-lamivudine-zidovudine* | *abacavir sulfate-lamivudine-zidovudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *balanced salt* | *ophthalmic irrigation solution - intraocular* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *noxafil* | *posaconazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cholestyramine* | *cholestyramine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tovet* | *clobetasol propionate emulsion foam w/ moisturizing cream* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |
| 12/19/2022 | *cefazolin sodium* | *cefazolin sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *vogelxo* | *testosterone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *accu-chek guide control* | *blood glucose calibration* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *doxylamine-pyridoxine* | *doxylamine-pyridoxine* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *nicardipine hcl* | *nicardipine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *accuretic* | *quinapril-hydrochlorothiazide* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 12/19/2022 | *sorafenib tosylate* | *sorafenib tosylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *aricept* | *donepezil hydrochloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fluoxetine hcl (pmdd)* | *fluoxetine hcl (pmdd)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nicotrol* | *nicotine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dulera* | *mometasone furoate-formoterol fumarate dihydrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ampicillin sodium* | *ampicillin sodium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 12/19/2022 | *trihexyphenidyl hcl* | *trihexyphenidyl hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gentamicin sulfate* | *gentamicin sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *cefdinir* | *cefdinir* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *subvenite* | *lamotrigine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *jantoven* | *warfarin sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *suprax* | *cefixime* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sunscreen kids spf 50* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *haloperidol* | *haloperidol* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *cholbam* | *cholic acid* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tybost* | *cobicistat* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fioricet/codeine* | *butalbital-acetaminophen-caffeine w/ codeine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ayuna* | *levonorgestrel & eth estradiol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *betamethasone dipropionate* | *betamethasone dipropionate (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tetrabenazine* | *tetrabenazine* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 12/19/2022 | *qc esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 12/19/2022 | *tolcapone* | *tolcapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *qc all day allergy relief* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *gablofen* | *baclofen* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *minocycline hcl er* | *minocycline hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vyvgart* | *efgartigimod alfa-fcab* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *phenylephrine hcl* | *phenylephrine hcl (mydriatic)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *emend* | *fosaprepitant dimeglumine* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 12/19/2022 | *triumeq* | *abacavir-dolutegravir-lamivudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fosphenytoin sodium* | *fosphenytoin sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *omeprazole magnesium* | *omeprazole magnesium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tamoxifen citrate* | *tamoxifen citrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *incruse ellipta* | *umeclidinium bromide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *oxycodone hcl* | *oxycodone hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *acular ls* | *ketorolac tromethamine (ophth)* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *methocarbamol* | *methocarbamol* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *ketodan* | *ketoconazole & cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *coreg* | *carvedilol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *norepinephrine bitartrate* | *norepinephrine bitartrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *taltz* | *ixekizumab* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *thioridazine hcl* | *thioridazine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *paclitaxel protein-bound part* | *paclitaxel protein-bound particles* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *icatibant acetate* | *icatibant acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *milrinone lactate* | *milrinone lactate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dexamethasone sod phosphate pf* | *dexamethasone sodium phosphate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cefotetan disodium* | *cefotetan disodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *synalar ts* | *fluocinolone acetonide & cleanser* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *acyclovir sodium* | *acyclovir sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lidocaine hcl urethral/mucosal* | *lidocaine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *gnp allergy relief* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *fluorescite* | *fluorescein sodium injection* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ionosol-mb in d5w* | *electrolyte-mb in dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *chlorzoxazone* | *chlorzoxazone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *neurontin* | *gabapentin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *myfembree* | *relugolix-estradiol-norethindrone acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sumatriptan succinate* | *sumatriptan succinate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *goodsense all day allergy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 12/19/2022 | *ketoprofen* | *ketoprofen* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *dexmedetomidine hcl* | *dexmedetomidine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cortisporin-tc* | *neomycin-colistin-hc-thonzonium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *naprelan* | *naproxen sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dermacinrx lidogel* | *lidocaine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *roxybond* | *oxycodone hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *adlyxin* | *lixisenatide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *veletri* | *epoprostenol sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *telmisartan-hctz* | *telmisartan-hydrochlorothiazide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *asenapine maleate* | *asenapine maleate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nitroglycerin* | *nitroglycerin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *lexette* | *halobetasol propionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *ultiva* | *remifentanil hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *feldene* | *piroxicam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *allergy relief-d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *carbamazepine* | *carbamazepine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *amnesteem* | *isotretinoin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *bupropion hcl er (smoking det)* | *bupropion hcl (smoking deterrent)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zonisade* | *zonisamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *bivalirudin-sodium chloride* | *bivalirudin trifluoroacetate-sodium chloride* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *betamethasone sod phos & acet* | *betamethasone sod phosphate & acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *nulojix* | *belatacept* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *viberzi* | *eluxadoline* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lotemax sm* | *loteprednol etabonate* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *questran* | *cholestyramine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nalfon* | *fenoprofen calcium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *colestipol hcl* | *colestipol hcl* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *felbamate* | *felbamate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *airduo respiclick 55/14* | *fluticasone-salmeterol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ibu* | *ibuprofen* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *isradipine* | *isradipine* | CHANGE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *mavenclad (8 tabs)* | *cladribine (multiple sclerosis)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *retin-a* | *tretinoin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cefoxitin sodium* | *cefoxitin sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *atorvastatin calcium* | *atorvastatin calcium* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *pulmicort flexhaler* | *budesonide (inhalation)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *insulin glargine* | *insulin glargine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tadliq* | *tadalafil (pulmonary hypertension)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *augmentin xr* | *amoxicillin & pot clavulanate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *arimidex* | *anastrozole* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *neulasta* | *pegfilgrastim* | CHANGE UM: SUM9 | 483 HEMATOPOIETIC AGENTS | 472 COLONY STIMULATING FACTORS |
| 12/19/2022 | *prograf* | *tacrolimus* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fuzeon* | *enfuvirtide* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *winlevi* | *clascoterone* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *brevibloc* | *esmolol hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *terbutaline sulfate* | *terbutaline sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *tazarotene* | *tazarotene* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *bonjesta* | *doxylamine-pyridoxine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gelnique* | *oxybutynin chloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dotti* | *estradiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *rythmol sr* | *propafenone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clindagel* | *clindamycin phosphate (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *selegiline hcl* | *selegiline hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *pulmicort* | *budesonide (inhalation)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tresiba flextouch* | *insulin degludec* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 510 LONG-ACTING INSULINS |
| 12/19/2022 | *byetta 10 mcg pen* | *exenatide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *abacavir-lamivudine-zidovudine* | *abacavir sulfate-lamivudine-zidovudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bivalirudin trifluoroacetate* | *bivalirudin trifluoroacetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *zithromax z-pak* | *azithromycin* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *vigadrone* | *vigabatrin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *olinvyk* | *oliceridine fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *gemtesa* | *vibegron* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *alvimopan* | *alvimopan* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mulpleta* | *lusutrombopag* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *rifampin* | *rifampin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *posaconazole* | *posaconazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *caduet* | *amlodipine besylate-atorvastatin calcium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *griseofulvin ultramicrosize* | *griseofulvin ultramicrosize* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 12/19/2022 | *avsola* | *infliximab-axxq* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *atovaquone* | *atovaquone* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *nascobal* | *cyanocobalamin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *combivent respimat* | *ipratropium-albuterol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lupron depot (6-month)* | *leuprolide acetate (6 month)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *janumet* | *sitagliptin-metformin hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nymalize* | *nimodipine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD UM: QUANTITYCUSTOM | | QL= 2 UNITS / 1 DAYS ages 18 years and older, 1 UNITS / 1 DAYS under 18 years of age |
| 12/19/2022 | *zocor* | *simvastatin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *meperidine hcl* | *meperidine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *gnp fexofenadine/pseer* | *fexofenadine-pseudoephedrine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vascepa* | *icosapent ethyl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clobex spray* | *clobetasol propionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |
| 12/19/2022 | *zolmitriptan* | *zolmitriptan* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *ursodiol* | *ursodiol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *seglentis* | *celecoxib-tramadol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *agrylin* | *anagrelide hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cefixime* | *cefixime* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *pancreaze* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *diclofenac sodium* | *diclofenac sodium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *elliotts b* | *intrathecal electrolytes w/ dextrose* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *12hr allergy relief* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *xultophy* | *insulin degludec-liraglutide* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 12/19/2022 | *genotropin* | *somatropin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *entecavir* | *entecavir* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *uptravi* | *selexipag* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *aromasin* | *exemestane* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *methylprednisolone sodium succ* | *methylprednisolone sod succ* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *orbactiv* | *oritavancin diphosphate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dry eye relief* | *polyethylene glycol-propylene glycol (ophth)* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *temozolomide* | *temozolomide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qc omeprazole* | *omeprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | REMOVE UM: QUANTITY | 3 UNITS / 1 DAYS | |
| 12/19/2022 | *nplate* | *romiplostim* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *benztropine mesylate* | *benztropine mesylate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *micardis hct* | *telmisartan-hydrochlorothiazide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sm nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *zipsor* | *diclofenac potassium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *kynmobi* | *apomorphine hydrochloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *stribild* | *elvitegravir-cobicistat-emtricitabine-tenofovir df* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cleocin* | *clindamycin palmitate hydrochloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nitroglycerin er* | *nitroglycerin* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *glyburide micronized* | *glyburide micronized* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 12/19/2022 | *sumatriptan-naproxen sodium* | *sumatriptan-naproxen sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nexlizet* | *bempedoic acid-ezetimibe* | CHANGE UM: SUM9 | 540 HIGH POTENCY STATINS | 538 LIPOTROPICS: CAI |
| 12/19/2022 | *lampit* | *nifurtimox* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nystatin* | *nystatin (topical)* | ADD UM: SUM9 | | 433 ANTIFUNGALS, TOPICAL |
| 12/19/2022 | *firmagon* | *degarelix acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *clobazam* | *clobazam* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *alfentanil hcl* | *alfentanil hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *prochlorperazine* | *prochlorperazine* | CHANGE UM: SUM9 | 448 LONG ACTING INJECTABLE ANTIPSYCHOTIC | 430 ANTIEMETIC/ANTIVERTIGO AGENTS |
| 12/19/2022 | *bacitracin* | *bacitracin (ophthalmic)* | CHANGE UM: SUM9 | 560 OPHTHALMIC QUINOLONES | 807 OPHTHALMIC ANTIBIOTICS |
| 12/19/2022 | *bromocriptine mesylate* | *bromocriptine mesylate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *mycophenolate mofetil* | *mycophenolate mofetil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lubiprostone* | *lubiprostone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *trifluoperazine hcl* | *trifluoperazine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *frova* | *frovatriptan succinate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *ceftriaxone sodium* | *ceftriaxone sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mycophenolate mofetil* | *mycophenolate mofetil hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *atorvastatin calcium* | *atorvastatin calcium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *oxtellar xr* | *oxcarbazepine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *norpace* | *disopyramide phosphate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *moexipril hcl* | *moexipril hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *klor-con 10* | *potassium chloride* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *myorisan* | *isotretinoin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *skyrizi (150 mg dose)* | *risankizumab-rzaa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sotalol hcl* | *sotalol hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tenormin* | *atenolol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *juluca* | *dolutegravir sodium-rilpivirine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *canasa* | *mesalamine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *inflectra* | *infliximab-dyyb* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *seroquel xr* | *quetiapine fumarate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *perphenazine* | *perphenazine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *allopurinol* | *allopurinol* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *targadox* | *doxycycline hyclate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fentanyl citrate pf* | *fentanyl citrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *divigel* | *estradiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aspirin-dipyridamole er* | *aspirin-dipyridamole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *releuko* | *filgrastim-ayow* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *xerese* | *acyclovir-hydrocortisone* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *emtricitabine-tenofovir df* | *emtricitabine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *chlordiazepoxide-amitriptyline* | *chlordiazepoxide-amitriptyline* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *uceris* | *budesonide (intrarectal)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *oxacillin sodium in dextrose* | *oxacillin sodium in dextrose* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *admelog solostar* | *insulin lispro* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *finacea* | *azelaic acid* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nicardipine hcl* | *nicardipine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *betadine antiseptic rinse* | *povidone-iodine (mouth-throat)* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *calcium gluconate* | *calcium gluconate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *naltrexone hcl* | *naltrexone hcl* | CHANGE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ery* | *erythromycin (acne aid)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *qnasl* | *beclomethasone dipropionate (nasal)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *meperidine hcl* | *meperidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *fetzima* | *levomilnacipran hcl* | CHANGE UM: SUM9 | 549 NEUROPATHIC PAIN | 428 ANTIDEPRESSANTS, OTHER |
| 12/19/2022 | *namenda xr* | *memantine hcl* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *isosorb dinitrate-hydralazine* | *isosorbide dinitrate-hydralazine hcl* | CHANGE UM: SUM9 | 603 VASODILATORS, CORONARY | 602 VASODILATORS, COMBINATION |
| 12/19/2022 | *acebutolol hcl* | *acebutolol hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *pristiq* | *desvenlafaxine succinate* | CHANGE UM: SUM9 | 549 NEUROPATHIC PAIN | 428 ANTIDEPRESSANTS, OTHER |
| 12/19/2022 | *tobradex* | *tobramycin-dexamethasone* | ADD UM: SUM9 | | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS |
| 12/19/2022 | *humira* | *adalimumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *maxitrol* | *neomycin-polymy-dexameth* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sandimmune* | *cyclosporine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cyproheptadine hcl* | *cyproheptadine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *quinapril-hydrochlorothiazide* | *quinapril-hydrochlorothiazide* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 610 ACE INHIBITOR DIURETIC COMBINATIONS |
| 12/19/2022 | *striverdi respimat* | *olodaterol hcl* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | 463 BETA - ADRENERGIC AGENTS: LONG ACTING |
| 12/19/2022 | *buprenorphine hcl* | *buprenorphine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *fesoterodine fumarate er* | *fesoterodine fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *tinidazole* | *tinidazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *econtra ez* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bromfenac sodium (once-daily)* | *bromfenac sodium (ophth)* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *plegridy starter pack* | *peginterferon beta-1a* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fosfomycin tromethamine* | *fosfomycin tromethamine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tobi* | *tobramycin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *humatrope* | *somatropin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *detrol* | *tolterodine tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ropinirole hcl er* | *ropinirole hydrochloride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *lyvispah* | *baclofen* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *lidocaine-prilocaine* | *lidocaine-prilocaine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *tacrolimus* | *tacrolimus (topical)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gynazole-1* | *butoconazole nitrate (one dose)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *aztreonam* | *aztreonam* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *accupril* | *quinapril hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *estring* | *estradiol vaginal* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *adrenalin* | *epinephrine (anaphylaxis)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *granix* | *tbo-filgrastim* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fluocinolone acetonide scalp* | *fluocinolone acetonide* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 591 STEROIDS, TOPICAL LOW |
| 12/19/2022 | *budesonide* | *budesonide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *aloprim* | *allopurinol sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lexiva* | *fosamprenavir calcium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dexedrine* | *dextroamphetamine sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tramadol hcl* | *tramadol hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *calcitonin (salmon)* | *calcitonin (salmon)* | CHANGE UM: SUM9 | 459 BONE FORMATION STIM. AGENTS | 616 CALCITONINS |
| 12/19/2022 | *allergy relief-d* | *loratadine & pseudoephedrine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *pioglitazone hcl* | *pioglitazone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *fluvastatin sodium er* | *fluvastatin sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *relafen ds* | *nabumetone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cellcept* | *mycophenolate mofetil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *methyldopa* | *methyldopa* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *simulect* | *basiliximab* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *ropinirole hcl* | *ropinirole hydrochloride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *divalproex sodium er* | *divalproex sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSA NTS |
| 12/19/2022 | *chenodal* | *chenodiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methylphenidate hcl* | *methylphenidate hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *vosevi* | *sofosbuvir-velpatasvir-voxilaprevir* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *norethindrone-eth estradiol* | *norethindrone acetate-ethinyl estradiol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *urso forte* | *ursodiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *briviact* | *brivaracetam* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ofloxacin* | *ofloxacin (otic)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ranitidine hcl* | *ranitidine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *procentra* | *dextroamphetamine sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *accu-chek smartview control* | *blood glucose calibration* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *galantamine hydrobromide* | *galantamine hydrobromide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ruconest* | *c1 esterase inhibitor (recombinant)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *omnipod dash pods (gen 4)* | *insulin infusion disposable pump* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cortenema* | *hydrocortisone (intrarectal)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *methimazole* | *methimazole* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *apidra solostar* | *insulin glulisine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *talicia* | *amoxicillin-rifabutin-omeprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *probenecid* | *probenecid* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gemfibrozil* | *gemfibrozil* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *potassium chloride* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tamsulosin hcl* | *tamsulosin hcl* | ADD UM: SUM9 | | 462 BPH TREATMENTS |
| 12/19/2022 | *dimethyl fumarate* | *dimethyl fumarate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *lydexa* | *lidocaine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dulera* | *mometasone furoate-formoterol fumarate dihydrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *victoza* | *liraglutide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vimpat* | *lacosamide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *danazol* | *danazol* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *cetirizine hcl childrens alrgy* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *haloperidol lactate* | *haloperidol lactate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *lybalvi* | *olanzapine-samidorphan l-malate* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 12/19/2022 | *atgam* | *lymphocyte immune globulin,anti-thymocyte globulin (equine)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *dermacinrx foltamin* | *folic acid-cholecalciferol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ramipril* | *ramipril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 12/19/2022 | *amoxicill-clarithro-lansopraz* | *amoxicillin-clarithromycin w/ lansoprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp lansoprazole* | *lansoprazole* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 12/19/2022 | *amabelz* | *estradiol & norethindrone acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gamifant* | *emapalumab-lzsg* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *brevibloc premixed* | *esmolol hcl-sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *iodixanol* | *iodixanol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fluticasone furoate-vilanterol* | *fluticasone furoate-vilanterol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *testopel* | *testosterone* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *igalmi* | *dexmedetomidine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *atorvastatin calcium* | *atorvastatin calcium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *pb-hyoscy-atropine-scopolamine* | *phenobarbital-hyoscyamine-atropine-scopolamine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *oxaydo* | *oxycodone hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *accolate* | *zafirlukast* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *gemfibrozil* | *gemfibrozil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *hm allergy relief/nasal decong* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *diltiazem hcl er beads* | *diltiazem hcl extended release beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 12/19/2022 | *epivir hbv* | *lamivudine (hbv)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vtama* | *tapinarof* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *fenoprofen calcium* | *fenoprofen calcium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *accu-chek aviva* | *blood glucose calibration* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tramadol-acetaminophen* | *tramadol-acetaminophen* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *budesonide* | *budesonide* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *leuprolide acetate* | *leuprolide acetate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *insulin lispro (1 unit dial)* | *insulin lispro* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *terazosin hcl* | *terazosin hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *temixys* | *lamivudine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *calcium gluconate* | *calcium gluconate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tivicay* | *dolutegravir sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *diprolene* | *betamethasone dipropionate augmented* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *amphetamine-dextroamphetamine* | *amphetamine-dextroamphetamine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *zortress* | *everolimus (immunosuppressant)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *valtoco 20 mg dose* | *diazepam (anticonvulsant)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *allergy childrens* | *loratadine* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *byfavo* | *remimazolam besylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fluconazole in sodium chloride* | *fluconazole in nacl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *dutasteride* | *dutasteride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lialda* | *mesalamine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sulfamethoxazole-trimethoprim* | *sulfamethoxazole-trimethoprim* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *zynrelef* | *bupivacaine-meloxicam* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *lisinopril* | *lisinopril* | ADD UM: SUM9 | | 412 ACE INHIBITORS |
| 12/19/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | REMOVE UM: QUANTITY | 40 UNITS / 10 DAYS | |
| 12/19/2022 | *benazepril hcl* | *benazepril hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *phenobarbital sodium* | *phenobarbital sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lidocaine-prilocaine* | *lidocaine-prilocaine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *timolol maleate* | *timolol maleate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lidocaine hcl (cardiac) pf* | *lidocaine hcl (cardiac)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *levetiracetam* | *levetiracetam* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *metronidazole* | *metronidazole vaginal* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lidocaine* | *lidocaine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *sodium phosphates* | *sodium phosphates (sodium phosphate dibasic & monobasic)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *oxistat* | *oxiconazole nitrate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ribavirin* | *ribavirin (hepatitis c)* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *cefuroxime sodium* | *cefuroxime sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *alogliptin-metformin hcl* | *alogliptin-metformin hcl* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 12/19/2022 | *freestyle libre 14 day reader* | *continuous blood glucose system receiver* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *flovent hfa* | *fluticasone propionate hfa* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *anastrozole* | *anastrozole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *brevibloc in nacl* | *esmolol hcl-sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *neomycin-polymyxin-dexameth* | *neomycin-polymy-dexameth* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cyclosporine* | *cyclosporine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *symlinpen 120* | *pramlintide acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *azor* | *amlodipine besylate-olmesartan medoxomil* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ceftriaxone sodium-dextrose* | *ceftriaxone sodium and dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qc gentle laxative womens* | *bisacodyl* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *diphenoxylate-atropine* | *diphenoxylate w/ atropine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *betadine ophthalmic prep* | *povidone-iodine (ophth)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *labetalol hcl* | *labetalol hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *amiodarone hcl* | *amiodarone hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *morphine sulfate* | *morphine sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cefazolin sodium-dextrose* | *cefazolin sodium-dextrose* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *depo-testosterone* | *testosterone cypionate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bss plus* | *ophthalmic irrigation solution - intraocular* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *azacitidine* | *azacitidine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *aygestin* | *norethindrone acetate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *nutropin aq nuspin 10* | *somatropin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *butorphanol tartrate* | *butorphanol tartrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pamidronate disodium* | *pamidronate disodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fulvestrant* | *fulvestrant* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *vibativ* | *telavancin hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nutropin aq nuspin 20* | *somatropin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *carbamazepine er* | *carbamazepine* | ADD UM: SUM9 | | 425 CARBAMAZEPINE DERIVATIVES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *prochlorperazine* | *prochlorperazine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *infumorph 500* | *morphine sulfate for continuous microinfusion* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *exelon* | *rivastigmine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *isosorbide dinitrate* | *isosorbide dinitrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gnp loratadine* | *loratadine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *caspofungin acetate* | *caspofungin acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *sulfacetamide-prednisolone* | *sulfacetamide sod-prednisolone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lupron depot (1-month)* | *leuprolide acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *amzeeq* | *minocycline hcl micronized (acne)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *medrol* | *methylprednisolone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dexmedetomidine hcl* | *dexmedetomidine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *polycin* | *bacitracin-polymyxin b (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *aimovig* | *erenumab-aooe* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *perphenazine-amitriptyline* | *perphenazine-amitriptyline* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *aklief* | *trifarotene* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fenofibrate* | *fenofibrate micronized* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *invirase* | *saquinavir mesylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *depo-estradiol* | *estradiol cypionate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clindamycin phosphate* | *clindamycin phosphate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sinuva* | *mometasone furoate (nasal)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *durysta* | *bimatoprost* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *provera* | *medroxyprogesterone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *norethindrone acetate* | *norethindrone acetate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *mimvey* | *estradiol & norethindrone acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *adynovate* | *antihemophilic factor (recombinant) pegylated* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *gvoke kit* | *glucagon* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *klaron* | *sulfacetamide sodium (acne)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sumadan* | *sulfacetamide sodium-sulfur w/ skin cleanser* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ventavis* | *iloprost* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *promethazine hcl* | *promethazine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zubsolv* | *buprenorphine hcl-naloxone hcl dihydrate* | REMOVE UM: QUANTITY | 1 UNITS / 1 DAYS | |
| 12/19/2022 | *vancomycin hcl* | *vancomycin hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *acanya* | *clindamycin phosphate-benzoyl peroxide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *koate* | *antihemophilic factor (human)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *silenor* | *doxepin hcl (sleep)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *allergy childrens* | *fexofenadine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *bepreve* | *bepotastine besilate* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 562 OPHTHALMIC ANTIHISTAMINES |
| 12/19/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *diclofenac sodium er* | *diclofenac sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *eligard* | *leuprolide acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *betimol* | *timolol* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *benzhydrocodone-acetaminophen* | *benzhydrocodone hcl-acetaminophen* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *precose* | *acarbose* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *combivir* | *lamivudine-zidovudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *allopurinol sodium* | *allopurinol sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *doxycycline* | *doxycycline (rosacea)* | CHANGE UM: SUM9 | 586 ROSACEA AGENTS, TOPICAL | 595 TETRACYCLINES |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *alosetron hcl* | *alosetron hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *restasis* | *cyclosporine (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *metronidazole* | *metronidazole* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *solu-cortef* | *hydrocortisone sod succinate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *allergy relief d* | *cetirizine-pseudoephedrine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lovastatin* | *lovastatin* | ADD UM: SUM9 | | 541 STATINS |
| 12/19/2022 | *adcirca* | *tadalafil (pulmonary hypertension)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fentanyl citrate* | *fentanyl citrate* | REMOVE UM: QUANTITY | 120 UNITS / 30 DAYS | |
| 12/19/2022 | *eligard* | *leuprolide acetate (6 month)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *angiomax* | *bivalirudin trifluoroacetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *halcinonide* | *halcinonide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *calcium gluconate-nacl* | *calcium gluconate-sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *amoxicillin-pot clavulanate er* | *amoxicillin & pot clavulanate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *betaseron* | *interferon beta-1b* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *perseris* | *risperidone* | ADD UM: AUTHORIZATION | | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *amlodipine besy-benazepril hcl* | *amlodipine besylate-benazepril hcl* | ADD UM: SUM9 | | 611 ACE INHIBITOR CALCIUM CHANNEL BLOCKER |
| 12/19/2022 | *synjardy xr* | *empagliflozin-metformin hcl* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 515 HYPOGLYCEMICS, SGLT2 |
| 12/19/2022 | *telmisartan* | *telmisartan* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *semglee* | *insulin glargine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *econtra one-step* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *milk of magnesia concentrate* | *magnesium hydroxide* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *oxycodone hcl er* | *oxycodone hcl* | CHANGE UM: QUANTITY | 2 UNITS / 1 DAYS | 2 UNITS / 1 DAYS |
| 12/19/2022 | *serostim* | *somatropin (non-refrigerated)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *pioglitazone hcl-metformin hcl* | *pioglitazone hcl-metformin hcl* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 516 THIAZOLIDINEDIONE-METFORMIN COMBINATIONS |
| 12/19/2022 | *atomoxetine hcl* | *atomoxetine hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *flector* | *diclofenac epolamine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *quetiapine fumarate* | *quetiapine fumarate* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *soliqua* | *insulin glargine-lixisenatide* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 506 GLP-1 RECEPTOR AGONISTS AND COMBINATIONS |
| 12/19/2022 | *my choice* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dronabinol* | *dronabinol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cardura xl* | *doxazosin mesylate (bph)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sm nicotine* | *nicotine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zytiga* | *abiraterone acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *protopic* | *tacrolimus (topical)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lantus* | *insulin glargine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *famotidine premixed* | *famotidine in nacl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *insulin degludec flextouch* | *insulin degludec* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *xipere* | *triamcinolone acetonide (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *desvenlafaxine succinate er* | *desvenlafaxine succinate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *infumorph 200* | *morphine sulfate for continuous microinfusion* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *simponi aria* | *golimumab* | CHANGE UM: SUM9 | 477 CYTOKINE AND CAM ANTAGONISTS | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM |
| 12/19/2022 | *remifentanil hcl* | *remifentanil hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *saphris* | *asenapine maleate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cetirizine hcl childrens alrgy* | *cetirizine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *livmarli* | *maralixibat chloride* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *clindamycin hcl* | *clindamycin hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *magnesium citrate* | *magnesium citrate* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *dermacinrx urea* | *urea* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sertraline hcl* | *sertraline hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *ozurdex* | *dexamethasone (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *lidoderm* | *lidocaine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *qutenza* | *capsaicin & cleansing gel* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *amytal sodium* | *amobarbital sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *quinidine gluconate er* | *quinidine gluconate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *sodium sulfacetamide wash* | *sulfacetamide sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *kenalog-80* | *triamcinolone acetonide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *vivjoa* | *oteseconazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *emend* | *aprepitant* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 12/19/2022 | *dilaudid* | *hydromorphone hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *levofloxacin in d5w* | *levofloxacin in d5w* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ciclopirox olamine* | *ciclopirox olamine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sivextro* | *tedizolid phosphate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *diazepam* | *diazepam* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *otiprio* | *ciprofloxacin (otic)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *triazolam* | *triazolam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *calcium acetate (phos binder)* | *calcium acetate (phosphate binder)* | ADD UM: SUM9 | | 579 ELECTROLYTE DEPLETERS |
| 12/19/2022 | *glatiramer acetate* | *glatiramer acetate* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *morphine sulfate (concentrate)* | *morphine sulfate* | ADD UM: SUM9 | | 407 ANALGESICS, NARCOTICS SHORT |
| 12/19/2022 | *hyoscyamine sulfate* | *hyoscyamine sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *carbidopa* | *carbidopa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *activella* | *estradiol & norethindrone acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *almotriptan malate* | *almotriptan malate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *hydromorphone hcl er* | *hydromorphone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *enalaprilat* | *enalaprilat* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *stiolto respimat* | *tiotropium bromide-olodaterol hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vumerity* | *diroximel fumarate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *oriahnn* | *elagolix sodium-estradiol-norethindrone acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *gocovri* | *amantadine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vraylar* | *cariprazine hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 12/19/2022 | *silodosin* | *silodosin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lortab* | *hydrocodone-acetaminophen* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *succinylcholine chloride* | *succinylcholine chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *xyosted* | *testosterone enanthate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *nexium* | *esomeprazole magnesium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *celecoxib* | *celecoxib* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *cefazolin sodium* | *cefazolin sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *cresemba* | *isavuconazonium sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sodium nitroprusside* | *nitroprusside sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lo-zumandimine* | *drospirenone-ethinyl estradiol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cromolyn sodium* | *cromolyn sodium (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *diclofenac sodium* | *diclofenac sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *fluvastatin sodium er* | *fluvastatin sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *erythromycin base* | *erythromycin base* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *asacol hd* | *mesalamine* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 598 ULCERATIVE COLITIS – ORAL |
| 12/19/2022 | *endocet* | *oxycodone w/ acetaminophen* | CHANGE UM: QUANTITY | 40 UNITS / 5 DAYS | 40 UNITS / 5 DAYS |
| 12/19/2022 | *venexa* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dovato* | *dolutegravir sodium-lamivudine* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *tenoretic 100* | *atenolol & chlorthalidone* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 619 BETA BLOCKER/DIURETIC COMBINATIONS |
| 12/19/2022 | *pimecrolimus* | *pimecrolimus* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *reltone* | *ursodiol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *prevacid* | *lansoprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *digoxin* | *digoxin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *galantamine hydrobromide* | *galantamine hydrobromide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *nadolol* | *nadolol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aromasin* | *exemestane* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *pentasa* | *mesalamine* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 598 ULCERATIVE COLITIS – ORAL |
| 12/19/2022 | *etravirine* | *etravirine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *cyclosporine* | *cyclosporine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *sotylize* | *sotalol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *namenda titration pak* | *memantine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lantus solostar* | *insulin glargine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fluticasone-salmeterol* | *fluticasone-salmeterol* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *trianex* | *triamcinolone acetonide (topical)* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *calcium chloride* | *calcium chloride (dihydrate)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *haegarda* | *c1 esterase inhibitor (human)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *alyq* | *tadalafil (pulmonary hypertension)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *telmisartan* | *telmisartan* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *zyprexa* | *olanzapine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nateglinide* | *nateglinide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sm allergy relief* | *fexofenadine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *stribild* | *elvitegravir-cobicistat-emtricitabine-tenofovir df* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *minipress* | *prazosin hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *derma-smoothe/fs body* | *fluocinolone acetonide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vancomycin hcl in dextrose* | *vancomycin hcl-dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *rebif* | *interferon beta-1a* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lindane* | *lindane* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nelarabine* | *nelarabine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *azopt* | *brinzolamide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *myfembree* | *relugolix-estradiol-norethindrone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *synjardy* | *empagliflozin-metformin hcl* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 515 HYPOGLYCEMICS, SGLT2 |
| 12/19/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl (otic)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *texacort* | *hydrocortisone (topical)* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 591 STEROIDS, TOPICAL LOW |
| 12/19/2022 | *pramipexole dihydrochloride er* | *pramipexole dihydrochloride* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *azstarys* | *serdexmethylphenidate chloride-dexmethylphenidate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *carmustine* | *carmustine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cleocin phosphate* | *clindamycin phosphate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *briviact* | *brivaracetam* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *levofloxacin* | *levofloxacin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *phenytoin sodium* | *phenytoin sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *delestrogen* | *estradiol valerate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *aspruzyo sprinkle* | *ranolazine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *keppra* | *levetiracetam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ovide* | *malathion* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *albuterol sulfate er* | *albuterol sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *erleada* | *apalutamide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *midazolam-sodium chloride* | *midazolam-sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sm fexofenadine hcl* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *memantine hcl er* | *memantine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *arixtra* | *fondaparinux sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *secuado* | *asenapine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ibuprofen lysine* | *ibuprofen lysine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fenoglide* | *fenofibrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *combivir* | *lamivudine-zidovudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *tazorac* | *tazarotene* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *calcipotriene-betameth diprop* | *calcipotriene-betamethasone dipropionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 446 ANTIPSORIATICS, TOPICAL |
| 12/19/2022 | *bydureon bcise* | *exenatide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *salex* | *salicylic acid w/ cleanser* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *hetlioz* | *tasimelteon* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *differin* | *adapalene* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sm all day allergy-d* | *cetirizine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *rinvoq* | *upadacitinib* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *bylvay (pellets)* | *odevixibat* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *difluprednate* | *difluprednate* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *piroxicam* | *piroxicam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *alvimopan* | *alvimopan* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *valproate sodium* | *valproate sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *erythrocin stearate* | *erythromycin stearate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *aciphex* | *rabeprazole sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *hm lansoprazole* | *lansoprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *tolmetin sodium* | *tolmetin sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gynazole-1* | *butoconazole nitrate (one dose)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *miacalcin* | *calcitonin (salmon)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *fluorometholone* | *fluorometholone (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gnp nicotine* | *nicotine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | REMOVE UM: QUANTITY | 40 / 10 day(s) | |
| 12/19/2022 | *ocrevus* | *ocrelizumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *betaine* | *betaine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *chlorhexidine gluconate* | *chlorhexidine gluconate (mouth-throat)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zembrace symtouch* | *sumatriptan succinate* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *pennsaid* | *diclofenac sodium (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *beconase aq* | *beclomethasone diprop monohyd* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *derma-smoothe/fs scalp* | *fluocinolone acetonide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *truvada* | *emtricitabine-tenofovir disoproxil fumarate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *lamictal* | *lamotrigine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *desmopressin acetate pf* | *desmopressin acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lansoprazole* | *lansoprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *nicotine* | *nicotine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *kineret* | *anakinra* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *taperdex 6-day* | *dexamethasone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *xtandi* | *enzalutamide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *indomethacin* | *indomethacin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dexmedetomidine hcl-dextrose* | *dexmedetomidine hcl in dextrose* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *icosapent ethyl* | *icosapent ethyl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *nebivolol hcl* | *nebivolol hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *gentamicin sulfate* | *gentamicin sulfate (topical)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *xarelto starter pack* | *rivaroxaban* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *retin-a micro* | *tretinoin microsphere* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *mulpleta* | *lusutrombopag* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *sulfacetamide sodium* | *sulfacetamide sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dermacinrx pretrate* | *prenatal multivit-min w/fe-fa* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *methadone hcl* | *methadone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *mesalamine er* | *mesalamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *focalin* | *dexmethylphenidate hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fylnetra* | *pegfilgrastim-pbbk* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *argatroban* | *argatroban* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *orphenadrine citrate er* | *orphenadrine citrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ultracet* | *tramadol-acetaminophen* | CHANGE UM: QUANTITY | 40 UNITS / 5 DAYS | 40 UNITS / 5 DAYS |
| 12/19/2022 | *subvenite starter kit-blue* | *lamotrigine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fenofibrate* | *fenofibrate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *bacitracin* | *bacitracin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *quetiapine fumarate* | *quetiapine fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *zomig* | *zolmitriptan* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *zovirax* | *acyclovir topical* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ibsrela* | *tenapanor hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *riomet* | *metformin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *heparin sodium (porcine)* | *heparin sodium (porcine)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *dantrium* | *dantrolene sodium* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *dimethyl fumarate* | *dimethyl fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *prempro* | *conjugated estrogens-medroxyprogesterone acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *fiasp flextouch* | *insulin aspart (with niacinamide)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | CHANGE UM: QUANTITY | 40 UNITS / 10 DAYS | 40 UNITS / 10 DAYS |
| 12/19/2022 | *ciprofloxacin hcl* | *ciprofloxacin hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *cayston* | *aztreonam lysine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gentamicin sulfate* | *gentamicin sulfate (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tremfya* | *guselkumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *radicava ors* | *edaravone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cefoxitin sodium-dextrose* | *cefoxitin sodium and dextrose* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *cleviprex* | *clevidipine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fosrenol* | *lanthanum carbonate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *hemady* | *dexamethasone* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *glyburide* | *glyburide* | ADD UM: SUM9 | | 612 2ND GENERATION SULFONYLUREAS |
| 12/19/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 12/19/2022 | *memantine hcl* | *memantine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *cambia* | *diclofenac potassium (migraine)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sm loratadine d 12hr* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nuplazid* | *pimavanserin tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *soolantra* | *ivermectin (rosacea)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *zypitamag* | *pitavastatin magnesium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methylprednisolone* | *methylprednisolone* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *demerol* | *meperidine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *tikosyn* | *dofetilide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *soltamox* | *tamoxifen citrate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *rapivab* | *peramivir* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *trandolapril* | *trandolapril* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *evotaz* | *atazanavir sulfate-cobicistat* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lubricant eye drops* | *carboxymethylcellulose sodium (ophth)* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *hm omeprazole* | *omeprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dimethyl fumarate* | *dimethyl fumarate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *xelstrym* | *dextroamphetamine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *prograf* | *tacrolimus* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *dovonex* | *calcipotriene* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ethosuximide* | *ethosuximide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *moxifloxacin hcl* | *moxifloxacin hcl (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *zidovudine* | *zidovudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *sklice* | *ivermectin (pediculicide)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *valproate sodium* | *valproate sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zolpidem tartrate* | *zolpidem tartrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *orphenadrine citrate* | *orphenadrine citrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *compro* | *prochlorperazine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *penicillin v potassium* | *penicillin v potassium* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *metformin hcl* | *metformin hcl* | ADD UM: SUM9 | | 514 HYPOGLYCEMICS, BIGUANIDE TYPE |
| 12/19/2022 | *atralin* | *tretinoin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lupron depot (6-month)* | *leuprolide acetate (6 month)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *neulasta onpro* | *pegfilgrastim* | CHANGE UM: SUM9 | 483 HEMATOPOIETIC AGENTS | 472 COLONY STIMULATING FACTORS |
| 12/19/2022 | *micafungin sodium* | *micafungin sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *accolate* | *zafirlukast* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *balsalazide disodium* | *balsalazide disodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *asmanex (30 metered doses)* | *mometasone furoate (inhalation)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *trokendi xr* | *topiramate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *xelpros* | *latanoprost* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fml liquifilm* | *fluorometholone (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *oxaydo* | *oxycodone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *benzoyl peroxide-erythromycin* | *benzoyl peroxide-erythromycin* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sporanox* | *itraconazole* | CHANGE UM: SUM9 | 431 NEW GENERATION AZOLES | 432 ORAL ANTIFUNGALS |
| 12/19/2022 | *venlafaxine hcl er* | *venlafaxine hcl* | CHANGE UM: SUM9 | 549 NEUROPATHIC PAIN | 428 ANTIDEPRESSANTS, OTHER |
| 12/19/2022 | *benzamycin* | *benzoyl peroxide-erythromycin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *leuprolide acetate* | *leuprolide acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *carteolol hcl* | *carteolol hcl (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *isotretinoin* | *isotretinoin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *apraclonidine hcl* | *apraclonidine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *viibryd starter pack* | *vilazodone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *revonto* | *dantrolene sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *paromomycin sulfate* | *paromomycin sulfate* | CHANGE UM: SUM9 | 419 ANTIBIOTICS, INHALED | 418 ANTIBIOTICS, GI |
| 12/19/2022 | *ketorolac tromethamine* | *ketorolac tromethamine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *fanapt* | *iloperidone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nardil* | *phenelzine sulfate* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *relexxii* | *methylphenidate hcl* | ADD UM: QUANTITY | | 1 UNITS / 1 DAYS |
| 12/19/2022 | *eszopiclone* | *eszopiclone* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *millipred* | *prednisolone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *adlyxin starter pack* | *lixisenatide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lacosamide* | *lacosamide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *enemeez plus* | *benzocaine-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *amaryl* | *glimepiride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *megestrol acetate* | *megestrol acetate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *perphenazine-amitriptyline* | *perphenazine-amitriptyline* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *loratadine* | *loratadine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *verapamil hcl er* | *verapamil hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nuzyra* | *omadacycline tosylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *asmanex (120 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *kenalog* | *triamcinolone acetonide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *taperdex 7-day* | *dexamethasone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *geodon* | *ziprasidone mesylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qc omeprazole magnesium* | *omeprazole magnesium* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *premarin* | *estrogens, conjugated vaginal* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *morphabond er* | *morphine sulfate* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *lexapro* | *escitalopram oxalate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *erygel* | *erythromycin (acne aid)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nicotine polacrilex* | *nicotine polacrilex* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *escitalopram oxalate* | *escitalopram oxalate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *micafungin sodium* | *micafungin sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *advair diskus* | *fluticasone-salmeterol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *bumetanide* | *bumetanide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *glipizide* | *glipizide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *durezol* | *difluprednate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *luliconazole* | *luliconazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *omeprazole-sodium bicarbonate* | *omeprazole-sodium bicarbonate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *spritam* | *levetiracetam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *diovan* | *valsartan* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ephedrine sulfate* | *ephedrine sulfate (pressors)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *rosuvastatin calcium* | *rosuvastatin calcium* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *aliskiren fumarate* | *aliskiren fumarate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *reyvow* | *lasmiditan succinate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hm nicotine* | *nicotine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *evotaz* | *atazanavir sulfate-cobicistat* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *salsalate* | *salsalate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cholestyramine light* | *cholestyramine light* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *truvada* | *emtricitabine-tenofovir disoproxil fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *erythromycin base* | *erythromycin base* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *ibutilide fumarate* | *ibutilide fumarate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *tobramycin* | *tobramycin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *absorica ld* | *isotretinoin micronized* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *felbatol* | *felbamate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *maxidex* | *dexamethasone (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *lidorex* | *lidocaine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *beovu* | *brolucizumab-dbll* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *galantamine hydrobromide er* | *galantamine hydrobromide* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *hydrocortisone butyrate* | *hydrocortisone butyrate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |
| 12/19/2022 | *atomoxetine hcl* | *atomoxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *zytiga* | *abiraterone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tramadol-acetaminophen* | *tramadol-acetaminophen* | CHANGE UM: QUANTITY | 40 UNITS / 5 DAYS | 40 UNITS / 5 DAYS |
| 12/19/2022 | *sod benz-sod phenylacet* | *sod benzoate & sod phenylacetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nardil* | *phenelzine sulfate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *methyldopa-hydrochlorothiazide* | *methyldopa & hydrochlorothiazide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *subvenite starter kit-green* | *lamotrigine* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *rivastigmine* | *rivastigmine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *iluvien* | *fluocinolone acetonide (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *tradjenta* | *linagliptin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clonidine hcl* | *clonidine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *atomoxetine hcl* | *atomoxetine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vigabatrin* | *vigabatrin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *strattera* | *atomoxetine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cyclosporine* | *cyclosporine (ophth)* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *zidovudine* | *zidovudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *aripiprazole* | *aripiprazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *candesartan cilexetil-hctz* | *candesartan cilexetil-hydrochlorothiazide* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *allergy relief d-12* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *corvert* | *ibutilide fumarate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lyleq* | *norethindrone (contraceptive)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *latanoprost* | *latanoprost* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *allergy relief d-24* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *insulin aspart prot & aspart* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *inderal la* | *propranolol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gamifant* | *emapalumab-lzsg* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *brinzolamide* | *brinzolamide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ketorolac tromethamine* | *ketorolac tromethamine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *letrozole* | *letrozole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *multrys* | *trace minerals (cu-mn-se-zn)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dhivy* | *carbidopa-levodopa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *amcinonide* | *amcinonide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *enalapril-hydrochlorothiazide* | *enalapril maleate & hydrochlorothiazide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *restasis multidose* | *cyclosporine (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *veregen* | *sinecatechins* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *revatio* | *sildenafil citrate (pulmonary hypertension)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dimenhydrinate* | *dimenhydrinate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *razadyne er* | *galantamine hydrobromide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *corgard* | *nadolol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *olmesartan medoxomil-hctz* | *olmesartan medoxomil-hydrochlorothiazide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *trelstar mixject* | *triptorelin pamoate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *milrinone lactate in dextrose* | *milrinone lactate in dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lidocaine hcl (cardiac) pf* | *lidocaine hcl (cardiac)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *verapamil hcl* | *verapamil hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *escitalopram oxalate* | *escitalopram oxalate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *cefuroxime sodium* | *cefuroxime sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *pexeva* | *paroxetine mesylate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *omnipod 5 g6 intro (gen 5)* | *insulin infusion disposable pump* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *formoterol fumarate* | *formoterol fumarate* | CHANGE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *fentanyl citrate (pf)* | *fentanyl citrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ropinirole hcl er* | *ropinirole hydrochloride* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *fexmid* | *cyclobenzaprine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hysingla er* | *hydrocodone bitartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tobi* | *tobramycin* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *lexiva* | *fosamprenavir calcium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *rebif rebidose titration pack* | *interferon beta-1a* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *flunisolide* | *flunisolide (nasal)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *phenobarbital sodium* | *phenobarbital sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *famciclovir* | *famciclovir* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *amphetamine-dextroamphet er* | *amphetamine-dextroamphetamine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vecuronium bromide* | *vecuronium bromide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *gengraf* | *cyclosporine modified (for microemulsion)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *freestyle libre 2 sensor* | *continuous blood glucose system sensor* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *fluconazole in sodium chloride* | *fluconazole in nacl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *glycopyrrolate pf* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zorvolex* | *diclofenac* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tavalisse* | *fostamatinib disodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *thalomid* | *thalidomide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *amantadine hcl* | *amantadine hcl* | CHANGE UM: SUM9 | 443 ANTIPARKINSON'S AGENTS | 452 INFLUENZA |
| 12/19/2022 | *hydrocodone-ibuprofen* | *hydrocodone-ibuprofen* | REMOVE UM: QUANTITY | 120 UNITS / 30 DAYS | |
| 12/19/2022 | *tamiflu* | *oseltamivir phosphate* | REMOVE UM: AUTHORIZATION | | |
| 12/19/2022 | *bafiertam* | *monomethyl fumarate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methylphenidate hcl er (xr)* | *methylphenidate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *penicillamine* | *penicillamine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fortaz* | *ceftazidime* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *clindamycin phosphate* | *clindamycin phosphate vaginal* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *rhopressa* | *netarsudil dimesylate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *gnp nicotine mini* | *nicotine polacrilex* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *unasyn* | *ampicillin & sulbactam sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *epifoam* | *pramoxine-hc* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sandimmune* | *cyclosporine* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *akynzeo* | *fosnetupitant choride-palonosetron hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *daypro* | *oxaprozin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *polymyxin b-trimethoprim* | *polymyxin b-trimethoprim* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *taysofy* | *norethin acet & estrad-fe* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *losartan potassium* | *losartan potassium* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 12/19/2022 | *penicillin g potassium* | *penicillin g potassium* | ADD UM: SUM9 | | 835 PENICILLINS |
| 12/19/2022 | *xopenex concentrate* | *levalbuterol hcl* | CHANGE UM: SUM9 | 489 BETA ADRENERGIC/C ORTICOSTEROI D | 464 BETA - ADRENERGIC AGENTS: NEBS |
| 12/19/2022 | *cefotan* | *cefotetan disodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *duopa* | *carbidopa-levodopa* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *femara* | *letrozole* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *myxredlin* | *insulin regular (human) in sodium chloride* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 509 INSULIN R |
| 12/19/2022 | *roweepra* | *levetiracetam* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *cipro hc* | *ciprofloxacin-hydrocortisone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *celecoxib* | *celecoxib* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *cimetidine hcl* | *cimetidine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *phoslyra* | *calcium acetate (phosphate binder)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lamictal xr* | *lamotrigine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cosentyx* | *secukinumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dipyridamole* | *dipyridamole* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ketoconazole* | *ketoconazole (topical)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *aristada* | *aripiprazole lauroxil* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *clonidine hcl* | *clonidine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *methamphetamine hcl* | *methamphetamine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lucemyra* | *lofexidine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *amikacin sulfate* | *amikacin sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sm all day allergy relief* | *loratadine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *climara pro* | *estradiol-levonorgestrel* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *memantine hcl* | *memantine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *promethegan* | *promethazine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cleocin phosphate* | *clindamycin phosphate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fylnetra* | *pegfilgrastim-pbbk* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *moxifloxacin hcl in nacl* | *moxifloxacin hcl in sodium chloride* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *etravirine* | *etravirine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *beser* | *fluticasone propionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |
| 12/19/2022 | *nifedipine* | *nifedipine* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *clonidine* | *clonidine* | CHANGE UM: SUM9 | 462 BPH TREATMENTS | 834 ANTIHYPERTENSIVES, SYMPATHOLYTICS |
| 12/19/2022 | *dalfampridine er* | *dalfampridine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *aggrastat* | *tirofiban hcl in sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ultracet* | *tramadol-acetaminophen* | REMOVE UM: QUANTITY | 40 UNITS / 5 DAYS | |
| 12/19/2022 | *enoxaparin sodium* | *enoxaparin sodium* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *norethindrone acetate* | *norethindrone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *inderal xl* | *propranolol hcl sustained-release beads* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sabril* | *vigabatrin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *xelstrym* | *dextroamphetamine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *dantrolene sodium* | *dantrolene sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *katerzia* | *amlodipine benzoate* | CHANGE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *amytal sodium* | *amobarbital sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nembutal* | *pentobarbital sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *olopatadine hcl* | *olopatadine hcl* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 562 OPHTHALMIC ANTIHISTAMINES |
| 12/19/2022 | *polytrim* | *polymyxin b-trimethoprim* | CHANGE UM: SUM9 | 560 OPHTHALMIC QUINOLONES | 807 OPHTHALMIC ANTIBIOTICS |
| 12/19/2022 | *loratadine-d 24hr* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *siliq* | *brodalumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *timolol maleate* | *timolol maleate (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *phenytoin infatabs* | *phenytoin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *flac* | *fluocinolone acetonide (otic)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *terconazole* | *terconazole vaginal* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *solu-cortef* | *hydrocortisone sod succinate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *betamethasone sod phos & acet* | *betamethasone sod phosphate & acetate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *ezallor sprinkle* | *rosuvastatin calcium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *rowasa* | *mesalamine w/ cleanser* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 599 ULCERATIVE COLITIS - RECTAL |
| 12/19/2022 | *vibramycin* | *doxycycline hyclate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sm antacid maximum strength* | *alum & mag hydrox-simethicone* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *ciprofloxacin-dexamethasone* | *ciprofloxacin-dexamethasone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *cardizem cd* | *diltiazem hcl coated beads* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *actos* | *pioglitazone hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *novolog 70/30 flexpen relion* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *metoclopramide hcl* | *metoclopramide hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *westab mini* | *folic acid-vitamin b6-vitamin b12* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ixinity* | *coagulation factor ix (recombinant)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fenofibrate micronized* | *fenofibrate micronized* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cardura* | *doxazosin mesylate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aspruzyo sprinkle* | *ranolazine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *acetic acid* | *acetic acid (otic)* | ADD UM: SUM9 | | 833 OTIC ANTI-INFECTIVES & ANESTHETICS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *accu-chek aviva plus* | *glucose blood* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *viracept* | *nelfinavir mesylate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *glumetza* | *metformin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *methocarbamol* | *methocarbamol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ibandronate sodium* | *ibandronate sodium* | CHANGE UM: SUM9 | 459 BONE FORMATION STIM. AGENTS | 458 BISPHOSPHONATES |
| 12/19/2022 | *gnp headache relief extra str* | *aspirin-acetaminophen-caffeine* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *clobetasol propionate* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *12hr allergy & congestion* | *fexofenadine-pseudoephedrine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *budesonide* | *budesonide (inhalation)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *aveed* | *testosterone undecanoate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *hydromorphone hcl* | *hydromorphone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *apomorphine hcl* | *apomorphine hydrochloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *thymoglobulin* | *anti-thymocyte globulin (rabbit), lymphocyte immune globulin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tadalafil* | *tadalafil* | CHANGE UM: AUTHORIZATION | Preferred Step Trial Required | Prior Authorization Required |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *caspofungin acetate* | *caspofungin acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *alrex* | *loteprednol etabonate* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 562 OPHTHALMIC ANTIHISTAMINES |
| 12/19/2022 | *efavirenz* | *efavirenz* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *cordran* | *flurandrenolide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *semglee* | *insulin glargine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *general protection sunscreen* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *aciphex* | *rabeprazole sodium* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *selenious acid* | *selenious acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zileuton er* | *zileuton* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *ranolazine er* | *ranolazine* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *diltiazem hcl er* | *diltiazem hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clobex* | *clobetasol propionate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *phenylephrine hcl* | *phenylephrine hcl (pressors)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tasmar* | *tolcapone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *penciclovir* | *penciclovir* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *effexor xr* | *venlafaxine hcl* | CHANGE UM: SUM9 | 549 NEUROPATHIC PAIN | 428 ANTIDEPRESSANTS, OTHER |
| 12/19/2022 | *dexedrine* | *dextroamphetamine sulfate* | REMOVE UM: AUTHORIZATION | | |
| 12/19/2022 | *acetazolamide* | *acetazolamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *erythrocin stearate* | *erythromycin stearate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *erythromycin* | *erythromycin (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *symjepi* | *epinephrine (anaphylaxis)* | ADD UM: QUANTITY | | 6 UNITS / 180 DAYS |
| 12/19/2022 | *xiidra* | *lifitegrast* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *migergot* | *ergotamine w/ caffeine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *marinol* | *dronabinol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *conzip* | *tramadol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dermacinrx ribotin-e* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *heparin sodium (porcine)* | *heparin sodium (porcine)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *toviaz* | *fesoterodine fumarate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nyvepria* | *pegfilgrastim-apgf* | REMOVE UM: SUM7 | 72 Hour Fill List | |
| 12/19/2022 | *cyanocobalamin* | *cyanocobalamin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *enalapril maleate* | *enalapril maleate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *minocycline hcl* | *minocycline hcl* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *aripiprazole* | *aripiprazole* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *betoptic-s* | *betaxolol hcl (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lamivudine-zidovudine* | *lamivudine-zidovudine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *paclitaxel* | *paclitaxel* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *carboplatin* | *carboplatin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *vfend* | *voriconazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *asmanex (14 metered doses)* | *mometasone furoate (inhalation)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *flovent diskus* | *fluticasone propionate (inhalation)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *all day allergy* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate* | ADD UM: SUM9 | | 491 GLUCOCORTICOIDS, ORAL |
| 12/19/2022 | *promacta* | *eltrombopag olamine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *palonosetron hcl* | *palonosetron hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *jentadueto xr* | *linagliptin-metformin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vancocin* | *vancomycin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *diflunisal* | *diflunisal* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *alora* | *estradiol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *accu-chek softclix lancets* | *lancets* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *novolog* | *insulin aspart* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *ceftriaxone sodium* | *ceftriaxone sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *camcevi* | *leuprolide mesylate (6 month)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *deferasirox* | *deferasirox* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *xgeva* | *denosumab* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clorazepate dipotassium* | *clorazepate dipotassium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *prometrium* | *progesterone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sildenafil citrate* | *sildenafil citrate (pulmonary hypertension)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *dulera* | *mometasone furoate-formoterol fumarate dihydrate* | REMOVE UM: SUM9 | 489 BETA ADRENERGIC/CORTICOSTEROID | |
| 12/19/2022 | *oxybutynin chloride* | *oxybutynin chloride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *humira pen-psor/uveit starter* | *adalimumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *trimethoprim* | *trimethoprim* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *dicloxacillin sodium* | *dicloxacillin sodium* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *humira pen* | *adalimumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cerebyx* | *fosphenytoin sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *propranolol hcl* | *propranolol hcl* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *goodsense mucus er* | *guaifenesin* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *evenity* | *romosozumab-aqqg* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *niacin er (antihyperlipidemic)* | *niacin (antihyperlipidemic)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vimpat* | *lacosamide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *calquence* | *acalabrutinib maleate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tenoretic 50* | *atenolol & chlorthalidone* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 619 BETA BLOCKER/DIURETIC COMBINATIONS |
| 12/19/2022 | *zestril* | *lisinopril* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *soltamox* | *tamoxifen citrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bicillin l-a* | *penicillin g benzathine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qc cough relief* | *dextromethorphan hbr* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *ultomiris* | *ravulizumab-cwvz* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *tobradex* | *tobramycin-dexamethasone* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *sulconazole nitrate* | *sulconazole nitrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *buprenex* | *buprenorphine hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *barhemsys* | *amisulpride (antiemetic)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *bepotastine besilate* | *bepotastine besilate* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 562 OPHTHALMIC ANTIHISTAMINES |
| 12/19/2022 | *mepron* | *atovaquone* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *emgality* | *galcanezumab-gnlm* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dilantin* | *phenytoin sodium extended* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tosymra* | *sumatriptan* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *ocuflox* | *ofloxacin (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *seroquel* | *quetiapine fumarate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *peg 3350* | *polyethylene glycol 3350* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *rolvedon* | *eflapegrastim-xnst* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nitrolingual* | *nitroglycerin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *mannitol* | *mannitol* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *haegarda* | *c1 esterase inhibitor (human)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *trilipix* | *choline fenofibrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fentanyl* | *fentanyl* | CHANGE UM: QUANTITY | 10 UNITS / 30 DAYS | 10 UNITS / 30 DAYS |
| 12/19/2022 | *oxytocin* | *oxytocin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *novolog mix 70/30 flexpen* | *insulin aspart protamine & aspart (human)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *lotensin* | *benazepril hcl* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *nicotine mini* | *nicotine polacrilex* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *mobic* | *meloxicam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp nasal four spray* | *phenylephrine hcl* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *benazepril-hydrochlorothiazide* | *benazepril & hydrochlorothiazide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ms contin* | *morphine sulfate* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 12/19/2022 | *imipramine hcl* | *imipramine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lidotral* | *lidocaine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lidotran* | *lidocaine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *atenolol* | *atenolol* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *empaveli* | *pegcetacoplan* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *metoprolol succinate er* | *metoprolol succinate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *propranolol hcl er* | *propranolol hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *dymista* | *azelastine hcl-fluticasone propionate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *prefest* | *estradiol-norgestimate* | CHANGE UM: SUM9 | 486 ORAL ESTROGENIC AGENTS | 484 ORAL ESTROGENS/PROGESTINS |
| 12/19/2022 | *mirapex er* | *pramipexole dihydrochloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nitro-dur* | *nitroglycerin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dextroamphetamine sulfate er* | *dextroamphetamine sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sumaxin* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *ozempic (2 mg/dose)* | *semaglutide* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *fenofibrate* | *fenofibrate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *hm allergy relief* | *fexofenadine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *duaklir pressair* | *aclidinium bromide-formoterol fumarate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *sorilux* | *calcipotriene* | CHANGE UM: SUM9 | 477 CYTOKINE AND CAM ANTAGONISTS | 446 ANTIPSORIATICS, TOPICAL |
| 12/19/2022 | *neupro* | *rotigotine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lorzone* | *chlorzoxazone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *vancomycin hcl* | *vancomycin hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hm allergy complete-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dexcom g6 sensor* | *continuous blood glucose system sensor* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *norditropin flexpro* | *somatropin* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *levetiracetam in nacl* | *levetiracetam in sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *claravis* | *isotretinoin* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *gentamicin sulfate* | *gentamicin sulfate* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *accu-chek fastclix lancet* | *lancets misc.* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *aptivus* | *tipranavir* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *anti-diarrheal* | *loperamide hcl* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *quinidine gluconate er* | *quinidine gluconate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *migergot* | *ergotamine w/ caffeine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *ryaltris* | *olopatadine hcl-mometasone furoate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *fentanyl* | *fentanyl* | REMOVE UM: QUANTITY | 10 UNITS / 30 DAYS | |
| 12/19/2022 | *mycophenolate mofetil* | *mycophenolate mofetil hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *posaconazole* | *posaconazole* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *foltrate* | *cobalamin combinations* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *chlorpromazine hcl* | *chlorpromazine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fosinopril sodium* | *fosinopril sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nabumetone* | *nabumetone* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *airduo respiclick 232/14* | *fluticasone-salmeterol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *atenolol* | *atenolol* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zarxio* | *filgrastim-sndz* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dermacinrx zintrexyl-c* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *leukeran* | *chlorambucil* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qc omeprazole* | *omeprazole* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *hydrocortisone* | *hydrocortisone (intrarectal)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clindacin etz* | *clindamycin phosphate & cleanser* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *kynmobi titration kit* | *apomorphine hydrochloride* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nexium i.v.* | *esomeprazole sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *antivert* | *meclizine hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *entadfi* | *finasteride-tadalafil* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *equetro* | *carbamazepine (antipsychotic)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *methylphenidate hcl er (cd)* | *methylphenidate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *gnp pain relief extra strength* | *acetaminophen* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *yonsa* | *abiraterone acetate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *indocin* | *indomethacin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *venlafaxine besylate er* | *venlafaxine besylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *nystatin* | *nystatin (mouth-throat)* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *asmanex (60 metered doses)* | *mometasone furoate (inhalation)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *udenyca* | *pegfilgrastim-cbqv* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *demerol* | *meperidine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nifedipine er osmotic release* | *nifedipine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *solu-medrol* | *methylprednisolone sod succ* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dextrose* | *dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *azelex* | *azelaic acid (acne)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATIO N REQUIRED | |
| 12/19/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *isoproterenol hcl* | *isoproterenol hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ibuprofen* | *ibuprofen* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *penicillin g pot in dextrose* | *penicillin g pot in dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tyvaso dpi titration kit* | *treprostinil* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *sufentanil citrate* | *sufentanil citrate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *diclofenac potassium* | *diclofenac potassium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *lopinavir-ritonavir* | *lopinavir-ritonavir* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *morgidox* | *doxycycline hyclate w/ cleanser* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *testosterone* | *testosterone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *aloxi* | *palonosetron hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *rosadan* | *metronidazole (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *oxycontin* | *oxycodone hcl* | REMOVE UM: QUANTITY | 2 UNITS / 1 DAYS | |
| 12/19/2022 | *provigil* | *modafinil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ezetimibe* | *ezetimibe* | ADD UM: SUM9 | | 538 LIPOTROPICS: CAI |
| 12/19/2022 | *indomethacin sodium* | *indomethacin sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *banzel* | *rufinamide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *docusate sodium* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *halcinonide* | *halcinonide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *lubiprostone* | *lubiprostone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *comtan* | *entacapone* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *bijuva* | *estradiol-progesterone* | CHANGE UM: SUM9 | 486 ORAL ESTROGENIC AGENTS | 484 ORAL ESTROGENS/PROGESTINS |
| 12/19/2022 | *hydroxyprogesterone caproate* | *hydroxyprogesterone caproate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ziagen* | *abacavir sulfate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *kaletra* | *lopinavir-ritonavir* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *abilify* | *aripiprazole* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nitro-bid* | *nitroglycerin* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *creon* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *roxicodone* | *oxycodone hcl* | CHANGE UM: SUM9 | 407 ANALGESICS, NARCOTICS SHORT | 407 ANALGESICS, NARCOTICS SHORT |
| 12/19/2022 | *tranexamic acid* | *tranexamic acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *spiriva respimat* | *tiotropium bromide monohydrate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *sport sunscreen spf 30* | *sunscreens* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *novolin 70/30* | *insulin nph isophane & reg (human)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pred forte* | *prednisolone acetate (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *nifedipine er osmotic release* | *nifedipine* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *risperdal consta* | *risperidone microspheres* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *exemestane* | *exemestane* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *gnp all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *griseofulvin microsize* | *griseofulvin microsize* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *toujeo max solostar* | *insulin glargine* | CHANGE UM: SUM9 | 512 RAPID-ACTING INSULINS | 510 LONG-ACTING INSULINS |
| 12/19/2022 | *revcovi* | *elapegademase-lvlr* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *minocin* | *minocycline hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *cystadrops* | *cysteamine hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *acyclovir* | *acyclovir topical* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *topiramate* | *topiramate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |
| 12/19/2022 | *combigan* | *brimonidine tartrate-timolol maleate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *accutane* | *isotretinoin* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *gnp loratadine childrens* | *loratadine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lastacaft* | *alcaftadine* | CHANGE UM: SUM9 | 568 CARBONIC ANHYDRASE INHIBITORS-GLAUCOMA | 562 OPHTHALMIC ANTIHISTAMINES |
| 12/19/2022 | *hm cetirizine hcl childrens* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tabloid* | *thioguanine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hydrocortisone valerate* | *hydrocortisone valerate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |
| 12/19/2022 | *oxaprozin* | *oxaprozin* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *pilocarpine hcl* | *pilocarpine hcl (oral)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hm stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *metoprolol succinate er* | *metoprolol succinate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *nimodipine* | *nimodipine* | CHANGE UM: SUM9 | 468 NONDIHYDROPYRIDINE CCB'S | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *valproic acid* | *valproate sodium* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 12/19/2022 | *amvuttra* | *vutrisiran sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tovet* | *clobetasol propionate emulsion* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *glycerin adult* | *glycerin (laxative)* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *humulin 70/30 kwikpen* | *insulin nph isophane & reg (human)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *flurandrenolide* | *flurandrenolide* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 592 STEROIDS, TOPICAL MEDIUM |
| 12/19/2022 | *dalvance* | *dalbavancin hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hyftor* | *sirolimus (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *cordran* | *flurandrenolide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hydrocortisone* | *hydrocortisone (topical)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *prednisolone acetate* | *prednisolone acetate (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *clobetasol prop emollient base* | *clobetasol propionate emollient base* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *olanzapine-fluoxetine hcl* | *olanzapine-fluoxetine hcl* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | Prior Authorization Required |
| 12/19/2022 | *jentadueto* | *linagliptin-metformin hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *captopril-hydrochlorothiazide* | *captopril & hydrochlorothiazide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *sustol* | *granisetron* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *erythrocin stearate* | *erythromycin stearate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *gnp esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *trelstar mixject* | *triptorelin pamoate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *goodsense aller-ease* | *fexofenadine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *allergy relief/nasal decongest* | *cetirizine-pseudoephedrine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *evekeo* | *amphetamine sulfate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *morphine sulfate er beads* | *morphine sulfate beads* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cleocin-t* | *clindamycin phosphate (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *emcyt* | *estramustine phosphate sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dutasteride-tamsulosin hcl* | *dutasteride-tamsulosin hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *mycamine* | *micafungin sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *orencia clickject* | *abatacept* | CHANGE UM: SUM9 | 478 CYTOKINE AND CAM ANTAGONISTS, IV/IM | 477 CYTOKINE AND CAM ANTAGONISTS |
| 12/19/2022 | *cardizem* | *diltiazem hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cromolyn sodium* | *cromolyn sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *clarinex-d 12 hour* | *desloratadine-pseudoephedrine* | ADD UM: QUANTITY | | 102 UNITS / 365 DAYS |
| 12/19/2022 | *mycamine* | *micafungin sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *ortikos* | *budesonide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *daily moisturizer* | *petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *cosentyx sensoready pen* | *secukinumab* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cefadroxil* | *cefadroxil* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *option 2* | *levonorgestrel (emergency oc)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *teriparatide (recombinant)* | *teriparatide (recombinant)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *selzentry* | *maraviroc* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *tudorza pressair* | *aclidinium bromide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hm stool softener* | *docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *astagraf xl* | *tacrolimus* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tazarotene* | *tazarotene* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *cardene iv* | *nicardipine hcl in sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *epifoam* | *pramoxine-hc* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *allopurinol sodium* | *allopurinol sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nexterone* | *amiodarone hcl in dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *mobic* | *meloxicam* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *chlorthalidone* | *chlorthalidone* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *allergy relief (loratadine)* | *loratadine* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *salicylic acid wart remover* | *salicylic acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *hydromorphone hcl pf* | *hydromorphone hcl* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *nicardipine hcl in nacl* | *nicardipine hcl in sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *bismuth subsalicylate* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *aurovela 1/20* | *norethindrone acet & eth estra* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *rufinamide* | *rufinamide* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *kaletra* | *lopinavir-ritonavir* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *enbrel* | *etanercept* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *enlyte* | *dietary management product* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *valganciclovir hcl* | *valganciclovir hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sennosides-docusate sodium* | *sennosides-docusate sodium* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *methitest* | *methyltestosterone* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *aminocaproic acid* | *aminocaproic acid* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *miglitol* | *miglitol* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *flolan* | *epoprostenol sodium* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *clopidogrel bisulfate* | *clopidogrel bisulfate* | ADD UM: SUM9 | | 581 PLATELET INHIBITORS |
| 12/19/2022 | *atrovent hfa* | *ipratropium bromide hfa* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *terconazole* | *terconazole vaginal* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *caplyta* | *lumateperone tosylate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *benicar* | *olmesartan medoxomil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *allergy relief/nasal decongest* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *glycate* | *glycopyrrolate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *furosemide* | *furosemide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *flavoxate hcl* | *flavoxate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tramadol hcl er (biphasic)* | *tramadol hcl* | CHANGE UM: QUANTITY | 40 UNITS / 5 DAYS | 40 UNITS / 5 DAYS |
| 12/19/2022 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *matzim la* | *diltiazem hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *mayzent* | *siponimod fumarate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *lamotrigine starter kit-orange* | *lamotrigine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *mycophenolate mofetil hcl* | *mycophenolate mofetil hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *erythromycin* | *erythromycin (acne aid)* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *yonsa* | *abiraterone acetate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dilaudid* | *hydromorphone hcl* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *xhance* | *fluticasone propionate (nasal)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *all day allergy-d* | *cetirizine-pseudoephedrine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *dexmedetomidine hcl-dextrose* | *dexmedetomidine hcl in dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *nyvepria* | *pegfilgrastim-apgf* | CHANGE UM: SUM9 | 483 HEMATOPOIETIC AGENTS | 472 COLONY STIMULATING FACTORS |
| 12/19/2022 | *actemra actpen* | *tocilizumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *crestor* | *rosuvastatin calcium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hm all day allergy* | *cetirizine hcl* | ADD UM: SUM9 | | 434 LOW SEDATING ANTIHISTAMINES |
| 12/19/2022 | *nitroglycerin in d5w* | *nitroglycerin in d5w* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *avar-e green* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *baby skin protectant* | *petrolatum* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *labetalol hcl-sodium chloride* | *labetalol hcl-sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *gatifloxacin* | *gatifloxacin (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tobradex st* | *tobramycin-dexamethasone* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *taclonex* | *calcipotriene-betamethasone dipropionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 446 ANTIPSORIATICS, TOPICAL |
| 12/19/2022 | *keppra* | *levetiracetam* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ztalmy* | *ganaxolone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *amitriptyline hcl* | *amitriptyline hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *penicillin g procaine* | *penicillin g procaine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *trifluridine* | *trifluridine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *revonto* | *dantrolene sodium* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *hm all day allergy childrens* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *epinephrine (anaphylaxis)* | *epinephrine (anaphylaxis)* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | Prior Authorization Required |
| 12/19/2022 | *movantik* | *naloxegol oxalate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *exemestane* | *exemestane* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *eptifibatide* | *eptifibatide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *namenda xr titration pack* | *memantine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *qc stomach relief* | *bismuth subsalicylate* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *humalog mix 75/25 kwikpen* | *insulin lispro protamine & lispro* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tazarotene* | *tazarotene (acne)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *qc allergy relief* | *loratadine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *midazolam hcl* | *midazolam hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *zorbtive* | *somatropin (non-refrigerated)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *terbinafine hcl* | *terbinafine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ventrixyl* | *multiple vitamins w/ minerals* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *alclometasone dipropionate* | *alclometasone dipropionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 591 STEROIDS, TOPICAL LOW |
| 12/19/2022 | *impeklo* | *clobetasol propionate* | CHANGE UM: SUM9 | 590 STEROIDS, TOPICAL HIGH | 593 STEROIDS, TOPICAL VERY HIGH |
| 12/19/2022 | *verelan pm* | *verapamil hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lidocaine hcl* | *lidocaine hcl (local anesth.)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qc allergy relief* | *fexofenadine hcl* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *selzentry* | *maraviroc* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *timolol maleate ocudose* | *timolol maleate (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *midazolam hcl (pf)* | *midazolam hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *ciprodex* | *ciprofloxacin-dexamethasone* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *goodsense nicotine* | *nicotine polacrilex* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *qc childrens allergy* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *rosadan* | *metronidazole w/ cleanser (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *xipere* | *triamcinolone acetonide (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *fluorescein sodium/benoxinate* | *fluorescein w/ benoxinate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *viracept* | *nelfinavir mesylate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *24hr allergy & congestion reli* | *fexofenadine-pseudoephedrine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *harvoni* | *ledipasvir-sofosbuvir* | CHANGE UM: SUM9 | 497 HEPATITIS B - ORAL | 499 HEPATITIS C - ORAL |
| 12/19/2022 | *propafenone hcl* | *propafenone hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *adempas* | *riociguat* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *humalog junior kwikpen* | *insulin lispro* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *zyclara pump* | *imiquimod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *efavirenz* | *efavirenz* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *eucrisa* | *crisaborole* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *xtandi* | *enzalutamide* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *azelastine-fluticasone* | *azelastine hcl-fluticasone propionate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *balanced salt* | *ophthalmic irrigation solution - intraocular* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *naropin* | *ropivacaine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *diltiazem hcl er coated beads* | *diltiazem hcl coated beads* | ADD UM: SUM9 | | 468 NONDIHYDROPYRIDINE CCB'S |
| 12/19/2022 | *ec-naproxen* | *naproxen* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *naratriptan hcl* | *naratriptan hcl* | CHANGE UM: SUM9 | 648 CGRP | 439 ANTIMIGRAINE AGENTS |
| 12/19/2022 | *clozaril* | *clozapine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *trintellix* | *vortioxetine hbr* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *otezla* | *apremilast* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cozaar* | *losartan potassium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *humalog mix 50/50* | *insulin lispro protamine & lispro* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *cortifoam* | *hydrocortisone acetate (intrarectal)* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *gadoterate meglumine* | *gadoterate meglumine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *tecfidera* | *dimethyl fumarate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *nivestym* | *filgrastim-aafi* | CHANGE UM: SUM9 | 483 HEMATOPOIETIC AGENTS | 472 COLONY STIMULATING FACTORS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *dexmethylphenidate hcl er* | *dexmethylphenidate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *epipen 2-pak* | *epinephrine (anaphylaxis)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/19/2022 | *relistor* | *methylnaltrexone bromide* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cyclosporine modified* | *cyclosporine modified (for microemulsion)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *emsam* | *selegiline* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fesoterodine fumarate er* | *fesoterodine fumarate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *neomycin sulfate* | *neomycin sulfate* | CHANGE UM: SUM9 | 419 ANTIBIOTICS, INHALED | 418 ANTIBIOTICS, GI |
| 12/19/2022 | *allergy childrens* | *fexofenadine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *mirvaso* | *brimonidine tartrate (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *novolog flexpen* | *insulin aspart* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *bupropion hcl* | *bupropion hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ak-poly-bac* | *bacitracin-polymyxin b (ophth)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *tretinoin microsphere* | *tretinoin microsphere* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *arformoterol tartrate* | *arformoterol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *sunitinib malate* | *sunitinib malate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *sovaldi* | *sofosbuvir* | CHANGE UM: SUM9 | 497 HEPATITIS B - ORAL | 499 HEPATITIS C - ORAL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *halcion* | *triazolam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *desvenlafaxine er* | *desvenlafaxine* | CHANGE UM: SUM9 | 549 NEUROPATHIC PAIN | 428 ANTIDEPRESSANTS, OTHER |
| 12/19/2022 | *amlodipine besylate* | *amlodipine besylate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *sensorcaine-mpf* | *bupivacaine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *neo-polycin hc* | *bacitracin-poly-neomycin-hc* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *levorphanol tartrate* | *levorphanol tartrate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *diastat pediatric* | *diazepam (anticonvulsant)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *synalar (ointment)* | *fluocinolone-emollient* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *ritalin* | *methylphenidate hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *accu-chek fastclix lancets* | *lancets* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *humulin n* | *insulin nph (human) (isophane)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *rebif titration pack* | *interferon beta-1a* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *vigamox* | *moxifloxacin hcl (ophth)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *hydrocodone-acetaminophen* | *hydrocodone-acetaminophen* | CHANGE UM: QUANTITY | 40 UNITS / 10 DAYS | 40 UNITS / 10 DAYS |
| 12/19/2022 | *ziagen* | *abacavir sulfate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *dermotic* | *fluocinolone acetonide (otic)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *androderm* | *testosterone* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *repaglinide* | *repaglinide* | ADD UM: SUM9 | | 513 MEGLITINIDES & COMBINATIONS, ORAL ANTIDIABETICS |
| 12/19/2022 | *zenpep* | *pancrelipase (lipase-protease-amylase)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *mitigo* | *morphine sulfate for continuous microinfusion* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *diclofenac sodium er* | *diclofenac sodium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *oxycodone-acetaminophen* | *oxycodone w/ acetaminophen* | REMOVE UM: QUANTITY | 40 UNITS / 5 DAYS | |
| 12/19/2022 | *sympazan* | *clobazam* | CHANGE UM: SUM9 | 826 ANTICONVULSANTS | 427 SECOND GENERATION ANTICONVULSANTS |
| 12/19/2022 | *nicomide* | *niacinamide w/ zinc-copper-methylfolate-se-cr* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *povidone-iodine* | *povidone-iodine* | ADD TO FORMULARY | | Non-Formulary |
| 12/19/2022 | *lupron depot (3-month)* | *leuprolide acetate (3 month)* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *oracea* | *doxycycline (rosacea)* | CHANGE UM: SUM9 | 586 ROSACEA AGENTS, TOPICAL | 595 TETRACYCLINES |
| 12/19/2022 | *avapro* | *irbesartan* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ivermectin* | *ivermectin (rosacea)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *humalog* | *insulin lispro* | ADD UM: SUM10 | | PDL |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *betaxolol hcl* | *betaxolol hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *kimyrsa* | *oritavancin diphosphate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *pantoprazole sodium* | *pantoprazole sodium* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *stelara* | *ustekinumab* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *fluocinolone acetonide* | *fluocinolone acetonide* | CHANGE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *vyzulta* | *latanoprostene bunod* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *selenium sulfide* | *selenium sulfide* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *celontin* | *methsuximide* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *transderm-scop* | *scopolamine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *podocon-25* | *podophyllum resin* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *xenazine* | *tetrabenazine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *femara* | *letrozole* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *zyprexa* | *olanzapine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *ultravate* | *halobetasol propionate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *trazodone hcl* | *trazodone hcl* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *nymalize* | *nimodipine* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *skelaxin* | *metaxalone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *cefotetan disodium-dextrose* | *cefotetan disodium and dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *fluvoxamine maleate er* | *fluvoxamine maleate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *klonopin* | *clonazepam* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *ambisome* | *amphotericin b liposome* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *procainamide hcl* | *procainamide hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lamictal starter* | *lamotrigine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *clindacin etz* | *clindamycin phosphate (topical)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *pred-g* | *gentamicin-prednisolone acetate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *azathioprine sodium* | *azathioprine sodium* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *antihistamine & nasal deconges* | *fexofenadine-pseudoephedrine* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *byfavo* | *remimazolam besylate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *streptomycin sulfate* | *streptomycin sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *cefpodoxime proxetil* | *cefpodoxime proxetil* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/19/2022 | *felbamate* | *felbamate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *bortezomib* | *bortezomib* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *morgidox* | *doxycycline hyclate* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *triesence* | *triamcinolone acetonide (ophth)* | CHANGE UM: SUM9 | 561 OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | 564 OPHTHALMIC ANTI-INFLAMMATORIES |
| 12/19/2022 | *abelcet* | *amphotericin b lipid* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *vtama* | *tapinarof* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *catapres* | *clonidine hcl* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *armonair digihaler* | *fluticasone propionate (inhalation)* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/19/2022 | *doptelet* | *avatrombopag maleate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *corlanor* | *ivabradine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qnasl childrens* | *beclomethasone dipropionate (nasal)* | ADD UM: SUM10 | | NPD |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *insulin degludec* | *insulin degludec* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *urea* | *urea* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *qc loratadine-d* | *loratadine & pseudoephedrine* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *argatroban in sodium chloride* | *argatroban in sodium chloride* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *dabigatran etexilate mesylate* | *dabigatran etexilate mesylate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *nylia 7/7/7* | *norethindrone-eth estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *stalevo 75* | *carbidopa-levodopa-entacapone* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/19/2022 | *codeine sulfate* | *codeine sulfate* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *allergy relief childrens* | *cetirizine hcl* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *ceftazidime and dextrose* | *ceftazidime-dextrose* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *depakote sprinkles* | *divalproex sodium* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *lunesta* | *eszopiclone* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *aczone* | *dapsone (topical)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *actoplus met* | *pioglitazone hcl-metformin hcl* | CHANGE UM: SUM9 | 505 DPP-IV INHIBITORS AND COMBINATIONS | 516 THIAZOLIDINEDIONE-METFORMIN COMBINATIONS |
| 12/19/2022 | *amlodipine besylate* | *amlodipine besylate* | ADD UM: SUM9 | | 467 DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS |
| 12/19/2022 | *steglatro* | *ertugliflozin l-pyroglutamic acid* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *renvela* | *sevelamer carbonate* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *spinosad* | *spinosad* | ADD UM: SUM10 | | NPD |
| 12/19/2022 | *tobramycin sulfate* | *tobramycin sulfate* | REMOVE UM: AUTHORIZATION | PRIOR AUTHORIZATION REQUIRED | |
| 12/19/2022 | *nalbuphine hcl* | *nalbuphine hcl* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *lamivudine-zidovudine* | *lamivudine-zidovudine* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/19/2022 | *pramipexole dihydrochloride* | *pramipexole dihydrochloride* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *jatenzo* | *testosterone undecanoate* | ADD TO FORMULARY | | Covered |
| 12/19/2022 | *synalar (cream)* | *fluocinolone-emollient* | CHANGE UM: AUTHORIZATION | Prior Authorization Required | PREFERRED STEP TRIAL REQUIRED |
| 12/19/2022 | *everolimus* | *everolimus (immunosuppressant)* | ADD UM: SUM10 | | PDL |
| 12/19/2022 | *thalomid* | *thalidomide* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/19/2022 | *quinapril hcl* | *quinapril hcl* | ADD UM: SUM10 | | NPD |
| 12/22/2022 | *methamphetamine hcl* | *methamphetamine hcl* | ADD UM: QUANTITY | | 5 / 1 day(s) |
| 12/22/2022 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 12/22/2022 | *roxicodone* | *oxycodone hcl* | REMOVE UM: AUTHORIZATION | Prior Authorization Required | |
| 12/22/2022 | *promethazine-phenylephrine* | *promethazine & phenylephrine* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 12/22/2022 | *tadalafil (pah)* | *tadalafil (pulmonary hypertension)* | REMOVE UM: AUTHORIZATION | Preferred Step Trial Required | |
| 12/22/2022 | *magnebind 400* | *calcium carbonate-magnesium carbonate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/22/2022 | *magnebind 400* | *calcium carbonate-magnesium carbonate* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/22/2022 | *promethazine vc* | *promethazine & phenylephrine* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 12/22/2022 | *citalopram hydrobromide* | *citalopram hydrobromide* | ADD UM: QUANTITY | | 1 / 1 day(s) |
| 12/22/2022 | *semglee* | *insulin glargine* | ADD UM: SUM9 | | 512 RAPID-ACTING INSULINS |
| 12/22/2022 | *clobazam* | *clobazam* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 12/22/2022 | *bupropion hcl er (xl)* | *bupropion hcl* | ADD UM: QUANTITY | | 1 / 1 day(s) |
| 12/22/2022 | *nitroglycerin er* | *nitroglycerin* | ADD UM: SUM9 | | 603 VASODILATORS, CORONARY |
| 12/22/2022 | *ztlido* | *lidocaine* | CHANGE UM: QUANTITY | | 3 / 1 day(s) |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/22/2022 | *zafirlukast* | *zafirlukast* | ADD UM: SUM9 | | 532 LEUKOTRIENE MODIFIERS |
| 12/22/2022 | *telmisartan* | *telmisartan* | ADD UM: SUM9 | | 413 ANGIOTENSIN RECEPTOR BLOCKERS |
| 12/23/2022 | *careone unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *metformin hcl* | *metformin hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *sm lorata-dine d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *novofine pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *aum readygard duo pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *rotateq* | *rotavirus vaccine, live oral pentavalent* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *relion short pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *medic insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *1st tier unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *kinrix* | *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *caretouch insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *global easy glide pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *pentacel* | *diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *lucira check it covid-19 test* | *covid-19 at home test* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *easy glide pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *glucopro insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *clonazepam* | *clonazepam* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *healthwise micron pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *sure-fine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *freds pharmacy unifine pentip+* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *moderna covid-19 vac (booster)* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pfizer-biont covid-19 vac-tris* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *reli-on insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *carestart covid-19 home test* | *covid-19 at home test* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *freestyle precision ins syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *unifine safecontrol pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *erythromycin base* | *erythromycin base* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *litetouch insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *freds pharmacy unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *assure id safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultracare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *prevnar 13* | *pneumococcal 13-valent conjugate vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *px shortlength pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *healthwise insulin syr/needle* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultilet insulin syringe short* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bisoprolol fumarate* | *bisoprolol fumarate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/23/2022 | *comfort touch insulin pen need* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *twinrix* | *hepatitis a (inactivated)-hepatitis b (recombinant) vaccines* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *leader unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *potassium chloride er* | *potassium chloride* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultra-thin ii pen needle short* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gnp ulticare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *px mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *menactra* | *meningococcal (a,c,y&w-135) polysacch diphth conj vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *cefdinir* | *cefdinir* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *elite-thin insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *piperacillin sod-tazobactam so* | *piperacillin sodium-tazobactam sodium* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd insulin syringe ultrafine* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *metoprolol succinate er* | *metoprolol succinate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *dimethyl fumarate* | *dimethyl fumarate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *insupen sensitive* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *relion mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ulticare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ovidrel* | *choriogonadotropin alfa* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *bd pen needle nano 2nd gen* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *trazodone hcl* | *trazodone hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *comfort ez insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *mycophenolate mofetil* | *mycophenolate mofetil* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *clomiphene citrate* | *clomiphene citrate* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *novofine plus pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *easy touch safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pfizer covid-19 vac bival 5-11* | *covid-19 mrna bivalent virus vaccine (pfizer)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *havrix* | *hepatitis a vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultra flo insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *rosuvastatin calcium* | *rosuvastatin calcium* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *fluarix quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *marathon medical pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *loratadine* | *loratadine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *techlite insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *vp insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *global inject ease insulin syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *precision suredose plus syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *famotidine* | *famotidine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *vaqta* | *hepatitis a vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *everolimus* | *everolimus (immunosuppressant)* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *novotwist pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *monoject insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *clever choice comfort ez* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *insulin syringe-needle u-100* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ropinirole hcl* | *ropinirole hydrochloride* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |
| 12/23/2022 | *incontrol ulticare pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *goodsense pen needle penfine* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *nafcillin sodium* | *nafcillin sodium* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pro comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *lidocaine* | *lidocaine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *wegmans unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *shopko unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *phenytoin* | *phenytoin* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gnp ultra com insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *imovax rabies* | *rabies virus vaccine, hdc* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *droplet micron* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *duloxetine hcl* | *duloxetine hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *omeprazole* | *omeprazole* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *solifenacin succinate* | *solifenacin succinate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *levetiracetam* | *levetiracetam* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *shopko unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *dropsafe safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *afluria* | *influenza virus vaccine split* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *everlywell covid-19 home test* | *covid-19 home collection test* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *rotarix* | *rotavirus vaccine, live oral* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *sm loratadine* | *loratadine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *healthwise short pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd veo insulin syr u/f 1/2unit* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *advocate insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *global insulin syringes* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultiguard safepack pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *cyclosporine modified* | *cyclosporine modified (for microemulsion)* | ADD TO FORMULARY | | PDL Preferred |
| 12/23/2022 | *sure comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *moderna covid-19 vaccine* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *preferred plus insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bexsero* | *meningococcal vac group b (recombant omv adjuvanted)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd pen needle short u/f* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *aum mini insulin pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd pen needle original u/f* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *eql insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *1st tier unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pen needles 3/16"* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *cyclobenzaprine hcl* | *cyclobenzaprine hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultilet insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd pen needle mini u/f* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *topiramate* | *topiramate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *allergy relief/nasal decongest* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ropinirole hcl* | *ropinirole hydrochloride* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *exel comfort point pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *budesonide* | *budesonide* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *healthwise pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *losartan potassium-hctz* | *losartan potassium & hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *microdot pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *flarex* | *fluorometholone acetate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *primidone* | *primidone* | ADD TO FORMULARY | | PDL Preferred |
| 12/23/2022 | *moderna covid-19 bival booster* | *covid-19 mrna bivalent virus vaccine (moderna)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *kroger pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *h-e-b incontrol unifine pentip* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *cetrotide* | *cetrorelix acetate* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *hm ulticare mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *vanishpoint insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *hm ulticare insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *safety insulin syringes* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *tizanidine hcl* | *tizanidine hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *easy comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *fifty50 pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 12/23/2022 | *comfort ez pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *doxycycline hyclate* | *doxycycline hyclate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *menopur* | *menotropins* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *todays health mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *rebyota* | *fecal microbiota, live-jslm* | ADD UM: SUM9 | | 418 ANTIBIOTICS, GI |
| 12/23/2022 | *h-e-b incontrol pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultra-thin ii insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *aum safety pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *flucelvax quadrivalent* | *influenza virus vaccine tissue-cultured subunit quadrivalent* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *diltiazem hcl er beads* | *diltiazem hcl extended release beads* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *droplet pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *meijer pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *atorvastatin calcium* | *atorvastatin calcium* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *janssen covid-19 vaccine* | *covid-19 (sars-cov-2) adenovirus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *comfort ez short pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *carefine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd veo insulin syringe u/f* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *caretouch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *acetaminophen-codeine* | *acetaminophen w/ codeine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *relion insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *prehevbrio* | *hepatitis b vaccine 3-antigen recombinant* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *litetouch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ezetimibe* | *ezetimibe* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *clindamycin hcl* | *clindamycin hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pravastatin sodium* | *pravastatin sodium* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *true comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *safesnap insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultra thin pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *gnp insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pfizer covid-19 vac bivalent* | *covid-19 mrna bivalent virus vaccine (pfizer)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ipratropium bromide* | *ipratropium bromide* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultra-thin ii ins syr short* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *topcare clickfine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *flulaval quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gardasil 9* | *human papillomavirus (hpv) 9-valent recombinant vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pc unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *drug mart unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *dalfampridine er* | *dalfampridine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultilet pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *fenofibrate* | *fenofibrate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *amoxicillin-pot clavulanate* | *amoxicillin & pot clavulanate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *tdvax* | *tetanus-diphtheria toxoids (td)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gnp insulin syringes* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pneumovax 23* | *pneumococcal vac polyvalent* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *prevent dropsafe pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *inteliswab covid-19 rapid test* | *covid-19 at home test* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *goodsense clickfine pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *fluad* | *influenza virus vaccine types a & b surface antigen adjuvant* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultracare insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *vaxelis* | *diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *lopreeza* | *estradiol & norethindrone acetate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *menquadfi* | *meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pro comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *maxicomfort syr 27g x 1/2"* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gnp insulin syringes 30gx5/16"* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *preferred plus unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd safety-lok insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *global ease inject pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *morphine sulfate* | *morphine sulfate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pfizer covid-19 vac-tris 5-11y* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *follistim aq* | *follitropin beta* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *ipol* | *poliovirus vaccine, ipv* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *sure-ject insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *prevent safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *everolimus* | *everolimus (immunosuppressant)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 12/23/2022 | *fluconazole* | *fluconazole* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pioglitazone hcl* | *pioglitazone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/23/2022 | *bisoprolol fumarate* | *bisoprolol fumarate* | ADD UM: SUM9 | | 454 BETA BLOCKERS |
| 12/23/2022 | *tenivac* | *tetanus-diphtheria toxoids (td)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *insupen ultrafin* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *proquad* | *measles-mumps-rubella-varicella virus vaccines* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *easy comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *guanfacine hcl er* | *guanfacine hcl (adhd)* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *binaxnow covid-19 ag home test* | *covid-19 at home test* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *penicillin v potassium* | *penicillin v potassium* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *cephalexin* | *cephalexin* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gonal-f rff redject* | *follitropin alfa* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *healthy accents unifine pentip* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *primidone* | *primidone* | ADD UM: SUM9 | | 426 FIRST GENERATION ANTICONVULSANTS |
| 12/23/2022 | *novofine autocover pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *kroger insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *diphtheria-tetanus toxoids* | *tetanus-diphtheria toxoids (td)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *comfort ez micro pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *clickfine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *lansoprazole* | *lansoprazole* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *relion pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ellume covid-19 home test* | *covid-19 at home test* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *magellan insulin safety syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *ra pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *monoject ultra comfort syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *acthib* | *haemophilus b polysac conj vac* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *phenadoz* | *promethazine hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gonal-f rff* | *follitropin alfa* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *ultra comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *maxi-comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ulticare micro pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pen needles 5/16"* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *insulin syringes* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *glyburide* | *glyburide* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *lisinopril* | *lisinopril* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ulticare mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *flovent diskus* | *fluticasone propionate (inhalation)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *quadracel* | *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *drug mart unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *aurora pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *heplisav-b* | *hepatitis b vaccine recombinant adjuvanted* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *true comfort pro pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *engerix-b* | *hepatitis b vaccine (recomb)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gabapentin* | *gabapentin* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *vaxneuvance* | *pneumococcal 15-valent conjugate vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *assure id insulin safety syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *true comfort pro insulin syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultra-thin ii pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *global easy glide insulin syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ulticare insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *healthwise mini pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultra-thin ii mini pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ofloxacin* | *ofloxacin (ophth)* | ADD TO FORMULARY | | PDL Preferred |
| 12/23/2022 | *aurora unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *advocate insulin pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *famciclovir* | *famciclovir* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *leader insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ms insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *exel comfort point insulin syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *insulin syringe/needle* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ranitidine hcl* | *ranitidine hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *lorazepam* | *lorazepam* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pip pen needles 32g x 4mm* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *fluoxetine hcl* | *fluoxetine hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *comfort assist insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *nystatin* | *nystatin (topical)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *adacel* | *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *vida mia unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *px extra short pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *enbrel* | *etanercept* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *leader unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *afluria preservative free* | *influenza virus vaccine split preservative free* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *methocarbamol* | *methocarbamol* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *bd pen needle nano u/f* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *flublok quadrivalent* | *influenza virus vac recomb hemagglutinin (ha) quadrivalent* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *medicine shoppe pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *px pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *zevrx insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *nystatin* | *nystatin (mouth-throat)* | ADD TO FORMULARY | | PDL Preferred |
| 12/23/2022 | *careone insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *phenobarbital* | *phenobarbital* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *securesafe insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *prednisolone sodium phosphate* | *prednisolone sodium phosphate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *zostavax* | *zoster vaccine live* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *daptacel* | *diphtheria, acellular pertussis & tetanus toxoids* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pure comfort pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *insupen pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *todays health pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gonal-f* | *follitropin alfa* | ADD TO FORMULARY | | Non-Formulary |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *quickvue at-home covid-19 test* | *covid-19 at home test* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *techlite pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ihealth covid-19 rapid test* | *covid-19 at home test* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *valumark pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *prodigy insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ulticare insulin syr 1/2 unit* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *kinray insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ampicillin sodium* | *ampicillin sodium* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultra flo insulin syr 1/2 unit* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *mupirocin calcium* | *mupirocin calcium (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/23/2022 | *sb insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *easy touch fliplock insulin sy* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *aripiprazole* | *aripiprazole* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *mm insulin syringe/needle* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *mycophenolate mofetil* | *mycophenolate mofetil* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 12/23/2022 | *bd autoshield duo* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *ulticare insulin safety syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *boostrix* | *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *oxycodone hcl* | *oxycodone hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *trueplus pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pregnyl* | *chorionic gonadotropin* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *fluzone high-dose quadrivalent* | *influenza virus vac split high-dose quad preservative free* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pioglitazone hcl* | *pioglitazone hcl* | ADD UM: SUM9 | | 517 THIAZOLIDINEDIONES-ORAL ANTIDIABETIC |
| 12/23/2022 | *gnp insulin syringes 28gx1/2"* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *potassium chloride crys er* | *potassium chloride microencapsulated crystals er* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *securesafe safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *sulfacetamide sodium* | *sulfacetamide sodium (ophth)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *enoxaparin sodium* | *enoxaparin sodium* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *zevrx pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gnp ultiguard safepack needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *unifine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pip pen needles 31g x 5mm* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *afluria quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *precision sure-dose syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *longs insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bcg vaccine* | *bcg vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *olopatadine hcl* | *olopatadine hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *mupirocin calcium* | *mupirocin calcium (topical)* | ADD UM: SUM9 | | 420 TOPICAL ANTIBIOTIC |
| 12/23/2022 | *topcare ultra comfort ins syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultiguard safepack syr/needle* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *tetanus-diphtheria toxoids td* | *tetanus-diphtheria toxoids (td)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *sumatriptan* | *sumatriptan* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd insulin syr ultrafine ii* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *fluad quadrivalent* | *influenza virus vacc types a & b surf antigen adjuvant quad* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *value health insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *fluzone quadrivalent* | *influenza virus vaccine split quadrivalent* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *easy touch sheathlock syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *enbrel sureclick* | *etanercept* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *hydromorphone hcl* | *hydromorphone hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *glyburide micronized* | *glyburide micronized* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *qc unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *unifine ultra pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *droplet insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *allergy relief-d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pedvax hib* | *haemophilus b polysac conj vac* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ra insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *qc pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *sure comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *safety pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gnp insulin syringes 31gx5/16"* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *diathrive pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd safetyglide insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *mm pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pfizer-biontech covid-19 vacc* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *true comfort pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pfizer covid-19 vac-tris 6m-4y* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *sertraline hcl* | *sertraline hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *flowflex covid-19 ag home test* | *covid-19 at home test* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *astrazeneca covid-19 vaccine* | *covid-19 (sars-cov-2) adenovirus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *trumenba* | *meningococcal group b vaccine (recombinant)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *varivax* | *varicella virus vaccine live* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *entecavir* | *entecavir* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *bd insulin syringe microfine* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *gnp clickfine pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd insulin syringe u/f* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *maxi-comfort safety pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd insulin syringe u/f 1/2unit* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *novavax covid-19 vaccine* | *covid-19 (sars-cov-2) subunit (spike) protein virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *careone unifine pentips plus* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *easy touch insulin safety syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultra flo insulin pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *menveo* | *meningococcal (a,c,y&w-135) oligosaccharide conjugate vac* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *moderna covid-19 vacc 6-11y* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *raya sure pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *todays health short pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *trueplus insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *tramadol hcl er* | *tramadol hcl* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *fifty50 superior comfort syr* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd insulin syringe half-unit* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *amantadine hcl* | *amantadine hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *saphris* | *asenapine maleate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *recombivax hb* | *hepatitis b vaccine (recomb)* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *m-m-r ii* | *measles, mumps & rubella virus vaccines* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *reality insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ibuprofen* | *ibuprofen* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *abouttime pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *comirnaty* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *easy touch insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *moderna covid-19 vacc 6m-5y* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *morphine sulfate (pf)* | *morphine sulfate* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *nystatin* | *nystatin (mouth-throat)* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 12/23/2022 | *healthwise unifine pentips* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *fluzone high-dose* | *influenza virus vaccine split high-dose preservative free* | ADD TO FORMULARY | | Covered |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *infanrix* | *diphtheria, acellular pertussis & tetanus toxoids* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *hm ulticare short pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd pen needle micro u/f* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ulticare short pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *bd autoshield* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *nifedipine* | *nifedipine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *easy touch pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *prevnar 20* | *pneumococcal 20-valent conjugate vaccine* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *trueplus 5-bevel pen needles* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *cyclosporine modified* | *cyclosporine modified (for microemulsion)* | ADD UM: SUM9 | | 524 IMMUNOSUPPRESSANTS |
| 12/23/2022 | *azithromycin* | *azithromycin* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ofloxacin* | *ofloxacin (ophth)* | ADD UM: SUM9 | | 560 OPHTHALMIC QUINOLONES |
| 12/23/2022 | *tizanidine hcl* | *tizanidine hcl* | ADD UM: SUM9 | | 588 SKELETAL MUSCLE RELAXANTS |
| 12/23/2022 | *gnp insulin syringes 29gx1/2"* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *rebyota* | *fecal microbiota, live-jslm* | ADD TO FORMULARY | | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/23/2022 | *px insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *shingrix* | *zoster vaccine recombinant adjuvanted* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *labetalol hcl* | *labetalol hcl* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pediarix* | *diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *pen needles 1/2"* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *maxicomfort ii pen needle* | *insulin pen needle* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ganirelix acetate* | *ganirelix acetate* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *ultra-comfort insulin syringe* | *insulin syringe/needle u-100* | ADD TO FORMULARY | | Covered |
| 12/23/2022 | *novarel* | *chorionic gonadotropin* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *chorionic gonadotropin* | *chorionic gonadotropin* | ADD TO FORMULARY | | Non-Formulary |
| 12/23/2022 | *spikevax covid-19 vaccine* | *covid-19 (sars-cov-2) mrna virus vaccine* | ADD TO FORMULARY | | Covered |
| 12/28/2022 | *tazarotene* | *tazarotene* | CHANGE UM: SUM9 | 477 CYTOKINE AND CAM ANTAGONISTS | 402 TOPICAL RETINOIDS |
| 12/28/2022 | *buprenorphine* | *buprenorphine* | CHANGE UM: SUM9 | 570 OPIATE DEPENDENCE TREATMENTS, ORAL | 406 NARCOTICS: LONG ACTING |
| 12/28/2022 | *ziana* | *clindamycin phosphate-tretinoin* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 403 TOPICAL RETINOIDS/COMBINATIONS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/28/2022 | *icosapent ethyl* | *icosapent ethyl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/28/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 402 TOPICAL RETINOIDS |
| 12/28/2022 | *exforge* | *amlodipine besylate-valsartan* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 410 ARB/CCB COMBINATIONS |
| 12/28/2022 | *neuac* | *clindamycin phosphate-benzoyl peroxide & moisturizer* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |
| 12/28/2022 | *tretinoin microsphere* | *tretinoin microsphere* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 402 TOPICAL RETINOIDS |
| 12/28/2022 | *oxymorphone hcl* | *oxymorphone hcl* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *bisoprolol fumarate* | *bisoprolol fumarate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/28/2022 | *belbuca* | *buprenorphine hcl* | CHANGE UM: SUM9 | 570 OPIATE DEPENDENCE TREATMENTS, ORAL | 406 NARCOTICS: LONG ACTING |
| 12/28/2022 | *carisoprodol-aspirin-codeine* | *carisoprodol w/ aspirin & codeine* | CHANGE UM: SUM9 | 588 SKELETAL MUSCLE RELAXANTS | 407 ANALGESICS, NARCOTICS SHORT |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/28/2022 | *clindamycin-tretinoin* | *clindamycin phosphate-tretinoin* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 403 TOPICAL RETINOIDS/COMBINATIONS |
| 12/28/2022 | *azor* | *amlodipine besylate-olmesartan medoxomil* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 410 ARB/CCB COMBINATIONS |
| 12/28/2022 | *mupirocin calcium* | *mupirocin calcium (topical)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/28/2022 | *acanya* | *clindamycin phosphate-benzoyl peroxide* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |
| 12/28/2022 | *meperidine hcl* | *meperidine hcl* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *calcipotriene* | *calcipotriene* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 12/28/2022 | *calcipotriene* | *calcipotriene* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/28/2022 | *seglentis* | *celecoxib-tramadol hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/28/2022 | *genabio covid-19 rapid test* | *covid-19 at home test* | ADD UM: QUANTITY | | 8 / 30 day(s) |
| 12/28/2022 | *seglentis* | *celecoxib-tramadol hcl* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/28/2022 | *dsuvia* | *sufentanil citrate* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |
| 12/28/2022 | *genabio covid-19 rapid test* | *covid-19 at home test* | ADD TO FORMULARY | Non-Formulary | Covered |
| 12/28/2022 | *aklief* | *trifarotene* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 402 TOPICAL RETINOIDS |
| 12/28/2022 | *nucynta* | *tapentadol hcl* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *calcipotriene* | *calcipotriene* | CHANGE UM: SUM10 | NPD | PDL |
| 12/28/2022 | *avita* | *tretinoin* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 402 TOPICAL RETINOIDS |
| 12/28/2022 | *roxicodone* | *oxycodone hcl* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *hydromorphone hcl* | *hydromorphone hcl* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *clindamycin phos-benzoyl perox* | *clindamycin phosphate-benzoyl peroxide* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 401 COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/28/2022 | *cholestyramine* | *cholestyramine* | ADD UM: SUM9 | | 535 |
| 12/28/2022 | *icosapent ethyl* | *icosapent ethyl* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/28/2022 | *morphine sulfate* | *morphine sulfate* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *tretinoin* | *tretinoin* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 402 TOPICAL RETINOIDS |
| 12/28/2022 | *arazlo* | *tazarotene (acne)* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 402 TOPICAL RETINOIDS |
| 12/28/2022 | *oxycodone hcl* | *oxycodone hcl* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *telmisartan-amlodipine* | *telmisartan-amlodipine* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 410 ARB/CCB COMBINATIONS |
| 12/28/2022 | *dilaudid* | *hydromorphone hcl* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *tazorac* | *tazarotene* | CHANGE UM: SUM9 | 477 CYTOKINE AND CAM ANTAGONISTS | 402 TOPICAL RETINOIDS |
| 12/28/2022 | *cholestyramine* | *cholestyramine* | ADD TO FORMULARY | Non-Formulary | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/28/2022 | *memantine hcl er* | *memantine hcl* | CHANGE UM: SUM9 | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS | 405 NMDA RECEPTOR |
| 12/28/2022 | *tretinoin microsphere pump* | *tretinoin microsphere* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 402 TOPICAL RETINOIDS |
| 12/28/2022 | *rebyota* | *fecal microbiota, live-jslm* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/28/2022 | *adapalene* | *adapalene* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 402 TOPICAL RETINOIDS |
| 12/28/2022 | *pentazocine-naloxone hcl* | *pentazocine w/ naloxone* | CHANGE UM: SUM9 | 570 OPIATE DEPENDENCE TREATMENTS, ORAL | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *butorphanol tartrate* | *butorphanol tartrate* | CHANGE UM: SUM9 | 570 OPIATE DEPENDENCE TREATMENTS, ORAL | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *tascenso odt* | *fingolimod lauryl sulfate* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/28/2022 | *stimufend* | *pegfilgrastim-fpgk* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/28/2022 | *tascenso odt* | *fingolimod lauryl sulfate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/28/2022 | *atralin* | *tretinoin* | CHANGE UM: SUM9 | 400 ACNE AGENTS, TOPICAL | 402 TOPICAL RETINOIDS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/28/2022 | *codeine sulfate* | *codeine sulfate* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *stimufend* | *pegfilgrastim-fpgk* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/28/2022 | *oseltamivir phosphate* | *oseltamivir phosphate* | ADD UM: SUM9 | | 452 INFLUENZA |
| 12/28/2022 | *exforge hct* | *amlodipine-valsartan-hydrochlorothiazide* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 410 ARB/CCB COMBINATIONS |
| 12/28/2022 | *fentora* | *fentanyl citrate* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *levorphanol tartrate* | *levorphanol tartrate* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *tribenzor* | *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | CHANGE UM: SUM9 | 414 ANGIOTENSIN RECEPTOR BLOCKERS & DIURETICS | 410 ARB/CCB COMBINATIONS |
| 12/28/2022 | *namzaric* | *memantine hcl-donepezil hcl* | CHANGE UM: SUM9 | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS | 405 NMDA RECEPTOR |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/28/2022 | *fentanyl citrate* | *fentanyl citrate* | CHANGE UM: SUM9 | 406 NARCOTICS: LONG ACTING | 407 ANALGESICS, NARCOTICS SHORT |
| 12/28/2022 | *memantine hcl* | *memantine hcl* | CHANGE UM: SUM9 | 404 CHOLINESTERASE INHIBITORS: ALZHEIMER'S AGENTS | 405 NMDA RECEPTOR |
| 12/29/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 12/29/2022 | *dexedrine* | *dextroamphetamine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/29/2022 | *midodrine hcl* | *midodrine hcl* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *meperidine hcl* | *meperidine hcl* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 12/29/2022 | *pantoprazole sodium* | *pantoprazole sodium* | CHANGE UM: SUM9 | 585 PROTON PUMP INHIBITORS | 585 PROTON PUMP INHIBITORS |
| 12/29/2022 | *allergy relief-d* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 12/29/2022 | *lidocaine* | *lidocaine* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/29/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/29/2022 | *aczone* | *dapsone (topical)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/29/2022 | *pantoprazole sodium* | *pantoprazole sodium* | ADD TO FORMULARY | | PDL Preferred |
| 12/29/2022 | *dimethyl fumarate* | *dimethyl fumarate* | ADD TO FORMULARY | | PDL Preferred |
| 12/29/2022 | *moxeza* | *moxifloxacin hcl (ophth)* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/29/2022 | *medrol* | *methylprednisolone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/29/2022 | *oseni* | *alogliptin-pioglitazone* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATIO N REQUIRED |
| 12/29/2022 | *meperidine hcl* | *meperidine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/29/2022 | *moxeza* | *moxifloxacin hcl (ophth)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/29/2022 | *nymalize* | *nimodipine* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/29/2022 | *cefdinir* | *cefdinir* | ADD TO FORMULARY | | PDL Preferred |
| 12/29/2022 | *oseni* | *alogliptin-pioglitazone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/29/2022 | *isotretinoin* | *isotretinoin* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *mobic* | *meloxicam* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/29/2022 | *cefdinir* | *cefdinir* | ADD UM: SUM9 | | 471 CEPHALOSPORINS AND RELATED ANTIBIOTICS |
| 12/29/2022 | *cabergoline* | *cabergoline* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *trientine hcl* | *trientine hcl* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *nucala* | *mepolizumab* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/29/2022 | *allergy relief/nasal decongest* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 12/29/2022 | *mobic* | *meloxicam* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/29/2022 | *nucala* | *mepolizumab* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *sm lorata-dine d* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 12/29/2022 | *dulera* | *mometasone furoate-formoterol fumarate dihydrate* | ADD TO FORMULARY | | PDL Preferred |
| 12/29/2022 | *tri-vylibra lo* | *norgestimate-ethinyl estradiol (triphasic)* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *xcopri (250 mg daily dose)* | *cenobamate* | ADD UM: SUM9 | | 427 SECOND GENERATION ANTICONVULSANTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/29/2022 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | ADD TO FORMULARY | | PDL Preferred |
| 12/29/2022 | *alogliptin-pioglitazone* | *alogliptin-pioglitazone* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 12/29/2022 | *stalevo 75* | *carbidopa-levodopa-entacapone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/29/2022 | *aczone* | *dapsone (topical)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/29/2022 | *xcopri (250 mg daily dose)* | *cenobamate* | ADD TO FORMULARY | | PDL Preferred |
| 12/29/2022 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD TO FORMULARY | | PDL Preferred |
| 12/29/2022 | *alogliptin-pioglitazone* | *alogliptin-pioglitazone* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/29/2022 | *sm lorata-dine d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |
| 12/29/2022 | *medrol* | *methylprednisolone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/29/2022 | *dexedrine* | *dextroamphetamine sulfate* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/29/2022 | *stalevo 75* | *carbidopa-levodopa-entacapone* | ADD UM: AUTHORIZATION | | PREFERRED STEP TRIAL REQUIRED |
| 12/29/2022 | *vitamin d (ergocalciferol)* | *ergocalciferol* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *carbidopa-levodopa* | *carbidopa-levodopa* | ADD UM: SUM9 | | 443 ANTIPARKINSON'S AGENTS |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/29/2022 | *calcitriol* | *calcitriol* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *dimethyl fumarate* | *dimethyl fumarate* | ADD UM: SUM9 | | 547 MULTIPLE SCLEROSIS AGENTS |
| 12/29/2022 | *na sulfate-k sulfate-mg sulf* | *sodium sulfate-potassium sulfate-magnesium sulfate* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *bisoprolol-hydrochlorothiazide* | *bisoprolol & hydrochlorothiazide* | ADD UM: SUM9 | | 619 BETA BLOCKER/DIURETIC COMBINATIONS |
| 12/29/2022 | *nymalize* | *nimodipine* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/29/2022 | *triumeq pd* | *abacavir-dolutegravir-lamivudine* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *dulera* | *mometasone furoate-formoterol fumarate dihydrate* | ADD UM: SUM9 | | 489 BETA ADRENERGIC/CORTICOSTEROID |
| 12/29/2022 | *codeine sulfate* | *codeine sulfate* | ADD UM: AUTHORIZATION | | PRIOR AUTHORIZATION REQUIRED |
| 12/29/2022 | *allergy relief/nasal decongest* | *loratadine & pseudoephedrine* | ADD UM: SUM9 | | 435 LOW SEDATING ANTIHISTAMINES/DECONGESTANT COMBINATIONS |
| 12/29/2022 | *methylergonovine maleate* | *methylergonovine maleate* | ADD TO FORMULARY | | Covered |
| 12/29/2022 | *allergy relief-d* | *loratadine & pseudoephedrine* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/29/2022 | *codeine sulfate* | *codeine sulfate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/30/2022 | *travatan z* | *travoprost* | REMOVE FROM FORMULARY | PDL Preferred | Non-Formulary |
| 12/30/2022 | *naloxone hcl* | *naloxone hcl* | ADD TO FORMULARY | | PDL Preferred |
| 12/30/2022 | *avodart* | *dutasteride* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/30/2022 | *fluconazole* | *fluconazole* | ADD UM: SUM9 | | 432 ORAL ANTIFUNGALS |
| 12/30/2022 | *oxistat* | *oxiconazole nitrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/30/2022 | *skyrizi* | *risankizumab-rzaa (crohn's)* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/30/2022 | *travatan z* | *travoprost* | REMOVE UM: SUM9 | 569 PROSTAGLANDIN AGONISTS-OPHTHALMIC | |
| 12/30/2022 | *clodan* | *clobetasol propionate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/30/2022 | *clodan* | *clobetasol propionate* | CHANGE UM: SUM10 | NPD | PDL |
| 12/30/2022 | *clobetasol propionate* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Preferred |
| 12/30/2022 | *naloxone hcl* | *naloxone hcl* | ADD UM: SUM9 | | 632 OPIATE OVERDOSE TREATMENTS |
| 12/30/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/30/2022 | *adapalene* | *adapalene* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/30/2022 | *clobetasol propionate* | *clobetasol propionate* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/30/2022 | *avodart* | *dutasteride* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/30/2022 | *oxistat* | *oxiconazole nitrate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/30/2022 | *sulfasalazine* | *sulfasalazine* | ADD TO FORMULARY | | PDL Preferred |
| 12/30/2022 | *benztropine mesylate* | *benztropine mesylate* | ADD TO FORMULARY | | PDL Preferred |
| 12/30/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD UM: SUM10 | | NPD |
| 12/30/2022 | *buprenorphine hcl* | *buprenorphine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/30/2022 | *naproxen-esomeprazole mg* | *naproxen-esomeprazole magnesium* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/30/2022 | *clobetasol propionate* | *clobetasol propionate* | CHANGE UM: SUM10 | NPD | PDL |
| 12/30/2022 | *sulfacetamide sodium-sulfur* | *sulfacetamide sodium w/ sulfur* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/30/2022 | *paroxetine hcl er* | *paroxetine hcl* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/30/2022 | *rosadan* | *metronidazole (topical)* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 12/30/2022 | *sulfasalazine* | *sulfasalazine* | ADD UM: SUM9 | | 598 ULCERATIVE COLITIS – ORAL |
| 12/30/2022 | *rosadan* | *metronidazole (topical)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/30/2022 | *tazorac* | *tazarotene* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/30/2022 | *rosadan* | *metronidazole (topical)* | CHANGE UM: SUM10 | NPD | PDL |
| 12/30/2022 | *naproxen-esomeprazole mg* | *naproxen-esomeprazole magnesium* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/30/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/30/2022 | *arformoterol tartrate* | *arformoterol tartrate* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/30/2022 | *buprenorphine hcl* | *buprenorphine hcl* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/30/2022 | *phenobarbital* | *phenobarbital* | ADD UM: SUM9 | | 826 ANTICONVULSANTS |
| 12/30/2022 | *skyrizi* | *risankizumab-rzaa (crohn's)* | ADD TO FORMULARY | | PDL Non-Preferred |
| 12/30/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD UM: SUM9 | | 585 PROTON PUMP INHIBITORS |
| 12/30/2022 | *colchicine* | *colchicine* | ADD TO FORMULARY | | PDL Preferred |
| 12/30/2022 | *phenobarbital* | *phenobarbital* | ADD TO FORMULARY | | PDL Preferred |
| 12/30/2022 | *esomeprazole magnesium* | *esomeprazole magnesium* | ADD TO FORMULARY | | PDL Preferred |
| 12/30/2022 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD UM: AUTHORIZATION | | Prior Authorization Required |
| 12/30/2022 | *clodan* | *clobetasol propionate* | ADD TO FORMULARY | | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/30/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | CHANGE UM: SUM10 | NPD | PDL |
| 12/30/2022 | *benztropine mesylate* | *benztropine mesylate* | CHANGE UM: SUM9 | 443 ANTIPARKINSON'S AGENTS | 443 ANTIPARKINSON'S AGENTS |
| 12/30/2022 | *arformoterol tartrate* | *arformoterol tartrate* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/30/2022 | *adapalene* | *adapalene* | CHANGE UM: SUM10 | NPD | PDL |
| 12/30/2022 | *diclofenac potassium(migraine)* | *diclofenac potassium (migraine)* | ADD UM: AUTHORIZATION | | Preferred Step Trial Required |
| 12/30/2022 | *diclofenac potassium(migraine)* | *diclofenac potassium (migraine)* | ADD TO FORMULARY | Non-Formulary | PDL Non-Preferred |
| 12/30/2022 | *tazorac* | *tazarotene* | REMOVE FROM FORMULARY | PDL Non-Preferred | Non-Formulary |
| 12/30/2022 | *metronidazole* | *metronidazole (topical)* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/30/2022 | *adapalene* | *adapalene* | REMOVE UM: AUTHORIZATION | PREFERRED STEP TRIAL REQUIRED | |
| 12/30/2022 | *metronidazole* | *metronidazole (topical)* | CHANGE UM: SUM10 | NPD | PDL |
| 12/30/2022 | *colchicine* | *colchicine* | ADD UM: SUM9 | | 437 ORAL AGENTS FOR GOUT: MISC |
| 12/30/2022 | *adapalene-benzoyl peroxide* | *adapalene-benzoyl peroxide* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |
| 12/30/2022 | *fluconazole* | *fluconazole* | ADD TO FORMULARY | | PDL Preferred |
| 12/30/2022 | *metronidazole* | *metronidazole (topical)* | CHANGE TIER | PDL Non-Preferred | PDL Preferred |

# ALLIANCE HEALTH Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|---|---|---|---|---|---|
| 12/30/2022 | *buprenorphine hcl-naloxone hcl* | *buprenorphine hcl-naloxone hcl dihydrate* | ADD TO FORMULARY | | PDL Non-Preferred |