

# Covered California & Individual and Family Group Drug Formulary Updates

Arranged by Effective Date of Update – January 2024 through December 2024

Effective Date	Drug Name	Type of Change
1/1/2024	CYLTEZO INJ (adalimumab-adbm)	A, QL, MSP
1/1/2024	LANTUS (insulin glargine)	A
1/1/2024	SEMGLEE (insulin glargine)	R
1/1/2024	HUMIRA (adalimumab)	R
1/1/2024	FLOVENT DISKUS (fluticasone propionate)	R
1/1/2024	FLUTICASONE PROPIONATE DISKUS (fluticasone propionate)	A
1/1/2024	risperidone microspheres (RISPERDAL)	GEN
2/1/2024	EXKIVITY CAP (mobocertinib)	R
2/1/2024	SYMJEPI INJ (epinephrine)	R
2/1/2024	BRAFTOVI CAP (encorafenib)	PA
2/1/2024	MEKTOVI TAB (binimetinib)	PA
2/1/2024	ZORYVE CREAM (roflumilast)	PA
2/1/2024	VOXZOGO INJ (vosoritide)	PA
2/1/2024	TIBSOVO TAB (ivosidenib)	PA
2/1/2024	ZEJULA (niraparib tosylate)	PA
2/1/2024	CIMZIA INJ (certolizumab pegol)	PA
2/1/2024	GARDASIL 9 (HPV vaccine)	O
2/1/2024	MOUNJARO (tirzepatide soln pen-injector)	O
2/1/2024	BYDUREON (exenatide microspheres)	O

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case

2/1/2024	OZEMPIC (semaglutide)	O
2/1/2024	RYBELSUS (semaglutide)	O
2/1/2024	TRULICITY (dulaglutide)	O
2/1/2024	VICTOZA (liraglutide)	O
2/1/2024	AREXVY (respiratory syncytial virus vaccine)	O, QL
2/1/2024	ROZLYTREK (entrectinib)	PA
2/1/2024	BOSULIF (bosutinib)	PA
2/1/2024	TASIGNA (nilotinib)	PA
2/1/2024	SPRYCEL (dasatinib)	PA
2/1/2024	LENVIMA (lenvatinib)	PA
2/1/2024	Adalimumab Products	PA
2/1/2024	CIMZIA (certolizumab pegol)	PA
2/1/2024	ZEPOSIA (ozanimod)	PA
2/1/2024	ORENCIA (abatacept)	PA
2/1/2024	OLUMIANT (baricitinib)	PA
2/1/2024	SIMPONI (golimumab)	PA
2/1/2024	KEVZARA (sarilumab)	PA
2/1/2024	ACTEMRA (tocilizumab)	PA
2/1/2024	XELJANZ ( tofacitinib)	PA
2/1/2024	RINVOQ (upadacitinib)	PA
2/1/2024	VEOZAH (fezolinetant)	A, PA, QL
2/1/2024	VOWST (fecal microbiota spores, live-brpk)	A, PA, QL, LD
2/1/2024	ZAVZPRET (zavegepant)	A, PA, QL
2/1/2024	KERENDIA (finerenone)	A, PA, QL

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case

2/1/2024	dronabinol (MARINOL)	PA
2/1/2024	PREVYMIS (letermovir)	MSP
2/1/2024	SKYTROFA (lonapegsomatropin-tcgd)	MSP
2/1/2024	RINVOQ (upadacitinib)	MSP
2/1/2024	erlotinib (TARCEVA)	QL
2/1/2024	gefitinib (IRESSA TAB)	QL
2/1/2024	ORSERDU (elacestrant)	SF
2/1/2024	XALKORI (crizotinib)	A, PA, QL, MSP, SF
2/1/2024	ROZLYTREK PAK (entrectinib)	A, PA, QL, MSP
2/1/2024	CYLTEZO (adalimumab-adbm)	R
2/1/2024	INSULIN GLARGINE SOLN PEN (insulin glargine)	A
2/1/2024	ADALIMUMAB-FKJP PFS (adalimumab-fkjp pfs)	A, PA, QL, MSP
2/1/2024	ADALIMUMAB-ADAZ (adalimumab-adaz)	A, PA, QL, MSP
2/1/2024	ADALIMUMAB-ADBIM (adalimumab-adbm)	A, PA, QL, MSP
3/1/2024	DUPIXENT (dupilumab)	PA
3/1/2024	NUCALA (mepolizumab)	PA
3/1/2024	XOLAIR (omalizumab)	PA
3/1/2024	JAYPIRCA (pirtobrutinib)	PA
3/1/2024	NEXLETOL (bempedoic acid)	PA
3/1/2024	NEXLIZET (bempedoic acid-ezetimibe)	PA
3/1/2024	ADBRY (tralokinumab)	PA
3/1/2024	WELIREG (belzutifan)	PA
3/1/2024	EVRYSDI (risdiplam)	PA
3/1/2024	COPIKTRA (duvelisib)	PA

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case

3/1/2024	HAEGARDA (C1 esterase inhibitor)	PA
3/1/2024	TAKHZYRO (lanadelumab-flyo)	PA
3/1/2024	ENBREL (etanercept)	PA
3/1/2024	OMNIPOD 5 G7 KIT INTRO (insulin infusion disposable pump kit)	A, PA, QL
3/1/2024	OMNIPOD 5 G7 MIS PODS (insulin infusion disposable pump reservoir)	A, PA, QL
4/1/2024	PAXLOVID (nirmatrelvir-ritonavir)	R
4/1/2024	BALVERSA (erdafitinib)	PA
4/1/2024	DUPIXENT (dupilumab)	PA
4/1/2024	NURTEC ODT (rimegepant sulfate)	PA
4/1/2024	UBRELVY (ubrogepant)	PA
4/1/2024	REYVOW (lasmiditan)	PA
4/1/2024	ZAVZPRET (zavegepant)	PA
4/1/2024	LENVIMA (lenvatinib)	SF
4/1/2024	CAPRELSA (vandetanib)	O, QL
4/1/2024	RIVIVE (naloxone hcl)	A, QL
4/1/2024	fluorouracil (FLUOROURACIL)	GEN
4/1/2024	LITFULO (ritlecitinib tosylate)	A, PA, QL, LD
4/1/2024	OMNIPOD GO KIT (insulin infusion disposable pump)	PA
4/1/2024	PROMACTA TAB (eltrombopag olamine)	QL
4/1/2024	PROMACTA POWDER (eltrombopag olamine)	QL
4/1/2024	VANFLYTA (quizartinib dihydrochloride)	A, PA, QL, LD
4/1/2024	XDEMZY (lotilaner)	A, PA, QL, LD
4/10/2024	ENBREL (etanercept)	PA

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case

4/10/2024	OLUMIANT (Baricitinib)	PA
4/10/2024	TREMFYA (guselkumab)	PA
4/16/2024	RINVOQ (upadacitinib)	PA
4/20/2024	ACTEMRA (tocilizumab)	PA
4/25/2024	CIMZIA (certolizumab pegol)	PA
4/26/2024	OTEZLA (apremilast)	PA
4/29/2024	TALTZ (ixekizumab)	PA
5/1/2024	VELTASSA (patiomer)	PA
5/1/2024	LOKELMA (sodium zirconium cyclosilicate)	PA
5/1/2024	O-PILL (norgestrel)	A
5/1/2024	PAXLOVID (nirmatrelvir-ritonavir)	O
5/1/2024	TAGRISO (osimertinib mesylate)	PA
5/1/2024	OLUMIANT (baricitinib)	PA
5/1/2024	XCOPRI (cenobamate)	A, PA, QL
5/1/2024	XOLAIR (omalizumab)	A, PA, QL, MSP
5/7/2024	SCSEMBLIX (asciminib hcl)	PA
5/7/2024	SKYRIZI (risankizumab-rzaa soln)	PA
5/7/2024	STELARA (ustekinumab)	PA
5/9/2024	Adalimumab Products	PA
5/9/2024	XELJANZ (tofacitinib)	PA
5/9/2024	ZEPOSIA (ozanimod hcl)	PA
6/1/2024	ACTEMRA (tocilizumab)	PA
6/1/2024	Adalimumab Products	PA
6/1/2024	BRUKINSA (zanubrutinib)	PA

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case

6/1/2024	CIMZIA (certolizumab pegol)	PA
6/1/2024	DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (doxepin hcl)	R
6/1/2024	ICLUSIG (ponatinib hcl)	PA
6/1/2024	KEVZARA (sarilumab)	PA
6/1/2024	LIVMARLI (maralixibat chloride)	PA
1/1/2025	BIJUVA (estradiol-progesterone)	A
6/1/2024	OLUMIANT (Baricitinib)	PA
6/1/2024	ORENCIA (abatacept)	PA
6/1/2024	RELYVRIO PAK (sodium phenylbutyrate-taurursodiol)	R
6/1/2024	RINVOQ (upadacitinib)	PA
6/1/2024	SIMPONI (golimumab)	PA
6/1/2024	TEGSEDI (inotersen sod)	R
6/1/2024	VENCLEXTA (venetoclax)	PA
6/1/2024	XELJANZ (tofacitinib)	PA
6/1/2024	ZEPOSIA (ozanimod hcl)	PA
6/1/2024	CAYSTON (aztreonam lysine)	QL
6/1/2024	DEXCOM G7 RECEIVER	A, PA, QL
6/1/2024	DEXCOM G7 SENSOR	A, PA, QL
6/1/2024	INGREZZA SPRINKLE (valbenazine tosylate)	A, PA, QL, LD
6/1/2024	SIMLANDI (adalimumab-ryvk)	A, PA, QL, MSP
7/1/2024	ENSPRYNG (satralizumab-mwge)	PA
7/1/2024	SUNOSI (solriamfetol hcl)	PA
7/1/2024	propranolol er (INDERAL LA CAP)	A

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case

7/1/2024	GLEEVEC TAB (imatinib mesylate)	C
7/1/2024	ambrisentan (LETAIRIS TAB)	C
7/1/2024	dihydroergotamine mesylate nasal spray (MIGRANAL)	C
7/1/2024	everolimus tab (ZORTRESS)	C
7/1/2024	capecitabine tab (XELODA)	C
7/1/2024	clonidine er tab (KAPVAY)	C
7/1/2024	methylphenidate cd cap (METADATE CD)	C
7/1/2024	methylphenidate er tab (RITALIN LA)	C
7/1/2024	methylphenidate soln (METHYLIN)	C
7/1/2024	desmopressin acetate nasal spray (DDAVP NASAL SPRAY)	A
7/1/2024	FREE LIBRE 3-PLUS SENSOR	A, PA, QL
7/1/2024	AUGTYRO (repotrectinib)	A, PA, QL, MSP, SF
7/1/2024	OJJAARA (momelotinib)	A, PA, QL, LD
7/1/2024	ADBRY INJ (tralokinumab-ldrm subcutaneous soln auto-injector)	A, PA, QL, MSP
7/1/2024	TRUQAP TAB (capivasertib)	A, PA, QL, LD
7/1/2024	ZURZUVAE CAP (zuranolone)	A, PA, QL, LD
7/1/2024	ENTYVIO INJ (vedolizumab)	A, PA, QL, MSP
7/1/2024	sodium/potassium/magnesium soln (SUPREP BOWEL PREP PACK)	QL
8/1/2024	BETASERON INJ (interferon beta-1b)	A, MSP
8/1/2024	TYENNE (tocilizumab-aazg)	A, PA, QL, MSP
8/1/2024	tadalafil (ADCIRCA)	A
8/1/2024	scopolamine (TRANSDERM-SCOP)	A, QL
8/1/2024	ADALIMUMAB-FKJP AUTO-INJECTOR KIT (adalimumab-fkjp auto-injector kit)	A, PA, QL, MSP

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case

8/1/2024	ADALIMUMAB-FKJP PFS KIT (adalimumab-fkjp pfs kit)	A, PA, QL, MSP
8/1/2024	REXTOVY SPRAY (naloxone hcl nasal spray)	A, QL
8/1/2024	EXTAVIA INJ (interferon beta-1b)	R
8/1/2024	ALECENSA CAP (alectinib hcl)	PA
8/1/2024	RINVOQ ER TAB (upadacitinib)	PA
8/1/2024	NEXLETOL TAB (bempedoic acid)	ST, PA
8/1/2024	NEXLIZET TAB (bempedoic acid-ezetimibe)	ST, PA
8/1/2024	REPATHA INJ (evolocumab)	ST, PA
8/1/2024	REPATHA PUSHTRONEX INJ (evolocumab)	ST, PA
8/1/2024	ivermectin tab (STROMEKTOL)	PA
8/1/2024	FLUBLOK INJ (influenza virus vacc recombinant ha pf soln)	A
8/1/2024	FLUCELVAX INJ (influenza virus vac tiss-cult subunit im susp)	A
9/1/2024	VIJOICE GRANULES PACKET (alpelisib)	A, PA, QL, MSP
9/1/2024	SCSEMBLIX TAB (asciminib hcl)	O, QL
9/1/2024	AUSTEDO XR TAB (deutetrabenazine)	QL
9/1/2024	diazepam rectal gel (DIASSTAT RECTAL GEL, DIAZEPAM RECTAL GEL)	A, QL
9/1/2024	RETEVMO TAB (selpercatinib)	A, PA, QL, MSP, SF
9/1/2024	CAPVAXIVE INJ (pneumococcal 21-valent conjugate vaccine)	A
9/1/2024	MRESVIA INJ (respiratory syncytial virus vaccine)	A, QL
9/1/2024	AREXVY INJ (respiratory syncytial virus vaccine)	QL
9/1/2024	ABRYSVO INJ (respiratory syncytial virus vaccine)	QL
9/1/2024	KEVZARA INJ	PA
9/1/2024	RETEVMO CAP	PA

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case



9/1/2024	SKYRIZI INJ (risankizumab-rzaa soln)	PA
9/1/2024	ORENCIA (abatacept)	PA
9/1/2024	VONJO CAP (pacritinib)	PA
9/1/2024	JAKAFI TAB (ruxolitinib phosphate)	PA
9/1/2024	REZUROCK TAB (belumosudil mesylate)	PA
9/1/2024	IMBRUVICA (ibrutinib)	PA
10/1/2024	LIVMARLI SOLN (maralixibat chloride oral soln)	QL
10/1/2024	Adalimumab Products	PA
10/1/2024	CIMZIA INJ (certolizumab pegol)	PA
10/1/2024	ENTYVIO INJ (vedolizumab)	PA
10/1/2024	OMVOH (Extended Only) INJ (mirikizumab-mrkz)	PA
10/1/2024	RINVOQ (upadacitinib)	PA
10/1/2024	SIMPONI INJ (golimumab)	PA
10/1/2024	SKYRIZI INJ (risankizumab-rzaa soln)	PA
10/1/2024	STELARA INJ (ustekinumab)	PA
10/1/2024	VELSIPITY (Extended Only) TAB (etrasimod arginine)	PA
10/1/2024	XELJANZ (tofacitinib)	PA
10/1/2024	ZEPOSIA (ozanimod hcl)	PA
10/1/2024	ZYMFENTRA (Extended Only) INJ (infliximab-dyyb)	PA
10/1/2024	COVID-19 VACCINE INJ 6M-11Y (MODERNA) (covid-injection)	A, QL
10/1/2024	lofexidine hcl (LUCEMYRA TAB)	GEN
11/1/2024	ACTEMRA (tocilizumab)	R
11/1/2024	CIMZIA INJ (certolizumab pegol)	PA
11/1/2024	ORENCIA INJ (abatacept)	PA

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case

11/1/2024	KINERET INJ (anakinra)	PA
11/1/2024	OLUMIANT INJ (baricitinib)	PA
11/1/2024	KEVZARA INJ (sarilumab)	PA
12/1/2024	KRAZATI TAB (adagrasib)	PA
12/1/2024	AUGTYRO CAP (repotrectinib)	PA
12/1/2024	LOKELMA PAK (sodium zirconium cyclosilicate)	PA
12/1/2024	VELTASSA POWDER (patiomer sorbitex calcium)	PA
10/1/2024	NOVAVAX (covid-19 vaccine inj)	A
11/1/2024	ETC Criteria	PA
11/1/2024	Dexcom	PA
11/1/2024	PALFORZIA (peanut powder-dnfp)	PA
11/1/2024	OFEV CAP (nintedanib esylate)	PA
11/1/2024	AIMOVIG INJ (ereenumab-aooe)	PA
11/1/2024	EMGALITY INJ (galcanezumab)	PA
11/1/2024	NEXAVAR (sorafenib tosylate)	PA
11/1/2024	EMPAVELI INJ (pegcetacoplan)	PA
11/1/2024	TYENNE INJ (tocilizumab-aazg)	PA
12/1/2024	FEMLYV (norethindrone ace & ethinyl estradiol)	A
12/1/2024	JYNNEOS INJ (smallpox & monkeypox vac, live, non-replicating inj)	A
12/1/2024	ALINIA SUSP (nitazoxanide)	R
12/1/2024	TREMFYA INJ (guselkumab)	PA
12/1/2024	ZEPOSIA (ozanimod hcl)	PA
12/1/2024	ENTYVIO INJ (vedolizumab)	PA

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case

12/1/2024	DUPIXENT INJ (dupilumab)	PA
12/1/2024	SIGNIFOR INJ (pasireotide diaspertate)	PA
12/1/2024	ISTURISA (osilodrostat phosphate)	PA
12/1/2024	NUCALA (mepolizumab)	PA
12/1/2024	XOLAIR (omalizumab)	PA
12/1/2024	RINVOQ (upadacitinib)	PA
12/1/2024	CIBINQO (abrocitinib)	PA
12/1/2024	ADBRY (tralokinumab)	PA
10/1/2024	HUMATIN (paromomycin)	A
10/1/2024	dasatinib (SPRYCEL)	GEN
10/1/2024	OGSIVEO (nirogacestat)	A, PA, QL, LD, SF
10/1/2024	WAINUA INJ (eplontersen)	A, PA, QL, LD
10/1/2024	IWILFIN (eflornithine)	A, PA, QL, LD, SF
10/1/2024	ZILBRYSQ INJ (zilucoplan)	A, PA, QL, LD
11/1/2024	deflazacort (EMFLAZA)	A, PA
11/1/2024	FRUZAQLA (fruquintinib)	A, PA, QL, LD
11/1/2024	RETEVMO CAP(selpercatinib)	QL
11/1/2024	TRUQAP THERAPY PACK (capivasertib)	A, PA, QL, LD
11/1/2024	FREESTYLE LIBRE 2-PLUS SENSOR (continuous glucose system sensor)	A, PA, QL
11/1/2024	prednisolone acetate (PRED FORTE, PREDNISOLONE OPTH SUSP)	GEN
12/1/2024	VELTASSA POWDER (patiomer sorbitex calcium)	QL
12/1/2024	LOKELMA PAK (sodium zirconium cyclosilicate)	QL
12/1/2024	DUPIXENT 100 MG/0.67ML INJ (dupilumab)	R

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

PA = Change in Prior Authorization Status or change in Prior Authorization criteria

QL = Change in quantity limits

O = Other change

R = Remove

MSP = Mandatory Specialty Pharmacy

SP = Available through specialty pharmacy program

ST = Step Edit LD = Limited Distribution

GEN= Generic Substitution

SF=Split Fill

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case

12/1/2024	ISTURISA (osilodrostat phosphate)	QL
12/1/2024	OXBRYTA (voxelotor)	R

Formulary is online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) Provider > Pharmacy

**Tier:**

1=\$0 copay

2= \$0 copay

NC = Non-covered

M = Medical Benefit

**Type of Update:**

A = Added C = Change in Tier

R = Remove

GEN= Generic Substitution

PA = Change in Prior Authorization Status or  
change in Prior Authorization criteria

MSP = Mandatory Specialty Pharmacy

SF=Split Fill

QL = Change in quantity limits

SP = Available through specialty pharmacy  
program

O = Other change

ST = Step Edit LD = Limited Distribution

\*Brand name drugs are displayed in UPPER CASE; generic drugs are displayed in lower case