



Future Formulary Changes

CMS Formulary ID: 24076
Changes effective: 10/01/2024

Drug Name	Reason	Alternate Drugs	Tier
CORLANOR 5 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	IVABRADINE HCL 5 MG ORAL TABLET	3
ENDARI 5 G ORAL POWD PACK	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	L-GLUTAMINE 5 G ORAL POWD PACK	5
CORLANOR 7.5 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	IVABRADINE HCL 7.5 MG ORAL TABLET	3
MOUNJARO 2.5 MG, 5MG, 7.5MG, 10MG, 12.5MG AND 15MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
OZEMPIC 0.25 OR 0.5MG SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
OZEMPIC 1MG/0.75 (3) SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
OZEMPIC 2MG/0.75ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A
RYBELSUS 3 MG, 7MG, AND 14MG ORAL TABLETS	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION	N/A	N/A

TRULICITY 0.75MG, 1.5MG, 3MG, AND
4.5MG/0.5ML SUBCUTANE. PEN INJCTR

PAYMENT DETERMINATION ADDED TO PRIOR
AUTHORIZATION

N/A

N/A