ALLIANT PRECISION FORMULARY CHANGES

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

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

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

Alliant Precision Formulary 2023 Updates

December, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/27/2022	*tenscare electrode pad*	*tens unit electrodes*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	*tenscare electrode pad*	*tens unit electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
12/27/2022	*tenscare joint electrode pad*	*tens unit electrodes*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	*tenscare joint electrode pad*	*tens unit electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
12/27/2022	*perfect ems*	*transcutaneous electrical nerve stimulators(tens)/electrodes*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	*perfect ems*	*transcutaneous electrical nerve stimulators(tens)/electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
12/27/2022	*tenscare electrode pad*	*tens unit electrodes*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	*tenscare electrode pad*	*tens unit electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
12/27/2022	*tenscare electrode pad*	*tens unit electrodes*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	*tenscare electrode pad*	*tens unit electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
12/27/2022	*tenscare kneestim*	*tens unit electrodes*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	*tenscare kneestim*	*tens unit electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
12/27/2022	PYLARIFY	*piflufolastat f 18*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/27/2022	PYLARIFY	*piflufolastat f 18*	ADD UM: COV		Non Formulary
12/27/2022	PYLARIFY	*piflufolastat f 18*	ADD UM: MED		Medical Drug
12/27/2022	*minocycline er*	*minocycline hcl*	ADD TO FORMULARY		Generics
12/27/2022	*minocycline er*	*minocycline hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
12/27/2022	*minocycline er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
12/27/2022	*minocycline er*	*minocycline hcl*	ADD UM: MVG		MINIMAL VALUE GENERIC
12/27/2022	*minocycline er*	*minocycline hcl*	ADD UM: HCG		High Cost Generic
12/27/2022	*minocycline er*	*minocycline hcl*	ADD TO FORMULARY		Generics
12/27/2022	*minocycline er*	*minocycline hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
12/27/2022	*minocycline er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
12/27/2022	*minocycline er*	*minocycline hcl*	ADD UM: MVG		MINIMAL VALUE GENERIC
12/27/2022	*minocycline er*	*minocycline hcl*	ADD UM: HCG		High Cost Generic
12/27/2022	QUIHOXAXIA	*imiquimod/levocetirizine dihydrochloride/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	QUIHOXAXIA	*imiquimod/levocetirizine dihydrochloride/niacinamide*	ADD UM: COV		Non Formulary
12/27/2022	QUIHOXAXIA	*imiquimod/levocetirizine dihydrochloride/niacinamide*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	IDARAN	*metronidazole/mupirocin*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	IDARAN	*metronidazole/mupirocin*	ADD UM: COV		Non Formulary
12/27/2022	IDARAN	*metronidazole/mupirocin*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/27/2022	QUIDROXZAR	*imiquimod/tretinoin/salicylic acid*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	QUIDROXZAR	*imiquimod/tretinoin/salicylic acid*	ADD UM: COV		Non Formulary
12/27/2022	QUIDROXZAR	*imiquimod/tretinoin/salicylic acid*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	NANRAN	*mupirocin/lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	NANRAN	*mupirocin/lidocaine*	ADD UM: COV		Non Formulary
12/27/2022	NANRAN	*mupirocin/lidocaine*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	OXIAICE	*sulfacetamide sodium/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	OXIAICE	*sulfacetamide sodium/niacinamide*	ADD UM: DRUGCLASS		Acne
12/27/2022	OXIAICE	*sulfacetamide sodium/niacinamide*	ADD UM: COV		Non Formulary
12/27/2022	OXIAICE	*sulfacetamide sodium/niacinamide*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	ONZDEAXIADE MTAR	*tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	ONZDEAXIADE MTAR	*tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin*	ADD UM: DRUGCLASS		Acne
12/27/2022	ONZDEAXIADE MTAR	*tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin*	ADD UM: COV		Non Formulary
12/27/2022	ONZDEAXIADE MTAR	*tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/27/2022	DEOXIAVAR	*tretinoin/clindamycin phosphate/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	DEOXIAVAR	*tretinoin/clindamycin phosphate/niacinamide*	ADD UM: DRUGCLASS		Acne
12/27/2022	DEOXIAVAR	*tretinoin/clindamycin phosphate/niacinamide*	ADD UM: COV		Non Formulary
12/27/2022	DEOXIAVAR	*tretinoin/clindamycin phosphate/niacinamide*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	DEOXIATAR	*tretinoin/clindamycin phosphate/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	DEOXIATAR	*tretinoin/clindamycin phosphate/niacinamide*	ADD UM: DRUGCLASS		Acne
12/27/2022	DEOXIATAR	*tretinoin/clindamycin phosphate/niacinamide*	ADD UM: COV		Non Formulary
12/27/2022	DEOXIATAR	*tretinoin/clindamycin phosphate/niacinamide*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	PRONAL	*lactic acid/urea*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	PRONAL	*lactic acid/urea*	ADD UM: DRUGCLASS		Acne
12/27/2022	PRONAL	*lactic acid/urea*	ADD UM: COV		Non Formulary
12/27/2022	PRONAL	*lactic acid/urea*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	ONZDEAXIADEMVAR	*tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	ONZDEAXIADEMVAR	*tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin*	ADD UM: DRUGCLASS		Acne
12/27/2022	ONZDEAXIADEMVAR	*tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/27/2022	ONZDEAXIADEMVAR	*tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	OXOPIDAXIAQUP	*minoxidil/betamethasone/pentoxifylline/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	OXOPIDAXIAQUP	*minoxidil/betamethasone/pentoxifylline/niacinamide*	ADD UM: DRUGCLASS		Hair Growth Stimulants
12/27/2022	OXOPIDAXIAQUP	*minoxidil/betamethasone/pentoxifylline/niacinamide*	ADD UM: COV		Non Formulary
12/27/2022	OXOPIDAXIAQUP	*minoxidil/betamethasone/pentoxifylline/niacinamide*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	PODPROGTAR	*minoxidil/progesterone/tretinoin*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	PODPROGTAR	*minoxidil/progesterone/tretinoin*	ADD UM: DRUGCLASS		Hair Growth Stimulants
12/27/2022	PODPROGTAR	*minoxidil/progesterone/tretinoin*	ADD UM: COV		Non Formulary
12/27/2022	PODPROGTAR	*minoxidil/progesterone/tretinoin*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	FLYPROGPIDTAR	*minoxidil/finasteride/dexamethasone/tretinoin*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	FLYPROGPIDTAR	*minoxidil/finasteride/dexamethasone/tretinoin*	ADD UM: DRUGCLASS		Hair Growth Stimulants
12/27/2022	FLYPROGPIDTAR	*minoxidil/finasteride/dexamethasone/tretinoin*	ADD UM: COV		Non Formulary
12/27/2022	FLYPROGPIDTAR	*minoxidil/finasteride/dexamethasone/tretinoin*	ADD UM: NFDA		Non-FDA Approved
12/27/2022	*dexcom g7 sensor*	*blood-glucose sensor*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/27/2022	*dexcom g7 sensor*	*blood-glucose sensor*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
12/27/2022	*dexcom g7 sensor*	*blood-glucose sensor*	ADD UM: COV		FDA Moratorium
12/27/2022	*diclofenac potassium*	*diclofenac potassium*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	*diclofenac potassium*	*diclofenac potassium*	ADD UM: COV		FDA Moratorium
12/27/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	REMOVE FROM FORMULARY		Non-Formulary
12/27/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: DRUGCLASS		Autoimmune Drugs
12/27/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: COV		FDA Moratorium
12/27/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: SPECIALTY		Specialty Drug
12/29/2022	*minocycline er*	*minocycline hcl*	REMOVE FROM FORMULARY	Generics	Non-Formulary
12/29/2022	*minocycline er*	*minocycline hcl*	ADD UM: COV		FDA Moratorium
12/29/2022	*minocycline er*	*minocycline hcl*	REMOVE FROM FORMULARY	Generics	Non-Formulary
12/29/2022	*minocycline er*	*minocycline hcl*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

January, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*fluphenazine decanoate*	*fluphenazine decanoate*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*fluphenazine decanoate*	*fluphenazine decanoate*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*fluphenazine decanoate*	*fluphenazine decanoate*	ADD UM: AGE		At least 12 yrs old

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*fluphenazine decanoate*	*fluphenazine decanoate*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*fluphenazine decanoate*	*fluphenazine decanoate*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*fluphenazine decanoate*	*fluphenazine decanoate*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*fluphenazine decanoate*	*fluphenazine decanoate*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*fluphenazine decanoate*	*fluphenazine decanoate*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*thiothixene*	*thiothixene*	ADD UM: AGE		At least 12 yrs old
01/01/2023	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: AGE		At least 18 yrs old
01/01/2023	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: AGE		At least 18 yrs old
01/01/2023	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: AGE		At least 18 yrs old
01/01/2023	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: AGE		At least 18 yrs old
01/01/2023	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: AGE		At least 18 yrs old

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: AGE		At least 18 yrs old
01/01/2023	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: AGE		At least 18 yrs old
01/01/2023	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: AGE		At least 18 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol lactate*	*haloperidol lactate*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol lactate*	*haloperidol lactate*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol lactate*	*haloperidol lactate*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol lactate*	*haloperidol lactate*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol lactate*	*haloperidol lactate*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol lactate*	*haloperidol lactate*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol lactate*	*haloperidol lactate*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*haloperidol*	*haloperidol*	ADD UM: AGE		At least 3 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: AGE		At least 6 yrs old
01/01/2023	SPEVIGO	*spesolimab-sbzo*	ADD UM: MAXQTYPERDAY		3.75 per day
01/01/2023	SPEVIGO	*spesolimab-sbzo*	REMOVE UM: QUANTITY	30 / fill	
01/03/2023	LUNSUMIO	*mosunetuzumab-axgb*	REMOVE FROM FORMULARY		Non-Formulary
01/03/2023	LUNSUMIO	*mosunetuzumab-axgb*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
01/03/2023	LUNSUMIO	*mosunetuzumab-axgb*	ADD UM: COV		FDA Moratorium

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2023	LUNSUMIO	*mosunetuzumab-axgb*	ADD UM: SPECIALTY		Specialty Drug
01/03/2023	LUNSUMIO	*mosunetuzumab-axgb*	ADD UM: MED		Medical Drug
01/03/2023	LUNSUMIO	*mosunetuzumab-axgb*	REMOVE FROM FORMULARY		Non-Formulary
01/03/2023	LUNSUMIO	*mosunetuzumab-axgb*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
01/03/2023	LUNSUMIO	*mosunetuzumab-axgb*	ADD UM: COV		FDA Moratorium
01/03/2023	LUNSUMIO	*mosunetuzumab-axgb*	ADD UM: SPECIALTY		Specialty Drug
01/03/2023	LUNSUMIO	*mosunetuzumab-axgb*	ADD UM: MED		Medical Drug
01/03/2023	SUNLENCA	*lenacapavir sodium*	REMOVE FROM FORMULARY		Non-Formulary
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: DRUGCLASS		HIV
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: COV		FDA Moratorium
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: SPECIALTY		Specialty Drug
01/03/2023	SUNLENCA	*lenacapavir sodium*	REMOVE FROM FORMULARY		Non-Formulary
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: DRUGCLASS		HIV
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: COV		FDA Moratorium
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: SPECIALTY		Specialty Drug
01/03/2023	SUNLENCA	*lenacapavir sodium*	REMOVE FROM FORMULARY		Non-Formulary
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: DRUGCLASS		HIV
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: COV		FDA Moratorium
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: SPECIALTY		Specialty Drug
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: MED		Medical Drug
01/03/2023	SUNLENCA	*lenacapavir sodium*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: DRUGCLASS		HIV
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: COV		FDA Moratorium
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: SPECIALTY		Specialty Drug
01/03/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: MED		Medical Drug
01/03/2023	TURALIO	*pexidartinib hydrochloride*	ADD TO FORMULARY		Non-Preferred Brands
01/03/2023	TURALIO	*pexidartinib hydrochloride*	ADD UM: MAXQTYPERDAY		4.0 per day
01/03/2023	TURALIO	*pexidartinib hydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
01/03/2023	TURALIO	*pexidartinib hydrochloride*	ADD UM: PANAME		PA Applies
01/03/2023	TURALIO	*pexidartinib hydrochloride*	ADD TO FORMULARY		Non-Preferred Brands
01/03/2023	TURALIO	*pexidartinib hydrochloride*	ADD UM: MAXQTYPERDAY		4.0 per day
01/03/2023	TURALIO	*pexidartinib hydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
01/03/2023	TURALIO	*pexidartinib hydrochloride*	ADD UM: PANAME		PA Applies
01/03/2023	TURALIO	*pexidartinib hydrochloride*	ADD UM: SPECIALTY		Specialty Drug
01/03/2023	OXBRYTA	*voxelotor*	ADD TO FORMULARY		Non-Preferred Brands
01/03/2023	OXBRYTA	*voxelotor*	ADD UM: MAXQTYPERDAY		3.0 per day
01/03/2023	OXBRYTA	*voxelotor*	ADD UM: PANAME		PA Applies
01/03/2023	OXBRYTA	*voxelotor*	ADD UM: SPECIALTY		Specialty Drug
01/03/2023	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2023	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: MAXQTYPERDAY		0.022 per day
01/03/2023	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: PANAME		PA Applies
01/03/2023	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: SDS		Extended Specialty Day Supply
01/03/2023	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: PS		Preferred Specialty
01/03/2023	SKYRIZI ON-BODY	*risankizumab-rzaa*	REMOVE UM: COV	FDA Moratorium	
01/03/2023	LEVEMIR FLEXPEN	*insulin detemir*	CHANGE UM: DRUGCLASS	Diabetic - Insulin	Excluded Products
01/03/2023	LEVEMIR FLEXPEN	*insulin detemir*	REMOVE UM: COV	FDA Moratorium	
01/04/2023	*bortezomib*	*bortezomib*	REMOVE FROM FORMULARY	Generics	Non-Formulary
01/04/2023	*bortezomib*	*bortezomib*	ADD UM: COV		Non Formulary
01/04/2023	*infliximab*	*infliximab*	REMOVE UM: MED	Medical Drug	
01/04/2023	*infliximab*	*infliximab*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	SYNOJOYNT	*hyaluronate sodium*	REMOVE UM: MED	Medical Drug	
01/04/2023	SYNOJOYNT	*hyaluronate sodium*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	ASCENIV	*immune globulin,gamma (igg)-slra human*	REMOVE UM: MED	Medical Drug	
01/04/2023	ASCENIV	*immune globulin,gamma (igg)-slra human*	ADD UM: BSP		BENEFIT SHIFT PROGRAM

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/04/2023	GAMMAGARD S-D	*immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml*	REMOVE UM: MED	Medical Drug	
01/04/2023	GAMMAGARD S-D	*immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMMAGARD S-D	*immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml*	REMOVE UM: MED	Medical Drug	
01/04/2023	GAMMAGARD S-D	*immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	REMOVE UM: MED	Medical Drug	
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	REMOVE UM: MED	Medical Drug	
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	REMOVE UM: MED	Medical Drug	
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	REMOVE UM: MED	Medical Drug	

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	REMOVE UM: MED	Medical Drug	
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	REMOVE UM: MED	Medical Drug	
01/04/2023	PANZYGA	*immune globulin,gamma(igg)-ifas human/glycine*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMMAGARD LIQUID	*immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMMAKED	*immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMMAKED	*immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMMAKED	*immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMMAKED	*immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMUNEX-C	*immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/04/2023	GAMUNEX-C	*immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMUNEX-C	*immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMUNEX-C	*immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMUNEX-C	*immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	GAMUNEX-C	*immune globulin,gamma(igg)/glycine/ iga average 46 mcg/ml*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/04/2023	KRYSTEXXA	*pegloticase*	CHANGE UM: MAXQTYPERDAY	0.07 per day	0.072 per day
01/07/2023	*folic acid*	*folic acid*	ADD UM: FI1		MRx Maintenance
01/07/2023	*tenscare kegelfit*	*incont device,muscle toner,elt*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2023	*tenscare pain aide*	*transcutaneous electrical nerve stimulators(tens)/electrodes*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2023	*tenscare pain aide*	*transcutaneous electrical nerve stimulators(tens)/electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/07/2023	CONGESTION RELIEF	*ibuprofen/phenylephrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2023	ONELAX FIBER THERAPY	*psyllium husk/sucralose*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/07/2023	*true comfort safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
01/07/2023	*true comfort safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
01/07/2023	*true comfort safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
01/07/2023	*true comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
01/07/2023	*true comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
01/07/2023	*true comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
01/07/2023	*true comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
01/07/2023	*true comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
01/07/2023	*true comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
01/07/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: COV		Non Formulary
01/07/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: NFDA		Non-FDA Approved
01/07/2023	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: MED		Medical Drug
01/07/2023	NUJU	*tacrolimus in vehicle base no.238*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2023	NUJU	*tacrolimus in vehicle base no.238*	ADD UM: COV		Non Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/07/2023	NUJU	*tacrolimus in vehicle base no.238*	ADD UM: NFDA		Non-FDA Approved
01/10/2023	BRIUMVI	*ublituximab-xiiy*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	BRIUMVI	*ublituximab-xiiy*	ADD UM: COV		FDA Moratorium
01/10/2023	BRIUMVI	*ublituximab-xiiy*	ADD UM: SPECIALTY		Specialty Drug
01/10/2023	BRIUMVI	*ublituximab-xiiy*	ADD UM: MED		Medical Drug
01/10/2023	MIRVASO	*brimonidine tartrate*	ADD UM: B4G		Brand For Generic
01/10/2023	*brimonidine tartrate*	*brimonidine tartrate*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	*brimonidine tartrate*	*brimonidine tartrate*	ADD UM: COV		FDA Moratorium
01/10/2023	CLINDACIN	*clindamycin phosphate*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	CLINDACIN	*clindamycin phosphate*	ADD UM: COV		FDA Moratorium
01/10/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY		Generics
01/10/2023	*topiramate er*	*topiramate*	ADD UM: FI1		MRx Maintenance
01/10/2023	*topiramate er*	*topiramate*	ADD UM: NTI		Narrow Therapeutic Indicator
01/10/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY		Generics
01/10/2023	*topiramate er*	*topiramate*	ADD UM: FI1		MRx Maintenance
01/10/2023	*topiramate er*	*topiramate*	ADD UM: NTI		Narrow Therapeutic Indicator
01/10/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/10/2023	*topiramate er*	*topiramate*	ADD UM: FI1		MRx Maintenance
01/10/2023	*topiramate er*	*topiramate*	ADD UM: NTI		Narrow Therapeutic Indicator
01/10/2023	CLINDACIN	*clindamycin phosphate*	ADD UM: MAXQTYPERDAY		1.667 per day
01/10/2023	PODOXIA	*minoxidil/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	PODOXIA	*minoxidil/niacinamide*	ADD UM: DRUGCLASS		Hair Growth Stimulants
01/10/2023	PODOXIA	*minoxidil/niacinamide*	ADD UM: COV		Non Formulary
01/10/2023	PODOXIA	*minoxidil/niacinamide*	ADD UM: NFDA		Non-FDA Approved
01/10/2023	PIDPROGTAR	*minoxidil/progesterone/tretinoin*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	PIDPROGTAR	*minoxidil/progesterone/tretinoin*	ADD UM: DRUGCLASS		Hair Growth Stimulants
01/10/2023	PIDPROGTAR	*minoxidil/progesterone/tretinoin*	ADD UM: COV		Non Formulary
01/10/2023	PIDPROGTAR	*minoxidil/progesterone/tretinoin*	ADD UM: NFDA		Non-FDA Approved
01/10/2023	PODTAR	*minoxidil/tretinoin*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	PODTAR	*minoxidil/tretinoin*	ADD UM: DRUGCLASS		Hair Growth Stimulants
01/10/2023	PODTAR	*minoxidil/tretinoin*	ADD UM: COV		Non Formulary
01/10/2023	PODTAR	*minoxidil/tretinoin*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/10/2023	TETPIDTAR	*minoxidil/fluocinolone acetonide/tretinoin*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	TETPIDTAR	*minoxidil/fluocinolone acetonide/tretinoin*	ADD UM: DRUGCLASS		Hair Growth Stimulants
01/10/2023	TETPIDTAR	*minoxidil/fluocinolone acetonide/tretinoin*	ADD UM: COV		Non Formulary
01/10/2023	TETPIDTAR	*minoxidil/fluocinolone acetonide/tretinoin*	ADD UM: NFDA		Non-FDA Approved
01/10/2023	NUJO	*tacrolimus*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	NUJO	*tacrolimus*	ADD UM: COV		Non Formulary
01/10/2023	NUJO	*tacrolimus*	ADD UM: NFDA		Non-FDA Approved
01/10/2023	ACIOXIA	*triamcinolone acetonide/pentoxifylline*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	ACIOXIA	*triamcinolone acetonide/pentoxifylline*	ADD UM: COV		Non Formulary
01/10/2023	ACIOXIA	*triamcinolone acetonide/pentoxifylline*	ADD UM: NFDA		Non-FDA Approved
01/10/2023	RIMI	*terbinafine hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	RIMI	*terbinafine hcl*	ADD UM: COV		Non Formulary
01/10/2023	RIMI	*terbinafine hcl*	ADD UM: NFDA		Non-FDA Approved
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: COV		FDA Moratorium
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: COV		FDA Moratorium
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: COV		FDA Moratorium
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: COV		FDA Moratorium
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: COV		FDA Moratorium
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: COV		FDA Moratorium
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: COV		FDA Moratorium
01/10/2023	*tasimelteon*	*tasimelteon*	ADD TO FORMULARY		Generics
01/10/2023	*tasimelteon*	*tasimelteon*	ADD UM: PANAME		PA Applies
01/10/2023	*tasimelteon*	*tasimelteon*	ADD UM: SPECIALTY		Specialty Drug
01/10/2023	*tasimelteon*	*tasimelteon*	ADD UM: PS		Preferred Specialty
01/10/2023	*tasimelteon*	*tasimelteon*	ADD UM: MAXQTYPERDAY		1.0 per day
01/10/2023	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE FROM FORMULARY		Non-Formulary
01/10/2023	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: COV		Non Formulary
01/10/2023	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: NFDA		Non-FDA Approved
01/10/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	CHANGE TIER		Non-Preferred Brands
01/10/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	CHANGE UM: PANAME		PA Applies
01/10/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	CHANGE UM: BSP		BENEFIT SHIFT PROGRAM
01/10/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	CHANGE UM: SPECIALTY		Specialty Drug
01/10/2023	*brimonidine tartrate*	*brimonidine tartrate*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/10/2023	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: NFDA	Non-FDA Approved	
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/14/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
01/14/2023	*tenscare iglove*	*tens unit electrodes*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	*tenscare isock*	*tens unit electrodes*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	*tenscare iglove*	*tens unit electrodes*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	*tenscare isock*	*tens unit electrodes*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	*tenscare iglove*	*tens unit electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/14/2023	*tenscare isock*	*tens unit electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/14/2023	*tenscare iglove*	*tens unit electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/14/2023	*tenscare isock*	*tens unit electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/14/2023	EASY-C IMMUNE HEALTH	*ascorbate calcium/ascorbyl palmitate*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	EASY-C IMMUNE HEALTH	*ascorbate calcium/ascorbyl palmitate*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	*methyl b-12*	*mecobalamin*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	EASY-C IMMUNE HEALTH	*ascorbate calcium/ascorbyl palmitate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/14/2023	EASY-C IMMUNE HEALTH	*ascorbate calcium/ascorbyl palmitate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/14/2023	*methyl b-12*	*mecobalamin*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/14/2023	*methyl b-12 and folate*	*mecobalamin/methyltetrahydrofolate gluc/pyridoxal phosphate*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	*methyl b-12 and folate*	*mecobalamin/methyltetrahydrofolate gluc/pyridoxal phosphate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/14/2023	EMETROL CHEWABLE	*sodium citrate*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	PROBIOMAX 350 DF	*lacto no.89/bifido no.9/l.lactis/s.thermophilus*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	YUM-YUM DOPHILUS	*l.acidophilus,plantarum/b.animalis,breve/fos/inulin*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	PROBIOTIC DUO	*bacillus coagulans/bacillus subtilis*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	*povidone-iodine*	*povidone-iodine*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	ACNE SPOT TREATMENT	*benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/14/2023	ACNE TREATMENT	*benzoyl peroxide*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	ACNE TREATMENT	*benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/14/2023	EXIGENCE	*methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	*miconazole nitrate*	*miconazole nitrate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/14/2023	ORAJEL 4X TOOTHACHE-GUM	*benzocaine/menthol/zinc chloride/benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	ZYLOTROL PLUS	*lidocaine/menthol*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	OMEGA MONOPURE	*omega-3 fatty acids/dha/epa/dpa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2023	*bergacor plus*	*bergamot extract/indian gooseberry extract*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	LEQEMBI	*lecanemab-irmb*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	LEQEMBI	*lecanemab-irmb*	ADD UM: COV		FDA Moratorium
01/17/2023	LEQEMBI	*lecanemab-irmb*	ADD UM: SPECIALTY		Specialty Drug
01/17/2023	LEQEMBI	*lecanemab-irmb*	ADD UM: MED		Medical Drug
01/17/2023	LEQEMBI	*lecanemab-irmb*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	LEQEMBI	*lecanemab-irmb*	ADD UM: COV		FDA Moratorium
01/17/2023	LEQEMBI	*lecanemab-irmb*	ADD UM: SPECIALTY		Specialty Drug
01/17/2023	LEQEMBI	*lecanemab-irmb*	ADD UM: MED		Medical Drug
01/17/2023	SEZABY	*phenobarbital sodium*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	SEZABY	*phenobarbital sodium*	ADD UM: COV		FDA Moratorium
01/17/2023	SEZABY	*phenobarbital sodium*	ADD UM: MED		Medical Drug
01/17/2023	*cholestyramine light*	*cholestyramine/aspartame*	CHANGE TIER		Generics
01/17/2023	*cholestyramine light*	*cholestyramine/aspartame*	CHANGE UM: MAXQTYPERDAY		4.0 per day
01/17/2023	*cholestyramine light*	*cholestyramine/aspartame*	CHANGE UM: FI1		MRx Maintenance

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/17/2023	FINAPODTAR	*minoxidil/finasteride/tretinoin*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	FINAPODTAR	*minoxidil/finasteride/tretinoin*	ADD UM: DRUGCLASS		Hair Growth Stimulants
01/17/2023	FINAPODTAR	*minoxidil/finasteride/tretinoin*	ADD UM: COV		Non Formulary
01/17/2023	FINAPODTAR	*minoxidil/finasteride/tretinoin*	ADD UM: NFDA		Non-FDA Approved
01/17/2023	FINAPID	*minoxidil/finasteride*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	FINAPID	*minoxidil/finasteride*	ADD UM: DRUGCLASS		Hair Growth Stimulants
01/17/2023	FINAPID	*minoxidil/finasteride*	ADD UM: COV		Non Formulary
01/17/2023	FINAPID	*minoxidil/finasteride*	ADD UM: NFDA		Non-FDA Approved
01/17/2023	OXIANUJI	*tacrolimus/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	OXIANUJI	*tacrolimus/niacinamide*	ADD UM: COV		Non Formulary
01/17/2023	OXIANUJI	*tacrolimus/niacinamide*	ADD UM: NFDA		Non-FDA Approved
01/17/2023	IDAOXIA	*metronidazole/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	IDAOXIA	*metronidazole/niacinamide*	ADD UM: COV		Non Formulary
01/17/2023	IDAOXIA	*metronidazole/niacinamide*	ADD UM: NFDA		Non-FDA Approved
01/17/2023	HEXIOUNYL	*ciclopirox olamine/itraconazole/urea*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	HEXIOUNYL	*ciclopirox olamine/itraconazole/urea*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/17/2023	HEXIOUNYL	*ciclopirox olamine/itraconazole/urea*	ADD UM: NFDA		Non-FDA Approved
01/17/2023	NEXOBRID	*anacaulase-bcdb*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	NEXOBRID	*anacaulase-bcdb*	ADD UM: COV		Non Formulary
01/17/2023	NEXOBRID	*anacaulase-bcdb*	ADD UM: MED		Medical Drug
01/17/2023	*vibrant starter kit*	*vibrating transient device for constipation*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	*vibrant starter kit*	*vibrating transient device for constipation*	ADD UM: COV		FDA Moratorium
01/17/2023	*vibrant*	*vibrating transient device for constipation*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	*vibrant*	*vibrating transient device for constipation*	ADD UM: COV		FDA Moratorium
01/17/2023	*pirfenidone*	*pirfenidone*	ADD TO FORMULARY		Generics
01/17/2023	*pirfenidone*	*pirfenidone*	ADD UM: MAXQTYPERDAY		9.0 per day
01/17/2023	*pirfenidone*	*pirfenidone*	ADD UM: PANAME		PA Applies
01/17/2023	*pirfenidone*	*pirfenidone*	ADD UM: SPECIALTY		Specialty Drug
01/17/2023	*pirfenidone*	*pirfenidone*	ADD UM: PS		Preferred Specialty
01/17/2023	*citrate phos 2x dextrose(cp2d)*	*citric acid/sod citrate/sodium phosphate,monobasic/dextrose*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	*citrate phos 2x dextrose(cp2d)*	*citric acid/sod citrate/sodium phosphate,monobasic/dextrose*	ADD UM: COV		Non Formulary
01/17/2023	*citrate phos 2x dextrose(cp2d)*	*citric acid/sod citrate/sodium phosphate,monobasic/dextrose*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/17/2023	*tobramycin-vancomycin*	*tobramycin sulfate/vancomycin hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	*tobramycin-vancomycin*	*tobramycin sulfate/vancomycin hcl*	ADD UM: NFDA		Non-FDA Approved
01/17/2023	*tobramycin-vancomycin*	*tobramycin sulfate/vancomycin hcl*	ADD UM: MED		Medical Drug
01/17/2023	*phenylephrin-balanced salt sol*	*phenylephrine hcl/balanced salt irrig soln no.2/pf*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	*phenylephrin-balanced salt sol*	*phenylephrine hcl/balanced salt irrig soln no.2/pf*	ADD UM: NFDA		Non-FDA Approved
01/17/2023	*phenylephrin-balanced salt sol*	*phenylephrine hcl/balanced salt irrig soln no.2/pf*	ADD UM: MED		Medical Drug
01/17/2023	OZEMPIC	*semaglutide*	CHANGE TIER		Preferred Brands
01/17/2023	OZEMPIC	*semaglutide*	CHANGE UM: MAXQTYPERDAY		0.067 per day
01/17/2023	OZEMPIC	*semaglutide*	CHANGE UM: PANAME		PA Applies
01/17/2023	OZEMPIC	*semaglutide*	CHANGE UM: PR		Preventive Medication
01/17/2023	HER STYLE	*levonorgestrel*	REMOVE FROM FORMULARY		Non-Formulary
01/17/2023	HER STYLE	*levonorgestrel*	ADD UM: QUANTITY		2 / 30 days
01/17/2023	HER STYLE	*levonorgestrel*	ADD UM: GENDER		Female
01/17/2023	HER STYLE	*levonorgestrel*	ADD UM: DRUGCLASS		Contraceptives - Oral
01/17/2023	HER STYLE	*levonorgestrel*	ADD UM: QPBU		HCROCOTC | HCR OTC Contraceptives

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/17/2023	HER STYLE	*levonorgestrel*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits may apply.
01/17/2023	*sodium citrate*	*sodium citrate*	ADD UM: MED		Medical Drug
01/17/2023	*sodium citrate*	*sodium citrate*	ADD UM: MED		Medical Drug
01/17/2023	*crrt trisodium citrate*	*sodium citrate in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
01/17/2023	*anticoagulant sodium citrate*	*sodium citrate*	ADD UM: MED		Medical Drug
01/17/2023	*anticoagulant sodium citrate*	*sodium citrate*	ADD UM: MED		Medical Drug
01/17/2023	*anticoagulant sodium citrate*	*sodium citrate*	ADD UM: MED		Medical Drug
01/17/2023	*anticoagulant sodium citrate*	*sodium citrate*	ADD UM: MED		Medical Drug
01/17/2023	ACD-A	*citrate dextrose solution*	ADD UM: MED		Medical Drug
01/17/2023	*sodium citrate*	*sodium citrate*	ADD UM: MED		Medical Drug
01/17/2023	*trisodium citrate crrt*	*sodium citrate in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
01/17/2023	*anticoagulant sodium citrate*	*sodium citrate*	ADD UM: MED		Medical Drug
01/17/2023	*sodium citrate*	*sodium citrate*	ADD UM: MED		Medical Drug
01/17/2023	*citrate phosphate dextrose*	*citrate phosphate dextros soln*	ADD UM: MED		Medical Drug
01/18/2023	*tobramycin-vancomycin*	*tobramycin sulfate/vancomycin hcl*	ADD UM: COV		Non Formulary
01/18/2023	*phenylephrin-balanced salt sol*	*phenylephrine hcl/balanced salt irrig soln no.2/pf*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/21/2023	COLLAGEN SKIN RENEWAL	*ascorbic acid/collagen, hydrolyzed*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	GLUCOSE OPTIMIZER	*multivit with minerals/alpha lipoic acid/herbal drugs*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	*pqq*	*pyrroloquinoline quinone disodium (coenzyme pqq)*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	*n-acetyl tyrosine*	*acetyltyrosine/pyridoxine hcl (vitamin b6)*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	*s-acetyl l-glutathione*	*s-acetylglutathione*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	COLLAGEN SKIN RENEWAL	*ascorbic acid/collagen, hydrolyzed*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/21/2023	*pqq*	*pyrroloquinoline quinone disodium (coenzyme pqq)*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/21/2023	*n-acetyl tyrosine*	*acetyltyrosine/pyridoxine hcl (vitamin b6)*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/21/2023	*s-acetyl l-glutathione*	*s-acetylglutathione*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/21/2023	GLUCOSE OPTIMIZER	*multivit with minerals/alpha lipoic acid/herbal drugs*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/21/2023	NEW ZEALAND WHEY PROTEIN	*whey protein isolate/amino acids*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	NEW ZEALAND WHEY PROTEIN	*whey protein isolate/amino acids*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/21/2023	CENTRUM ADULTS	*multivitamin with minerals/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	ACTIVNUTRIENTS(NO COPPER-IRON)	*multivit with minerals/leucovorin calc,m-folate glucosamine*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	CENTRUM ADULTS	*multivitamin with minerals/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/21/2023	ACTIVNUTRIENTS(NO COPPER-IRON)	*multivit with minerals/leucovorin calc,m-folate glucosamine*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/21/2023	*vitamin c-bioflavonoids*	*ascorbate calcium/bioflavonoids*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	*methyl b-12*	*mecobalamin*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	*methyl b-12*	*mecobalamin*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/21/2023	*methylfolate*	*methyltetrahydrofolate glucosamine*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	*methylfolate*	*methyltetrahydrofolate glucosamine*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/21/2023	*r-alpha lipoic acid-biotin*	*r-lipoic acid/biotin*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	OMEGAPURE-820	*omega-3 fatty acids/docosahexaenoic acid/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	*estradiol valerate*	*estradiol valerate*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2023	*estradiol valerate*	*estradiol valerate*	ADD UM: COV		FDA Moratorium
01/21/2023	*smartneb compressor nebulizer*	*nebulizer and compressor*	ADD TO FORMULARY		Non-Preferred Brands
01/21/2023	*smartneb compressor nebulizer*	*nebulizer and compressor*	ADD UM: DRUGCLASS		Respiratory Devices
01/23/2023	D-CERIN	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
01/23/2023	ABREVA	*docosanol*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/23/2023	FEMININE ANTI-ITCH	*benzocaine/resorcinol*	REMOVE FROM FORMULARY		Non-Formulary
01/23/2023	ROBITUSSIN HONEY MAX DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
01/23/2023	IBUPROFEN PM	*ibuprofen/diphenhydramine hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/23/2023	COLD RELIEF PLUS	*chlorpheniramine maleate/phenylephrine bitartrate/aspirin*	REMOVE FROM FORMULARY		Non-Formulary
01/23/2023	*ashwagandha-35*	*ashwagandha extract*	REMOVE FROM FORMULARY		Non-Formulary
01/23/2023	D-CERIN	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
01/24/2023	*estradiol valerate*	*estradiol valerate*	ADD UM: HCG		High Cost Generic
01/24/2023	DELESTROGEN	*estradiol valerate*	REMOVE UM: GENDER	Female	
01/24/2023	DELESTROGEN	*estradiol valerate*	REMOVE UM: GENDER	Female	
01/24/2023	DELESTROGEN	*estradiol valerate*	REMOVE UM: GENDER	Female	
01/24/2023	*estradiol valerate*	*estradiol valerate*	REMOVE UM: GENDER	Female	
01/24/2023	*estradiol valerate*	*estradiol valerate*	REMOVE UM: GENDER	Female	
01/25/2023	TWIRLA	*levonorgestrel/ethinyl estradiol*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/25/2023	LO LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	
01/27/2023	OPZELURA	*ruxolitinib phosphate*	ADD UM: DRUGCLASS		Excluded Products
01/27/2023	OPZELURA	*ruxolitinib phosphate*	REMOVE UM: COV	Non Formulary	
01/28/2023	LUDEN'S	*pectin*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	OSSOPAN MD	*calcium combination no.35/vitamin d3/magnesium malate*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	OSSOPAN MD	*calcium combination no.35/vitamin d3/magnesium malate*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	VEGETARIAN BONEUP	*calcium/vit d2/magnesium oxide/ascorbate calcium/vit k2/min*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*pantothenic acid*	*calcium pantothenate*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	PROBIOMAX PLUS DF	*l.acidophilus,plantarum/b.animalis,longum/s.boulardii/larch*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	YUM-YUM DOPHILUS	*l.acidophilus,plantarum/b.animalis,breve/fos/inulin*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	PROBIOTIC DIGESTIVE SUPPORT	*lactobacillus rhamnosus gg/inulin*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/28/2023	*probiotic-prebiotic*	*bacillus coagulans/bacillus subtilis/xylooligosaccharides*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*probiotic-prebiotic*	*bacillus coagulans/bacillus subtilis/xylooligosaccharides*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	PREBIOTIC INULIN-FOS	*fructooligosaccharides/inulin*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	PREBIOTIC INULIN-FOS	*fructooligosaccharides/inulin*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/28/2023	POLY-VI-FLOR	*pediatric multivitamin no.217 with sodium fluoride*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	NEPHRO VITAMINS	*folic acid/vitamin b complex and vitamin c*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	POLY-VI-FLOR	*pediatric multivitamin no.217 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/28/2023	NEPHRO VITAMINS	*folic acid/vitamin b complex and vitamin c*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/28/2023	*shilajit*	*shilajit*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*lidocaine*	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	PAIN RELIEF	*aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	ZYLOTROL-L	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*synovx calm*	*valerian rt/passion flower/hops/cherry/magnesium comb/potass*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*viragraphis*	*andrographis ext/isatis root xt/licorice root xt*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*testoplex plus*	*shilajit/eurycoma longifolia extract*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/28/2023	CHILDREN'S AFRIN	*oxymetazoline hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	CHILDREN'S AFRIN	*oxymetazoline hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*white petrolatum*	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*white petrolatum*	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*white petrolatum*	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*white petrolatum*	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*white petrolatum*	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*white petrolatum*	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*white petrolatum*	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	ANTI-ITCH	*pramoxine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*melatonin*	*melatonin/pyridoxine hcl (vit b6)*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*glucose*	*dextrose*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*embrace pen needle*	*pen needle, diabetic*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/28/2023	*embrace pen needle*	*pen needle, diabetic*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/28/2023	*embrace pen needle*	*pen needle, diabetic*	CHANGE UM: DRUGCLASS	Excluded Products	Diabetic - Insulin Syringes

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/28/2023	*embrace pen needle*	*pen needle, diabetic*	CHANGE UM: DRUGCLASS	Excluded Products	Diabetic - Insulin Syringes
01/28/2023	*mepilex border*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	SYNOVX RECOVERY	*glucosamine sulfate sodium/chondroitin sulfate sodium/msm*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*nicotinamide mononucleotide*	*nicotinamide mononucleotide*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*no hurt tape*	*adhesive tape*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*cloth tape*	*adhesive tape*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	HAXDRAX	*ciclopirox olamine/salicylic acid*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	HAXDRAX	*ciclopirox olamine/salicylic acid*	ADD UM: COV		Non Formulary
01/28/2023	HAXDRAX	*ciclopirox olamine/salicylic acid*	ADD UM: NFDA		Non-FDA Approved
01/28/2023	OXOPID	*minoxidil/betamethasone dipropionate*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	OXOPID	*minoxidil/betamethasone dipropionate*	ADD UM: DRUGCLASS		Hair Growth Stimulants
01/28/2023	OXOPID	*minoxidil/betamethasone dipropionate*	ADD UM: COV		Non Formulary
01/28/2023	OXOPID	*minoxidil/betamethasone dipropionate*	ADD UM: NFDA		Non-FDA Approved
01/28/2023	*tenscare itouch sure*	*incont device,muscle toner,elt*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*tenscare itouch sure*	*incont device,muscle toner,elt*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/28/2023	*tenscare itouch sure*	*incont device,muscle toner,elt*	ADD UM: COV		Non Formulary
01/28/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
01/28/2023	*povidone iodine*	*povidone-iodine*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2023	*povidone iodine*	*povidone-iodine*	ADD UM: COV		Non Formulary
01/28/2023	*povidone iodine*	*povidone-iodine*	ADD UM: NFDA		Non-FDA Approved
01/30/2023	ADRENAL OPTIMIZER	*vitamin c/vitamin b5/dmae/chamomile/licorice xt/herbal*	REMOVE FROM FORMULARY		Non-Formulary
01/30/2023	ADRENAL OPTIMIZER	*vitamin c/vitamin b5/dmae/chamomile/licorice xt/herbal*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/30/2023	COLOSTRUM PRIME LIFE	*colostrum, bovine*	REMOVE FROM FORMULARY		Non-Formulary
01/30/2023	COLOSTRUM PRIME LIFE	*colostrum, bovine*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/30/2023	OPTIMETABOLIX	*nutritional supplement*	REMOVE FROM FORMULARY		Non-Formulary
01/30/2023	OPTIMETABOLIX	*nutritional supplement*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/30/2023	IMMUNOTIX 250	*beta-glucan*	REMOVE FROM FORMULARY		Non-Formulary
01/30/2023	IMMUNOTIX 250	*beta-glucan*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/30/2023	*7-keto dhea*	*7-oxodehydroepiandrosterone acetate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/30/2023	*7-keto dhea*	*7-oxodehydroepiandrosterone acetate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/30/2023	PROSTATE OPTIMIZER	*omega-3/dha/epa/fish oil/vitamin d3/saw palmetto xt/herbs*	REMOVE FROM FORMULARY		Non-Formulary
01/30/2023	PROSTATE OPTIMIZER	*omega-3/dha/epa/fish oil/vitamin d3/saw palmetto xt/herbs*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/30/2023	IMMUNOTIX 500	*beta-glucan*	REMOVE FROM FORMULARY		Non-Formulary
01/30/2023	IMMUNOTIX 500	*beta-glucan*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/30/2023	*7-keto dhea*	*7-oxodehydroepiandrosterone acetate*	REMOVE FROM FORMULARY		Non-Formulary
01/30/2023	*7-keto dhea*	*7-oxodehydroepiandrosterone acetate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/30/2023	COGNIQUIL	*mecobalamin/magnesium l-threonate/theacrine*	REMOVE FROM FORMULARY		Non-Formulary
01/30/2023	COGNIQUIL	*mecobalamin/magnesium l-threonate/theacrine*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/30/2023	IMMUNOTIX 500	*beta-glucan*	REMOVE FROM FORMULARY		Non-Formulary
01/30/2023	IMMUNOTIX 500	*beta-glucan*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/31/2023	*embrace pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
01/31/2023	LATUDA	*lurasidone hcl*	ADD UM: B4G		Brand For Generic

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2023	LATUDA	*lurasidone hcl*	ADD UM: B4G		Brand For Generic
01/31/2023	LATUDA	*lurasidone hcl*	ADD UM: B4G		Brand For Generic
01/31/2023	LATUDA	*lurasidone hcl*	ADD UM: B4G		Brand For Generic
01/31/2023	LATUDA	*lurasidone hcl*	ADD UM: B4G		Brand For Generic
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: AGE		At least 10 yrs old
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: COV		FDA Moratorium
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: PR		Preventive Medication
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: AGE		At least 10 yrs old
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: COV		FDA Moratorium
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: PR		Preventive Medication
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: AGE		At least 10 yrs old
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: COV		FDA Moratorium
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: PR		Preventive Medication
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: AGE		At least 10 yrs old
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: COV		FDA Moratorium
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: PR		Preventive Medication
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: AGE		At least 10 yrs old
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: COV		FDA Moratorium
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: PR		Preventive Medication
01/31/2023	*halo closed vial adaptor*	*transfer device, closed system*	ADD TO FORMULARY		Generics
01/31/2023	*halo closed vial adaptor*	*transfer device, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2023	*halo closed vial adaptor*	*transfer device, closed system*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2023	*halo closed vial adaptor*	*transfer device, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2023	*halo closed vial adaptor*	*transfer device, closed system*	ADD TO FORMULARY		Generics
01/31/2023	*halo closed vial adaptor*	*transfer device, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2023	RAYASAL	*salicylic acid*	REMOVE FROM FORMULARY		Non-Formulary
01/31/2023	RAYASAL	*salicylic acid*	ADD UM: DRUGCLASS		Acne
01/31/2023	RAYASAL	*salicylic acid*	ADD UM: COV		Non Formulary
01/31/2023	RAYASAL	*salicylic acid*	ADD UM: NFDA		Non-FDA Approved
01/31/2023	OXIAVAR	*tretinoin/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
01/31/2023	OXIAVAR	*tretinoin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/31/2023	OXIAVAR	*tretinoin/niacinamide*	ADD UM: COV		Non Formulary
01/31/2023	OXIAVAR	*tretinoin/niacinamide*	ADD UM: NFDA		Non-FDA Approved
01/31/2023	*topiramate er*	*topiramate*	CHANGE UM: NTI	NARROW THERAPEUTIC INDICATOR	Narrow Therapeutic Indicator
01/31/2023	*cortisone,cortisone acetate*	*cortisone acetate*	ADD TO FORMULARY		Generics
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: FI1		MRx Maintenance
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: FI1		MRx Maintenance
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: FI1		MRx Maintenance
01/31/2023	*lurasidone hcl*	*lurasidone hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2023 Updates

February, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2023	*contour next gen*	*blood-glucose meter*	CHANGE TIER	Non-Preferred Brands	Preferred Brands
02/02/2023	*diltiazem hcl-0.9% nacl*	*diltiazem hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
02/02/2023	*diltiazem hcl-0.9% nacl*	*diltiazem hcl in 0.9 % sodium chloride*	CHANGE UM: COV		Non Formulary
02/02/2023	*diltiazem hcl-0.9% nacl*	*diltiazem hcl in 0.9 % sodium chloride*	REMOVE UM: DRUGCLASS		
02/02/2023	*diltiazem hcl-0.9% nacl*	*diltiazem hcl in 0.9 % sodium chloride*	CHANGE UM: NFDA		Non-FDA Approved
02/02/2023	*accutrend plus*	*cholesterol and blood glucose meter*	ADD UM: PR		Preventive Medication
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	CHANGE UM: NFDA	NON-FDA APPROVED	Non-FDA Approved
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE FROM FORMULARY	Generics	Non-Formulary
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: COV		Non Formulary
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE UM: MAXQTYPERDAY	8 per day	
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: NFDA		Non-FDA Approved
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE UM: DRUGCLASS	Injectables	
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE FROM FORMULARY	Generics	Non-Formulary
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE UM: MAXQTYPERDAY	8 per day	
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: NFDA		Non-FDA Approved
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE UM: DRUGCLASS	Injectables	
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE FROM FORMULARY	Generics	Non-Formulary
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: COV		Non Formulary
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE UM: MAXQTYPERDAY	8 per day	
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: NFDA		Non-FDA Approved
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE UM: DRUGCLASS	Injectables	
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE FROM FORMULARY	Generics	Non-Formulary
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: COV		Non Formulary
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE UM: MAXQTYPERDAY	8 per day	
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: NFDA		Non-FDA Approved
02/02/2023	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE UM: DRUGCLASS	Injectables	
02/02/2023	CAVERJECT	*alprostadil*	ADD UM: GENDER		Female
02/02/2023	CAVERJECT	*alprostadil*	ADD UM: GENDER		Male
02/02/2023	CAVERJECT	*alprostadil*	CHANGE UM: GENDER	Female	Male
02/02/2023	CAVERJECT	*alprostadil*	ADD UM: GENDER		Male

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2023	NUVARING	*etonogestrel/ethinyl estradiol*	ADD UM: DRUGCLASS		Contraceptives - Oral
02/02/2023	*clindamycin phos-benzoyl perox*	*clindamycin phosphate/benzoyl peroxide*	ADD UM: PANAME		PA Applies
02/04/2023	*green tea 600*	*green tea leaf extract*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	*flasharrest*	*hops extract/spruce fir extract*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	*borage*	*borage seed oil*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	NEOPHE	*nutritional therapy for phenylketonuria (pku), no.38*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	NEOPHE	*nutritional therapy for phenylketonuria (pku), no.38*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
02/04/2023	*mx-sol sf*	*compounding vehicle sugar-free no.9*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	*saccharomyces boulardii-mos*	*saccharomyces boulardii/yeast*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	INFANT PROBIOTIC	*bifidobacterium infantis*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	*saccharomyces boulardii-mos*	*saccharomyces boulardii/yeast*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	JARRO-DOPHILUS DIGEST SURE	*l.acidophilus,plantarum,rhamnosus/b.animalis,breve/enzymes*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	*b-12*	*cyanocobalamin (vitamin b-12)*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	*d-ribose*	*ribose*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

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02/04/2023	*d-ribose*	*ribose*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
02/04/2023	*d-ribose*	*ribose*	ADD UM: NFDA		Non-FDA Approved
02/04/2023	*eclipse needle*	*needles, safety*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	*eclipse needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/04/2023	COMPLETE BALANCE MENOPAUSE RLF	*vit b/folic acid/calcium/soy xt/black cohosh xt/melatonin*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	IG 26 DF	*hyperimmune egg*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	IG 26 DF	*hyperimmune egg*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
02/04/2023	*dichlorphenamide*	*dichlorphenamide*	ADD TO FORMULARY		Generics
02/04/2023	*dichlorphenamide*	*dichlorphenamide*	ADD UM: MAXQTYPERDAY		5.0 per day
02/04/2023	*dichlorphenamide*	*dichlorphenamide*	ADD UM: PANAME		PA Applies
02/04/2023	*dichlorphenamide*	*dichlorphenamide*	ADD UM: SPECIALTY		Specialty Drug
02/04/2023	*dichlorphenamide*	*dichlorphenamide*	ADD UM: PS		Preferred Specialty
02/04/2023	*insyte autoguard*	*intravenous catheter*	REMOVE FROM FORMULARY		Non-Formulary
02/04/2023	*insyte autoguard*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/04/2023	*insyte autoguard*	*intravenous catheter*	ADD UM: COV		Non Formulary
02/07/2023	AMJEVITA(CF)	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/07/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
02/07/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
02/07/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
02/07/2023	AMJEVITA(CF)	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
02/07/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
02/07/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
02/07/2023	APONVIE	*aprepitant*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	APONVIE	*aprepitant*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/07/2023	APONVIE	*aprepitant*	ADD UM: MED		Medical Drug
02/07/2023	APONVIE	*aprepitant*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	APONVIE	*aprepitant*	ADD UM: COV		FDA Moratorium
02/07/2023	APONVIE	*aprepitant*	ADD UM: MED		Medical Drug
02/07/2023	JAYPIRCA	*pirtobrutinib*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	JAYPIRCA	*pirtobrutinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/07/2023	JAYPIRCA	*pirtobrutinib*	ADD UM: COV		FDA Moratorium
02/07/2023	JAYPIRCA	*pirtobrutinib*	ADD UM: SPECIALTY		Specialty Drug
02/07/2023	JAYPIRCA	*pirtobrutinib*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	JAYPIRCA	*pirtobrutinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/07/2023	JAYPIRCA	*pirtobrutinib*	ADD UM: COV		FDA Moratorium
02/07/2023	JAYPIRCA	*pirtobrutinib*	ADD UM: SPECIALTY		Specialty Drug
02/07/2023	ORSERDU	*elacestrant hcl*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	ORSERDU	*elacestrant hcl*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/07/2023	ORSERDU	*elacestrant hcl*	ADD UM: COV		FDA Moratorium
02/07/2023	ORSERDU	*elacestrant hcl*	ADD UM: SPECIALTY		Specialty Drug
02/07/2023	ORSERDU	*elacestrant hcl*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	ORSERDU	*elacestrant hcl*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/07/2023	ORSERDU	*elacestrant hcl*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/07/2023	ORSERDU	*elacestrant hcl*	ADD UM: SPECIALTY		Specialty Drug
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
02/07/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
02/07/2023	ROTARIX	*rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)*	ADD TO FORMULARY		Preferred Brands
02/07/2023	ROTARIX	*rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)*	ADD UM: QPBU		AAVAC2 | HCR Vaccines
02/07/2023	ROTARIX	*rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)*	ADD UM: DRUGCLASS		Immunization/Vaccines
02/07/2023	*dichlorphenamide*	*dichlorphenamide*	CHANGE UM: MAXQTYPERDAY	5.0 per day	4.0 per day
02/07/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
02/07/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/07/2023	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY	Non-Formulary	Generics
02/07/2023	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
02/07/2023	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY	Non-Formulary	Generics
02/07/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY	Non-Formulary	Generics
02/09/2023	*clindamycin phos-benzoyl perox*	*clindamycin phosphate/benzoyl peroxide*	REMOVE UM: PANAME	PA Applies	
02/09/2023	*clindamycin phos-benzoyl perox*	*clindamycin phosphate/benzoyl peroxide*	REMOVE UM: PANAME	PA Applies	
02/09/2023	*clindamycin phos-benzoyl perox*	*clindamycin phosphate/benzoyl peroxide*	REMOVE UM: PANAME	PA Applies	
02/09/2023	*clindamycin phos-benzoyl perox*	*clindamycin phosphate/benzoyl peroxide*	REMOVE UM: PANAME	PA Applies	
02/11/2023	PHARBINEX-DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	MACULAPF	*choline/lutein/zeaxanthin/astaxanthin*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	MACULAPF	*choline/lutein/zeaxanthin/astaxanthin*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/11/2023	PRESERVISION AREDS 2 PLUS MV	*multivitamin-minerals/folic acid/vit k/lutein/zeaxanthin*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	PRESERVISION AREDS 2 PLUS MV	*multivitamin-minerals/folic acid/vit k/lutein/zeaxanthin*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/11/2023	DAILY STRESS RELIEF	*5-htp/magnesium oxide/vit b6/vit b12/inositol*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	DAILY STRESS RELIEF	*5-htp/magnesium oxide/vit b6/vit b12/inositol*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
02/11/2023	CINNDROMEX	*cinnamon/chromium/ala/gymnema/ginseng/green tea extract*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	OPTIMETABOLIX 2:1	*nutritional supplement*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	OPTIMETABOLIX 2:1	*nutritional supplement*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
02/11/2023	OSAPLEX MK-7	*hydroxyapatite/vitamin d3/vitamin k2/choline/silicon*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	JARRO-DOPHILUS ULTRA	*l.acidop,casei,helv,paracas,plant,rham,sal/b.anim,long,brev*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	FEM DOPHILUS	*lactobacillus reuteri/lactobacillus rhamnosus gg*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	PROBIOTIC YEAST SUPPORT	*lactobacillus crispatus/kluyveromyces marxianus*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	STERILE DILUENT FOR HUMALOG	*diluent for insulin lispro and regular insulin*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/11/2023	STERILE DILUENT FOR HUMALOG	*diluent for insulin lispro and regular insulin*	ADD UM: COV		FDA Moratorium
02/11/2023	STERILE DILUENT FOR HUMALOG	*diluent for insulin lispro and regular insulin*	ADD UM: MED		Medical Drug
02/11/2023	POLOCAINE	*mepivacaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	POLOCAINE	*mepivacaine hcl*	ADD UM: COV		Non Formulary
02/11/2023	POLOCAINE	*mepivacaine hcl*	ADD UM: MED		Medical Drug
02/11/2023	TEZSPIRE	*tezepelumab-ekko*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2023	TEZSPIRE	*tezepelumab-ekko*	ADD UM: DRUGCLASS		Autoimmune Drugs
02/11/2023	TEZSPIRE	*tezepelumab-ekko*	ADD UM: COV		FDA Moratorium
02/11/2023	TEZSPIRE	*tezepelumab-ekko*	ADD UM: SPECIALTY		Specialty Drug
02/14/2023	*urea*	*urea*	REMOVE FROM FORMULARY		Non-Formulary
02/14/2023	*urea*	*urea*	ADD UM: COV		Non Formulary
02/14/2023	*urea*	*urea*	ADD UM: NFDA		Non-FDA Approved
02/14/2023	POLOCAINE	*mepivacaine hcl,mepivacaine hcl/pf*	REMOVE FROM FORMULARY		Non-Formulary
02/14/2023	POLOCAINE	*mepivacaine hcl,mepivacaine hcl/pf*	CHANGE UM: COV		Non Formulary
02/14/2023	POLOCAINE	*mepivacaine hcl,mepivacaine hcl/pf*	REMOVE UM: DRUGCLASS		
02/17/2023	*icosapent ethyl*	*icosapent ethyl*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/18/2023	*curafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	*curafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	*curafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	JARRO-DOPHILUS GUT CALM	*lactobac. plantarum/s. boulardii/pediococcus acidilactici*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	*urea*	*urea*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	LIPISTART	*nutritional therapy for impaired digestive function*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	LIPISTART	*nutritional therapy for impaired digestive function*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	LIPISTART	*nutritional therapy for impaired digestive function*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
02/18/2023	LIPISTART	*nutritional therapy for impaired digestive function*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
02/18/2023	OPTICLEANSE PLUS	*nutritional supplement*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	OPTICLEANSE PLUS	*nutritional supplement*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
02/18/2023	*beta glucan*	*beta-glucan*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	*beta glucan*	*beta-glucan*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
02/18/2023	XCELLENT A 3000	*vitamin a palmitate*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	XCELLENT A 3000	*vitamin a palmitate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2023 Updates

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02/18/2023	DULOXICAINE	*duloxetine hcl/lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	DULOXICAINE	*duloxetine hcl/lidocaine hcl*	ADD UM: COV		Non Formulary
02/18/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
02/18/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
02/21/2023	VEGZELMA	*bevacizumab-adcd*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2023	VEGZELMA	*bevacizumab-adcd*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/21/2023	VEGZELMA	*bevacizumab-adcd*	ADD UM: COV		FDA Moratorium
02/21/2023	VEGZELMA	*bevacizumab-adcd*	ADD UM: SPECIALTY		Specialty Drug
02/21/2023	VEGZELMA	*bevacizumab-adcd*	ADD UM: MED		Medical Drug
02/21/2023	VEGZELMA	*bevacizumab-adcd*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2023	VEGZELMA	*bevacizumab-adcd*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/21/2023	VEGZELMA	*bevacizumab-adcd*	ADD UM: COV		FDA Moratorium
02/21/2023	VEGZELMA	*bevacizumab-adcd*	ADD UM: SPECIALTY		Specialty Drug
02/21/2023	VEGZELMA	*bevacizumab-adcd*	ADD UM: MED		Medical Drug
02/21/2023	TAKHZYRO	*lanadelumab-flyo*	CHANGE UM: MAXQTYPERDAY	0.114 per day	0.144 per day
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: COV		FDA Moratorium

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: PR		Preventive Medication
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: COV		FDA Moratorium
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: PR		Preventive Medication
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: COV		FDA Moratorium
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: PR		Preventive Medication
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: COV		FDA Moratorium
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: PR		Preventive Medication
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: COV		FDA Moratorium
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: PR		Preventive Medication
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: PR		Preventive Medication
02/21/2023	REBINYN	*factor ix (human) recombinant, pegylated*	ADD TO FORMULARY		Non-Preferred Brands
02/21/2023	REBINYN	*factor ix (human) recombinant, pegylated*	ADD UM: DRUGCLASS		Blood/Blood Products
02/21/2023	REBINYN	*factor ix (human) recombinant, pegylated*	ADD UM: PANAME		PA Applies
02/21/2023	REBINYN	*factor ix (human) recombinant, pegylated*	ADD UM: SPECIALTY		Specialty Drug
02/21/2023	TAKHZYRO	*lanadelumab-flyo*	ADD TO FORMULARY		Non-Preferred Brands
02/21/2023	TAKHZYRO	*lanadelumab-flyo*	ADD UM: MAXQTYPERDAY		0.144 per day
02/21/2023	TAKHZYRO	*lanadelumab-flyo*	ADD UM: PANAME		PA Applies
02/21/2023	TAKHZYRO	*lanadelumab-flyo*	ADD UM: SPECIALTY		Specialty Drug
02/21/2023	TAKHZYRO	*lanadelumab-flyo*	CHANGE UM: MAXQTYPERDAY	0.144 per day	0.072 per day
02/21/2023	OZEMPIC	*semaglutide*	CHANGE UM: MAXQTYPERDAY	0.067 per day	0.108 per day
02/21/2023	OZEMPIC	*semaglutide*	CHANGE UM: MAXQTYPERDAY	0.067 per day	0.108 per day
02/21/2023	OZEMPIC	*semaglutide*	CHANGE UM: MAXQTYPERDAY	0.124 per day	0.108 per day
02/21/2023	OZEMPIC	*semaglutide*	CHANGE UM: MAXQTYPERDAY	0.124 per day	0.108 per day
02/21/2023	OZEMPIC	*semaglutide*	CHANGE UM: MAXQTYPERDAY	0.124 per day	0.108 per day
02/25/2023	CHILDREN'S ALLER-TEC	*cetirizine hcl*	ADD TO FORMULARY		Tier 0

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/25/2023	CHILDREN'S ALLER-TEC	*cetirizine hcl*	ADD UM: MAXQTYPERDAY		10.0 per day
02/25/2023	TRIPLE PASTE	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	*cetaphil gentle skin cleanser*	*skin cleanser combination no.42*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	*cetaphil gentle skin cleanser*	*skin cleanser combination no.42*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	*cetaphil gentle skin cleanser*	*skin cleanser combination no.42*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	*cetaphil daily facial cleanser*	*skin cleanser combination no.44*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	SLOWMAG MG CALM-SLEEP	*melatonin/magnesium citrate*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	*multivitamin-multimineral*	*multivitamin with minerals/ferrous gluconate*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	*multivitamin-multimineral*	*multivitamin with minerals/ferrous gluconate*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	*multivitamin-multimineral*	*multivitamin with minerals/ferrous gluconate*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	*multivitamin-multimineral*	*multivitamin with minerals/ferrous gluconate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/25/2023	*multivitamin-multimineral*	*multivitamin with minerals/ferrous gluconate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/25/2023	*multivitamin-multimineral*	*multivitamin with minerals/ferrous gluconate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/25/2023	SYFOVRE	*pegcetacoplan/pf*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	SYFOVRE	*pegcetacoplan/pf*	ADD UM: COV		FDA Moratorium
02/25/2023	SYFOVRE	*pegcetacoplan/pf*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/25/2023	SYFOVRE	*pegcetacoplan/pf*	ADD UM: MED		Medical Drug
02/25/2023	STERILE WATER DILUENT-PRIORIX	*diluent for measles,mumps,and rubella vacc (sterile water)*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	STERILE WATER DILUENT-PRIORIX	*diluent for measles,mumps,and rubella vacc (sterile water)*	ADD UM: COV		Non Formulary
02/25/2023	STERILE WATER DILUENT-PRIORIX	*diluent for measles,mumps,and rubella vacc (sterile water)*	ADD UM: MED		Medical Drug
02/25/2023	XENOVIEW PATIENT DOSE	*xenon xe-129 hyperpolarized*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2023	XENOVIEW PATIENT DOSE	*xenon xe-129 hyperpolarized*	ADD UM: COV		Non Formulary
02/25/2023	XENOVIEW PATIENT DOSE	*xenon xe-129 hyperpolarized*	ADD UM: MED		Medical Drug
02/25/2023	ERLEADA	*apalutamide*	ADD TO FORMULARY		Non-Preferred Brands
02/25/2023	ERLEADA	*apalutamide*	ADD UM: MAXQTYPERDAY		1.0 per day
02/25/2023	ERLEADA	*apalutamide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/25/2023	ERLEADA	*apalutamide*	ADD UM: PANAME		PA Applies
02/25/2023	ERLEADA	*apalutamide*	ADD UM: SPECIALTY		Specialty Drug
02/27/2023	GLEOSTINE	*lomustine*	ADD UM: SDS		Extended Specialty Day Supply

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/27/2023	GLEOSTINE	*lomustine*	ADD UM: SDS		Extended Specialty Day Supply
02/27/2023	GLEOSTINE	*lomustine*	ADD UM: SDS		Extended Specialty Day Supply
02/28/2023	ORENITRAM MONTH 3 TITRATION KT	*treprostinil diolamine*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2023	ORENITRAM MONTH 3 TITRATION KT	*treprostinil diolamine*	ADD UM: COV		FDA Moratorium
02/28/2023	ORENITRAM MONTH 3 TITRATION KT	*treprostinil diolamine*	ADD UM: SPECIALTY		Specialty Drug
02/28/2023	ORENITRAM MONTH 2 TITRATION KT	*treprostinil diolamine*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2023	ORENITRAM MONTH 2 TITRATION KT	*treprostinil diolamine*	ADD UM: COV		FDA Moratorium
02/28/2023	ORENITRAM MONTH 2 TITRATION KT	*treprostinil diolamine*	ADD UM: SPECIALTY		Specialty Drug
02/28/2023	ORENITRAM MONTH 1 TITRATION KT	*treprostinil diolamine*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2023	ORENITRAM MONTH 1 TITRATION KT	*treprostinil diolamine*	ADD UM: COV		FDA Moratorium
02/28/2023	ORENITRAM MONTH 1 TITRATION KT	*treprostinil diolamine*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	ORENITRAM MONTH 3 TITRATION KT	*treprostinil diolamine*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/28/2023	ORENITRAM MONTH 2 TITRATION KT	*treprostinil diolamine*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/28/2023	ORENITRAM MONTH 1 TITRATION KT	*treprostinil diolamine*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/28/2023	ORENITRAM MONTH 3 TITRATION KT	*treprostinil diolamine*	REMOVE UM: DRUGCLASS	Antineoplastics/Chemo	
02/28/2023	ORENITRAM MONTH 2 TITRATION KT	*treprostinil diolamine*	REMOVE UM: DRUGCLASS	Antineoplastics/Chemo	
02/28/2023	ORENITRAM MONTH 1 TITRATION KT	*treprostinil diolamine*	REMOVE UM: DRUGCLASS	Antineoplastics/Chemo	
02/28/2023	FILSPARI	*sparsentan*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2023	FILSPARI	*sparsentan*	ADD UM: COV		FDA Moratorium
02/28/2023	FILSPARI	*sparsentan*	ADD UM: SPECIALTY		Specialty Drug
02/28/2023	FILSPARI	*sparsentan*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2023	FILSPARI	*sparsentan*	ADD UM: COV		FDA Moratorium
02/28/2023	FILSPARI	*sparsentan*	ADD UM: SPECIALTY		Specialty Drug
02/28/2023	LAMZEDE	*velmanase alfa-tycv*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2023	LAMZEDE	*velmanase alfa-tycv*	ADD UM: COV		FDA Moratorium
02/28/2023	LAMZEDE	*velmanase alfa-tycv*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	LAMZEDE	*velmanase alfa-tycv*	ADD UM: MED		Medical Drug
02/28/2023	LAMZEDE	*velmanase alfa-tycv*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2023	LAMZEDE	*velmanase alfa-tycv*	ADD UM: COV		FDA Moratorium
02/28/2023	LAMZEDE	*velmanase alfa-tycv*	ADD UM: SPECIALTY		Specialty Drug
02/28/2023	LAMZEDE	*velmanase alfa-tycv*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

March, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2023	OLUMIANT	*baricitinib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/01/2023	OLUMIANT	*baricitinib*	CHANGE UM: DRUGCLASS	Excluded Products	Autoimmune Drugs
03/01/2023	OLUMIANT	*baricitinib*	ADD UM: PANAME		PA Applies
03/01/2023	OLUMIANT	*baricitinib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/01/2023	OLUMIANT	*baricitinib*	CHANGE UM: DRUGCLASS	Excluded Products	Autoimmune Drugs
03/01/2023	OLUMIANT	*baricitinib*	ADD UM: PANAME		PA Applies
03/01/2023	OLUMIANT	*baricitinib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/01/2023	OLUMIANT	*baricitinib*	CHANGE UM: DRUGCLASS	Excluded Products	Autoimmune Drugs
03/01/2023	OLUMIANT	*baricitinib*	ADD UM: PANAME		PA Applies
03/01/2023	*sodium thiosulfate*	*sodium thiosulfate*	ADD UM: COV		Non Formulary
03/01/2023	*sodium thiosulfate*	*sodium thiosulfate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/01/2023	*norepinephrine bitar-0.9% nacl*	*norepinephrine bitartrate in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
03/01/2023	*norepinephrine bitar-0.9% nacl*	*norepinephrine bitartrate in 0.9 % sodium chloride*	CHANGE UM: COV		Non Formulary
03/01/2023	*norepinephrine bitar-0.9% nacl*	*norepinephrine bitartrate in 0.9 % sodium chloride*	CHANGE UM: NFDA		Non-FDA Approved
03/01/2023	*ethacrynate sodium*	*ethacrynate sodium*	ADD TO FORMULARY	Non-Formulary	Generics

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2023	*ethacrynate sodium*	*ethacrynate sodium*	REMOVE UM: COV	Non Formulary	
03/01/2023	*ethacrynate sodium*	*ethacrynate sodium*	ADD TO FORMULARY	Non-Formulary	Generics
03/01/2023	*ethacrynate sodium*	*ethacrynate sodium*	REMOVE UM: COV	Non Formulary	
03/01/2023	*ethacrynate sodium*	*ethacrynate sodium*	ADD TO FORMULARY	Non-Formulary	Generics
03/01/2023	*ethacrynate sodium*	*ethacrynate sodium*	REMOVE UM: COV	Non Formulary	
03/01/2023	*levocarnitine*	*levocarnitine*	ADD TO FORMULARY	Non-Formulary	Generics
03/01/2023	*nicotine patch*	*nicotine*	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2023	*nicotine patch*	*nicotine*	ADD UM: MAXQTYPERDAY		1.0 per day
03/01/2023	*levorphanol tartrate*	*levorphanol tartrate*	CHANGE UM: HCG	HIGH COST GENERIC	High Cost Generic
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	ADD UM: COV		Non Formulary
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	ADD UM: NFDA		Non-FDA Approved
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	ADD UM: COV		Non Formulary
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	ADD UM: NFDA		Non-FDA Approved
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	REMOVE FROM FORMULARY	Generics	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	ADD UM: COV		Non Formulary
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	ADD UM: NFDA		Non-FDA Approved
03/02/2023	*glycopyrrolate*	*glycopyrrolate in sterile water/pf*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/02/2023	*glycopyrrolate*	*glycopyrrolate in sterile water/pf*	ADD UM: COV		FDA Moratorium
03/02/2023	*glycopyrrolate*	*glycopyrrolate in sterile water/pf*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/02/2023	*glycopyrrolate*	*glycopyrrolate in sterile water/pf*	ADD UM: COV		Non Formulary
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/02/2023	*glycopyrrolate*	*glycopyrrolate*	ADD UM: COV		Non Formulary
03/04/2023	ENTERADE IBS-D	*electrolytes/amino acids/ginger root xt/chamomile flower xt*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	ANGINOX	*citrulline/arginine/quercetin/folic acid/vitamin c/vitamin e*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	ANGINOX	*citrulline/arginine/quercetin/folic acid/vitamin c/vitamin e*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	SAM-E-TMG	*same butanedisulfonate/betaine*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	ANGINOX	*citrulline/arginine/quercetin/folic acid/vitamin c/vitamin e*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/04/2023	ANGINOX	*citrulline/arginine/quercetin/folic acid/vitamin c/vitamin e*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/04/2023	SAM-E-TMG	*same butanedisulfonate/betaine*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/04/2023	COQMAX-OMEGA	*omega-3 fatty acids/dha/epa/fish oil/coenzyme q-10*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	OMEGAPURE 900-TG	*omega-3 fatty acids/docosahexaenoic acid/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	MCM	*methyl salicylate/levomenthol/camphor*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*curafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*curafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*curafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*curafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*dynafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*dynafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*dynafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*dynafoam*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/04/2023	*pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
03/04/2023	*pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
03/04/2023	*pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
03/04/2023	*pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
03/04/2023	*pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
03/04/2023	*pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
03/04/2023	LIDOZENPATCH	*lidocaine/menthol*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*sodium citrate*	*sodium citrate*	REMOVE FROM FORMULARY		Non-Formulary
03/04/2023	*sodium citrate*	*sodium citrate*	ADD UM: COV		Non Formulary
03/04/2023	*sodium citrate*	*sodium citrate*	ADD UM: NFDA		Non-FDA Approved
03/04/2023	*sodium citrate*	*sodium citrate*	ADD UM: MED		Medical Drug
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
03/07/2023	ERVEBO (NATIONAL STOCKPILE)	*ebola (zaire) recombinant vaccine, live, vero cell/pf*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/07/2023	ERVEBO (NATIONAL STOCKPILE)	*ebola (zaire) recombinant vaccine, live, vero cell/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
03/07/2023	ERVEBO (NATIONAL STOCKPILE)	*ebola (zaire) recombinant vaccine, live, vero cell/pf*	ADD UM: COV		Non Formulary
03/07/2023	ERVEBO (NATIONAL STOCKPILE)	*ebola (zaire) recombinant vaccine, live, vero cell/pf*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	ERVEBO (NATIONAL STOCKPILE)	*ebola (zaire) recombinant vaccine, live, vero cell/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
03/07/2023	ERVEBO (NATIONAL STOCKPILE)	*ebola (zaire) recombinant vaccine, live, vero cell/pf*	ADD UM: COV		Non Formulary
03/07/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: COV		FDA Moratorium
03/07/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: COV		FDA Moratorium
03/07/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: COV		FDA Moratorium
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: MAXQTYPERDAY		0.4 per day
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: COV		FDA Moratorium
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: PR		Preventive Medication
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: MAXQTYPERDAY		0.4 per day
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: COV		FDA Moratorium
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: PR		Preventive Medication
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: MAXQTYPERDAY		0.4 per day
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: COV		FDA Moratorium
03/07/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/07/2023	ADVAIR HFA	*fluticasone propionate/salmeterol xinafoate*	ADD UM: B4G		Brand For Generic
03/07/2023	ADVAIR HFA	*fluticasone propionate/salmeterol xinafoate*	ADD UM: B4G		Brand For Generic
03/07/2023	ADVAIR HFA	*fluticasone propionate/salmeterol xinafoate*	ADD UM: B4G		Brand For Generic
03/07/2023	COPIKTRA	*duvelisib*	CHANGE TIER		Non-Preferred Brands
03/07/2023	COPIKTRA	*duvelisib*	CHANGE UM: DRUGCLASS		Antineoplastics/Chemo
03/07/2023	COPIKTRA	*duvelisib*	CHANGE UM: PANAME		PA Applies
03/07/2023	COPIKTRA	*duvelisib*	CHANGE UM: SPECIALTY		Specialty Drug
03/07/2023	*oxybutynin chloride*	*oxybutynin chloride*	ADD TO FORMULARY		Generics
03/07/2023	*oxybutynin chloride*	*oxybutynin chloride*	ADD UM: MAXQTYPERDAY		3.0 per day
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: B4G		Brand For Generic
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: B4G		Brand For Generic
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: B4G		Brand For Generic
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: B4G		Brand For Generic

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: B4G		Brand For Generic
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: B4G		Brand For Generic
03/07/2023	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: B4G		Brand For Generic
03/07/2023	*regadenoson*	*regadenoson*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	*regadenoson*	*regadenoson*	ADD UM: COV		Non Formulary
03/07/2023	*regadenoson*	*regadenoson*	ADD UM: MED		Medical Drug
03/07/2023	*regadenoson*	*regadenoson*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	*regadenoson*	*regadenoson*	ADD UM: COV		Non Formulary
03/07/2023	*regadenoson*	*regadenoson*	ADD UM: MED		Medical Drug
03/07/2023	CLENPIQ	*sodium picosulfate/magnesium oxide/citric acid*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	CLENPIQ	*sodium picosulfate/magnesium oxide/citric acid*	ADD UM: COV		FDA Moratorium
03/07/2023	EMERPHED	*ephedrine sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	EMERPHED	*ephedrine sulfate*	ADD UM: COV		Non Formulary
03/07/2023	EMERPHED	*ephedrine sulfate*	ADD UM: MED		Medical Drug
03/07/2023	EMERPHED	*ephedrine sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/07/2023	EMERPHED	*ephedrine sulfate*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/07/2023	EMERPHED	*ephedrine sulfate*	ADD UM: MED		Medical Drug
03/11/2023	PEPTO-BISMOL ULTRA	*bismuth subsalicylate*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	PROBIO DEFENSE	*l. helveticus,rhamnosus/b. longum/zinc yeast/selenium yeast*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*pms soothe*	*herbal complex no.327*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	IMMUNE ESSENTIALS	*ascorbic acid/olive leaf extract/beta-glucan*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	XYMODINE	*potassium iodide/iodine*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	IMMUNE ESSENTIALS	*ascorbic acid/olive leaf extract/beta-glucan*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/11/2023	*acai berry diet*	*acai berry extract/chromium/green tea/caffeine/enzymes*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALLERGY RELIEF D24	*fexofenadine hcl/pseudoephedrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*clever choice bp monitor*	*blood pressure test kit-large*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*clever choice bp monitor*	*blood pressure test kit-large*	ADD UM: DRUGCLASS		Blood Pressure Supplies
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
03/11/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
03/11/2023	ATORVALIQ	*atorvastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	ATORVALIQ	*atorvastatin calcium*	ADD UM: MAXQTYPERDAY		20.0 per day
03/11/2023	ATORVALIQ	*atorvastatin calcium*	ADD UM: COV		FDA Moratorium
03/11/2023	ATORVALIQ	*atorvastatin calcium*	ADD UM: PR		Preventive Medication
03/11/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	ADD UM: DRUGCLASS		Diabetic - Insulin
03/11/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	ADD UM: COV		FDA Moratorium
03/11/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	ADD UM: DRUGCLASS		Diabetic - Insulin
03/11/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	ADD UM: COV		FDA Moratorium
03/11/2023	XENOVIEW PREPARATION GAS BLEND	*xenon xe-129 hyperpolarized*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*xenoview empty delivery bag*	*inhalation bag with mouthpiece*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	XENOVIEW PREPARATION GAS BLEND	*xenon xe-129 hyperpolarized*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2023	*xenoview empty delivery bag*	*inhalation bag with mouthpiece*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
03/11/2023	*xenoview empty delivery bag*	*inhalation bag with mouthpiece*	ADD UM: COV		Non Formulary
03/11/2023	*insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD TO FORMULARY		Preferred Brands
03/11/2023	*insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD TO FORMULARY		Preferred Brands
03/11/2023	*insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
03/11/2023	*insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD UM: PR		Preventive Medication
03/11/2023	*insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
03/11/2023	*insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD UM: PR		Preventive Medication
03/11/2023	*teriflunomide*	*teriflunomide*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*teriflunomide*	*teriflunomide*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*teriflunomide*	*teriflunomide*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*teriflunomide*	*teriflunomide*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*teriflunomide*	*teriflunomide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2023	*teriflunomide*	*teriflunomide*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: PANAME		PA Applies
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: COV		FDA Moratorium
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: SPECIALTY		Specialty Drug
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: PANAME		PA Applies
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: COV		FDA Moratorium
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: SPECIALTY		Specialty Drug
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: PANAME		PA Applies
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: COV		FDA Moratorium
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: SPECIALTY		Specialty Drug
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: PANAME		PA Applies
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: COV		FDA Moratorium
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: SPECIALTY		Specialty Drug
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: PANAME		PA Applies
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: COV		FDA Moratorium
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: SPECIALTY		Specialty Drug

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2023	*bismuth-metronidazole-tetracyc*	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*bismuth-metronidazole-tetracyc*	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*bismuth-metronidazole-tetracyc*	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	ADD UM: QUANTITY		120 / 365 days
03/11/2023	*bismuth-metronidazole-tetracyc*	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	ADD UM: COV		FDA Moratorium
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: MAXQTYPERDAY		1.0 per day
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: PANAME		PA Applies
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: COV		FDA Moratorium
03/11/2023	*teriflunomide*	*teriflunomide*	ADD UM: SPECIALTY		Specialty Drug
03/11/2023	*bismuth-metronidazole-tetracyc*	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	ADD UM: QUANTITY		120 / 365 days
03/11/2023	*bismuth-metronidazole-tetracyc*	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	ADD UM: COV		FDA Moratorium
03/11/2023	*nitisinone*	*nitisinone*	ADD TO FORMULARY		Generics
03/11/2023	*nitisinone*	*nitisinone*	ADD UM: PANAME		PA Applies
03/11/2023	*nitisinone*	*nitisinone*	ADD UM: SPECIALTY		Specialty Drug
03/11/2023	*nitisinone*	*nitisinone*	ADD UM: PS		Preferred Specialty
03/11/2023	*nerivio*	*digital therapeutic, remote electrical neuromodulator device*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2023	*nerivio*	*digital therapeutic, remote electrical neuromodulator device*	ADD UM: COV		Non Formulary
03/11/2023	*cefazolin sodium*	*cefazolin sodium*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*cefazolin sodium*	*cefazolin sodium*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*cefazolin sodium*	*cefazolin sodium*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*cefazolin sodium*	*cefazolin sodium*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*brompheniramine maleate*	*brompheniramine maleate in sodium chloride, iso-osmotic*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	*brompheniramine maleate*	*brompheniramine maleate in sodium chloride, iso-osmotic*	ADD UM: COV		Non Formulary
03/11/2023	*eclipse needle*	*needles, safety*	ADD TO FORMULARY		Non-Preferred Brands
03/11/2023	*eclipse needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
03/11/2023	*cefazolin sodium*	*cefazolin sodium*	ADD UM: MED		Medical Drug
03/11/2023	*cefazolin sodium*	*cefazolin sodium*	ADD UM: MED		Medical Drug
03/11/2023	*cefazolin sodium*	*cefazolin sodium*	ADD UM: MED		Medical Drug
03/11/2023	*cefazolin sodium*	*cefazolin sodium*	ADD UM: MED		Medical Drug
03/11/2023	LUMAKRAS	*sotorasib*	REMOVE FROM FORMULARY		Non-Formulary
03/11/2023	LUMAKRAS	*sotorasib*	ADD UM: MAXQTYPERDAY		3.0 per day
03/11/2023	LUMAKRAS	*sotorasib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2023	LUMAKRAS	*sotorasib*	ADD UM: COV		FDA Moratorium
03/11/2023	LUMAKRAS	*sotorasib*	ADD UM: SPECIALTY		Specialty Drug
03/11/2023	XENOVIEW PREPARATION GAS BLEND	*xenon xe-129 hyperpolarized*	ADD UM: MED		Medical Drug
03/11/2023	*xenoview empty delivery bag*	*inhalation bag with mouthpiece*	ADD UM: MED		Medical Drug
03/11/2023	*brompheniramine maleate*	*brompheniramine maleate in sodium chloride, iso-osmotic*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	PYLERA	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	ADD UM: B4G		Brand For Generic
03/14/2023	AUBAGIO	*teriflunomide*	ADD UM: B4G		Brand For Generic
03/14/2023	AUBAGIO	*teriflunomide*	ADD UM: B4G		Brand For Generic
03/14/2023	*cefazolin sodium*	*cefazolin sodium*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium*	*cefazolin sodium*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium*	*cefazolin sodium*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-dextrose*	*cefazolin sodium/dextrose, iso-osmotic*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-dextrose*	*cefazolin sodium/dextrose, iso-osmotic*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-dextrose*	*cefazolin sodium/dextrose, iso-osmotic*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-dextrose*	*cefazolin sodium/dextrose, iso-osmotic*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium*	*cefazolin sodium*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/14/2023	*cefazolin sodium-dextrose*	*cefazolin sodium/dextrose, iso-osmotic*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-dextrose*	*cefazolin sodium/dextrose, iso-osmotic*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-dextrose*	*cefazolin sodium/dextrose, iso-osmotic*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-dextrose*	*cefazolin sodium/dextrose, iso-osmotic*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	*cefazolin-d5w*	*cefazolin sodium/dextrose 5 % in water*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin-d5w*	*cefazolin sodium/dextrose 5 % in water*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin-d5w*	*cefazolin sodium/dextrose 5 % in water*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	*cefazolin-d5w*	*cefazolin sodium/dextrose 5 % in water*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin-d5w*	*cefazolin sodium/dextrose 5 % in water*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin-d5w*	*cefazolin sodium/dextrose 5 % in water*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
03/14/2023	*cefazolin sodium-0.9% nacl*	*cefazolin sodium in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: MED		Medical Drug
03/14/2023	*hydromorphone hcl*	*hydromorphone hcl/pf*	ADD UM: MED		Medical Drug
03/14/2023	*hydromorphone hcl*	*hydromorphone hcl/pf*	ADD UM: MED		Medical Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: MED	Medical Drug	
03/14/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2023	*teriflunomide*	*teriflunomide*	REMOVE UM: PANAME	PA Applies	
03/15/2023	*teriflunomide*	*teriflunomide*	REMOVE UM: PANAME	PA Applies	
03/17/2023	BANATROL PLUS	*banana flakes/transgalactooligosaccharides*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	*metronidazole micronized*	*metronidazole, micronized*	ADD TO FORMULARY		Non-Preferred Brands
03/17/2023	*metronidazole micronized*	*metronidazole, micronized*	ADD TO FORMULARY		Non-Preferred Brands
03/17/2023	*metronidazole micronized*	*metronidazole, micronized*	ADD TO FORMULARY		Non-Preferred Brands
03/17/2023	*metronidazole micronized*	*metronidazole, micronized*	ADD TO FORMULARY		Non-Preferred Brands
03/17/2023	IGG PURE	*whey protein concentrate/amino acids*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	CARNITEX	*levocarnitine tartrate*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	GI PROTECT	*whey protein concentrate/amino acids*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	GI PROTECT	*whey protein concentrate/amino acids*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	IGG PURE	*whey protein concentrate/amino acids*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/17/2023	CARNITEX	*levocarnitine tartrate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/17/2023	GI PROTECT	*whey protein concentrate/amino acids*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/17/2023	GI PROTECT	*whey protein concentrate/amino acids*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/17/2023	UCD TRIO	*nutritional therapy, urea cycle disorder*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	UCD TRIO	*nutritional therapy, urea cycle disorder*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	PKU GOLIKE	*nutritional therapy for phenylketonuria(pku) no.56*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	MEDCAPS IS	*thiamine/niacin/biotin/minerals/fenugreek extract/herbals*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	NOPIOD	*methylsulfonylmethane/hyaluronic acid/herbal complex no.339*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	UCD TRIO	*nutritional therapy, urea cycle disorder*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/17/2023	PKU GOLIKE	*nutritional therapy for phenylketonuria(pku) no.56*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/17/2023	MEDCAPS IS	*thiamine/niacin/biotin/minerals/fenugreek extract/herbals*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/17/2023	NOPIOD	*methylsulfonylmethane/hyaluronic acid/herbal complex no.339*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/17/2023	ACTIVNUTRIENTS MULTIVITAMIN	*multivit with minerals/methyltetrahydrofolate glucosa/vit k2*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	ACTIVNUTRIENTS MULTIVITAMIN	*multivit with minerals/methyltetrahydrofolate glucosa/vit k2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/17/2023	CORTIZONE-10	*hydrocortisone*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	PEDIASURE GROW-GAIN	*pediatric nutrition with iron, lactose free*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/17/2023	PEDIASURE GROW-GAIN	*pediatric nutrition with iron, lactose free*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/17/2023	*gentle skin cleanser*	*skin cleanser combination no.10*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	*gentle skin cleanser*	*skin cleanser combination no.43*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	*gentle skin cleanser*	*skin cleanser combination no.10*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	SCALP RELIEF	*salicylic acid*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	EUCERIN INTENSIVE REPAIR	*emollient combination no.110*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	EUCERIN ADVANCED REPAIR HAND	*emollient combination no.117*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	*purathick*	*maltodextrin/tara gum*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	*purathick*	*maltodextrin/tara gum*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	*vitalvasc*	*grape seed extract/hesperidin/olive extract*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	*pcca suspendit*	*liquid base no.261*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	DYNAWOUND	*benzethonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	DYNAWOUND	*benzethonium chloride*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/17/2023	ONE-A-DAY PRENATAL	*prenatal vitamins no.167/folic acid/docosahexaenoic acid*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	ONE-A-DAY PRENATAL	*prenatal vitamins no.167/folic acid/docosahexaenoic acid*	ADD UM: DRUGCLASS		Prenatal Vitamins
03/17/2023	COQMAX-OMEGA	*omega-3 fatty acids/dha/epa/fish oil/coenzyme q-10*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	CIDATRINE-TM	*calcium carbonate/magnesium carbonate*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	DHA FROM ALGAE	*docosahexaenoic acid*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	*eclipse luer-lok syringe*	*syringe,safety with needle,3 ml*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	*eclipse luer-lok syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
03/17/2023	*pro comfort safety lancet*	*lancets*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	*pro comfort safety lancet*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
03/17/2023	*pro comfort safety lancet*	*lancets*	ADD UM: COV		Non Formulary
03/17/2023	*pro comfort safety lancet*	*lancets*	ADD UM: PR		Preventive Medication
03/17/2023	*mobile lancets*	*lancets*	ADD TO FORMULARY		Preferred Brands
03/17/2023	*mobile lancets*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
03/17/2023	*mobile lancets*	*lancets*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/17/2023	*easy comfort sharps collector*	*container,empty*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	DAYBUE	*trofinetide*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	DAYBUE	*trofinetide*	ADD UM: COV		FDA Moratorium
03/17/2023	DAYBUE	*trofinetide*	ADD UM: SPECIALTY		Specialty Drug
03/17/2023	SKYCLARYS	*omaveloxolone*	REMOVE FROM FORMULARY		Non-Formulary
03/17/2023	SKYCLARYS	*omaveloxolone*	ADD UM: COV		FDA Moratorium
03/17/2023	SKYCLARYS	*omaveloxolone*	ADD UM: SPECIALTY		Specialty Drug
03/21/2023	ADTHYZA	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
03/21/2023	ADTHYZA	*thyroid,pork*	ADD UM: COV		FDA Moratorium
03/21/2023	ADTHYZA	*thyroid,pork*	ADD UM: NFDA		Non-FDA Approved
03/21/2023	ADTHYZA	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
03/21/2023	ADTHYZA	*thyroid,pork*	ADD UM: COV		FDA Moratorium
03/21/2023	ADTHYZA	*thyroid,pork*	ADD UM: NFDA		Non-FDA Approved
03/21/2023	ADTHYZA	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
03/21/2023	ADTHYZA	*thyroid,pork*	ADD UM: COV		FDA Moratorium
03/21/2023	ADTHYZA	*thyroid,pork*	ADD UM: NFDA		Non-FDA Approved
03/21/2023	ADTHYZA	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
03/21/2023	ADTHYZA	*thyroid,pork*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/21/2023	ADTHYZA	*thyroid,pork*	ADD UM: NFDA		Non-FDA Approved
03/21/2023	ADTHYZA	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
03/21/2023	ADTHYZA	*thyroid,pork*	ADD UM: COV		FDA Moratorium
03/21/2023	ADTHYZA	*thyroid,pork*	ADD UM: NFDA		Non-FDA Approved
03/21/2023	LIORESAL INTRATHECAL	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
03/21/2023	LIORESAL INTRATHECAL	*baclofen*	ADD UM: COV		Non Formulary
03/21/2023	LIORESAL INTRATHECAL	*baclofen*	ADD UM: SPECIALTY		Specialty Drug
03/21/2023	LIORESAL INTRATHECAL	*baclofen*	ADD UM: MED		Medical Drug
03/21/2023	LIORESAL INTRATHECAL	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
03/21/2023	LIORESAL INTRATHECAL	*baclofen*	ADD UM: COV		Non Formulary
03/21/2023	LIORESAL INTRATHECAL	*baclofen*	ADD UM: SPECIALTY		Specialty Drug
03/21/2023	LIORESAL INTRATHECAL	*baclofen*	ADD UM: MED		Medical Drug
03/21/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/21/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: MAXQTYPERDAY		4.0 per day
03/21/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/21/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/21/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: MAXQTYPERDAY		4.0 per day
03/21/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: COV		FDA Moratorium
03/21/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	REMOVE UM: COV	FDA Moratorium	
03/21/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	REMOVE UM: COV	FDA Moratorium	
03/21/2023	ADTHYZA	*thyroid,pork*	REMOVE UM: NFDA	Non-FDA Approved	
03/21/2023	ADTHYZA	*thyroid,pork*	REMOVE UM: NFDA	Non-FDA Approved	
03/21/2023	ADTHYZA	*thyroid,pork*	REMOVE UM: NFDA	Non-FDA Approved	
03/21/2023	ADTHYZA	*thyroid,pork*	REMOVE UM: NFDA	Non-FDA Approved	
03/21/2023	ADTHYZA	*thyroid,pork*	REMOVE UM: NFDA	Non-FDA Approved	
03/22/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: PR		Preventive Medication
03/22/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: PR		Preventive Medication
03/25/2023	WOMEN'S MULTIVITAMIN COLLAGEN	*multivitamin with minerals/folic acid/collagen, hydrolyzed*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/25/2023	MVW MODULATR FORMULTN MULTIVIT	*vitamin a/ascorbic acid/vitamin d3/vit e mixed/vit k1/zinc*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	ONEVITE DAILY MULTIVITAMIN	*multivitamin with folic acid*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	ONEVITE DAILY MULTIVITAMIN	*multivitamin with folic acid*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	WOMEN'S MULTIVITAMIN COLLAGEN	*multivitamin with minerals/folic acid/collagen, hydrolyzed*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/25/2023	MVW MODULATR FORMULTN MULTIVIT	*vitamin a/ascorbic acid/vitamin d3/vit e mixed/vit k1/zinc*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/25/2023	ONEVITE DAILY MULTIVITAMIN	*multivitamin with folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/25/2023	ONEVITE DAILY MULTIVITAMIN	*multivitamin with folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/25/2023	*vitamin d3*	*cholecalciferol (vitamin d3)*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	*vitamin d3*	*cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/25/2023	KINDERSPROUT PLANT PROTEIN	*pediatric nutrition with iron, lactose free*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	KINDERSPROUT PLANT PROTEIN	*pediatric nutrition with iron, lactose free*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	CHOLEREX	*policosanol/magnesium malate, chelate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/25/2023	PROTEOXYME	*enzymes, proteolytic/rutin*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	KINDERSPROUT PLANT PROTEIN	*pediatric nutrition with iron, lactose free*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/25/2023	KINDERSPROUT PLANT PROTEIN	*pediatric nutrition with iron, lactose free*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/25/2023	CHOLEREX	*policosanol/magnesium malate, chelate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/25/2023	PROTEOXYME	*enzymes, proteolytic/rutin*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/25/2023	MOISTURIZING CREAM	*glycerin/dimethicone/petrolatum,white/water*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	ALLERGY NASAL MIST	*oxymetazoline hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	*nuvagen*	*collagen,bovine*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	*nuvagen*	*collagen,bovine*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	*carepoint luer lock*	*syringe with needle,disposable, 3 ml*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	*pump in style with maxflow*	*breast pump*	REMOVE FROM FORMULARY		Non-Formulary
03/25/2023	*prednisolone*	*prednisolone*	ADD TO FORMULARY		Generics
03/28/2023	*halo closed syringe adaptor*	*needle injector, luer lock, closed system*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2023	*halo closed syringe adaptor*	*needle injector, luer lock, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
03/28/2023	*halo closed syringe adaptor*	*needle injector, luer lock, closed system*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/28/2023	*halo closed bag adaptor*	*infusion adapter, closed system*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2023	*halo closed bag adaptor*	*infusion adapter, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
03/28/2023	*halo closed bag adaptor*	*infusion adapter, closed system*	ADD UM: COV		Non Formulary
03/28/2023	NEPHROSCAN	*kit for the preparation of tc-99m/succimer*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2023	NEPHROSCAN	*kit for the preparation of tc-99m/succimer*	ADD UM: COV		Non Formulary
03/28/2023	NEPHROSCAN	*kit for the preparation of tc-99m/succimer*	ADD UM: MED		Medical Drug
03/28/2023	NEPHROSCAN	*kit for the preparation of tc-99m/succimer*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2023	NEPHROSCAN	*kit for the preparation of tc-99m/succimer*	ADD UM: COV		Non Formulary
03/28/2023	NEPHROSCAN	*kit for the preparation of tc-99m/succimer*	ADD UM: MED		Medical Drug
03/30/2023	EMEND	*aprepitant*	CHANGE UM: MAXQTYPERDAY	0.08 per day	0.15 per day

Alliant Precision Formulary 2023 Updates

April, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*methocarbamol*	*methocarbamol*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
04/01/2023	*methocarbamol*	*methocarbamol*	REMOVE UM: HCG	High Cost Generic	
04/01/2023	TESTOPEL	*testosterone*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	TESTOPEL	*testosterone*	ADD UM: MED		Medical Drug
04/01/2023	VANTAS	*histrelin acetate*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	VANTAS	*histrelin acetate*	ADD UM: MED		Medical Drug
04/01/2023	INJECTAFER	*ferric carboxymaltose*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	INJECTAFER	*ferric carboxymaltose*	ADD UM: MED		Medical Drug
04/01/2023	INJECTAFER	*ferric carboxymaltose*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	INJECTAFER	*ferric carboxymaltose*	ADD UM: MED		Medical Drug
04/01/2023	INJECTAFER	*ferric carboxymaltose*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	INJECTAFER	*ferric carboxymaltose*	ADD UM: MED		Medical Drug
04/01/2023	SUPPRELIN LA	*histrelin acetate*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	SUPPRELIN LA	*histrelin acetate*	ADD UM: MED		Medical Drug
04/01/2023	FABRAZYME	*agalsidase beta*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	FABRAZYME	*agalsidase beta*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	FABRAZYME	*agalsidase beta*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	FABRAZYME	*agalsidase beta*	ADD UM: MED		Medical Drug
04/01/2023	LUMIZYME	*alglucosidase alfa*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	LUMIZYME	*alglucosidase alfa*	ADD UM: MED		Medical Drug
04/01/2023	ELAPRASE	*idursulfase*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	ELAPRASE	*idursulfase*	ADD UM: MED		Medical Drug
04/01/2023	ALDURAZYME	*laronidase*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	ALDURAZYME	*laronidase*	ADD UM: MED		Medical Drug
04/01/2023	NAGLAZYME	*galsulfase*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	NAGLAZYME	*galsulfase*	ADD UM: MED		Medical Drug
04/01/2023	EYLEA	*aflibercept*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	EYLEA	*aflibercept*	ADD UM: MED		Medical Drug
04/01/2023	EYLEA	*aflibercept*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	EYLEA	*aflibercept*	ADD UM: MED		Medical Drug
04/01/2023	LUCENTIS	*ranibizumab*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	LUCENTIS	*ranibizumab*	ADD UM: MED		Medical Drug
04/01/2023	LUCENTIS	*ranibizumab*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	LUCENTIS	*ranibizumab*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	LUCENTIS	*ranibizumab*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	LUCENTIS	*ranibizumab*	ADD UM: MED		Medical Drug
04/01/2023	LUCENTIS	*ranibizumab*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	LUCENTIS	*ranibizumab*	ADD UM: MED		Medical Drug
04/01/2023	*dihydroergotamine mesylate*	*dihydroergotamine mesylate*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dihydroergotamine mesylate*	*dihydroergotamine mesylate*	ADD UM: MED		Medical Drug
04/01/2023	*daptomycin*	*daptomycin*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*daptomycin*	*daptomycin*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose 5%-electrolyte #48*	*electrolyte-48 solution/dextrose 5 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose 5%-electrolyte #48*	*electrolyte-48 solution/dextrose 5 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in lactated ringers*	*dextrose 5 % in lactated ringers*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in lactated ringers*	*dextrose 5 % in lactated ringers*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in ringers injection*	*dextrose 5 % in ringer's,dextrose 5% in ringers*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in ringers injection*	*dextrose 5 % in ringer's,dextrose 5% in ringers*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose 5%-0.9% nacl*	*dextrose 5 % and 0.9 % sodium chloride*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*dextrose 5%-0.9% nacl*	*dextrose 5 % and 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose 5%-0.45% nacl*	*dextrose 5 % and 0.45 % sodium chloride*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose 5%-0.45% nacl*	*dextrose 5 % and 0.45 % sodium chloride*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose 5%-0.33% nacl*	*dextrose 5 % and 0.3 % sodium chloride*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose 5%-0.33% nacl*	*dextrose 5 % and 0.3 % sodium chloride*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose 5%-0.2% nacl*	*dextrose 5 % and 0.2 % sodium chloride*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose 5%-0.2% nacl*	*dextrose 5 % and 0.2 % sodium chloride*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose 10%-0.45% nacl*	*dextrose 10 % and 0.45 % sodium chloride*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose 10%-0.45% nacl*	*dextrose 10 % and 0.45 % sodium chloride*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose 10%-0.2% nacl*	*dextrose 10 % and 0.2 % sodium chloride*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose 10%-0.2% nacl*	*dextrose 10 % and 0.2 % sodium chloride*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose 2.5%-0.45% nacl*	*dextrose 2.5 % and 0.45 % sodium chloride*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose 2.5%-0.45% nacl*	*dextrose 2.5 % and 0.45 % sodium chloride*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose 5%-0.3% nacl*	*dextrose 5 % and 0.3 % sodium chloride*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose 5%-0.3% nacl*	*dextrose 5 % and 0.3 % sodium chloride*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*dextrose 5%-0.225% nacl*	*dextrose 5 % and 0.2 % sodium chloride*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose 5%-0.225% nacl*	*dextrose 5 % and 0.2 % sodium chloride*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 5 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in water*	*dextrose 5 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 70 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in water*	*dextrose 70 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 10 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in water*	*dextrose 10 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 5 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in water*	*dextrose 5 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 25 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in water*	*dextrose 25 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 50 % in water*	REMOVE UM: BSP		
04/01/2023	*dextrose in water*	*dextrose 50 % in water*	CHANGE UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 50 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in water*	*dextrose 50 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 50 % in water*	REMOVE UM: BSP		
04/01/2023	*dextrose in water*	*dextrose 50 % in water*	CHANGE UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 50 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*dextrose in water*	*dextrose 50 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 40 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in water*	*dextrose 40 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 30 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in water*	*dextrose 30 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*dextrose in water*	*dextrose 20 % in water*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*dextrose in water*	*dextrose 20 % in water*	ADD UM: MED		Medical Drug
04/01/2023	*nalbuphine hcl*	*nalbuphine hcl*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*nalbuphine hcl*	*nalbuphine hcl*	ADD UM: MED		Medical Drug
04/01/2023	*nalbuphine hcl*	*nalbuphine hcl*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*nalbuphine hcl*	*nalbuphine hcl*	ADD UM: MED		Medical Drug
04/01/2023	*nalbuphine hcl*	*nalbuphine hcl*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*nalbuphine hcl*	*nalbuphine hcl*	ADD UM: MED		Medical Drug
04/01/2023	*nalbuphine hcl*	*nalbuphine hcl*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	*nalbuphine hcl*	*nalbuphine hcl*	ADD UM: MED		Medical Drug
04/01/2023	PROSOL	*parenteral amino acid 20 % combination no.1*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
04/01/2023	PROSOL	*parenteral amino acid 20 % combination no.1*	ADD UM: MED		Medical Drug
04/01/2023	*methylphenidate er*	*methylphenidate hcl*	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*methylphenidate er*	*methylphenidate hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*methylphenidate er*	*methylphenidate hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	*methylphenidate er*	*methylphenidate hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*naloxone hcl (stockpile)*	*naloxone hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	DAXXIFY	*daxibotulinumtoxina-lanm*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	DAXXIFY	*daxibotulinumtoxina-lanm*	ADD UM: PANAME		PA Applies
04/01/2023	DAXXIFY	*daxibotulinumtoxina-lanm*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	DAXXIFY	*daxibotulinumtoxina-lanm*	ADD UM: SDS		Extended Specialty Day Supply
04/01/2023	ELAHERE	*mirvetuximab soravtansine-gynx*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	FUROSCIX	*furosemide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	FUROSCIX	*furosemide*	ADD UM: QUANTITY		2 / fill
04/01/2023	FUROSCIX	*furosemide*	ADD UM: PANAME		PA Applies
04/01/2023	FUROSCIX	*furosemide*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HEMGENIX	*etranacogene dezaparvovec-drlb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	IMJUDO	*tremelimumab-actl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	IMJUDO	*tremelimumab-actl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	KRAZATI	*adagrasib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	KRAZATI	*adagrasib*	ADD UM: MAXQTYPERDAY		6.0 per day
04/01/2023	KRAZATI	*adagrasib*	ADD UM: PANAME		PA Applies
04/01/2023	KRAZATI	*adagrasib*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	KYZATREX	*testosterone undecanoate*	ADD UM: MAXQTYPERDAY		4.0 per day
04/01/2023	KYZATREX	*testosterone undecanoate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	KYZATREX	*testosterone undecanoate*	ADD UM: GENDER		Male
04/01/2023	KYZATREX	*testosterone undecanoate*	ADD UM: MAXQTYPERDAY		4.0 per day
04/01/2023	KYZATREX	*testosterone undecanoate*	ADD UM: GENDER		Male

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	KYZATREX	*testosterone undecanoate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	KYZATREX	*testosterone undecanoate*	ADD UM: MAXQTYPERDAY		4.0 per day
04/01/2023	KYZATREX	*testosterone undecanoate*	ADD UM: GENDER		Male
04/01/2023	KYZATREX	*testosterone undecanoate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	REBYOTA	*fecal microbiota, live-jslm*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	REZLIDHIA	*olutasidenib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	REZLIDHIA	*olutasidenib*	ADD UM: MAXQTYPERDAY		2.0 per day
04/01/2023	REZLIDHIA	*olutasidenib*	ADD UM: PANAME		PA Applies
04/01/2023	REZLIDHIA	*olutasidenib*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	STIMUFEND	*pegfilgrastim-fpgk*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	STIMUFEND	*pegfilgrastim-fpgk*	ADD UM: PANAME		PA Applies
04/01/2023	STIMUFEND	*pegfilgrastim-fpgk*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	TECVAYLI	*teclistamab-cqyv*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	TECVAYLI	*teclistamab-cqyv*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	TERLIVAZ	*terlipressin acetate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	TZIELD	*teplizumab-mzwv*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	RELEXXII	*methylphenidate hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	RELEXXII	*methylphenidate hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	RELEXXII	*methylphenidate hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	RELEXXII	*methylphenidate hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	TASCENSO ODT	*fingolimod lauryl sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	TASCENSO ODT	*fingolimod lauryl sulfate*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	TASCENSO ODT	*fingolimod lauryl sulfate*	ADD UM: PANAME		PA Applies
04/01/2023	TASCENSO ODT	*fingolimod lauryl sulfate*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	*bendamustine hcl*	*bendamustine hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*bendamustine hcl*	*bendamustine hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*diclofenac potassium*	*diclofenac potassium*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	*diclofenac potassium*	*diclofenac potassium*	ADD UM: DRUGCLASS		Excluded Products
04/01/2023	*diclofenac potassium*	*diclofenac potassium*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	HALOETTE	*etonogestrel/ethinyl estradiol*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2023	HALOETTE	*etonogestrel/ethinyl estradiol*	ADD UM: GENDER		Female
04/01/2023	HALOETTE	*etonogestrel/ethinyl estradiol*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	HALOETTE	*etonogestrel/ethinyl estradiol*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
04/01/2023	HALOETTE	*etonogestrel/ethinyl estradiol*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
04/01/2023	JAVYGTOR	*sapropterin dihydrochloride*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: PANAME		PA Applies
04/01/2023	JAVYGTOR	*sapropterin dihydrochloride*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	JAVYGTOR	*sapropterin dihydrochloride*	CHANGE TIER	Non-Preferred Brands	Generics
04/01/2023	DALIRESP	*roflumilast*	REMOVE UM: B4G	Brand For Generic	
04/01/2023	DALIRESP	*roflumilast*	REMOVE UM: B4G	Brand For Generic	
04/01/2023	*roflumilast*	*roflumilast*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2023	*roflumilast*	*roflumilast*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	*roflumilast*	*roflumilast*	ADD UM: PANAME		PA Applies
04/01/2023	*roflumilast*	*roflumilast*	ADD UM: FI1		MRx Maintenance
04/01/2023	*roflumilast*	*roflumilast*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	*roflumilast*	*roflumilast*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2023	*roflumilast*	*roflumilast*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	*roflumilast*	*roflumilast*	ADD UM: PANAME		PA Applies
04/01/2023	*roflumilast*	*roflumilast*	ADD UM: FI1		MRx Maintenance
04/01/2023	*roflumilast*	*roflumilast*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	*tafluprost*	*tafluprost/pf*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	*tafluprost*	*tafluprost/pf*	REMOVE UM: DRUGCLASS	Excluded Products	
04/01/2023	BASAGLAR TEMPO PEN U-100	*insulin glargine,human recombinant analog*	ADD UM: QUANTITY		90 days

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	BASAGLAR TEMPO PEN U-100	*insulin glargine,human recombinant analog*	CHANGE UM: DRUGCLASS	Diabetic - Insulin	Excluded Products
04/01/2023	BASAGLAR TEMPO PEN U-100	*insulin glargine,human recombinant analog*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	BASAGLAR TEMPO PEN U-100	*insulin glargine,human recombinant analog*	ADD UM: SDS		Extended Specialty Day Supply
04/01/2023	*dexcom g7 sensor*	*blood-glucose sensor*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
04/01/2023	*dexcom g7 sensor*	*blood-glucose sensor*	ADD UM: AGE		At least 2 yrs old
04/01/2023	*dexcom g7 sensor*	*blood-glucose sensor*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	*dexcom g7 receiver*	*blood-glucose meter,continuous*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
04/01/2023	*dexcom g7 receiver*	*blood-glucose meter,continuous*	ADD UM: AGE		At least 2 yrs old
04/01/2023	*dexcom g7 receiver*	*blood-glucose meter,continuous*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	*endeavorrx*	*digital therapeutics,cognit. behavioral therapy for adhd*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HUMALOG TEMPO PEN U-100	*insulin lispro*	ADD UM: QUANTITY		90 days
04/01/2023	HUMALOG TEMPO PEN U-100	*insulin lispro*	CHANGE UM: DRUGCLASS	Diabetic - Insulin	Excluded Products
04/01/2023	HUMALOG TEMPO PEN U-100	*insulin lispro*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	HUMALOG TEMPO PEN U-100	*insulin lispro*	ADD UM: SDS		Extended Specialty Day Supply
04/01/2023	LYUMJEV TEMPO PEN U-100	*insulin lispro-aabc*	CHANGE UM: DRUGCLASS	Diabetic - Insulin	Excluded Products
04/01/2023	LYUMJEV TEMPO PEN U-100	*insulin lispro-aabc*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	*mahana ibs*	*digital therapeutics,cognit. behavioral therapy for ibs*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*reset (sud) (non-monetary cm)*	*digital therapeutics,cognit. behavioral therapy for sud*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*reset (sud)*	*digital therapeutics,cognit. behavioral therapy for sud*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*reset-o (oud)*	*digital therapeutics,cognit. behavioral therapy for oud*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*somryst*	*digital therapeutics,cognit. behavioral therapy for insomnia*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*tempo refill kit*	*lancet with blood glucose test strips and pen needles*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*tempo smart button*	*data transfer accessory (insulin pen), bluetooth*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*tempo welcome kit*	*blood glucose meter/insulin data transf accessory, bluetooth*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	VIVIMUSTA	*bendamustine hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*pure comfort lancets*	*lancets*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*pure comfort lancets*	*lancets*	ADD UM: COV		Non Formulary
04/01/2023	*omniflex diaphragm*	*diaphragms, wide seal*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2023	*omniflex diaphragm*	*diaphragms, wide seal*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits may apply.
04/01/2023	*omniflex diaphragm*	*diaphragms, wide seal*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
04/01/2023	*alcohol prep pads*	*alcohol antiseptic pads*	CHANGE UM: DRUGCLASS	Excluded Products	Alcohol Swabs
04/01/2023	CORVITA 150	*iron,carbonyl/folic acid/vit c/pyridoxine hcl/vit b12/zinc*	CHANGE UM: DRUGCLASS	Excluded Products	Vitamins (Not Prenatal)
04/01/2023	CORVITA 150	*iron,carbonyl/folic acid/vit c/pyridoxine hcl/vit b12/zinc*	ADD UM: COV		Non Formulary
04/01/2023	CORVITE 150	*iron,carbonyl/folic acid/vit c/pyridoxine hcl/vit b12/zinc,iron,carbonyl/methyltetrahydrofolate,folic acid/mv,min no.41*	CHANGE UM: DRUGCLASS	Excluded Products	Vitamins (Not Prenatal)
04/01/2023	CORVITE 150	*iron,carbonyl/folic acid/vit c/pyridoxine hcl/vit b12/zinc,iron,carbonyl/methyltetrahydrofolate,folic acid/mv,min no.41*	ADD UM: COV		Non Formulary
04/01/2023	CORVITE FE	*iron,carbonyl/ferrous asparto glycinate/folic acid/mv-min27,iron/methyltetrahydrofolate gluc,folate/multivit,mins no.40*	CHANGE UM: DRUGCLASS	Excluded Products	Vitamins (Not Prenatal)

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	CORVITE FE	*iron,carbonyl/ferrous asparto glycinate/folic acid/mv-min27,iron/methyltetrahydrof olate gluc,folate/multivit,mins no.40*	ADD UM: COV		Non Formulary
04/01/2023	LORID	*vitamin b complex/folic acid/ascorbic acid/biotin*	CHANGE UM: DRUGCLASS	Excluded Products	Vitamins (Not Prenatal)
04/01/2023	LORID	*vitamin b complex/folic acid/ascorbic acid/biotin*	ADD UM: COV		Non Formulary
04/01/2023	*methylphenidate er*	*methylphenidate hcl*	ADD UM: STEP		ST applies
04/01/2023	*methylphenidate er*	*methylphenidate hcl*	ADD UM: STEP		ST applies
04/01/2023	RELEXXII	*methylphenidate hcl*	ADD UM: STEP		ST applies
04/01/2023	RELEXXII	*methylphenidate hcl*	ADD UM: STEP		ST applies
04/01/2023	RELYVRIO	*sodium phenylbutyrate/taurursodiol*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	RELYVRIO	*sodium phenylbutyrate/taurursodiol*	ADD UM: MAXQTYPERDAY		2.0 per day
04/01/2023	RELYVRIO	*sodium phenylbutyrate/taurursodiol*	ADD UM: PANAME		PA Applies
04/01/2023	RELYVRIO	*sodium phenylbutyrate/taurursodiol*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	ERMEZA	*levothyroxine sodium*	ADD UM: MAXQTYPERDAY		10.0 per day
04/01/2023	*omniflex diaphragm*	*diaphragms, wide seal*	REMOVE UM: COV	Non Formulary	
04/01/2023	BASAGLAR TEMPO PEN U-100	*insulin glargine,human recombinant analog*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	BASAGLAR TEMPO PEN U-100	*insulin glargine,human recombinant analog*	REMOVE UM: DRUGCLASS	Excluded Products	
04/01/2023	LYUMJEV TEMPO PEN U-100	*insulin lispro-aabc*	ADD UM: COV		Non Formulary
04/01/2023	LYUMJEV TEMPO PEN U-100	*insulin lispro-aabc*	REMOVE UM: DRUGCLASS	Excluded Products	
04/01/2023	HUMALOG TEMPO PEN U-100	*insulin lispro*	ADD UM: COV		Non Formulary
04/01/2023	HUMALOG TEMPO PEN U-100	*insulin lispro*	REMOVE UM: DRUGCLASS	Excluded Products	
04/01/2023	*lubiprostone*	*lubiprostone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	*lubiprostone*	*lubiprostone*	ADD UM: PANAME		PA Applies
04/01/2023	*lubiprostone*	*lubiprostone*	REMOVE UM: DRUGCLASS	Excluded Products	
04/01/2023	*lubiprostone*	*lubiprostone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	*lubiprostone*	*lubiprostone*	ADD UM: PANAME		PA Applies
04/01/2023	*lubiprostone*	*lubiprostone*	REMOVE UM: DRUGCLASS	Excluded Products	
04/01/2023	XELSTRYM	*dextroamphetamine*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	XELSTRYM	*dextroamphetamine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	XELSTRYM	*dextroamphetamine*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	XELSTRYM	*dextroamphetamine*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	XELSTRYM	*dextroamphetamine*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	XELSTRYM	*dextroamphetamine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	XELSTRYM	*dextroamphetamine*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2023	XELSTRYM	*dextroamphetamine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	ZYNTEGLO	*betibeglogene autotemcel*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	CIMERLI	*ranibizumab-eqrn*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*orlistat*	*orlistat*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2023	*orlistat*	*orlistat*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	CIMERLI	*ranibizumab-eqrn*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	HYLAGUARD	*emollient combination no.53*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*reset-o (oud)(non-monetary cm)*	*digital therapeutics,cognit. behavioral therapy for oud*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*imdevimab (regn10987) (eua)*	*imdevimab*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*casirivimab (regn10933) (eua)*	*casirivimab*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2023	*tacrolimus*	*tacrolimus*	ADD UM: AGE		At least 2 yrs old
04/01/2023	*tacrolimus*	*tacrolimus*	ADD UM: AGE		At least 16 yrs old
04/01/2023	*diclofenac potassium*	*diclofenac potassium*	ADD UM: COV		FDA Moratorium
04/01/2023	*diclofenac potassium*	*diclofenac potassium*	REMOVE UM: DRUGCLASS	Excluded Products	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*lurasidone hcl*	*lurasidone hcl*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2023	*lurasidone hcl*	*lurasidone hcl*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2023	*lurasidone hcl*	*lurasidone hcl*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	*lurasidone hcl*	*lurasidone hcl*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	*lurasidone hcl*	*lurasidone hcl*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2023	*lurasidone hcl*	*lurasidone hcl*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	*lurasidone hcl*	*lurasidone hcl*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2023	*lurasidone hcl*	*lurasidone hcl*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	*lurasidone hcl*	*lurasidone hcl*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2023	*lurasidone hcl*	*lurasidone hcl*	REMOVE UM: COV	FDA Moratorium	
04/01/2023	ERMEZA	*levothyroxine sodium*	ADD UM: COV		Non Formulary
04/01/2023	ERMEZA	*levothyroxine sodium*	REMOVE UM: DRUGCLASS	Excluded Products	
04/01/2023	*methylphenidate er*	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
04/01/2023	*methylphenidate er*	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
04/01/2023	RELEXXII	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
04/01/2023	RELEXXII	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
04/01/2023	ASPERCREME LIDOCAINE	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/01/2023	ASPERCREME LIDOCAINE	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/01/2023	ASPERCREME LIDOCAINE	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/01/2023	OSAPLEX	*hydroxyapatite/vitamin d3/choline/silicon*	REMOVE FROM FORMULARY		Non-Formulary

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	COMPOUND W TOTAL CARE	*salicylic acid/emollient combination no.118*	REMOVE FROM FORMULARY		Non-Formulary
04/01/2023	ZYLOTROL	*lidocaine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
04/01/2023	CORTIZONE-10 FEMININE ITCH	*hydrocortisone/aloe vera*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	JOENJA	*leniolisib phosphate*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	JOENJA	*leniolisib phosphate*	ADD UM: COV		FDA Moratorium
04/04/2023	JOENJA	*leniolisib phosphate*	ADD UM: SPECIALTY		Specialty Drug
04/04/2023	ZYNYZ	*retifanlimab-dlwr*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	ZYNYZ	*retifanlimab-dlwr*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
04/04/2023	ZYNYZ	*retifanlimab-dlwr*	ADD UM: COV		FDA Moratorium
04/04/2023	ZYNYZ	*retifanlimab-dlwr*	ADD UM: SPECIALTY		Specialty Drug
04/04/2023	ZYNYZ	*retifanlimab-dlwr*	ADD UM: MED		Medical Drug
04/04/2023	TIROSINT	*levothyroxine sodium*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	TIROSINT	*levothyroxine sodium*	ADD UM: MAXQTYPERDAY		1.0 per day
04/04/2023	TIROSINT	*levothyroxine sodium*	ADD UM: COV		FDA Moratorium
04/04/2023	TIROSINT	*levothyroxine sodium*	ADD UM: NTI		Narrow Therapeutic Indicator
04/04/2023	TIROSINT	*levothyroxine sodium*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	TIROSINT	*levothyroxine sodium*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/04/2023	TIROSINT	*levothyroxine sodium*	ADD UM: COV		FDA Moratorium
04/04/2023	TIROSINT	*levothyroxine sodium*	ADD UM: NTI		Narrow Therapeutic Indicator
04/04/2023	TIROSINT	*levothyroxine sodium*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	TIROSINT	*levothyroxine sodium*	ADD UM: MAXQTYPERDAY		1.0 per day
04/04/2023	TIROSINT	*levothyroxine sodium*	ADD UM: COV		FDA Moratorium
04/04/2023	TIROSINT	*levothyroxine sodium*	ADD UM: NTI		Narrow Therapeutic Indicator
04/04/2023	*topiramate er*	*topiramate*	ADD UM: MAXQTYPERDAY		1.0 per day
04/04/2023	*topiramate er*	*topiramate*	ADD UM: COV		FDA Moratorium
04/04/2023	*topiramate er*	*topiramate*	ADD UM: MAXQTYPERDAY		1.0 per day
04/04/2023	*topiramate er*	*topiramate*	ADD UM: COV		FDA Moratorium
04/04/2023	*topiramate er*	*topiramate*	ADD UM: NTI		Narrow Therapeutic Indicator
04/04/2023	*topiramate er*	*topiramate*	ADD UM: MAXQTYPERDAY		1.0 per day
04/04/2023	*topiramate er*	*topiramate*	ADD UM: COV		FDA Moratorium
04/04/2023	*topiramate er*	*topiramate*	ADD UM: NTI		Narrow Therapeutic Indicator
04/04/2023	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY	Generics	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/04/2023	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: COV		Non Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: MED		Medical Drug
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: COV		Non Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: MED		Medical Drug
04/04/2023	EVARREST	*fibrinogen/thrombin (human plasma derived)*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/04/2023	EVARREST	*fibrinogen/thrombin (human plasma derived)*	ADD UM: COV		Non Formulary
04/04/2023	EVARREST	*fibrinogen/thrombin (human plasma derived)*	ADD UM: MED		Medical Drug
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: COV		Non Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: MED		Medical Drug
04/04/2023	EVARREST	*fibrinogen/thrombin (human plasma derived)*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/04/2023	EVARREST	*fibrinogen/thrombin (human plasma derived)*	ADD UM: COV		Non Formulary
04/04/2023	EVARREST	*fibrinogen/thrombin (human plasma derived)*	ADD UM: MED		Medical Drug
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: COV		Non Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: MED		Medical Drug
04/04/2023	EVARREST	*fibrinogen/thrombin (human plasma derived)*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/04/2023	EVARREST	*fibrinogen/thrombin (human plasma derived)*	ADD UM: COV		Non Formulary
04/04/2023	EVARREST	*fibrinogen/thrombin (human plasma derived)*	ADD UM: MED		Medical Drug
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: COV		Non Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: MED		Medical Drug
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: COV		Non Formulary
04/04/2023	TACHOSIL	*fibrinogen/thrombin (human plasma derived)*	ADD UM: MED		Medical Drug
04/04/2023	*pureair mini nebulizer*	*nebulizer and compressor*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/04/2023	*easy neb compressor nebulizer*	*nebulizer and compressor*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/04/2023	*l-methylfolate calcium*	*levomefolate calcium*	ADD TO FORMULARY	Non-Formulary	Generics
04/04/2023	L-METHYL-B6-B12	*mecobalamin/levomefolate calcium/pyridoxal phosphate*	ADD TO FORMULARY	Non-Formulary	Generics
04/04/2023	*l-methylfolate calcium*	*levomefolate calcium*	ADD TO FORMULARY	Non-Formulary	Generics
04/04/2023	*l-methylfolate calcium*	*levomefolate calcium*	ADD TO FORMULARY	Non-Formulary	Generics
04/08/2023	CORTIZONE-10	*hydrocortisone*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	NIX ULTRA TREATMENT-PREVENTION	*mineral oil/rosemary oil/lemongrass/citronella oil*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	EYE DROPS A.C.	*tetrahydrozoline hcl/zinc sulfate*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	ARTIFICIAL TEARS	*dextran/hypromellose/glycerin*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	*tolnaftate*	*tolnaftate*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	OPTIMAG PLUS CALCIUM	*calcium malate/magnesium malate, amino acid chelate*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	ONE-A-DAY WOMEN'S COMPLETE	*multivitamin with minerals/ferrous fumarate/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	ACTIVESSENTIALS FOR WOMEN	*multivitamin-minerals/folate/omega-3/dha/epa/fish oil/herbs*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/08/2023	ONE-A-DAY WOMEN'S COMPLETE	*multivitamin with minerals/ferrous fumarate/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/08/2023	ACTIVESSENTIALS FOR WOMEN	*multivitamin-minerals/folate/omega-3/dha/epa/fish oil/herbs*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/08/2023	KETOCAL 4:1	*nutritional therapy, ketogenic, milk based with soy*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	KETOCAL 4:1	*nutritional therapy, ketogenic, milk based with soy*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
04/08/2023	*vitamin d3*	*cholecalciferol (vitamin d3)*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	*blood pressure monitor manual*	*blood pressure test kit*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	*blood pressure monitor manual*	*blood pressure test kit*	ADD UM: DRUGCLASS		Blood Pressure Supplies
04/08/2023	*instant cold pack*	*cold-hot pack*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	*methyl salicylate*	*methyl salicylate*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	COOLING PAIN RELIEF	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	*insupen pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
04/08/2023	*insupen pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
04/08/2023	*insupen pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/08/2023	CUVRIOR	*trientine tetrahydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	CUVRIOR	*trientine tetrahydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	CUVRIOR	*trientine tetrahydrochloride*	ADD UM: COV		FDA Moratorium
04/08/2023	CUVRIOR	*trientine tetrahydrochloride*	ADD UM: SPECIALTY		Specialty Drug
04/08/2023	CUVRIOR	*trientine tetrahydrochloride*	ADD UM: COV		FDA Moratorium
04/08/2023	CUVRIOR	*trientine tetrahydrochloride*	ADD UM: SPECIALTY		Specialty Drug
04/08/2023	IHEEZO	*chloroprocaine hcl/pf*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	IHEEZO	*chloroprocaine hcl/pf*	ADD UM: COV		FDA Moratorium
04/08/2023	IHEEZO	*chloroprocaine hcl/pf*	ADD UM: MED		Medical Drug
04/08/2023	QUITAR	*imiquimod/tretinoin*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	QUITAR	*imiquimod/tretinoin*	ADD UM: COV		Non Formulary
04/08/2023	QUITAR	*imiquimod/tretinoin*	ADD UM: NFDA		Non-FDA Approved
04/08/2023	GOHIBIC (EUA)	*vilobelimab*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	GOHIBIC (EUA)	*vilobelimab*	ADD UM: COV		Non Formulary
04/08/2023	GOHIBIC (EUA)	*vilobelimab*	ADD UM: MED		Medical Drug
04/08/2023	ENOXILUV	*enoxaparin sodium*	REMOVE FROM FORMULARY		Non-Formulary
04/08/2023	ENOXILUV	*enoxaparin sodium*	ADD UM: COV		Non Formulary
04/08/2023	ENOXILUV	*enoxaparin sodium*	ADD UM: SPECIALTY		Specialty Drug
04/08/2023	CITRANATAL MEDLEY	*mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/08/2023	CITRANATAL MEDLEY	*mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha*	ADD UM: GENDER		Female
04/08/2023	CITRANATAL MEDLEY	*mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha*	ADD UM: DRUGCLASS		Prenatal Vitamins
04/08/2023	CITRANATAL MEDLEY	*mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha*	ADD UM: COV		Non Formulary
04/08/2023	CITRANATAL MEDLEY	*mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha*	ADD UM: PR		Preventive Medication
04/08/2023	CITRANATAL MEDLEY	*mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha*	ADD UM: NFDA		Non-FDA Approved
04/10/2023	*vancomycin hcl*	*vancomycin hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/10/2023	*vancomycin hcl*	*vancomycin hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/10/2023	*vancomycin hcl*	*vancomycin hcl*	ADD UM: COV		FDA Moratorium
04/10/2023	*halo vial converter*	*vial size converter, closed system*	ADD TO FORMULARY		Generics
04/10/2023	*halo vial converter*	*vial size converter, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
04/10/2023	*vancomycin hcl*	*vancomycin hcl*	ADD UM: COV		FDA Moratorium
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD TO FORMULARY		Generics
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD TO FORMULARY		Generics
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD UM: SPECIALTY		Specialty Drug
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD UM: MED		Medical Drug
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD UM: SPECIALTY		Specialty Drug
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD UM: MED		Medical Drug
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD UM: SPECIALTY		Specialty Drug
04/10/2023	*diluent for temsirolimus*	*diluent for temsirolimus (ethanol)*	ADD UM: MED		Medical Drug
04/10/2023	*rapid sars-cov-2 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
04/10/2023	*rapid sars-cov-2 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
04/10/2023	*rapid sars-cov-2 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
04/10/2023	*rapid sars-cov-2 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
04/10/2023	*rapid sars-cov-2 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
04/10/2023	*rapid sars-cov-2 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/10/2023	*ciprofloxacin*	*ciprofloxacin*	ADD TO FORMULARY		Generics
04/10/2023	*ciprofloxacin*	*ciprofloxacin*	ADD UM: MAXQTYPERDAY		10.0 per day
04/12/2023	*buprenorphine hcl*	*buprenorphine hcl*	ADD UM: MED		Medical Drug
04/12/2023	*belladonna-opium*	*opium/belladonna alkaloids*	REMOVE FROM FORMULARY	Generics	Non-Formulary
04/12/2023	*belladonna-opium*	*opium/belladonna alkaloids*	ADD UM: COV		Non Formulary
04/12/2023	*belladonna-opium*	*opium/belladonna alkaloids*	ADD UM: NFDA		Non-FDA Approved
04/15/2023	*diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
04/15/2023	*ferrous fumarate*	*ferrous fumarate*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	*ferrous fumarate*	*ferrous fumarate*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	*ferrous fumarate*	*ferrous fumarate*	ADD UM: NFDA		Non-FDA Approved
04/15/2023	*ferrous fumarate*	*ferrous fumarate*	ADD UM: NFDA		Non-FDA Approved
04/15/2023	ACTIVESSENTIALS-ONCOPLEX-D3	*multivit-min/m-folate/omega-3/dha/epa/dpa/fish/broccoli seed*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	ORGANIX PHYTOFOOD	*vit c/l.acidoph,casei,rham/bifido/enzymes/herbal/ginger*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	ACTIVESSENTIALS-ONCOPLEX-D3	*multivit-min/m-folate/omega-3/dha/epa/dpa/fish/broccoli seed*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/15/2023	ORGANIX PHYTOFOOD	*vit c/l.acidoph,casei,rham/bifido /enzymes/herbal/ginger*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
04/15/2023	PKU GOLIKE	*nutritional therapy for phenylketonuria(pku) no.56*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	PKU GOLIKE	*nutritional therapy for phenylketonuria(pku) no.56*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
04/15/2023	ONE DAILY WOMEN'S MULTIVITAMIN	*multivitamin with minerals/ferrous fumarate/folic acid/vit k*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	ONE DAILY WOMEN'S MULTIVITAMIN	*multivitamin with minerals/ferrous fumarate/folic acid/vit k*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/15/2023	MVW COMPLETE FORM PROBIOT MINI	*lactobacil/bifidobac/s.boular d/b.subtil/s.therm/bacterioph ag*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	SENOKOT KIDS	*senna leaf extract*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	*acidophilus*	*lactobacillus acidophilus,salivarius/b.bifid um/s.thermophil*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	2-IN-1 LAXATIVE	*sennosides/docusate sodium*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	PINK BISMUTH	*bismuth subsalicylate*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	GOLD BOND MEDICATED PAIN-ITCH	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	TRICEPTIN	*lidocaine/methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/15/2023	*mini fish oil*	*omega-3 fatty acids/docosahexaenoic acid/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	ALLERGY RELIEF	*loratadine*	ADD TO FORMULARY		Tier 0
04/15/2023	ALLERGY RELIEF	*loratadine*	ADD UM: MAXQTYPERDAY		1.0 per day
04/15/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD TO FORMULARY		Preferred Brands
04/15/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD TO FORMULARY		Preferred Brands
04/15/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
04/15/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD UM: PR		Preventive Medication
04/15/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
04/15/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD UM: PR		Preventive Medication
04/15/2023	*onetouch ultrasoft 2 lancet*	*lancets*	ADD TO FORMULARY		Preferred Brands
04/15/2023	*onetouch ultrasoft 2 lancet*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
04/15/2023	*onetouch ultrasoft 2 lancet*	*lancets*	ADD UM: PR		Preventive Medication
04/15/2023	*caretouch luer slip syringe*	*syringe, disposable, 1 ml*	REMOVE FROM FORMULARY		Non-Formulary
04/15/2023	*caretouch luer slip syringe*	*syringe, disposable, 1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
04/18/2023	METDRAY	*salicylic acid/ibuprofen*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/18/2023	METDRAY	*salicylic acid/ibuprofen*	ADD UM: DRUGCLASS		Acne
04/18/2023	METDRAY	*salicylic acid/ibuprofen*	ADD UM: COV		Non Formulary
04/18/2023	METDRAY	*salicylic acid/ibuprofen*	ADD UM: NFDA		Non-FDA Approved
04/18/2023	ZMA CLEAR	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY		Non-Formulary
04/18/2023	ZMA CLEAR	*sulfacetamide sodium/sulfur*	ADD UM: DRUGCLASS		Acne
04/18/2023	ZMA CLEAR	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
04/18/2023	ZMA CLEAR	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
04/18/2023	LEFLUNICLO	*leflunomide/diclofenac sodium*	REMOVE FROM FORMULARY		Non-Formulary
04/18/2023	LEFLUNICLO	*leflunomide/diclofenac sodium*	ADD UM: COV		Non Formulary
04/18/2023	LEFLUNICLO	*leflunomide/diclofenac sodium*	ADD UM: NFDA		Non-FDA Approved
04/18/2023	KEYFOLIC	*multivit with min no.83/iron bis-glycinate/folate no.10*	REMOVE FROM FORMULARY		Non-Formulary
04/18/2023	KEYFOLIC	*multivit with min no.83/iron bis-glycinate/folate no.10*	ADD UM: COV		Non Formulary
04/18/2023	KEYFOLIC	*multivit with min no.83/iron bis-glycinate/folate no.10*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: COV		Non Formulary
04/20/2023	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/20/2023	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: COV		Non Formulary
04/20/2023	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: COV		Non Formulary
04/20/2023	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/20/2023	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: COV		Non Formulary
04/20/2023	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/20/2023	PFIZER COVID-19 VACCINE (EUA)	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: COV		Non Formulary
04/20/2023	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID (12Y UP) VAC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/20/2023	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	PFIZER COVID (5-11Y) VAC (EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		Non Formulary
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: COV		Non Formulary
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: COV		Non Formulary
04/20/2023	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: COV		Non Formulary
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
04/20/2023	MODERNA COVID (12Y UP)VAC(EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/21/2023	*alcohol,dehydrated*	*ethyl alcohol*	REMOVE FROM FORMULARY	Generics	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/21/2023	*alcohol,dehydrated*	*ethyl alcohol*	ADD UM: COV		Non Formulary
04/21/2023	*alcohol,dehydrated*	*ethyl alcohol*	ADD UM: NFDA		Non-FDA Approved
04/21/2023	*alcohol,dehydrated*	*ethyl alcohol*	REMOVE FROM FORMULARY	Generics	Non-Formulary
04/21/2023	*alcohol,dehydrated*	*ethyl alcohol*	ADD UM: COV		Non Formulary
04/21/2023	*alcohol,dehydrated*	*ethyl alcohol*	ADD UM: NFDA		Non-FDA Approved
04/22/2023	*calcium-mag-zinc-vitamin d3*	*calcium phosphate/vitamin d3/magnesium citrate/zinc citrate*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	*magnesium citrate*	*magnesium citrate*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	*calcium-vitamin d3-mag-boron*	*calcium combo no.38/vitamin d3/magnesium/boron aspartate*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	ACTIVESSENTIALS	*multivitamin-min/folate/omega-3/dha/epa/fish oil/herb no.319*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	ACTIVESSENTIALS	*multivitamin-min/folate/omega-3/dha/epa/fish oil/herb no.319*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/22/2023	XENOPROTX	*acetylcyst/ala/folate/mineral/milk thistle/turmeric/tea/herb*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	XENOPROTX	*acetylcyst/ala/folate/mineral/milk thistle/turmeric/tea/herb*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/22/2023	*biotin*	*biotin*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	*biotin*	*biotin*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	*vitamin d3*	*cholecalciferol (vitamin d3)*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	DAILY PROBIOTIC	*lactobacillus paracasei,rhamnosus/b.animalis/ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	PROBIOTIC	*bacillus coagulans*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	PREBIOTIC FIBER	*inulin*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	PREBIOTIC FIBER	*inulin*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	FIBER SUPPLEMENT	*wheat dextrin*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	PREBIOTIC FIBER	*fructooligosaccharides*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
04/22/2023	PREBIOTIC FIBER	*fructooligosaccharides*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	DERMACINRX DIMOPAIR	*dimethicone*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	DYNAGEL	*glycerin*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	DYNAGEL	*glycerin*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD TO FORMULARY		Preferred Brands
04/22/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD TO FORMULARY		Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/22/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
04/22/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: PR		Preventive Medication
04/22/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
04/22/2023	*securesafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: PR		Preventive Medication
04/22/2023	ZYRTEC	*cetirizine hcl*	ADD TO FORMULARY		Tier 0
04/22/2023	ZYRTEC	*cetirizine hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
04/22/2023	*halo b-lock closed line adaptr*	*connector luer lock, closed system*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	*halo b-lock closed line adaptr*	*connector luer lock, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
04/22/2023	*halo b-lock closed line adaptr*	*connector luer lock, closed system*	ADD UM: COV		Non Formulary
04/22/2023	*sulfacetamide sodium-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	*sulfacetamide sodium-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: DRUGCLASS		Acne
04/22/2023	*sulfacetamide sodium-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
04/22/2023	*sulfacetamide sodium-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
04/22/2023	*bigfoot unity*	*flash glucose sensor/blood glucose test strips/pen needles*	REMOVE FROM FORMULARY		Non-Formulary
04/22/2023	*bigfoot unity*	*flash glucose sensor/blood glucose test strips/pen needles*	ADD UM: DRUGCLASS		Diabetic - Glucometers

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/22/2023	*bigfoot unity*	*flash glucose sensor/blood glucose test strips/pen needles*	ADD UM: COV		FDA Moratorium
04/22/2023	*bigfoot unity*	*flash glucose sensor/blood glucose test strips/pen needles*	ADD UM: PR		Preventive Medication
04/25/2023	AUSTEDO XR	*deutetrabenazine*	REMOVE FROM FORMULARY		Non-Formulary
04/25/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: COV		FDA Moratorium
04/25/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: SPECIALTY		Specialty Drug
04/25/2023	AUSTEDO XR	*deutetrabenazine*	REMOVE FROM FORMULARY		Non-Formulary
04/25/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: COV		FDA Moratorium
04/25/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: SPECIALTY		Specialty Drug
04/25/2023	AUSTEDO XR	*deutetrabenazine*	REMOVE FROM FORMULARY		Non-Formulary
04/25/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: COV		FDA Moratorium
04/25/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: SPECIALTY		Specialty Drug
04/25/2023	OMISIRGE	*omidubicel-onlv*	REMOVE FROM FORMULARY		Non-Formulary
04/25/2023	OMISIRGE	*omidubicel-onlv*	ADD UM: COV		FDA Moratorium
04/25/2023	OMISIRGE	*omidubicel-onlv*	ADD UM: SPECIALTY		Specialty Drug
04/25/2023	OMISIRGE	*omidubicel-onlv*	ADD UM: MED		Medical Drug
04/25/2023	*baclofen*	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
04/25/2023	*baclofen*	*baclofen*	ADD UM: COV		FDA Moratorium
04/25/2023	*baclofen*	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/25/2023	*baclofen*	*baclofen*	ADD UM: COV		FDA Moratorium
04/25/2023	*budesonide*	*budesonide*	REMOVE FROM FORMULARY		Non-Formulary
04/25/2023	*budesonide*	*budesonide*	ADD UM: COV		FDA Moratorium
04/25/2023	DILUENT FOR BICNU	*diluent for carmustine (ethanol)*	REMOVE FROM FORMULARY		Non-Formulary
04/25/2023	DILUENT FOR BICNU	*diluent for carmustine (ethanol)*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
04/25/2023	DILUENT FOR BICNU	*diluent for carmustine (ethanol)*	ADD UM: COV		FDA Moratorium
04/25/2023	DILUENT FOR BICNU	*diluent for carmustine (ethanol)*	ADD UM: MED		Medical Drug
04/25/2023	*primidone*	*primidone*	ADD TO FORMULARY		Generics
04/25/2023	MIRCERA	*methoxy polyethylene glycol-epoetin beta*	ADD TO FORMULARY		Non-Preferred Brands
04/25/2023	MIRCERA	*methoxy polyethylene glycol-epoetin beta*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents
04/25/2023	MIRCERA	*methoxy polyethylene glycol-epoetin beta*	ADD UM: PANAME		PA Applies
04/25/2023	MIRCERA	*methoxy polyethylene glycol-epoetin beta*	ADD UM: SPECIALTY		Specialty Drug
04/25/2023	*naftifine hcl*	*naftifine hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/25/2023	*naftifine hcl*	*naftifine hcl*	ADD UM: COV		FDA Moratorium
04/25/2023	*naftifine hcl*	*naftifine hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/25/2023	*naftifine hcl*	*naftifine hcl*	ADD UM: COV		FDA Moratorium
04/25/2023	UCERIS	*budesonide*	ADD UM: B4G		Brand For Generic

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/25/2023	*bigfoot unity*	*flash glucose sensor/blood glucose test strips/pen needles*	CHANGE UM: DRUGCLASS	Diabetic - Glucometers	Diabetic - Blood Sugar Diagnostics
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin,bayer aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	ASPIRIN EC	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin,aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	ASPIRIN	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*aspirin ec*	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	ASPIR-TRIN	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	ECOTRIN	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
04/26/2023	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: SPECIALTY		Specialty Drug
04/26/2023	DILUENT FOR BICNU	*diluent for carmustine (ethanol)*	ADD UM: SPECIALTY		Specialty Drug
04/26/2023	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: SPECIALTY		Specialty Drug
04/26/2023	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2023	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: SPECIALTY		Specialty Drug
04/26/2023	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: SPECIALTY		Specialty Drug
04/26/2023	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: SPECIALTY		Specialty Drug
04/26/2023	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: SPECIALTY		Specialty Drug
04/26/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: NFDA	Non-FDA Approved	
04/26/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: NFDA	Non-FDA Approved	
04/26/2023	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: NFDA	Non-FDA Approved	
04/26/2023	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: NFDA	Non-FDA Approved	
04/26/2023	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: NFDA	Non-FDA Approved	
04/27/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY	Non-Formulary	Generics
04/27/2023	*topiramate er*	*topiramate*	REMOVE UM: COV	FDA Moratorium	
04/27/2023	*topiramate er*	*topiramate*	REMOVE UM: MAXQTYPERDAY	1.0 per day	
04/27/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY	Non-Formulary	Generics
04/27/2023	*topiramate er*	*topiramate*	REMOVE UM: COV	FDA Moratorium	
04/27/2023	*topiramate er*	*topiramate*	REMOVE UM: MAXQTYPERDAY	1.0 per day	
04/27/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/27/2023	*topiramate er*	*topiramate*	REMOVE UM: COV	FDA Moratorium	
04/27/2023	*topiramate er*	*topiramate*	REMOVE UM: MAXQTYPERDAY	1.0 per day	
04/27/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY	Non-Formulary	Generics
04/27/2023	*topiramate er*	*topiramate*	REMOVE UM: COV	FDA Moratorium	
04/27/2023	*topiramate er*	*topiramate*	REMOVE UM: MAXQTYPERDAY	1.0 per day	
04/27/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY	Non-Formulary	Generics
04/27/2023	*topiramate er*	*topiramate*	REMOVE UM: COV	FDA Moratorium	
04/27/2023	*topiramate er*	*topiramate*	REMOVE UM: MAXQTYPERDAY	1.0 per day	
04/29/2023	*pcca liposomal hair gel base*	*gel base no.262*	ADD TO FORMULARY		Non-Preferred Brands
04/29/2023	URINOZINC PROSTATE CLASSIC	*vitamin b complex/minerals/saw palmetto/pygeum africanum*	REMOVE FROM FORMULARY		Non-Formulary
04/29/2023	URINOZINC PROSTATE CLASSIC	*vitamin b complex/minerals/saw palmetto/pygeum africanum*	REMOVE FROM FORMULARY		Non-Formulary
04/29/2023	BRAINSUSTAIN FOR KIDS	*acetylcysteine/ala/coq10/phosph serine/dha/broccoli seed xt*	REMOVE FROM FORMULARY		Non-Formulary
04/29/2023	PROSTATE FLO	*saw palmetto/pygeum/cranberry/beta-sitosterol/b6/zinc glycin*	REMOVE FROM FORMULARY		Non-Formulary
04/29/2023	BRAINSUSTAIN FOR KIDS	*acetylcysteine/ala/coq10/phosph serine/dha/broccoli seed xt*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
04/29/2023	PROSTATE FLO	*saw palmetto/pygeum/cranberry/beta-sitosterol/b6/zinc glycin*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/29/2023	OMNI-BIOTIC HETOX	*l.acidophil,brevis,casei,sal/b. anim,bifid/lactococcus lactis*	REMOVE FROM FORMULARY		Non-Formulary
04/29/2023	PROBIOTICS	*bacillus coagulans*	REMOVE FROM FORMULARY		Non-Formulary
04/29/2023	ABC COMPLETE ADULT	*multivits with calcium and minerals/iron/folic acid/lycopene*	REMOVE FROM FORMULARY		Non-Formulary
04/29/2023	ABC COMPLETE ADULT	*multivits with calcium and minerals/iron/folic acid/lycopene*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/29/2023	CHILDRENS FIBER GUMMY BEAR	*polydextrose*	REMOVE FROM FORMULARY		Non-Formulary
04/29/2023	CALAMINE PLUS	*pramoxine hcl/calamine*	REMOVE FROM FORMULARY		Non-Formulary
04/29/2023	ALLEGRA HIVES	*fexofenadine hcl*	ADD TO FORMULARY		Tier 0
04/29/2023	ALLEGRA HIVES	*fexofenadine hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
04/29/2023	*verifine pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
04/29/2023	*verifine pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
04/29/2023	*verifine pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
04/29/2023	*verifine pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
04/29/2023	*verifine pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
04/29/2023	*verifine pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/29/2023	CHILDREN'S ZYRTEC	*cetirizine hcl*	ADD TO FORMULARY		Tier 0
04/29/2023	CHILDREN'S ZYRTEC	*cetirizine hcl*	ADD TO FORMULARY		Tier 0
04/29/2023	*diluent-voretigene neparvovec*	*diluent for voretigene neparvovec-rzyl (poloxamer 188)*	REMOVE FROM FORMULARY		Non-Formulary
04/29/2023	*diluent-voretigene neparvovec*	*diluent for voretigene neparvovec-rzyl (poloxamer 188)*	ADD UM: COV		Non Formulary
04/29/2023	*diluent-voretigene neparvovec*	*diluent for voretigene neparvovec-rzyl (poloxamer 188)*	ADD UM: SPECIALTY		Specialty Drug
04/29/2023	*diluent-voretigene neparvovec*	*diluent for voretigene neparvovec-rzyl (poloxamer 188)*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

May, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2023	XIIDRA	*lifitegrast*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
05/01/2023	XIIDRA	*lifitegrast*	ADD UM: COV		Non Formulary
05/01/2023	XIIDRA	*lifitegrast*	REMOVE UM: PANAME	PA Applies	
05/01/2023	LUMAKRAS	*sotorasib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/01/2023	LUMAKRAS	*sotorasib*	REMOVE UM: COV	FDA Moratorium	
05/01/2023	LUMAKRAS	*sotorasib*	ADD UM: PANAME		PA Applies
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/01/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	ADD UM: QUANTITY		90 days
05/01/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	ADD UM: SDS		Extended Specialty Day Supply
05/01/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	ADD UM: PR		Preventive Medication
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: DRUGCLASS		Excluded Products
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE UM: COV	Non Formulary	
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: DRUGCLASS		Excluded Products
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE UM: COV	Non Formulary	
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: DRUGCLASS		Excluded Products
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE UM: COV	Non Formulary	
05/01/2023	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
05/01/2023	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
05/01/2023	LAGEVRIO (EUA)	*molnupiravir*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
05/01/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	CHANGE UM: COV	Non Formulary	FDA Moratorium

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	REMOVE UM: SDS	Extended Specialty Day Supply	
05/01/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	REMOVE UM: QUANTITY	90 days	
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: COV		FDA Moratorium
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE UM: DRUGCLASS	Excluded Products	
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: COV		FDA Moratorium
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE UM: DRUGCLASS	Excluded Products	
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: COV		FDA Moratorium
05/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE UM: DRUGCLASS	Excluded Products	
05/02/2023	QALSODY	*tofersen*	REMOVE FROM FORMULARY		Non-Formulary
05/02/2023	QALSODY	*tofersen*	ADD UM: COV		FDA Moratorium
05/02/2023	QALSODY	*tofersen*	ADD UM: SPECIALTY		Specialty Drug
05/02/2023	QALSODY	*tofersen*	ADD UM: MED		Medical Drug
05/02/2023	*guardian 4 transmitter*	*blood-glucose transmitter*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/02/2023	*guardian 4 transmitter*	*blood-glucose transmitter*	ADD UM: COV		Non Formulary
05/02/2023	*guardian 4 transmitter*	*blood-glucose transmitter*	REMOVE FROM FORMULARY		Non-Formulary
05/02/2023	*guardian 4 transmitter*	*blood-glucose transmitter*	ADD UM: COV		Non Formulary
05/02/2023	*guardian 4 glucose sensor*	*blood-glucose sensor*	REMOVE FROM FORMULARY		Non-Formulary
05/02/2023	*guardian 4 glucose sensor*	*blood-glucose sensor*	ADD UM: COV		Non Formulary
05/02/2023	*guardian 4 glucose sensor*	*blood-glucose sensor*	REMOVE FROM FORMULARY		Non-Formulary
05/02/2023	*guardian 4 glucose sensor*	*blood-glucose sensor*	ADD UM: COV		Non Formulary
05/02/2023	*minimed 780g*	*subcutaneous insulin pump*	REMOVE FROM FORMULARY		Non-Formulary
05/02/2023	*minimed 780g*	*subcutaneous insulin pump*	ADD UM: COV		Non Formulary
05/02/2023	LUPRON DEPOT-PED	*leuprolide acetate*	ADD TO FORMULARY		Non-Preferred Brands
05/02/2023	LUPRON DEPOT-PED	*leuprolide acetate*	ADD UM: PANAME		PA Applies
05/02/2023	LUPRON DEPOT-PED	*leuprolide acetate*	ADD UM: SDS		Extended Specialty Day Supply
05/02/2023	LUPRON DEPOT-PED	*leuprolide acetate*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
05/02/2023	LUPRON DEPOT-PED	*leuprolide acetate*	ADD UM: SPECIALTY		Specialty Drug
05/02/2023	*carepoint safety luer lock*	*syringe,safety with needle,1 ml*	ADD TO FORMULARY		Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/02/2023	*carepoint safety luer lock*	*syringe,safety with needle,1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
05/02/2023	*ephedrine sulfate*	*ephedrine sulfate*	REMOVE FROM FORMULARY		Non-Formulary
05/02/2023	*ephedrine sulfate*	*ephedrine sulfate*	ADD UM: COV		Non Formulary
05/02/2023	*ephedrine sulfate*	*ephedrine sulfate*	ADD UM: NFDA		Non-FDA Approved
05/02/2023	*ephedrine sulfate*	*ephedrine sulfate*	ADD UM: MED		Medical Drug
05/02/2023	GRALISE	*gabapentin*	REMOVE FROM FORMULARY		Non-Formulary
05/02/2023	GRALISE	*gabapentin*	ADD UM: COV		FDA Moratorium
05/02/2023	GRALISE	*gabapentin*	REMOVE FROM FORMULARY		Non-Formulary
05/02/2023	GRALISE	*gabapentin*	ADD UM: COV		FDA Moratorium
05/02/2023	GRALISE	*gabapentin*	REMOVE FROM FORMULARY		Non-Formulary
05/02/2023	GRALISE	*gabapentin*	ADD UM: COV		FDA Moratorium
05/02/2023	TRIKAFTA	*elexacaftor/tezacaftor/ivacaftor*	ADD TO FORMULARY		Non-Preferred Brands
05/02/2023	TRIKAFTA	*elexacaftor/tezacaftor/ivacaftor*	ADD UM: MAXQTYPERDAY		2.0 per day
05/02/2023	TRIKAFTA	*elexacaftor/tezacaftor/ivacaftor*	ADD UM: PANAME		PA Applies
05/02/2023	TRIKAFTA	*elexacaftor/tezacaftor/ivacaftor*	ADD UM: SPECIALTY		Specialty Drug
05/02/2023	TRIKAFTA	*elexacaftor/tezacaftor/ivacaftor*	ADD TO FORMULARY		Non-Preferred Brands
05/02/2023	TRIKAFTA	*elexacaftor/tezacaftor/ivacaftor*	ADD UM: MAXQTYPERDAY		2.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/02/2023	TRIKAFTA	*elexacaftor/tezacaftor/ivacaftor*	ADD UM: PANAME		PA Applies
05/02/2023	TRIKAFTA	*elexacaftor/tezacaftor/ivacaftor*	ADD UM: SPECIALTY		Specialty Drug
05/06/2023	PKU TRIO	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	PKU TRIO	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	PKU TRIO	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	PKU TRIO	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	PKU TRIO	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
05/06/2023	PKU TRIO	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
05/06/2023	PKU TRIO	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
05/06/2023	PKU TRIO	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
05/06/2023	CAVILON DURABLE BARRIER	*dimethicone*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/06/2023	DRY SKIN THERAPY	*lanolin alcohols/mineral oil/petrolatum,white/ceresin*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	*advocate infrared thermometer*	*thermometer, infrared, non-contact*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	MAXTUSSIN	*guaifenesin*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	MAXTUSSIN	*guaifenesin*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	MAXTUSSIN	*guaifenesin*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	GERI-TUSSIN	*guaifenesin*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	*vitamin b-12*	*cyanocobalamin (vitamin b-12)*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	*vitamin b-12*	*cyanocobalamin (vitamin b-12)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/06/2023	ONE-A-DAY WOMEN VITACRAVES	*multivitamin with minerals/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	ABC COMPLETE MEN'S	*multivits with calcium and minerals/iron/folic acid/lycopene*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	ONE-A-DAY WOMEN VITACRAVES	*multivitamin with minerals/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/06/2023	ABC COMPLETE MEN'S	*multivits with calcium and minerals/iron/folic acid/lycopene*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/06/2023	CALLUS REMOVER	*salicylic acid*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/06/2023	MAXRELIEF JUNIOR	*acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	MAXRELIEF JUNIOR	*acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	MAXRELIEF JUNIOR	*acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	FIRST AID BURN	*lidocaine hcl/benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	FIRST AID BURN	*lidocaine hcl/benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	VOWST	*fecal microbiota spores, live-brpk*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	VOWST	*fecal microbiota spores, live-brpk*	ADD UM: COV		FDA Moratorium
05/06/2023	VOWST	*fecal microbiota spores, live-brpk*	ADD UM: SPECIALTY		Specialty Drug
05/06/2023	SPY-MIS	*indocyanine green*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	SPY-MIS	*indocyanine green*	ADD UM: COV		Non Formulary
05/06/2023	SPY-MIS	*indocyanine green*	ADD UM: MED		Medical Drug
05/06/2023	*relizorb*	*enteral pump accessory for fat hydrolysis*	REMOVE FROM FORMULARY		Non-Formulary
05/06/2023	*relizorb*	*enteral pump accessory for fat hydrolysis*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
05/06/2023	*relizorb*	*enteral pump accessory for fat hydrolysis*	ADD UM: COV		Non Formulary
05/06/2023	*guinea pig epithelium extract*	*allergenic extract-guinea pig*	ADD TO FORMULARY		Non-Preferred Brands
05/06/2023	*alfalfa extract*	*allergenic extract-alfalfa*	ADD TO FORMULARY		Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/06/2023	*guinea pig epithelium extract*	*allergenic extract-guinea pig*	ADD UM: DRUGCLASS		Allergy Extracts
05/06/2023	*guinea pig epithelium extract*	*allergenic extract-guinea pig*	ADD UM: MED		Medical Drug
05/06/2023	*alfalfa extract*	*allergenic extract-alfalfa*	ADD UM: DRUGCLASS		Allergy Extracts
05/06/2023	*alfalfa extract*	*allergenic extract-alfalfa*	ADD UM: MED		Medical Drug
05/09/2023	ABILIFY ASIMTUFII	*aripiprazole*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	ABILIFY ASIMTUFII	*aripiprazole*	ADD UM: COV		FDA Moratorium
05/09/2023	ABILIFY ASIMTUFII	*aripiprazole*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	ABILIFY ASIMTUFII	*aripiprazole*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	LUMRYZ	*sodium oxybate*	REMOVE FROM FORMULARY		Non-Formulary
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: COV		FDA Moratorium
05/09/2023	LUMRYZ	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	*wasp venom protein*	*allergenic extract-venom-wasp protein*	CHANGE TIER	Generics	Non-Preferred Brands
05/09/2023	*yellow jacket venom protein*	*allergenic extract-venom-yellow jacket protein*	CHANGE TIER	Generics	Non-Preferred Brands
05/09/2023	*mixed vespid venom protein*	*allergenic extract-venom-mixed vespid protein*	CHANGE TIER	Generics	Non-Preferred Brands
05/09/2023	*mixed vespid venom protein*	*allergenic extract-venom-mixed vespid protein*	CHANGE TIER	Generics	Non-Preferred Brands
05/09/2023	*yellow hornet venom protein*	*allergenic extract-venom-yellow hornet protein*	CHANGE TIER	Generics	Non-Preferred Brands
05/09/2023	*wasp venom protein*	*allergenic extract-venom-wasp protein*	CHANGE TIER	Non-Preferred Brands	Generics
05/09/2023	*yellow jacket venom protein*	*allergenic extract-venom-yellow jacket protein*	CHANGE TIER	Non-Preferred Brands	Generics
05/09/2023	*mixed vespid venom protein*	*allergenic extract-venom-mixed vespid protein*	CHANGE TIER	Non-Preferred Brands	Generics
05/09/2023	*mixed vespid venom protein*	*allergenic extract-venom-mixed vespid protein*	CHANGE TIER	Non-Preferred Brands	Generics
05/09/2023	*yellow hornet venom protein*	*allergenic extract-venom-yellow hornet protein*	CHANGE TIER	Non-Preferred Brands	Generics
05/09/2023	*gefitinib*	*gefitinib*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/09/2023	*gefitinib*	*gefitinib*	ADD UM: MAXQTYPERDAY		1.0 per day
05/09/2023	*gefitinib*	*gefitinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/09/2023	*gefitinib*	*gefitinib*	ADD UM: PANAME		PA Applies
05/09/2023	*gefitinib*	*gefitinib*	ADD UM: SPECIALTY		Specialty Drug
05/09/2023	*gefitinib*	*gefitinib*	ADD UM: PS		Preferred Specialty

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/12/2023	*bd veritor at-home covid19 tst,bd veritor system sars-cov-2,binaxnow covd ag card home tst,binaxnow covid-19 ag card,binaxnow covid-19 ag self test,carestart covid-19 ag home tst,celltrion diatrust cov-19 home,clinitest covid-19 home test,covid-19 at-home test (eua),ellume covid-19 home test,fastep covid-19 ag home test,flowflex covid-19 ag home test,genabio covid-19 rapid at-home,ihealth covid-19 ag home test,indicaid covid-19 ag home test,inteliswab covid-19 home test,ohc covid-19 antigen home test,on-go covid-19 ag at home*	*covid-19 antigen immunoassay test*	REMOVE UM: DRUGCLASS		

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	test,pilot covid-19 at-home test,quickvue at-home covid-19 test,quickvue sars antigen,rapid sars-cov-2 ag home test,sofia sars antigen fia,speedyswab covid-19 home test				
05/13/2023	ALKA-SELTZER PLUS DAY-NIGHT	*dextromethorphan hbr/phenylephrine/acetaminophen/doxylamine*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	GILTUSS COUGH-COLD	*guaifenesin/dextromethorphan hbr/phenylephrine*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	CHILDREN'S GILTUSS COUGH-CHEST	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	*electrolyte powder*	*electrolytes/dextrose*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	PEPTICATE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	PEPTICATE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	PEPTICATE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/13/2023	PEPTICATE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
05/13/2023	POLY-VI-FLOR	*pediatric multivitamin no.175 with fluoride*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	POLY-VI-FLOR	*pediatric multivitamin no.175 with fluoride*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	POLY-VI-FLOR	*pediatric multivitamin no.175 with fluoride*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	POLY-VI-FLOR	*pediatric multivitamin no.175 with fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/13/2023	POLY-VI-FLOR	*pediatric multivitamin no.175 with fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/13/2023	POLY-VI-FLOR	*pediatric multivitamin no.175 with fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/13/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.175 with fluoride and iron*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.175 with fluoride and iron*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/13/2023	ONE-A-DAY MEN'S 50 PLUS	*multivitamin with minerals/folic acid/lycopene*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	ONE-A-DAY MEN'S 50 PLUS	*multivitamin with minerals/folic acid/lycopene*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/13/2023	CENTRUM ADULT 50 PLUS	*multivitamin with minerals/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	ABC COMPLETE WOMEN'S	*multivitamin/ferrous fumarate/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	CENTRUM ADULT 50 PLUS	*multivitamin with minerals/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/13/2023	ABC COMPLETE WOMEN'S	*multivitamin/ferrous fumarate/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/13/2023	*vitamin c*	*ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	DIGESTIVE SUPPORT	*caraway seed extract/levomenthol*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	SOLUBLE FIBER	*methylcellulose*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	GOLD BOND MEDICATED ANTI-ITCH	*pramoxine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	DUAL ACTION PAIN RELIEVER	*ibuprofen/acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	DUAL ACTION PAIN RELIEVER	*ibuprofen/acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	*garlic*	*garlic*	REMOVE FROM FORMULARY		Non-Formulary
05/13/2023	*verifine pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
05/13/2023	*verifine pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
05/13/2023	*verifine pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
05/13/2023	*verifine pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/13/2023	*verifine pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
05/13/2023	*verifine pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/13/2023	*verifine pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
05/13/2023	*verifine pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/13/2023	*verifine pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
05/13/2023	*verifine universal lancet*	*lancets*	ADD TO FORMULARY		Preferred Brands
05/13/2023	*verifine universal lancet*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
05/13/2023	*verifine universal lancet*	*lancets*	ADD UM: PR		Preventive Medication
05/16/2023	SOGROYA	*somapacitan-beco*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	SOGROYA	*somapacitan-beco*	ADD UM: DRUGCLASS		Growth Hormone
05/16/2023	SOGROYA	*somapacitan-beco*	ADD UM: COV		FDA Moratorium
05/16/2023	SOGROYA	*somapacitan-beco*	ADD UM: SPECIALTY		Specialty Drug
05/16/2023	SOGROYA	*somapacitan-beco*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	SOGROYA	*somapacitan-beco*	ADD UM: DRUGCLASS		Growth Hormone
05/16/2023	SOGROYA	*somapacitan-beco*	ADD UM: COV		FDA Moratorium
05/16/2023	SOGROYA	*somapacitan-beco*	ADD UM: SPECIALTY		Specialty Drug
05/16/2023	SOGROYA	*somapacitan-beco*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	SOGROYA	*somapacitan-beco*	ADD UM: DRUGCLASS		Growth Hormone
05/16/2023	SOGROYA	*somapacitan-beco*	ADD UM: COV		FDA Moratorium
05/16/2023	SOGROYA	*somapacitan-beco*	ADD UM: SPECIALTY		Specialty Drug
05/16/2023	PREVDUO	*glycopyrrolate/neostigmine methylsulfate*	ADD TO FORMULARY		Non-Preferred Brands
05/16/2023	PREVDUO	*glycopyrrolate/neostigmine methylsulfate*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/16/2023	PREVDUO	*glycopyrrolate/neostigmine methylsulfate*	ADD TO FORMULARY		Non-Preferred Brands
05/16/2023	PREVDUO	*glycopyrrolate/neostigmine methylsulfate*	ADD UM: MED		Medical Drug
05/16/2023	UZEDY	*risperidone*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	UZEDY	*risperidone*	ADD UM: COV		FDA Moratorium
05/16/2023	UZEDY	*risperidone*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	UZEDY	*risperidone*	ADD UM: COV		FDA Moratorium
05/16/2023	UZEDY	*risperidone*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	UZEDY	*risperidone*	ADD UM: COV		FDA Moratorium
05/16/2023	UZEDY	*risperidone*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	UZEDY	*risperidone*	ADD UM: COV		FDA Moratorium
05/16/2023	UZEDY	*risperidone*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	UZEDY	*risperidone*	ADD UM: COV		FDA Moratorium
05/16/2023	UZEDY	*risperidone*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	UZEDY	*risperidone*	ADD UM: COV		FDA Moratorium
05/16/2023	UZEDY	*risperidone*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	UZEDY	*risperidone*	ADD UM: COV		FDA Moratorium
05/16/2023	UDENYCA AUTOINJECTOR	*pegfilgrastim-cbqv*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	UDENYCA AUTOINJECTOR	*pegfilgrastim-cbqv*	ADD UM: DRUGCLASS		CSF/Hematopoie tic Agents

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/16/2023	UDENYCA AUTOINJECTOR	*pegfilgrastim-cbqv*	ADD UM: PANAME		PA Applies
05/16/2023	UDENYCA AUTOINJECTOR	*pegfilgrastim-cbqv*	ADD UM: COV		FDA Moratorium
05/16/2023	UDENYCA AUTOINJECTOR	*pegfilgrastim-cbqv*	ADD UM: SPECIALTY		Specialty Drug
05/16/2023	*zolpidem tartrate*	*zolpidem tartrate*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2023	*zolpidem tartrate*	*zolpidem tartrate*	ADD UM: MAXQTYPERDAY		1.0 per day
05/16/2023	*zolpidem tartrate*	*zolpidem tartrate*	ADD UM: COV		FDA Moratorium
05/16/2023	KALYDECO	*ivacaftor*	ADD TO FORMULARY		Non-Preferred Brands
05/16/2023	KALYDECO	*ivacaftor*	ADD UM: MAXQTYPERDAY		2.0 per day
05/16/2023	KALYDECO	*ivacaftor*	ADD UM: PANAME		PA Applies
05/16/2023	KALYDECO	*ivacaftor*	ADD UM: SPECIALTY		Specialty Drug
05/16/2023	*tolmetin sodium*	*tolmetin sodium*	ADD TO FORMULARY		Generics
05/16/2023	*weed mix no.7b extract*	*allergenic extract-weed pollen*	ADD TO FORMULARY		Non-Preferred Brands
05/16/2023	*weed mix no.7b extract*	*allergenic extract-weed pollen*	ADD UM: DRUGCLASS		Allergy Extracts
05/16/2023	*weed mix no.7b extract*	*allergenic extract-weed pollen*	ADD UM: MED		Medical Drug
05/16/2023	*standard mixed grass pollen*	*allergenic extract-grass pollen*	ADD TO FORMULARY		Non-Preferred Brands
05/16/2023	*standard mixed grass pollen*	*allergenic extract-grass pollen*	ADD UM: DRUGCLASS		Allergy Extracts

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/16/2023	*standard mixed grass pollen*	*allergenic extract-grass pollen*	ADD UM: MED		Medical Drug
05/16/2023	*9 tree mix extract*	*allergenic extract-tree and shrub pollen*	ADD TO FORMULARY		Non-Preferred Brands
05/16/2023	*9 tree mix extract*	*allergenic extract-tree and shrub pollen*	ADD UM: DRUGCLASS		Allergy Extracts
05/16/2023	*9 tree mix extract*	*allergenic extract-tree and shrub pollen*	ADD UM: MED		Medical Drug
05/16/2023	*methsuximide*	*methsuximide*	ADD TO FORMULARY		Generics
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	REMOVE UM: MVB	Minimal Value Brand	
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	ADD UM: NFDA		Non-FDA Approved
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	REMOVE UM: SBA	SELECT BRAND ALTERNATIVE	
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	ADD UM: COV		Non Formulary
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	ADD UM: COV		Non Formulary
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	REMOVE UM: MVB	Minimal Value Brand	
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	REMOVE UM: SBA	Select Brand Alternative	
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	ADD UM: NFDA		Non-FDA Approved
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2023 Updates

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05/17/2023	OVACE PLUS	*sulfacetamide sodium*	ADD UM: COV		Non Formulary
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	REMOVE UM: MVB	MINIMAL VALUE BRAND	
05/17/2023	OVACE PLUS	*sulfacetamide sodium*	ADD UM: NFDA		Non-FDA Approved
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: HCG	High Cost Generic	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: HCG	High Cost Generic	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Generics	Non-Formulary
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: HCG	High Cost Generic	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD TO FORMULARY	Non-Formulary	Generics
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: COV	Non Formulary	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: MVG		MINIMAL VALUE GENERIC
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: HCG		High Cost Generic
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: NFDA	Non-FDA Approved	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD TO FORMULARY	Non-Formulary	Generics
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: COV	Non Formulary	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: MVG		MINIMAL VALUE GENERIC
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: HCG		High Cost Generic
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: NFDA	Non-FDA Approved	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD TO FORMULARY	Non-Formulary	Generics
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: COV	Non Formulary	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: MVG		MINIMAL VALUE GENERIC
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: HCG		High Cost Generic
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: NFDA	Non-FDA Approved	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: COV	Non Formulary	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: MVG		MINIMAL VALUE GENERIC
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: HCG		High Cost Generic
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: NFDA	Non-FDA Approved	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: COV	Non Formulary	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: MVG		MINIMAL VALUE GENERIC
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: HCG		High Cost Generic
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: NFDA	Non-FDA Approved	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: MVG		MINIMAL VALUE GENERIC
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: HCG		High Cost Generic
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: NFDA	Non-FDA Approved	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: COV	Non Formulary	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: MVG		MINIMAL VALUE GENERIC
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: HCG		High Cost Generic
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: NFDA	Non-FDA Approved	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: COV	Non Formulary	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: MVG		MINIMAL VALUE GENERIC

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: HCG		High Cost Generic
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: NFDA	Non-FDA Approved	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: COV	Non Formulary	
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: MVG		MINIMAL VALUE GENERIC
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: HCG		High Cost Generic
05/17/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: NFDA	Non-FDA Approved	
05/18/2023	INBRIJA	*levodopa*	CHANGE UM: MAXQTYPERDAY	1 per day	10.0 per day
05/18/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Generics	Non-Formulary
05/18/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/18/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
05/18/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: HCG	High Cost Generic	
05/18/2023	AVAR LS	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	AVAR LS	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	AVAR LS	*sulfacetamide sodium/sulfur*	REMOVE UM: SBA	Select Brand Alternative	
05/18/2023	AVAR LS	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	AVAR-E GREEN	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Generics	Non-Formulary
05/18/2023	AVAR-E GREEN	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	AVAR-E GREEN	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	AVAR-E GREEN	*sulfacetamide sodium/sulfur*	REMOVE UM: HCG	HIGH COST GENERIC	
05/18/2023	AVAR-E	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Generics	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/18/2023	AVAR-E	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	AVAR-E	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	AVAR-E LS	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	AVAR-E LS	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	AVAR-E LS	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	SSS 10-5	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Generics	Non-Formulary
05/18/2023	SSS 10-5	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	SSS 10-5	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	ROSULA	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	ROSULA	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	ROSULA	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	ROSULA	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY		Non-Formulary
05/18/2023	ROSULA	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	ROSULA	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	SUMAXIN	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	SUMAXIN	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	SUMAXIN	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/18/2023	SUMAXIN	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	SUMAXIN	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	SUMAXIN	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	SUMAXIN TS	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	SUMAXIN TS	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	SUMAXIN TS	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	SULFACLEANSE 8-4	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Generics	Non-Formulary
05/18/2023	SULFACLEANSE 8-4	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	SULFACLEANSE 8-4	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	SUMADAN	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	SUMADAN	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	SUMADAN	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE UM: MVB	Minimal Value Brand	
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE UM: SBA	Select Brand Alternative	

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05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE UM: MVB	Minimal Value Brand	
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE UM: SBA	Select Brand Alternative	
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE UM: MVB	Minimal Value Brand	
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE UM: SBA	Select Brand Alternative	
05/18/2023	PLEXION	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/20/2023	DESITIN DAILY DEFENSE	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	MUSCLE AND JOINT	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	ARTHRITIS AND MUSCLE	*capsaicin*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	CLEARCANAL EARWAX SOFTENER	*carbamide peroxide*	REMOVE FROM FORMULARY		Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/20/2023	NASONEX 24HR ALLERGY	*mometasone furoate*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	DESITIN DAILY DEFENSE	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	ACTINEL DM	*guaifenesin/dextromethorphan hbr/phenylephrine*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	ACTIDOGESIC-DF	*acetaminophen/dexbrompheniramine maleate*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	*verifine insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD TO FORMULARY		Preferred Brands
05/20/2023	*verifine insulin syringe*	*syringe with needle,insulin,0.5 ml*	ADD TO FORMULARY		Preferred Brands
05/20/2023	*verifine insulin syringe*	*syringe with needle,insulin,0.3 ml*	ADD TO FORMULARY		Preferred Brands
05/20/2023	*verifine universal lancet*	*lancets*	ADD TO FORMULARY		Preferred Brands
05/20/2023	*verifine universal lancet*	*lancets*	ADD TO FORMULARY		Preferred Brands
05/20/2023	*verifine universal lancet*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
05/20/2023	*verifine universal lancet*	*lancets*	ADD UM: PR		Preventive Medication
05/20/2023	*verifine universal lancet*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
05/20/2023	*verifine universal lancet*	*lancets*	ADD UM: PR		Preventive Medication
05/20/2023	*verifine insulin syringe*	*syringe with needle,insulin,0.3 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/20/2023	*verifine insulin syringe*	*syringe with needle,insulin,0.3 ml*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/20/2023	*verifine insulin syringe*	*syringe with needle,insulin,0.5 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/20/2023	*verifine insulin syringe*	*syringe with needle,insulin,0.5 ml*	ADD UM: PR		Preventive Medication
05/20/2023	*verifine insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/20/2023	*verifine insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD UM: PR		Preventive Medication
05/20/2023	*first response pregnancy test*	*pregnancy test kit*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	CENTURY MEN 50 PLUS	*multivitamin with minerals/folic acid/lycopene/lutein*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	CENTURY WOMEN 50 PLUS	*multivitamin-minerals/ferrous fumarate/folic acid/lutein*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	CENTURY MEN 50 PLUS	*multivitamin with minerals/folic acid/lycopene/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/20/2023	CENTURY WOMEN 50 PLUS	*multivitamin-minerals/ferrous fumarate/folic acid/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/20/2023	ACTIFLOVIT	*bioflavonoid, lemon/vitamin b comp and c*	REMOVE FROM FORMULARY		Non-Formulary
05/20/2023	ACTIFLOVIT	*bioflavonoid, lemon/vitamin b comp and c*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/20/2023	*trametinib*	*trametinib*	ADD TO FORMULARY		Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/23/2023	JANSSEN COVID-19 VACCINE (EUA)	*covid-19 vac, ad26.cov2.s (janssen)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
05/23/2023	JANSSEN COVID-19 VACCINE (EUA)	*covid-19 vac, ad26.cov2.s (janssen)/pf*	ADD UM: COV		Non Formulary
05/23/2023	JANSSEN COVID-19 VACCINE (EUA)	*covid-19 vac, ad26.cov2.s (janssen)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: COV		FDA Moratorium
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: SPECIALTY		Specialty Drug
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: MED		Medical Drug
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: COV		FDA Moratorium
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: SPECIALTY		Specialty Drug
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: MED		Medical Drug
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: COV		FDA Moratorium
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: SPECIALTY		Specialty Drug
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: MED		Medical Drug
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: COV		FDA Moratorium
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: SPECIALTY		Specialty Drug

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/23/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	ADD UM: MED		Medical Drug
05/23/2023	LIQREV	*sildenafil citrate*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	LIQREV	*sildenafil citrate*	ADD UM: COV		FDA Moratorium
05/23/2023	LIQREV	*sildenafil citrate*	ADD UM: SPECIALTY		Specialty Drug
05/23/2023	VEOZAH	*fezolinetant*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	VEOZAH	*fezolinetant*	ADD UM: COV		FDA Moratorium
05/23/2023	MUSCUSOLICE	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	MUSCUSOLICE	*baclofen*	ADD UM: COV		Non Formulary
05/23/2023	MUSCUSOLICE	*baclofen*	ADD UM: NFDA		Non-FDA Approved
05/23/2023	MUSCUSOLICE	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	MUSCUSOLICE	*baclofen*	ADD UM: COV		Non Formulary
05/23/2023	MUSCUSOLICE	*baclofen*	ADD UM: NFDA		Non-FDA Approved
05/23/2023	PRAKETAMIDE	*ketamine hcl*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	PRAKETAMIDE	*ketamine hcl*	ADD UM: COV		Non Formulary
05/23/2023	PRAKETAMIDE	*ketamine hcl*	ADD UM: NFDA		Non-FDA Approved
05/23/2023	*bigfoot unity pen cap-novolog*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*bigfoot unity pen cap-novolog*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/23/2023	*bigfoot unity pen cap-novolog*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	ADD UM: COV		FDA Moratorium
05/23/2023	*bigfoot unity pen cap-novolog*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	ADD UM: PR		Preventive Medication
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 15 units/day, disposable*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 15 units/day, disposable*	ADD UM: COV		FDA Moratorium
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 25 units/day, disposable*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 25 units/day, disposable*	ADD UM: COV		FDA Moratorium
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 30 units/day, disposable*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 30 units/day, disposable*	ADD UM: COV		FDA Moratorium
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 10 units/day, disposable*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 10 units/day, disposable*	ADD UM: COV		FDA Moratorium
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 40 units/day, disposable*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 40 units/day, disposable*	ADD UM: COV		FDA Moratorium
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 35 units/day, disposable*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 35 units/day, disposable*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 20 units/day, disposable*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 20 units/day, disposable*	ADD UM: COV		FDA Moratorium
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY		Non-Formulary
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
05/23/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
05/23/2023	AMJEVITA(CF)	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/23/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
05/23/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
05/23/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
05/23/2023	MEKINIST	*trametinib dimethyl sulfoxide*	ADD TO FORMULARY		Non-Preferred Brands
05/23/2023	MEKINIST	*trametinib dimethyl sulfoxide*	ADD UM: MAXQTYPERDAY		30.0 per day
05/23/2023	MEKINIST	*trametinib dimethyl sulfoxide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/23/2023	MEKINIST	*trametinib dimethyl sulfoxide*	ADD UM: PANAME		PA Applies
05/23/2023	MEKINIST	*trametinib dimethyl sulfoxide*	ADD UM: SPECIALTY		Specialty Drug
05/23/2023	TAFINLAR	*dabrafenib mesylate*	ADD TO FORMULARY		Non-Preferred Brands
05/23/2023	TAFINLAR	*dabrafenib mesylate*	ADD UM: MAXQTYPERDAY		21.0 per day
05/23/2023	TAFINLAR	*dabrafenib mesylate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/23/2023	TAFINLAR	*dabrafenib mesylate*	ADD UM: PANAME		PA Applies
05/23/2023	TAFINLAR	*dabrafenib mesylate*	ADD UM: SPECIALTY		Specialty Drug
05/26/2023	DESITIN	*zinc oxide/cod liver oil*	REMOVE FROM FORMULARY		Non-Formulary
05/26/2023	ONE-A-DAY MEN'S 50 PLUS	*multivitamin with minerals/folic acid/lycopene*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/26/2023	*rolled gauze*	*gauze bandage*	REMOVE FROM FORMULARY		Non-Formulary
05/26/2023	*heavy duty bandages*	*adhesive bandage*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/26/2023	*verifine insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD TO FORMULARY		Preferred Brands
05/26/2023	*rolled gauze*	*gauze bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
05/26/2023	*verifine insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/26/2023	*verifine insulin syringe*	*syringe with needle,disposable,insulin 1 ml*	ADD UM: PR		Preventive Medication
05/26/2023	*iohexol*	*iohexol*	REMOVE FROM FORMULARY		Non-Formulary
05/26/2023	*iohexol*	*iohexol*	ADD UM: COV		Non Formulary
05/26/2023	*iohexol*	*iohexol*	ADD UM: NFDA		Non-FDA Approved
05/26/2023	*iohexol*	*iohexol*	ADD UM: MED		Medical Drug
05/26/2023	*atropine sulfate*	*atropine sulfate/pf*	ADD TO FORMULARY		Generics
05/30/2023	*sannytize hand sanitizer*	*ethyl alcohol*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	CLEANSING TOWELETTES	*benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*sannytize hand sanitizer*	*ethyl alcohol*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	BZK ANTISEPTIC TOWELETTES	*benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	CLEANSING TOWELETTES	*benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*sannytize hand sanitizer*	*ethyl alcohol*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/30/2023	BZK ANTISEPTIC TOWELETTES	*benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	BZK ANTISEPTIC TOWELETTES	*benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	OBSTETRICAL TOWELETTES	*benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*sannytize hand sanitizer*	*ethyl alcohol*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	OBSTETRICAL TOWELETTES	*benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	MAXTUSSIN DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	CHILD MUCINEX COLD-FLU	*phenylephrine hcl/dextromethorphan hbr/acetaminophen/guaifen*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	MAXTUSSIN DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	MAXTUSSIN DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	MAXTUSSIN DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	MAXTUSSIN DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	MAXTUSSIN DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	EPKINLY	*epcoritamab-bysp*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	EPKINLY	*epcoritamab-bysp*	ADD UM: DRUGCLASS		Antineoplastics/Chemo

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/30/2023	EPKINLY	*epcoritamab-bysp*	ADD UM: COV		FDA Moratorium
05/30/2023	EPKINLY	*epcoritamab-bysp*	ADD UM: SPECIALTY		Specialty Drug
05/30/2023	EPKINLY	*epcoritamab-bysp*	ADD UM: MED		Medical Drug
05/30/2023	EPKINLY	*epcoritamab-bysp*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	EPKINLY	*epcoritamab-bysp*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/30/2023	EPKINLY	*epcoritamab-bysp*	ADD UM: COV		FDA Moratorium
05/30/2023	EPKINLY	*epcoritamab-bysp*	ADD UM: SPECIALTY		Specialty Drug
05/30/2023	EPKINLY	*epcoritamab-bysp*	ADD UM: MED		Medical Drug
05/30/2023	NALTREX	*naltrexone hcl*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	NALTREX	*naltrexone hcl*	ADD UM: COV		Non Formulary
05/30/2023	NALTREX	*naltrexone hcl*	ADD UM: NFDA		Non-FDA Approved
05/30/2023	*bigfoot unity pen cap-apidra*	*data transfer pen cap for insulin glulisine, reusable, bt*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-apidra*	*data transfer pen cap for insulin glulisine, reusable, bt*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-apidra*	*data transfer pen cap for insulin glulisine, reusable, bt*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-apidra*	*data transfer pen cap for insulin glulisine, reusable, bt*	ADD UM: PR		Preventive Medication
05/30/2023	*bigfoot unity pen cap-humalog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/30/2023	*bigfoot unity pen cap-humalog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-humalog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-humalog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD UM: PR		Preventive Medication
05/30/2023	*bigfoot unity pen cap-admelog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-admelog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-admelog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-admelog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD UM: PR		Preventive Medication
05/30/2023	*bigfoot unity pen cap-lyumjev*	*data transfer pen cap for insulin lispro-aabc, reusable, bt*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-lyumjev*	*data transfer pen cap for insulin lispro-aabc, reusable, bt*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-lyumjev*	*data transfer pen cap for insulin lispro-aabc, reusable, bt*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-lyumjev*	*data transfer pen cap for insulin lispro-aabc, reusable, bt*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/30/2023	*bigfoot unity pen cap-lispro*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-lispro*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-lispro*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-lispro*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD UM: PR		Preventive Medication
05/30/2023	*bigfoot unity pen cap-aspart*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-aspart*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-aspart*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-aspart*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	ADD UM: PR		Preventive Medication
05/30/2023	*bigfoot unity pen cap-toujeo*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-toujeo*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-toujeo*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/30/2023	*bigfoot unity pen cap-toujeo*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: PR		Preventive Medication
05/30/2023	*bigfoot unity pen cap-toujeomx*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-toujeomx*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-toujeomx*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-toujeomx*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: PR		Preventive Medication
05/30/2023	*bigfoot unity pen cap-tresiba*	*data transfer pen cap for insulin degludec, reusable, bt*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-tresiba*	*data transfer pen cap for insulin degludec, reusable, bt*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-tresiba*	*data transfer pen cap for insulin degludec, reusable, bt*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-tresiba*	*data transfer pen cap for insulin degludec, reusable, bt*	ADD UM: PR		Preventive Medication
05/30/2023	*bigfoot unity pen cap-lantus*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-lantus*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/30/2023	*bigfoot unity pen cap-lantus*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-lantus*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: PR		Preventive Medication
05/30/2023	*bigfoot unity pen cap-fiasp*	*data transfer pen cap for insulin aspart (b3), reusable, bt*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-fiasp*	*data transfer pen cap for insulin aspart (b3), reusable, bt*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-fiasp*	*data transfer pen cap for insulin aspart (b3), reusable, bt*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-fiasp*	*data transfer pen cap for insulin aspart (b3), reusable, bt*	ADD UM: PR		Preventive Medication
05/30/2023	*bigfoot unity pen cap-basaglar*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE FROM FORMULARY		Non-Formulary
05/30/2023	*bigfoot unity pen cap-basaglar*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
05/30/2023	*bigfoot unity pen cap-basaglar*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: COV		FDA Moratorium
05/30/2023	*bigfoot unity pen cap-basaglar*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD UM: PR		Preventive Medication
05/30/2023	KALYDECO	*ivacaftor*	ADD TO FORMULARY		Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/30/2023	KALYDECO	*ivacaftor*	ADD UM: MAXQTYPERDAY		2.0 per day
05/30/2023	KALYDECO	*ivacaftor*	ADD UM: PANAME		PA Applies
05/30/2023	KALYDECO	*ivacaftor*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

June, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	ADD UM: QUANTITY		90 days
06/01/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	CHANGE UM: COV	FDA Moratorium	Non Formulary
06/01/2023	REZVOGLAR KWIKPEN	*insulin glargine-aglr*	ADD UM: SDS		Extended Specialty Day Supply
06/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: DRUGCLASS		Excluded Products
06/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE UM: COV	FDA Moratorium	
06/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: DRUGCLASS		Excluded Products
06/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE UM: COV	FDA Moratorium	
06/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: DRUGCLASS		Excluded Products
06/01/2023	*fluticasone-salmeterol hfa*	*fluticasone propionate/salmeterol xinafoate*	REMOVE UM: COV	FDA Moratorium	
06/01/2023	*posaconazole*	*posaconazole*	ADD TO FORMULARY	Non-Formulary	Generics
06/01/2023	*posaconazole*	*posaconazole*	REMOVE UM: COV	Non Formulary	
06/01/2023	*posaconazole*	*posaconazole*	REMOVE UM: NFDA	Non-FDA Approved	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2023	RELEXXII	*methylphenidate hcl*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/01/2023	RELEXXII	*methylphenidate hcl*	ADD UM: COV		Non Formulary
06/03/2023	GOLD BOND MEDICATED ANTI-ITCH	*pramoxine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	CALASOOTHE	*menthol/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	CALASOOTHE	*menthol/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*beet root-tart cherry*	*red beet root/sour cherry extract*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*cleoderm*	*cream base no.263*	ADD TO FORMULARY		Non-Preferred Brands
06/03/2023	LANASHIELD	*lanolin*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	LANASHIELD	*lanolin*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	EUCERIN BABY ECZEMA RELIEF	*colloidal oatmeal*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	EUCERIN BABY ECZEMA RELIEF	*colloidal oatmeal*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	EUCERIN BABY ECZEMA RELIEF	*colloidal oatmeal*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	MEN'S MULTIVITAMIN	*multivitamin with minerals/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	WOMEN'S MULTIVITAMIN	*multivitamin with minerals/folic acid*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/03/2023	ADULT MULTIVITAMIN GUMMIES	*multivitamin with minerals/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	MEN'S MULTIVITAMIN	*multivitamin with minerals/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/03/2023	WOMEN'S MULTIVITAMIN	*multivitamin with minerals/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/03/2023	ADULT MULTIVITAMIN GUMMIES	*multivitamin with minerals/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/03/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*clever choice bp cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*talking blood pressure monitor*	*blood pressure test kit-large*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*talking blood pressure monitor*	*blood pressure test kit-large*	ADD UM: DRUGCLASS		Blood Pressure Supplies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/03/2023	*variety pack bandage*	*adhesive bandage*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*extra long heavy duty bandage*	*adhesive bandage*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*gentle strip*	*adhesive bandage*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*verifine insulin syringe*	*syringe with needle,insulin,0.5 ml*	ADD TO FORMULARY		Preferred Brands
06/03/2023	*verifine insulin syringe*	*syringe with needle,insulin,0.5 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
06/03/2023	*verifine insulin syringe*	*syringe with needle,insulin,0.5 ml*	ADD UM: PR		Preventive Medication
06/03/2023	PROBIOMAX IG 26 DF	*bacillus coagulans/hyperimmune egg*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	ENSURE SURGERY PERIOP BUNDLE	*nut.tx.compromised immune system, reg-maltodextrin-fructose*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	ENSURE SURGERY PERIOP BUNDLE	*nut.tx.compromised immune system, reg-maltodextrin-fructose*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/03/2023	ENSURE SURGERY	*nutritional therapy, compromised immune system, regular*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	ENSURE SURGERY	*nutritional therapy, compromised immune system, regular*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/03/2023	ACTIVESSENTIALS-CALCIUM	*multivitamin-min/folate/omega-3/dha/epa/fish oil/herb no.319*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	MITOCHONDRIAL RENEWAL KIT	*ala/biotin/arginine/resveratrol/quercetin/pterostilbene*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*sam-e*	*s-adenosylmethionine sulfate tosylate*	REMOVE FROM FORMULARY		Non-Formulary
06/03/2023	*sam-e*	*s-adenosylmethionine sulfate tosylate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/03/2023	MITOCHONDRIAL RENEWAL KIT	*ala/biotin/arginine/resveratrol/quercetin/pterostilbene*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/03/2023	ACTIVESSENTIALS-CALCIUM	*multivitamin-min/folate/omega-3/dha/epa/fish oil/herb no.319*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/03/2023	*rolled gauze*	*gauze bandage*	REMOVE FROM FORMULARY		Non-Formulary
06/05/2023	*clever choice bp cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
06/05/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
06/05/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
06/05/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
06/05/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
06/05/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/05/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
06/05/2023	*and-life-source bp cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
06/05/2023	*fora p20 blood pressure cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/05/2023	*fora p20 blood pressure cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Blood Pressure Supplies
06/05/2023	*fora p20 blood pressure cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/05/2023	*fora p20 blood pressure cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Blood Pressure Supplies
06/05/2023	*fora p20 blood pressure cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/05/2023	*fora p20 blood pressure cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Blood Pressure Supplies
06/05/2023	*fora p20 blood pressure cuff*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
06/05/2023	*fora p20 blood pressure cuff*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Blood Pressure Supplies
06/06/2023	CURAE	*levonorgestrel*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	CURAE	*levonorgestrel*	ADD UM: QUANTITY		2/ 30 days
06/06/2023	CURAE	*levonorgestrel*	ADD UM: GENDER		Female
06/06/2023	CURAE	*levonorgestrel*	ADD UM: QPBU		HCROCOTC | HCR OTC Contraceptives
06/06/2023	CURAE	*levonorgestrel*	ADD UM: DRUGCLASS		Contraceptives - Oral

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/06/2023	CURAE	*levonorgestrel*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits may apply.
06/06/2023	*embrace wave plus glucose mtr*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	*embrace wave plus glucose mtr*	*blood-glucose meter*	ADD UM: DRUGCLASS		Excluded Products
06/06/2023	*embrace wave plus glucose mtr*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
06/06/2023	BRIXADI	*buprenorphine*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: COV		FDA Moratorium
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: SPECIALTY		Specialty Drug
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: MED		Medical Drug
06/06/2023	BRIXADI	*buprenorphine*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: COV		FDA Moratorium
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: SPECIALTY		Specialty Drug
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: MED		Medical Drug
06/06/2023	BRIXADI	*buprenorphine*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: COV		FDA Moratorium
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: SPECIALTY		Specialty Drug
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: MED		Medical Drug
06/06/2023	BRIXADI	*buprenorphine*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: SPECIALTY		Specialty Drug
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: MED		Medical Drug
06/06/2023	BRIXADI	*buprenorphine*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: COV		FDA Moratorium
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: SPECIALTY		Specialty Drug
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: MED		Medical Drug
06/06/2023	BRIXADI	*buprenorphine*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: COV		FDA Moratorium
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: SPECIALTY		Specialty Drug
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: MED		Medical Drug
06/06/2023	BRIXADI	*buprenorphine*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: COV		FDA Moratorium
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: SPECIALTY		Specialty Drug
06/06/2023	BRIXADI	*buprenorphine*	ADD UM: MED		Medical Drug
06/06/2023	POSLUMA	*flotufolastat f 18 gallium*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	POSLUMA	*flotufolastat f 18 gallium*	ADD UM: COV		Non Formulary
06/06/2023	POSLUMA	*flotufolastat f 18 gallium*	ADD UM: MED		Medical Drug
06/06/2023	POSLUMA	*flotufolastat f 18 gallium*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	POSLUMA	*flotufolastat f 18 gallium*	ADD UM: COV		Non Formulary
06/06/2023	POSLUMA	*flotufolastat f 18 gallium*	ADD UM: MED		Medical Drug
06/06/2023	ZAVZPRET	*zavegepant hcl*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/06/2023	ZAVZPRET	*zavegepant hcl*	ADD UM: COV		FDA Moratorium
06/06/2023	ZAVZPRET	*zavegepant hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	ZAVZPRET	*zavegepant hcl*	ADD UM: COV		FDA Moratorium
06/06/2023	TRIASIL	*triamcinolone acetonide/gauze bandage/silicone, adhesive*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	TRIASIL	*triamcinolone acetonide/gauze bandage/silicone, adhesive*	ADD UM: COV		Non Formulary
06/06/2023	*darunavir*	*darunavir ethanolate*	ADD TO FORMULARY		Generics
06/06/2023	*darunavir*	*darunavir ethanolate*	ADD UM: DRUGCLASS		HIV
06/06/2023	*darunavir*	*darunavir ethanolate*	ADD UM: SPECIALTY		Specialty Drug
06/06/2023	*darunavir*	*darunavir ethanolate*	ADD UM: PR		Preventive Medication
06/06/2023	*darunavir*	*darunavir ethanolate*	ADD UM: PS		Preferred Specialty
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*iohexol*	*iohexol*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	*iohexol*	*iohexol*	ADD UM: COV		Non Formulary
06/06/2023	*iohexol*	*iohexol*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*darunavir*	*darunavir ethanolate*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/06/2023	*darunavir*	*darunavir ethanolate*	ADD UM: DRUGCLASS		HIV
06/06/2023	*darunavir*	*darunavir ethanolate*	ADD UM: SPECIALTY		Specialty Drug
06/06/2023	*darunavir*	*darunavir ethanolate*	ADD UM: PR		Preventive Medication
06/06/2023	*darunavir*	*darunavir ethanolate*	ADD UM: PS		Preferred Specialty
06/06/2023	TRIADIME	*triamcinolone acetonide/dimethicone/silicone, adhesive*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	TRIADIME	*triamcinolone acetonide/dimethicone/silicone, adhesive*	ADD UM: COV		Non Formulary
06/06/2023	*tirofiban hcl*	*tirofiban hcl monohydrate in 0.9 % sodium chloride*	ADD TO FORMULARY		Generics
06/06/2023	*tirofiban hcl*	*tirofiban hcl monohydrate in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
06/06/2023	*sincalide*	*sincalide*	ADD TO FORMULARY		Generics
06/06/2023	*sincalide*	*sincalide*	ADD UM: MED		Medical Drug
06/06/2023	*halo closed line adaptor*	*connector luer lock, closed system*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2023	*halo closed line adaptor*	*connector luer lock, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
06/06/2023	*halo closed line adaptor*	*connector luer lock, closed system*	ADD UM: COV		Non Formulary
06/06/2023	*iohexol*	*iohexol*	ADD UM: MED		Medical Drug
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine hcl-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/06/2023	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Generics	Non-Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
06/06/2023	*epinephrine-0.9% nacl*	*epinephrine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/06/2023	*topiramate er*	*topiramate*	CHANGE TIER		Generics
06/10/2023	PEDIATRIC BLENDED MEAL	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	PEDIATRIC BLENDED MEAL	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	PEDIATRIC BLENDED MEAL	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/10/2023	PEDIATRIC BLENDED MEAL	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/10/2023	*green soap*	*green soap*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*green soap*	*green soap*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*green soap*	*green soap*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*green soap*	*green soap*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	DANDRUFF SHAMPOO	*pyrithione zinc*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	DANDRUFF SHAMPOO	*pyrithione zinc*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	DYNASHIELD	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	DYNASHIELD	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	DYNASHIELD	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	DYNASHIELD	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	AQUAGARD	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	AQUAGARD	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	AQUAGARD	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	AQUAGARD	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	Q-ABSORB	*ubidecarenone*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/10/2023	Q-ABSORB	*ubidecarenone*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*apple cider vinegar-ginger*	*cider vinegar/ginger root extract*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	VEGAPRO	*amino acids/protein hydrolysate*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*apple cider vinegar-ginger*	*cider vinegar/ginger root extract*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/10/2023	VEGAPRO	*amino acids/protein hydrolysate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/10/2023	Q-ABSORB	*ubidecarenone*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/10/2023	Q-ABSORB	*ubidecarenone*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/10/2023	FOLAFY ER	*methyltetrahydrofolate glucosamine*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	DIABETIC MULTIVITAMIN	*multivitamin with minerals/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*multivitamin-mineral*	*multivitamin with minerals/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	FLINTSTONES COMPLETE	*pediatric multivitamin no.227/ferrous sulfate*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	FLINTSTONES COMPLETE	*pediatric multivitamin no.227/ferrous sulfate*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	FLINTSTONES COMPLETE	*pediatric multivitamin no.227/ferrous sulfate*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	FLINTSTONES WITH EXTRA IRON	*pediatric multivitamin no.226/ferrous sulfate*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	FLINTSTONES COMPLETE	*pediatric multivitamin no.227/ferrous sulfate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/10/2023	FLINTSTONES COMPLETE	*pediatric multivitamin no.227/ferrous sulfate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/10/2023	FLINTSTONES COMPLETE	*pediatric multivitamin no.227/ferrous sulfate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/10/2023	FLINTSTONES WITH EXTRA IRON	*pediatric multivitamin no.226/ferrous sulfate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/10/2023	DIABETIC MULTIVITAMIN	*multivitamin with minerals/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/10/2023	*multivitamin-mineral*	*multivitamin with minerals/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/10/2023	*pure comfort safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
06/10/2023	*pure comfort safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
06/10/2023	*pure comfort safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
06/10/2023	*pure comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
06/10/2023	*pure comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
06/10/2023	*pure comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
06/10/2023	*pure comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
06/10/2023	*pure comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
06/10/2023	*pure comfort safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
06/10/2023	ENDAL	*dextromethorphan hbr/triprolidine hcl*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/10/2023	VOTRIZA-AL	*clotrimazole*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	SINTRA-ES	*calcium carbonate/magnesium carbonate*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*dynaginate*	*alginate dressing*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*dynaginate*	*alginate dressing*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*dynaginate*	*alginate dressing*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*melatonin*	*melatonin/pyridoxal phosphate*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	CHILDREN'S WAL-ZYR	*cetirizine hcl*	ADD TO FORMULARY		Tier 0
06/10/2023	CHILDREN'S WAL-ZYR	*cetirizine hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
06/10/2023	INPEFA	*sotagliflozin*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	INPEFA	*sotagliflozin*	ADD UM: COV		FDA Moratorium
06/10/2023	*cue mpox molecular test (eua)*	*mpox (monkeypox) molecular nucleic acid test assay*	REMOVE FROM FORMULARY		Non-Formulary
06/10/2023	*cue mpox molecular test (eua)*	*mpox (monkeypox) molecular nucleic acid test assay*	ADD UM: COV		FDA Moratorium
06/10/2023	*cue mpox molecular test (eua)*	*mpox (monkeypox) molecular nucleic acid test assay*	ADD UM: MED		Medical Drug
06/13/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE UM: COV		

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/13/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE UM: COV		
06/13/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE UM: COV		
06/13/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: COV		FDA Moratorium
06/13/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: COV		FDA Moratorium
06/13/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: COV		FDA Moratorium
06/13/2023	VYJUVEK	*beremagene geperpavec-svdt*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	VYJUVEK	*beremagene geperpavec-svdt*	ADD UM: COV		FDA Moratorium
06/13/2023	VYJUVEK	*beremagene geperpavec-svdt*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	VYJUVEK	*beremagene geperpavec-svdt*	ADD UM: MED		Medical Drug
06/13/2023	VYJUVEK	*beremagene geperpavec-svdt*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	VYJUVEK	*beremagene geperpavec-svdt*	ADD UM: COV		FDA Moratorium
06/13/2023	VYJUVEK	*beremagene geperpavec-svdt*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	VYJUVEK	*beremagene geperpavec-svdt*	ADD UM: MED		Medical Drug
06/13/2023	NATAL PNV	*prenatal vitamins no.164/ferrous gluconate/folate combo no.6*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/13/2023	NATAL PNV	*prenatal vitamins no.164/ferrous gluconate/folate combo no.6*	ADD UM: DRUGCLASS		Prenatal Vitamins
06/13/2023	NATAL PNV	*prenatal vitamins no.164/ferrous gluconate/folate combo no.6*	ADD UM: COV		Non Formulary
06/13/2023	NATAL PNV	*prenatal vitamins no.164/ferrous gluconate/folate combo no.6*	ADD UM: NFDA		Non-FDA Approved
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD TO FORMULARY		Preferred Brands
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: PR		Preventive Medication
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.3 ml*	ADD TO FORMULARY		Preferred Brands
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.3 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.3 ml*	ADD UM: PR		Preventive Medication
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD TO FORMULARY		Preferred Brands
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD UM: PR		Preventive Medication
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD TO FORMULARY		Preferred Brands
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: PR		Preventive Medication
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD TO FORMULARY		Preferred Brands
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: PR		Preventive Medication
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD TO FORMULARY		Preferred Brands
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD UM: PR		Preventive Medication
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.3 ml*	ADD TO FORMULARY		Preferred Brands
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.3 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
06/13/2023	*dropsafe insulin syringe*	*syringe with needle, insulin, safety, 0.3 ml*	ADD UM: PR		Preventive Medication
06/13/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	ADD UM: COV		Non Formulary
06/13/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	ADD UM: MED		Medical Drug
06/13/2023	AQUASTAT SFR	*sodium chloride 0.9 % (flush)*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	AQUASTAT SFR	*sodium chloride 0.9 % (flush)*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/13/2023	AQUASTAT SFR	*sodium chloride 0.9 % (flush)*	ADD UM: MED		Medical Drug
06/13/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	ADD UM: COV		Non Formulary
06/13/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	ADD UM: MED		Medical Drug
06/13/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	ADD UM: COV		Non Formulary
06/13/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	ADD UM: MED		Medical Drug
06/13/2023	AQUASTAT SFR	*sodium chloride 0.9 % (flush)*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	AQUASTAT SFR	*sodium chloride 0.9 % (flush)*	ADD UM: COV		Non Formulary
06/13/2023	AQUASTAT SFR	*sodium chloride 0.9 % (flush)*	ADD UM: MED		Medical Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
06/13/2023	OLPRUVA	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
06/13/2023	TRIONEX	*calcipotriene/transparent dressing*	REMOVE FROM FORMULARY		Non-Formulary
06/13/2023	TRIONEX	*calcipotriene/transparent dressing*	ADD UM: COV		Non Formulary
06/13/2023	ZEPOSIA	*ozanimod hydrochloride*	REMOVE FROM FORMULARY		Non-Formulary

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/13/2023	ZEPOSIA	*ozanimod hydrochloride*	ADD UM: MAXQTYPERDAY		1.0 per day
06/13/2023	ZEPOSIA	*ozanimod hydrochloride*	ADD UM: DRUGCLASS		Autoimmune Drugs
06/13/2023	ZEPOSIA	*ozanimod hydrochloride*	ADD UM: COV		Non Formulary
06/13/2023	ZEPOSIA	*ozanimod hydrochloride*	ADD UM: SPECIALTY		Specialty Drug
06/16/2023	FEMRING	*estradiol acetate*	ADD UM: SDS		Extended Specialty Day Supply
06/16/2023	FEMRING	*estradiol acetate*	ADD UM: SDS		Extended Specialty Day Supply
06/16/2023	ESTRING	*estradiol*	ADD UM: SDS		Extended Specialty Day Supply
06/16/2023	ESTRING	*estradiol*	ADD UM: SDS		Extended Specialty Day Supply
06/17/2023	*omega-3 fish oil*	*omega-3 fatty acids/docosahexaenoic acid/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	OMNI-BIOTIC PANDA	*bifidobacterium animalis, bifidum/lactococcus lactis*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	HYFIBER FOR KIDS	*fructooligosaccharides/polydextrose*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	HYFIBER FOR KIDS	*fructooligosaccharides/polydextrose*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/17/2023	HYFIBER FOR KIDS	*fructooligosaccharides/polydextrose*	ADD UM: NFDA		Non-FDA Approved
06/17/2023	INTENSE DRY SKIN THERAPY	*emollient combination no.110*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/17/2023	*vitamin e with vitamin a and d*	*vitamin e/vitamins a and d*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	*garlix*	*garlic extract*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	*turmeric-ginger-black pepper*	*turmeric root extract/ginger root/black pepper extract*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	*erlotinib hcl*	*erlotinib hcl*	ADD TO FORMULARY		Non-Preferred Brands
06/17/2023	ADENO-HYDROXO B12	*hydroxocobalamin acetate/cobamamide*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	ADENO-HYDROXO B12	*hydroxocobalamin acetate/cobamamide*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/17/2023	XEROBURN	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	XEROBURN	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	XEROBURN	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	XEROBURN	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	XEROBURN	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	URITRAX	*d-mannose*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	REGENEMAX	*choline/silicon*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	URITRAX	*d-mannose*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/17/2023	REGENEMAX	*choline/silicon*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/17/2023	*melatonin*	*melatonin/pyridoxine*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	SUNBURN RELIEF	*lidocaine/aloe vera*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	*wireless bp monitor*	*blood pressure test kit-large*	REMOVE FROM FORMULARY		Non-Formulary
06/17/2023	*wireless bp monitor*	*blood pressure test kit-large*	ADD UM: DRUGCLASS		Blood Pressure Supplies
06/20/2023	AQUASTAT SFR	*sodium chloride 0.9 % (flush)*	ADD TO FORMULARY	Non-Formulary	Generics
06/20/2023	AQUASTAT SFR	*sodium chloride 0.9 % (flush)*	REMOVE UM: COV	Non Formulary	
06/20/2023	AQUASTAT SFR	*sodium chloride 0.9 % (flush)*	REMOVE UM: MED	Medical Drug	
06/20/2023	AQUASTAT SFR	*sodium chloride 0.9 % (flush)*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
06/20/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	ADD TO FORMULARY	Non-Formulary	Generics
06/20/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	REMOVE UM: COV	Non Formulary	
06/20/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	REMOVE UM: MED	Medical Drug	
06/20/2023	AQUASTAT	*sodium chloride 0.9 % (flush)*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
06/20/2023	*ilet insulin pump*	*subcutaneous insulin pump*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2023	*ilet insulin pump*	*subcutaneous insulin pump*	ADD UM: COV		FDA Moratorium
06/20/2023	*multiple electrolytes t1 ph7.4*	*electrolyte-a solution*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/20/2023	*multiple electrolytes t1 ph7.4*	*electrolyte-a solution*	ADD UM: MED		Medical Drug
06/20/2023	*multiple electrolytes t1 ph5.5*	*electrolyte-148 solution*	ADD TO FORMULARY		Generics
06/20/2023	*multiple electrolytes t1 ph5.5*	*electrolyte-148 solution*	ADD UM: MED		Medical Drug
06/20/2023	*multiple electrolytes t1 ph7.4*	*electrolyte-a solution*	ADD TO FORMULARY		Generics
06/20/2023	*multiple electrolytes t1 ph7.4*	*electrolyte-a solution*	ADD UM: MED		Medical Drug
06/20/2023	*multiple electrolytes t1 ph5.5*	*electrolyte-148 solution*	ADD TO FORMULARY		Generics
06/20/2023	*multiple electrolytes t1 ph5.5*	*electrolyte-148 solution*	ADD UM: MED		Medical Drug
06/20/2023	*multiple electrolytes t1 ph7.4*	*electrolyte-a solution*	ADD TO FORMULARY		Generics
06/20/2023	*multiple electrolytes t1 ph7.4*	*electrolyte-a solution*	ADD UM: MED		Medical Drug
06/20/2023	*multiple electrolytes t1 ph5.5*	*electrolyte-148 solution*	ADD TO FORMULARY		Generics
06/20/2023	*multiple electrolytes t1 ph5.5*	*electrolyte-148 solution*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/20/2023	*multiple electrolytes t1 ph7.4*	*electrolyte-a solution*	ADD TO FORMULARY		Generics
06/20/2023	*multiple electrolytes t1 ph7.4*	*electrolyte-a solution*	ADD UM: MED		Medical Drug
06/20/2023	*multiple electrolytes t1 ph5.5*	*electrolyte-148 solution*	ADD TO FORMULARY		Generics
06/20/2023	*multiple electrolytes t1 ph5.5*	*electrolyte-148 solution*	ADD UM: MED		Medical Drug
06/20/2023	*posaconazole*	*posaconazole*	ADD TO FORMULARY		Generics
06/20/2023	*posaconazole*	*posaconazole*	ADD UM: MED		Medical Drug
06/24/2023	*vitamin c-echinacea*	*ascorbic acid/echinacea purpurea aerial parts extract*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	*vitamin c-echinacea*	*ascorbic acid/echinacea purpurea aerial parts extract*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/24/2023	BUFFERED C POWDER	*ascorbic acid/minerals*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	BUFFERED C POWDER	*ascorbic acid/minerals*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/24/2023	XYLIGEL	*saliva stimulant combination no.9*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	OMNI-BIOTIC STRESS RELEASE	*l.acido,casei,para,plant,sali/b.anim,bif/lactococcus lactis*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	OMNI-BIOTIC BALANCE	*l.acidoph,casei,salivar/b.animalis/lactococ.lactis/e.faecium*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/24/2023	CORTICARE B	*b5/b6/folate/mag ascorbate/l.carnitine tart/black pepper xt*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	CORTICARE B	*b5/b6/folate/mag ascorbate/l.carnitine tart/black pepper xt*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	CORTICARE B	*b5/b6/folate/mag ascorbate/l.carnitine tart/black pepper xt*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/24/2023	CORTICARE B	*b5/b6/folate/mag ascorbate/l.carnitine tart/black pepper xt*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/24/2023	*niacin*	*niacin (inositol niacinate)*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	*niacin*	*niacin (inositol niacinate)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/24/2023	*protezall*	*silicone adhesive*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	*dynaginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	*dynaginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	VSL#3 DS	*lactobacillus no.2/bifidobacterium no.1/s.thermophilus*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	VSL#3 DS	*lactobacillus no.2/bifidobacterium no.1/s.thermophilus*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/24/2023	VSL#3 DS	*lactobacillus no.2/bifidobacterium no.1/s.thermophilus*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/24/2023	VSL#3 DS	*lactobacillus no.2/bifidobacterium no.1/s.thermophilus*	ADD UM: NFDA		Non-FDA Approved
06/24/2023	VYVGART HYTRULO	*efgartigimod alfa-hyaluronidase-qvfc*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	VYVGART HYTRULO	*efgartigimod alfa-hyaluronidase-qvfc*	ADD UM: COV		FDA Moratorium
06/24/2023	VYVGART HYTRULO	*efgartigimod alfa-hyaluronidase-qvfc*	ADD UM: SPECIALTY		Specialty Drug
06/24/2023	VYVGART HYTRULO	*efgartigimod alfa-hyaluronidase-qvfc*	ADD UM: MED		Medical Drug
06/24/2023	DERMACINRX DEXATRAN	*multivitamin-minerals no.73/ferrous fumarate/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	DERMACINRX DEXATRAN	*multivitamin-minerals no.73/ferrous fumarate/folic acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/24/2023	DERMACINRX DEXATRAN	*multivitamin-minerals no.73/ferrous fumarate/folic acid*	ADD UM: COV		Non Formulary
06/24/2023	DERMACINRX DEXATRAN	*multivitamin-minerals no.73/ferrous fumarate/folic acid*	ADD UM: NFDA		Non-FDA Approved
06/24/2023	YUSIMRY(CF) PEN	*adalimumab-aqvh*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	YUSIMRY(CF) PEN	*adalimumab-aqvh*	ADD UM: DRUGCLASS		Autoimmune Drugs
06/24/2023	YUSIMRY(CF) PEN	*adalimumab-aqvh*	ADD UM: COV		FDA Moratorium
06/24/2023	YUSIMRY(CF) PEN	*adalimumab-aqvh*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/24/2023	LIDOSOL	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
06/24/2023	LIDOSOL	*lidocaine*	ADD UM: COV		Non Formulary
06/27/2023	*cholestyramine light*	*cholestyramine/aspartame*	CHANGE UM: MAXQTYPERDAY	4.0 per day	24.0 per day
06/27/2023	*niacin*	*niacin (inositol niacinate)*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
06/27/2023	COLUMVI	*glofitamab-gxbm*	REMOVE FROM FORMULARY		Non-Formulary
06/27/2023	COLUMVI	*glofitamab-gxbm*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/27/2023	COLUMVI	*glofitamab-gxbm*	ADD UM: COV		FDA Moratorium
06/27/2023	COLUMVI	*glofitamab-gxbm*	ADD UM: SPECIALTY		Specialty Drug
06/27/2023	COLUMVI	*glofitamab-gxbm*	ADD UM: MED		Medical Drug
06/27/2023	COLUMVI	*glofitamab-gxbm*	REMOVE FROM FORMULARY		Non-Formulary
06/27/2023	COLUMVI	*glofitamab-gxbm*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/27/2023	COLUMVI	*glofitamab-gxbm*	ADD UM: COV		FDA Moratorium
06/27/2023	COLUMVI	*glofitamab-gxbm*	ADD UM: SPECIALTY		Specialty Drug
06/27/2023	COLUMVI	*glofitamab-gxbm*	ADD UM: MED		Medical Drug
06/27/2023	MIEBO	*perfluorohexyloctane/pf*	REMOVE FROM FORMULARY		Non-Formulary
06/27/2023	MIEBO	*perfluorohexyloctane/pf*	ADD UM: COV		FDA Moratorium
06/27/2023	TALZENNA	*talazoparib tosylate*	ADD TO FORMULARY		Non-Preferred Brands
06/27/2023	TALZENNA	*talazoparib tosylate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/27/2023	TALZENNA	*talazoparib tosylate*	ADD UM: PANAME		PA Applies
06/27/2023	TALZENNA	*talazoparib tosylate*	ADD UM: SPECIALTY		Specialty Drug
06/27/2023	TALZENNA	*talazoparib tosylate*	ADD TO FORMULARY		Non-Preferred Brands
06/27/2023	TALZENNA	*talazoparib tosylate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/27/2023	TALZENNA	*talazoparib tosylate*	ADD UM: PANAME		PA Applies
06/27/2023	TALZENNA	*talazoparib tosylate*	ADD UM: SPECIALTY		Specialty Drug
06/27/2023	*thyroid*	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
06/27/2023	*thyroid*	*thyroid,pork*	ADD UM: COV		FDA Moratorium
06/27/2023	*thyroid*	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
06/27/2023	*thyroid*	*thyroid,pork*	ADD UM: COV		FDA Moratorium
06/27/2023	*thyroid*	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
06/27/2023	*thyroid*	*thyroid,pork*	ADD UM: COV		FDA Moratorium
06/27/2023	*thyroid*	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
06/27/2023	*thyroid*	*thyroid,pork*	ADD UM: COV		FDA Moratorium
06/27/2023	*thyroid*	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
06/27/2023	*thyroid*	*thyroid,pork*	ADD UM: COV		FDA Moratorium
06/27/2023	ZEJULA	*niraparib tosylate*	ADD TO FORMULARY		Non-Preferred Brands
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: MAXQTYPERDAY		3.0 per day

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: AGE		At least 18 yrs old
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: PANAME		PA Applies
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: SPECIALTY		Specialty Drug
06/27/2023	ZEJULA	*niraparib tosylate*	ADD TO FORMULARY		Non-Preferred Brands
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: MAXQTYPERDAY		3.0 per day
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: AGE		At least 18 yrs old
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: PANAME		PA Applies
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: SPECIALTY		Specialty Drug
06/27/2023	ZEJULA	*niraparib tosylate*	ADD TO FORMULARY		Non-Preferred Brands
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: MAXQTYPERDAY		3.0 per day
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: AGE		At least 18 yrs old
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: PANAME		PA Applies
06/27/2023	ZEJULA	*niraparib tosylate*	ADD UM: SPECIALTY		Specialty Drug
06/27/2023	TALZENNA	*talazoparib tosylate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
06/27/2023	TALZENNA	*talazoparib tosylate*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/27/2023	TALZENNA	*talazoparib tosylate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
06/27/2023	TALZENNA	*talazoparib tosylate*	ADD UM: COV		FDA Moratorium
06/27/2023	ZEJULA	*niraparib tosylate*	CHANGE UM: MAXQTYPERDAY	3.0 per day	1.0 per day
06/27/2023	ZEJULA	*niraparib tosylate*	CHANGE UM: MAXQTYPERDAY	3.0 per day	1.0 per day
06/27/2023	ZEJULA	*niraparib tosylate*	CHANGE UM: MAXQTYPERDAY	3.0 per day	1.0 per day
06/28/2023	*glycopyrrolate*	*glycopyrrolate in sterile water/pf*	CHANGE UM: COV	FDA Moratorium	Non Formulary
06/29/2023	JORNAY PM	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
06/29/2023	JORNAY PM	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
06/29/2023	JORNAY PM	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
06/29/2023	JORNAY PM	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
06/29/2023	JORNAY PM	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	

Alliant Precision Formulary 2023 Updates

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*allopurinol*	*allopurinol*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	*allopurinol*	*allopurinol*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2023	*allopurinol*	*allopurinol*	ADD UM: STEP		ST applies
07/01/2023	*allopurinol*	*allopurinol*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	DEXILANT	*dexlansoprazole*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2023	DEXILANT	*dexlansoprazole*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	DEXILANT	*dexlansoprazole*	REMOVE UM: B4G	Brand For Generic	
07/01/2023	DEXILANT	*dexlansoprazole*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2023	DEXILANT	*dexlansoprazole*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	DEXILANT	*dexlansoprazole*	REMOVE UM: B4G	Brand For Generic	
07/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2023	NATAZIA	*estradiol valerate/dienogest*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
07/01/2023	XELPROS	*latanoprost*	CHANGE TIER	Preferred Brands	Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*minocycline er,minocycline hcl er*	*minocycline hcl*	CHANGE TIER		Non-Preferred Brands
07/01/2023	*minocycline er,minocycline hcl er*	*minocycline hcl*	REMOVE UM: COV		
07/01/2023	*minocycline er,minocycline hcl er*	*minocycline hcl*	CHANGE TIER	Non-Preferred Brands	Generics
07/01/2023	*minocycline er*	*minocycline hcl*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*minocycline hcl er*	*minocycline hcl*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*minocycline hcl er*	*minocycline hcl*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*minocycline er*	*minocycline hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	*minocycline er*	*minocycline hcl*	REMOVE UM: COV	Non Formulary	
07/01/2023	*minocycline er*	*minocycline hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	*minocycline er*	*minocycline hcl*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*minocycline er*	*minocycline hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	*minocycline er*	*minocycline hcl*	REMOVE UM: COV	Non Formulary	
07/01/2023	*minocycline hcl er*	*minocycline hcl*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*minocycline hcl er*	*minocycline hcl*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*minocycline hcl er*	*minocycline hcl*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*minocycline er*	*minocycline hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	*minocycline er*	*minocycline hcl*	REMOVE UM: COV	Non Formulary	
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Non-Preferred Brands	Generics
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Non-Preferred Brands	Generics
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Non-Preferred Brands	Generics
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Non-Preferred Brands	Generics
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Non-Preferred Brands	Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*topiramate er*	*topiramate*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	BOSULIF	*bosutinib*	REMOVE UM: PS	Preferred Specialty	
07/01/2023	BOSULIF	*bosutinib*	REMOVE UM: PS	Preferred Specialty	
07/01/2023	BOSULIF	*bosutinib*	REMOVE UM: PS	Preferred Specialty	
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.219 with sodium fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.219 with sodium fluoride*	REMOVE UM: COV	Non Formulary	
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.219 with sodium fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.219 with sodium fluoride*	REMOVE UM: COV	Non Formulary	
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.219 with sodium fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.219 with sodium fluoride*	REMOVE UM: COV	Non Formulary	
07/01/2023	VIVJOA	*oteseconazole*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	VIVJOA	*oteseconazole*	REMOVE UM: PANAME	PA Applies	
07/01/2023	VIVJOA	*oteseconazole*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	ASPRUZYO SPRINKLE	*ranolazine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	ASPRUZYO SPRINKLE	*ranolazine*	ADD UM: DRUGCLASS		Excluded Products

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	ASPRUZYO SPRINKLE	*ranolazine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	ASPRUZYO SPRINKLE	*ranolazine*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	*venlafaxine besylate er*	*venlafaxine besylate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	*venlafaxine besylate er*	*venlafaxine besylate*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	DYANAVEL XR	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
07/01/2023	DYANAVEL XR	*amphetamine*	REMOVE UM: STEP	ST applies	
07/01/2023	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	DYANAVEL XR	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
07/01/2023	DYANAVEL XR	*amphetamine*	REMOVE UM: STEP	ST applies	
07/01/2023	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	DYANAVEL XR	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
07/01/2023	DYANAVEL XR	*amphetamine*	REMOVE UM: STEP	ST applies	
07/01/2023	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	DYANAVEL XR	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
07/01/2023	DYANAVEL XR	*amphetamine*	REMOVE UM: STEP	ST applies	

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	ZORYVE	*roflumilast*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	ZORYVE	*roflumilast*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*minocycline er,minocycline hcl er*	*minocycline hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	*minocycline er,minocycline hcl er*	*minocycline hcl*	CHANGE UM: DRUGCLASS	Acne	Excluded Products
07/01/2023	*minocycline er,minocycline hcl,minocycline hcl er*	*minocycline hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	*minocycline er,minocycline hcl,minocycline hcl er*	*minocycline hcl*	CHANGE UM: DRUGCLASS	Acne	Excluded Products
07/01/2023	PENTASA	*mesalamine*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	PENTASA	*mesalamine*	REMOVE UM: COV	Non Formulary	
07/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: STEP		ST applies
07/01/2023	*eversense smart transmitter*	*blood-glucose transmitter*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	*eversense smart transmitter*	*blood-glucose transmitter*	REMOVE UM: COV	Non Formulary	
07/01/2023	*eversense sensor-holder*	*glucose sensor,implantable,continuous/dexamethasone acetate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	*eversense sensor-holder*	*glucose sensor,implantable,continuous/dexamethasone acetate*	ADD UM: DRUGCLASS		Excluded Products

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	ZONISADE	*zonisamide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	ZONISADE	*zonisamide*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	ZONISADE	*zonisamide*	REMOVE UM: PANAME	PA Applies	
07/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: STEP		ST applies
07/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2023	*clindamycin phos-benzoyl perox*	*clindamycin phosphate/benzoyl peroxide*	ADD UM: PANAME		PA Applies
07/01/2023	*clindamycin phos-benzoyl perox*	*clindamycin phosphate/benzoyl peroxide*	REMOVE UM: PANAME	PA Applies	
07/01/2023	*diclofenac potassium*	*diclofenac potassium*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	*diclofenac potassium*	*diclofenac potassium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	ZORYVE	*roflumilast*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	VTAMA	*tapinarof*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	VTAMA	*tapinarof*	ADD UM: PANAME		PA Applies
07/01/2023	BRIUMVI	*ublituximab-xiiy*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	LAMZEDE	*velmanase alfa-tycv*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	LUNSUMIO	*mosunetuzumab-axgb*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	LUNSUMIO	*mosunetuzumab-axgb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	SUNLENCA	*lenacapavir sodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	SUNLENCA	*lenacapavir sodium*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: QUANTITY		5 / fill
07/01/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: PANAME		PA Applies
07/01/2023	SUNLENCA	*lenacapavir sodium*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: QUANTITY		5 / fill
07/01/2023	SUNLENCA	*lenacapavir sodium*	ADD UM: PANAME		PA Applies
07/01/2023	SYFOVRE	*pegcetacoplan/pf*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	VEGZELMA	*bevacizumab-adcd*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	VEGZELMA	*bevacizumab-adcd*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	APONVIE	*aprepitant*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	SEZABY	*phenobarbital sodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	LEQEMBI	*lecanemab-irmb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	*brimonidine tartrate*	*brimonidine tartrate*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*brimonidine tartrate*	*brimonidine tartrate*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	CLINDACIN	*clindamycin phosphate*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	CLINDACIN	*clindamycin phosphate*	ADD UM: PANAME		PA Applies
07/01/2023	CLINDACIN	*clindamycin phosphate*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*estradiol valerate*	*estradiol valerate*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: STEP		ST applies
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: HCG		High Cost Generic
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: STEP		ST applies
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: HCG		High Cost Generic
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: STEP		ST applies
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: HCG		High Cost Generic
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: STEP		ST applies
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	ADD UM: HCG		High Cost Generic
07/01/2023	*clindamycin-benzoyl peroxide*	*clindamycin phosphate/benzoyl peroxide*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
07/01/2023	*clindamycin-benzoyl peroxide*	*clindamycin phosphate/benzoyl peroxide*	REMOVE UM: HCG	High Cost Generic	
07/01/2023	JAYPIRCA	*pirtobrutinib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	JAYPIRCA	*pirtobrutinib*	ADD UM: MAXQTYPERDAY		2.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	JAYPIRCA	*pirtobrutinib*	ADD UM: PANAME		PA Applies
07/01/2023	JAYPIRCA	*pirtobrutinib*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	JAYPIRCA	*pirtobrutinib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	JAYPIRCA	*pirtobrutinib*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2023	JAYPIRCA	*pirtobrutinib*	ADD UM: PANAME		PA Applies
07/01/2023	JAYPIRCA	*pirtobrutinib*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	ORENITRAM MONTH 1 TITRATION KT	*treprostinil diolamine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ORENITRAM MONTH 1 TITRATION KT	*treprostinil diolamine*	ADD UM: MAXQTYPERDAY		6.0 per day
07/01/2023	ORENITRAM MONTH 1 TITRATION KT	*treprostinil diolamine*	ADD UM: PANAME		PA Applies
07/01/2023	ORENITRAM MONTH 1 TITRATION KT	*treprostinil diolamine*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	ORENITRAM MONTH 3 TITRATION KT	*treprostinil diolamine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ORENITRAM MONTH 3 TITRATION KT	*treprostinil diolamine*	ADD UM: MAXQTYPERDAY		9.0 per day
07/01/2023	ORENITRAM MONTH 3 TITRATION KT	*treprostinil diolamine*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	ORENITRAM MONTH 3 TITRATION KT	*treprostinil diolamine*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	ORENITRAM MONTH 2 TITRATION KT	*treprostinil diolamine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ORENITRAM MONTH 2 TITRATION KT	*treprostinil diolamine*	ADD UM: MAXQTYPERDAY		12.0 per day
07/01/2023	ORENITRAM MONTH 2 TITRATION KT	*treprostinil diolamine*	ADD UM: PANAME		PA Applies
07/01/2023	ORENITRAM MONTH 2 TITRATION KT	*treprostinil diolamine*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: AGE		Up to 12 yrs old
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: AGE		Up to 12 yrs old
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: AGE		Up to 12 yrs old
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: AGE		Up to 12 yrs old
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: AGE		Up to 12 yrs old
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: AGE		Up to 12 yrs old

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*sodium oxybate*	*sodium oxybate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	*sodium oxybate*	*sodium oxybate*	ADD UM: MAXQTYPERDAY		18.0 per day
07/01/2023	*sodium oxybate*	*sodium oxybate*	ADD UM: PANAME		PA Applies
07/01/2023	*sodium oxybate*	*sodium oxybate*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	TEZSPIRE	*tezepelumab-ekko*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	TEZSPIRE	*tezepelumab-ekko*	ADD UM: QUANTITY		2 / 30 days
07/01/2023	TEZSPIRE	*tezepelumab-ekko*	ADD UM: PANAME		PA Applies
07/01/2023	TEZSPIRE	*tezepelumab-ekko*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*cetrorelix acetate*	*cetrorelix acetate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	ENTADFI	*finasteride/tadalafil*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ENTADFI	*finasteride/tadalafil*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	ENTADFI	*finasteride/tadalafil*	ADD UM: PANAME		PA Applies
07/01/2023	ENTADFI	*finasteride/tadalafil*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	FILSPARI	*sparsentan*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	FILSPARI	*sparsentan*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2023	FILSPARI	*sparsentan*	ADD UM: PANAME		PA Applies
07/01/2023	FILSPARI	*sparsentan*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	FILSPARI	*sparsentan*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	FILSPARI	*sparsentan*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2023	FILSPARI	*sparsentan*	ADD UM: PANAME		PA Applies
07/01/2023	FILSPARI	*sparsentan*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	OVACE PLUS WASH	*sulfacetamide sodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	OVACE PLUS WASH	*sulfacetamide sodium*	ADD UM: COV		Non Formulary
07/01/2023	*vibrant starter kit*	*vibrating transient device for constipation*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	*vibrant*	*vibrating transient device for constipation*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	RESTASIS	*cyclosporine*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2023	RESTASIS	*cyclosporine*	ADD UM: COV		Non Formulary
07/01/2023	RESTASIS	*cyclosporine*	REMOVE UM: PANAME	PA Applies	
07/01/2023	RESTASIS	*cyclosporine*	REMOVE UM: B4G	Brand For Generic	
07/01/2023	*cyclosporine*	*cyclosporine*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*cyclosporine*	*cyclosporine*	ADD UM: PANAME		PA Applies
07/01/2023	*cyclosporine*	*cyclosporine*	REMOVE UM: COV	Non Formulary	
07/01/2023	DELESTROGEN	*estradiol valerate*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	DELESTROGEN	*estradiol valerate*	REMOVE UM: COV	Non Formulary	
07/01/2023	SOTYKTU	*deucravacitinib*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	SOTYKTU	*deucravacitinib*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	SOTYKTU	*deucravacitinib*	REMOVE UM: PANAME	PA Applies	
07/01/2023	ARIMIDEX	*anastrozole*	ADD UM: COV		Non Formulary
07/01/2023	ARIMIDEX	*anastrozole*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2023	PLAQUENIL	*hydroxychloroquine sulfate*	ADD UM: COV		Non Formulary
07/01/2023	PLAQUENIL	*hydroxychloroquine sulfate*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2023	*benzonatate*	*benzonatate*	REMOVE UM: HCG	HIGH COST GENERIC	
07/01/2023	*calcipotriene*	*calcipotriene*	REMOVE UM: HCG	High Cost Generic	
07/01/2023	CLINDACIN ETZ	*clindamycin phosphate*	REMOVE UM: HCG	High Cost Generic	
07/01/2023	CLINDACIN P	*clindamycin phosphate*	REMOVE UM: HCG	High Cost Generic	
07/01/2023	*colestipol hcl*	*colestipol hcl*	REMOVE UM: HCG		
07/01/2023	*hydrocodone-homatropine mbr*	*hydrocodone bitartrate/homatropine methylbromide*	REMOVE UM: HCG	HIGH COST GENERIC	
07/01/2023	*niacin,niacin er*	*niacin*	REMOVE UM: HCG	HIGH COST GENERIC	
07/01/2023	*niacin er*	*niacin*	REMOVE UM: HCG	HIGH COST GENERIC	
07/01/2023	*nitrofurantoin*	*nitrofurantoin*	ADD UM: HCG		High Cost Generic
07/01/2023	*orphenadrine-aspirin-caffeine*	*orphenadrine citrate/aspirin/caffeine*	ADD UM: HCG		High Cost Generic
07/01/2023	ORPHENGESIC FORTE	*orphenadrine citrate/aspirin/caffeine*	ADD UM: HCG		High Cost Generic

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*diclofenac potassium*	*diclofenac potassium*	ADD UM: HCG		High Cost Generic
07/01/2023	*diclofenac potassium*	*diclofenac potassium*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	DESRX	*desonide*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	DESRX	*desonide*	ADD UM: HCG		High Cost Generic
07/01/2023	*desonide*	*desonide*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	*desonide*	*desonide*	ADD UM: HCG		High Cost Generic
07/01/2023	*tazarotene*	*tazarotene*	ADD UM: HCG		High Cost Generic
07/01/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: HCG		High Cost Generic
07/01/2023	*desoximetasone*	*desoximetasone*	ADD UM: HCG		High Cost Generic
07/01/2023	*penicillin v potassium*	*penicillin v potassium*	ADD UM: HCG		High Cost Generic
07/01/2023	*methocarbamol*	*methocarbamol*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	*methocarbamol*	*methocarbamol*	ADD UM: HCG		High Cost Generic
07/01/2023	*clonidine hcl er*	*clonidine hcl*	ADD UM: HCG		High Cost Generic

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*clonidine hcl er*	*clonidine hcl*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	*meloxicam*	*meloxicam*	ADD UM: HCG		High Cost Generic
07/01/2023	*meloxicam*	*meloxicam*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	SUNLENCA	*lenacapavir sodium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	SUNLENCA	*lenacapavir sodium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*estradiol valerate*	*estradiol valerate*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	TEZSPIRE	*tezepelumab-ekko*	ADD UM: MAXQTYPERDAY		0.07 per day
07/01/2023	TEZSPIRE	*tezepelumab-ekko*	REMOVE UM: QUANTITY	2 / 30 days	
07/01/2023	STERILE DILUENT FOR HUMALOG	*diluent for insulin lispro and regular insulin*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	SUNLENCA	*lenacapavir sodium*	CHANGE UM: QUANTITY	5 / fill	4 / fill
07/01/2023	*allopurinol*	*allopurinol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*allopurinol*	*allopurinol*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	*allopurinol*	*allopurinol*	REMOVE UM: STEP	ST applies	
07/01/2023	ATORVALIQ	*atorvastatin calcium*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ATORVALIQ	*atorvastatin calcium*	ADD UM: AGE		Up to 16 yrs old
07/01/2023	ATORVALIQ	*atorvastatin calcium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*bismuth-metronidazole-tetracyc*	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*bismuth-metronidazole-tetracyc*	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	CHANGE UM: QUANTITY		120 / 365 days
07/01/2023	*bismuth-metronidazole-tetracyc*	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	CLENPIQ	*sodium picosulfate/magnesium oxide/citric acid*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	CLENPIQ	*sodium picosulfate/magnesium oxide/citric acid*	ADD UM: MAXQTYPERDAY		11.0 per day
07/01/2023	CLENPIQ	*sodium picosulfate/magnesium oxide/citric acid*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: MAXQTYPERDAY		20.0 per day
07/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	*teriflunomide*	*teriflunomide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*teriflunomide*	*teriflunomide*	ADD UM: PANAME		PA Applies
07/01/2023	*teriflunomide*	*teriflunomide*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*teriflunomide*	*teriflunomide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	*teriflunomide*	*teriflunomide*	ADD UM: PANAME		PA Applies
07/01/2023	*teriflunomide*	*teriflunomide*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	AUBAGIO	*teriflunomide*	REMOVE UM: B4G	Brand For Generic	
07/01/2023	AUBAGIO	*teriflunomide*	REMOVE UM: B4G	Brand For Generic	
07/01/2023	FLOLIPID	*simvastatin*	ADD UM: AGE		Up to 16 yrs old
07/01/2023	FLOLIPID	*simvastatin*	ADD UM: AGE		Up to 16 yrs old
07/01/2023	*morphine sulfate*	*morphine sulfate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2023	*morphine sulfate*	*morphine sulfate*	ADD UM: COV		Non Formulary
07/01/2023	*morphine sulfate*	*morphine sulfate*	ADD UM: NFDA		Non-FDA Approved
07/01/2023	*oxycodone hcl*	*oxycodone hcl*	CHANGE UM: MAXQTYPERDAY	8 per day	6.0 per day
07/01/2023	*oxycodone hcl*	*oxycodone hcl*	CHANGE UM: MAXQTYPERDAY	8 per day	6.0 per day
07/01/2023	*oxycodone hcl*	*oxycodone hcl*	CHANGE UM: MAXQTYPERDAY	8 per day	6.0 per day
07/01/2023	*oxycodone hcl*	*oxycodone hcl*	CHANGE UM: MAXQTYPERDAY	8 per day	6.0 per day
07/01/2023	OXAYDO	*oxycodone hcl*	CHANGE UM: MAXQTYPERDAY	8 per day	6.0 per day
07/01/2023	OXAYDO	*oxycodone hcl*	CHANGE UM: MAXQTYPERDAY	8 per day	6.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	ROXICODONE	*oxycodone hcl*	CHANGE UM: MAXQTYPERDAY	8 per day	6.0 per day
07/01/2023	ROXICODONE	*oxycodone hcl*	CHANGE UM: MAXQTYPERDAY	8 per day	6.0 per day
07/01/2023	ROXYBOND	*oxycodone hcl*	CHANGE UM: MAXQTYPERDAY	8.0 per day	6.0 per day
07/01/2023	ROXYBOND	*oxycodone hcl*	CHANGE UM: MAXQTYPERDAY	8.0 per day	6.0 per day
07/01/2023	*endocet,oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	CHANGE UM: MAXQTYPERDAY	12 per day	8.0 per day
07/01/2023	*endocet,oxycodone hcl-acetaminophen,oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	CHANGE UM: MAXQTYPERDAY	12 per day	6.0 per day
07/01/2023	ENDOCET	*oxycodone hcl/acetaminophen*	CHANGE UM: MAXQTYPERDAY	12 per day	8.0 per day
07/01/2023	ENDOCET	*oxycodone hcl/acetaminophen*	CHANGE UM: MAXQTYPERDAY	12 per day	6.0 per day
07/01/2023	PERCOCET	*oxycodone hcl/acetaminophen*	CHANGE UM: MAXQTYPERDAY	12 per day	8.0 per day
07/01/2023	PERCOCET	*oxycodone hcl/acetaminophen*	CHANGE UM: MAXQTYPERDAY	12 per day	6.0 per day
07/01/2023	PROLATE	*oxycodone hcl/acetaminophen*	CHANGE UM: MAXQTYPERDAY	13 per day	12.0 per day
07/01/2023	PROLATE	*oxycodone hcl/acetaminophen*	CHANGE UM: MAXQTYPERDAY	13 per day	8.0 per day
07/01/2023	PROLATE	*oxycodone hcl/acetaminophen*	CHANGE UM: MAXQTYPERDAY	13 per day	6.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*hydromorphone er*	*hydromorphone hcl*	CHANGE UM: MAXQTYPERDAY	2 per day	1.0 per day
07/01/2023	*hydromorphone er*	*hydromorphone hcl*	CHANGE UM: MAXQTYPERDAY	2 per day	1.0 per day
07/01/2023	*hydromorphone er*	*hydromorphone hcl*	CHANGE UM: MAXQTYPERDAY	2 per day	1.0 per day
07/01/2023	*hydromorphone er*	*hydromorphone hcl*	CHANGE UM: MAXQTYPERDAY	2 per day	1.0 per day
07/01/2023	*hydrocodone-ibuprofen*	*hydrocodone/ibuprofen*	CHANGE UM: MAXQTYPERDAY	6 per day	5.0 per day
07/01/2023	*acetaminophen-codeine*	*acetaminophen with codeine phosphate*	CHANGE UM: MAXQTYPERDAY	22 per day	12.0 per day
07/01/2023	*acetaminophen-codeine*	*acetaminophen with codeine phosphate*	CHANGE UM: MAXQTYPERDAY		90.0 per day
07/01/2023	*acetaminophen-codeine*	*acetaminophen with codeine phosphate*	CHANGE UM: MAXQTYPERDAY	139 per day	90.0 per day
07/01/2023	SUBSYS	*fentanyl*	CHANGE UM: MAXQTYPERDAY	12 per day	4.0 per day
07/01/2023	SUBSYS	*fentanyl*	CHANGE UM: MAXQTYPERDAY	12 per day	4.0 per day
07/01/2023	SUBSYS	*fentanyl*	CHANGE UM: MAXQTYPERDAY	12 per day	4.0 per day
07/01/2023	SUBSYS	*fentanyl*	CHANGE UM: MAXQTYPERDAY	12 per day	4.0 per day
07/01/2023	SUBSYS	*fentanyl*	CHANGE UM: MAXQTYPERDAY	12 per day	4.0 per day
07/01/2023	SUBSYS	*fentanyl*	CHANGE UM: MAXQTYPERDAY	12 per day	8.0 per day
07/01/2023	SUBSYS	*fentanyl*	CHANGE UM: MAXQTYPERDAY	12 per day	8.0 per day

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*oxymorphone hcl*	*oxymorphone hcl*	CHANGE UM: MAXQTYPERDAY	12 per day	6.0 per day
07/01/2023	*oxymorphone hcl*	*oxymorphone hcl*	CHANGE UM: MAXQTYPERDAY	12 per day	6.0 per day
07/01/2023	*levorphanol tartrate*	*levorphanol tartrate*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2023	*levorphanol tartrate*	*levorphanol tartrate*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2023	DISKETS	*methadone hcl*	ADD UM: MAXQTYPERDAY		3.0 per day
07/01/2023	*methadone hcl*	*methadone hcl*	ADD UM: MAXQTYPERDAY		3.0 per day
07/01/2023	METHADOSE	*methadone hcl*	ADD UM: MAXQTYPERDAY		3.0 per day
07/01/2023	XTAMPZA ER	*oxycodone myristate*	CHANGE UM: MAXQTYPERDAY	2 per day	8.0 per day
07/01/2023	*morphine sulfate er*	*morphine sulfate*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
07/01/2023	*morphine sulfate er*	*morphine sulfate*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
07/01/2023	*morphine sulfate er*	*morphine sulfate*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
07/01/2023	*morphine sulfate er*	*morphine sulfate*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
07/01/2023	*morphine sulfate*	*morphine sulfate*	CHANGE UM: MAXQTYPERDAY	3 per day	12.0 per day
07/01/2023	*morphine sulfate*	*morphine sulfate*	CHANGE UM: MAXQTYPERDAY	2 per day	6.0 per day
07/01/2023	*morphine sulfate*	*morphine sulfate*	CHANGE UM: MAXQTYPERDAY	25 per day	90.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*morphine sulfate*	*morphine sulfate*	CHANGE UM: MAXQTYPERDAY	13 per day	45.0 per day
07/01/2023	*morphine sulfate*	*morphine sulfate*	CHANGE UM: MAXQTYPERDAY	3 per day	9.0 per day
07/01/2023	*hydromorphone hcl*	*hydromorphone hcl*	CHANGE UM: MAXQTYPERDAY	13 per day	48.0 per day
07/01/2023	DILAUDID	*hydromorphone hcl*	CHANGE UM: MAXQTYPERDAY	13 per day	48.0 per day
07/01/2023	LEQEMBI	*lecanemab-irmb*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	VTAMA	*tapinarof*	REMOVE UM: COV	Non Formulary	
07/01/2023	OVACE PLUS WASH	*sulfacetamide sodium*	REMOVE UM: MVB	MINIMAL VALUE BRAND	
07/01/2023	OVACE PLUS WASH	*sulfacetamide sodium*	REMOVE UM: SBA	SELECT BRAND ALTERNATIVE	
07/01/2023	RESTASIS	*cyclosporine*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2023	RESTASIS	*cyclosporine*	ADD UM: PANAME		PA Applies
07/01/2023	RESTASIS	*cyclosporine*	ADD UM: B4G		Brand For Generic
07/01/2023	RESTASIS	*cyclosporine*	REMOVE UM: COV	Non Formulary	
07/01/2023	*cyclosporine*	*cyclosporine*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2023	*cyclosporine*	*cyclosporine*	ADD UM: COV		Non Formulary
07/01/2023	*cyclosporine*	*cyclosporine*	REMOVE UM: PANAME	PA Applies	
07/01/2023	DILUENT FOR BICNU	*diluent for carmustine (ethanol)*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	IHEEZO	*chloroprocaine hcl/pf*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	IHEEZO	*chloroprocaine hcl/pf*	ADD UM: SPECIALTY		Specialty Drug
07/01/2023	ZYNYZ	*retifanlimab-dlwr*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	OMISIRGE	*omidubicel-onlv*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	ADTHYZA	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	ADTHYZA	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	ADTHYZA	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	ADTHYZA	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	ADTHYZA	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: PANAME		PA Applies
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: PANAME		PA Applies
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: PANAME		PA Applies
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: PANAME		PA Applies

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: PANAME		PA Applies
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: PANAME		PA Applies
07/01/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: AGE		At least 18 yrs old
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: PANAME		PA Applies
07/01/2023	AUSTEDO XR	*deutetrabenazine*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: AGE		At least 18 yrs old
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	AUSTEDO XR	*deutetrabenazine*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: AGE		At least 18 yrs old
07/01/2023	AUSTEDO XR	*deutetrabenazine*	ADD UM: PANAME		PA Applies
07/01/2023	AUSTEDO XR	*deutetrabenazine*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*baclofen*	*baclofen*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	*baclofen*	*baclofen*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*bigfoot unity*	*flash glucose sensor/blood glucose test strips/pen needles*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
07/01/2023	*bigfoot unity*	*flash glucose sensor/blood glucose test strips/pen needles*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*budesonide*	*budesonide*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*budesonide*	*budesonide*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	CUVRIOR	*trientine tetrahydrochloride*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	CUVRIOR	*trientine tetrahydrochloride*	ADD UM: MAXQTYPERDAY		10.0 per day
07/01/2023	CUVRIOR	*trientine tetrahydrochloride*	ADD UM: PANAME		PA Applies
07/01/2023	CUVRIOR	*trientine tetrahydrochloride*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	DAYBUE	*trofinetide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	DAYBUE	*trofinetide*	ADD UM: MAXQTYPERDAY		120.0 per day
07/01/2023	DAYBUE	*trofinetide*	ADD UM: PANAME		PA Applies
07/01/2023	DAYBUE	*trofinetide*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	JOENJA	*leniolisib phosphate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	JOENJA	*leniolisib phosphate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2023	JOENJA	*leniolisib phosphate*	ADD UM: PANAME		PA Applies
07/01/2023	JOENJA	*leniolisib phosphate*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*naftifine hcl*	*naftifine hcl*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*naftifine hcl*	*naftifine hcl*	ADD UM: STEP		ST applies
07/01/2023	*naftifine hcl*	*naftifine hcl*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*naftifine hcl*	*naftifine hcl*	ADD UM: HCG		High Cost Generic
07/01/2023	ORSERDU	*elacestrant hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ORSERDU	*elacestrant hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2023	ORSERDU	*elacestrant hcl*	ADD UM: PANAME		PA Applies
07/01/2023	ORSERDU	*elacestrant hcl*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	ORSERDU	*elacestrant hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	ORSERDU	*elacestrant hcl*	ADD UM: MAXQTYPERDAY		3.0 per day
07/01/2023	ORSERDU	*elacestrant hcl*	ADD UM: PANAME		PA Applies
07/01/2023	ORSERDU	*elacestrant hcl*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	SKYCLARYS	*omaveloxolone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	SKYCLARYS	*omaveloxolone*	ADD UM: MAXQTYPERDAY		3.0 per day
07/01/2023	SKYCLARYS	*omaveloxolone*	ADD UM: PANAME		PA Applies
07/01/2023	SKYCLARYS	*omaveloxolone*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	TIROSINT	*levothyroxine sodium*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	TIROSINT	*levothyroxine sodium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	TIROSINT	*levothyroxine sodium*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	TIROSINT	*levothyroxine sodium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	TIROSINT	*levothyroxine sodium*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	TIROSINT	*levothyroxine sodium*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	*vancomycin hcl*	*vancomycin hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2023	GRALISE	*gabapentin*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	GRALISE	*gabapentin*	ADD UM: COV		Non Formulary
07/01/2023	IMPAVIDO	*miltefosine*	ADD UM: PANAME		PA Applies
07/01/2023	CLENPIQ	*sodium picosulfate/magnesium oxide/citric acid*	ADD UM: QUANTITY		354 / fill
07/01/2023	CLENPIQ	*sodium picosulfate/magnesium oxide/citric acid*	REMOVE UM: MAXQTYPERDAY	11 per day	
07/01/2023	CLENPIQ	*sodium picosulfate/magnesium oxide/citric acid*	ADD UM: QUANTITY		354 / fill

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	CLENPIQ	*sodium picosulfate/magnesium oxide/citric acid*	REMOVE UM: MAXQTYPERDAY	11.0 per day	
07/01/2023	CLINDACIN	*clindamycin phosphate*	REMOVE UM: PANAME	PA Applies	
07/01/2023	ERMEZA	*levothyroxine sodium*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	ERMEZA	*levothyroxine sodium*	REMOVE UM: COV	Non Formulary	
07/01/2023	KEYFOLIC	*multivit with min no.83/iron bis-glycinate/folate no.10*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	KEYFOLIC	*multivit with min no.83/iron bis-glycinate/folate no.10*	REMOVE UM: COV	Non Formulary	
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.220 with fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.220 with fluoride*	REMOVE UM: COV	Non Formulary	
07/01/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.205/sodium fluoride/iron,carbonyl*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.205/sodium fluoride/iron,carbonyl*	REMOVE UM: COV	Non Formulary	
07/01/2023	XELSTRYM	*dextroamphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
07/01/2023	XELSTRYM	*dextroamphetamine*	REMOVE UM: COV	Non Formulary	
07/01/2023	XELSTRYM	*dextroamphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
07/01/2023	XELSTRYM	*dextroamphetamine*	REMOVE UM: COV	Non Formulary	
07/01/2023	XELSTRYM	*dextroamphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
07/01/2023	XELSTRYM	*dextroamphetamine*	REMOVE UM: COV	Non Formulary	

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	XELSTRYM	*dextroamphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
07/01/2023	XELSTRYM	*dextroamphetamine*	REMOVE UM: COV	Non Formulary	
07/01/2023	CITRANATAL MEDLEY	*mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha*	CHANGE UM: DRUGCLASS	Prenatal Vitamins	Excluded Products
07/01/2023	CITRANATAL MEDLEY	*mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha*	REMOVE UM: COV	Non Formulary	
07/01/2023	CHANTIX	*varenicline tartrate*	ADD UM: SBA		Select Brand Alternative
07/01/2023	CHANTIX	*varenicline tartrate*	ADD UM: SBA		Select Brand Alternative
07/01/2023	CHANTIX	*varenicline tartrate*	ADD UM: SBA		Select Brand Alternative
07/01/2023	CLEOCIN HCL	*clindamycin hcl*	ADD UM: SBA		Select Brand Alternative
07/01/2023	CLEOCIN HCL	*clindamycin hcl*	ADD UM: SBA		Select Brand Alternative
07/01/2023	CLEOCIN HCL	*clindamycin hcl*	ADD UM: SBA		Select Brand Alternative
07/01/2023	DONNATAL	*phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb*	ADD UM: SBA		Select Brand Alternative
07/01/2023	NAMENDA	*memantine hcl*	ADD UM: SBA		Select Brand Alternative
07/01/2023	NAMENDA	*memantine hcl*	ADD UM: SBA		Select Brand Alternative
07/01/2023	NAMENDA	*memantine hcl*	ADD UM: SBA		Select Brand Alternative

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	ROCALTROL	*calcitriol*	ADD UM: SBA		Select Brand Alternative
07/01/2023	ROCALTROL	*calcitriol*	ADD UM: SBA		Select Brand Alternative
07/01/2023	ROCALTROL	*calcitriol*	ADD UM: SBA		Select Brand Alternative
07/01/2023	NIACOR	*niacin*	ADD UM: MVB		Minimal Value Brand
07/01/2023	*naftifine hcl*	*naftifine hcl*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: MAXQTYPERDAY		0.22 per day
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: MAXQTYPERDAY		0.22 per day
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: MAXQTYPERDAY		0.22 per day
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: PANAME		PA Applies
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD TO FORMULARY	Non-Formulary	Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: MAXQTYPERDAY		0.22 per day
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: PANAME		PA Applies
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: MAXQTYPERDAY		0.22 per day
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: PANAME		PA Applies
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: MAXQTYPERDAY		0.22 per day
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: PANAME		PA Applies
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	CHANGE UM: MAXQTYPERDAY	0.22 per day	0.09 per day
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: PS		Preferred Specialty
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	CHANGE UM: MAXQTYPERDAY	0.22 per day	0.18 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: PS		Preferred Specialty
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	CHANGE UM: MAXQTYPERDAY	0.22 per day	0.18 per day
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: PS		Preferred Specialty
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	CHANGE UM: MAXQTYPERDAY	0.22 per day	0.18 per day
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: PS		Preferred Specialty
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	CHANGE UM: MAXQTYPERDAY	0.22 per day	0.18 per day
07/01/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	CHANGE UM: MAXQTYPERDAY	0.22 per day	0.18 per day
07/01/2023	*minocycline er*	*minocycline hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	*minocycline er*	*minocycline hcl*	ADD UM: COV		Non Formulary
07/01/2023	*minocycline er*	*minocycline hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	*minocycline er*	*minocycline hcl*	ADD UM: COV		Non Formulary
07/01/2023	*minocycline er*	*minocycline hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2023	*minocycline er*	*minocycline hcl*	ADD UM: COV		Non Formulary
07/01/2023	BRIUMVI	*ublituximab-xiiy*	ADD UM: MAXQTYPERDAY		0.108 per day

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	LUNSUMIO	*mosunetuzumab-axgb*	ADD UM: MAXQTYPERDAY		2.86 per day
07/01/2023	LUNSUMIO	*mosunetuzumab-axgb*	ADD UM: MAXQTYPERDAY		0.286 per day
07/01/2023	SYFOVRE	*pegcetacoplan/pf*	ADD UM: MAXQTYPERDAY		0.004 per day
07/01/2023	ZYNYZ	*retifanlimab-dlwr*	ADD UM: MAXQTYPERDAY		0.715 per day
07/01/2023	ARIMIDEX	*anastrozole*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	ARIMIDEX	*anastrozole*	REMOVE UM: COV	Non Formulary	
07/01/2023	PLAQUENIL	*hydroxychloroquine sulfate*	ADD UM: DRUGCLASS		Excluded Products
07/01/2023	PLAQUENIL	*hydroxychloroquine sulfate*	REMOVE UM: COV	Non Formulary	
07/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE UM: COV		
07/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: COV		Non Formulary
07/01/2023	*tempo welcome kit*	*blood glucose meter/insulin data transf accessory, bluetooth*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
07/01/2023	*tempo welcome kit*	*blood glucose meter/insulin data transf accessory, bluetooth*	REMOVE UM: COV	Non Formulary	
07/01/2023	*tempo refill kit*	*lancet with blood glucose test strips and pen needles*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
07/01/2023	*tempo refill kit*	*lancet with blood glucose test strips and pen needles*	REMOVE UM: COV	Non Formulary	
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.175 with fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.175 with fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.175 with fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2023	*diclofenac potassium*	*diclofenac potassium*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2023	*diclofenac potassium*	*diclofenac potassium*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2023	*diclofenac potassium*	*diclofenac potassium*	ADD UM: PANAME		PA Applies
07/01/2023	*diclofenac potassium*	*diclofenac potassium*	CHANGE TIER	Generics	Non-Preferred Brands
07/01/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2023	*cordx covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE UM: COV	FDA Moratorium	
07/01/2023	NATAZIA	*estradiol valerate/dienogest*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	CONCERTA	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD UM: STEP		ST applies
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD UM: B4G		Brand For Generic
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	CONCERTA	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD UM: STEP		ST applies
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD UM: B4G		Brand For Generic
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	CONCERTA	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD UM: STEP		ST applies
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD UM: B4G		Brand For Generic
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	CONCERTA	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD UM: STEP		ST applies
07/01/2023	CONCERTA	*methylphenidate hcl*	ADD UM: B4G		Brand For Generic
07/01/2023	VAZALORE	*aspirin*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
07/01/2023	CONCERTA	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
07/01/2023	CONCERTA	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
07/01/2023	CONCERTA	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
07/01/2023	CONCERTA	*methylphenidate hcl*	REMOVE UM: STEP	ST applies	
07/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE UM: STEP	ST applies	
07/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE UM: STEP	ST applies	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE UM: STEP	ST applies	
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE UM: STEP	ST applies	
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE UM: STEP	ST applies	
07/01/2023	*ezetimibe-atorvastatin calcium*	*ezetimibe/atorvastatin calcium*	REMOVE UM: STEP	ST applies	
07/01/2023	*naftifine hcl*	*naftifine hcl*	REMOVE UM: STEP	ST applies	
07/01/2023	BENADRYL ITCH STOPPING	*diphenhydramine hcl/zinc acetate*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	AQUAGARD	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	AQUAGARD	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	DYNASHIELD-DIMETHICONE	*dimethicone/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	DYNASHIELD-DIMETHICONE	*dimethicone/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	MINI ENEMA	*docusate sodium/benzocaine*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	LIDOCORE	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	OMNICIDE	*benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	UREAPRO	*urea*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	UREAPRO	*urea*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/01/2023	UREAPRO	*urea*	ADD UM: NFDA		Non-FDA Approved
07/01/2023	KIDS MULTI ZERO	*pediatric multivitamin no.229*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	KIDS MULTI ZERO	*pediatric multivitamin no.229*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/01/2023	GENTLE IRON	*iron bis-glycinate chelate/ascorbic acid/folic acid/vit b12*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	REZZAYO	*rezafungin acetate*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	REZZAYO	*rezafungin acetate*	ADD UM: COV		FDA Moratorium
07/01/2023	REZZAYO	*rezafungin acetate*	ADD UM: MED		Medical Drug
07/01/2023	*meclizine hcl*	*meclizine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2023	*meclizine hcl*	*meclizine hcl*	ADD UM: COV		FDA Moratorium
07/05/2023	LIQUID MULTIVITAMIN	*multivitamin with minerals/ferrous gluconate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/05/2023	CYLTEZO(CF) PEN CROHN'S-UC-HS	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	CYLTEZO(CF) PEN CROHN'S-UC-HS	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	CYLTEZO(CF) PEN CROHN'S-UC-HS	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
07/05/2023	CYLTEZO(CF) PEN	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	CYLTEZO(CF) PEN	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	CYLTEZO(CF) PEN	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
07/05/2023	CYLTEZO(CF) PEN PSORIASIS-UV	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	CYLTEZO(CF) PEN PSORIASIS-UV	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	CYLTEZO(CF) PEN PSORIASIS-UV	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
07/05/2023	CYLTEZO(CF) PEN CROHN'S-UC-HS	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	CYLTEZO(CF) PEN	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	CYLTEZO(CF) PEN PSORIASIS-UV	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	HULIO(CF) PEN	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	HULIO(CF) PEN	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	HULIO(CF) PEN	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	HULIO(CF) PEN	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	HULIO(CF) PEN	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	HULIO(CF) PEN	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	HULIO(CF) PEN	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	HULIO(CF) PEN	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: COV		FDA Moratorium
07/05/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	IDACIO(CF) PEN CROHN'S-UC	*adalimumab-aacf*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	IDACIO(CF) PEN CROHN'S-UC	*adalimumab-aacf*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	IDACIO(CF) PEN CROHN'S-UC	*adalimumab-aacf*	ADD UM: COV		FDA Moratorium
07/05/2023	IDACIO(CF) PEN CROHN'S-UC	*adalimumab-aacf*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	IDACIO(CF)	*adalimumab-aacf*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	IDACIO(CF)	*adalimumab-aacf*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	IDACIO(CF)	*adalimumab-aacf*	ADD UM: COV		FDA Moratorium
07/05/2023	IDACIO(CF)	*adalimumab-aacf*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	IDACIO(CF) PEN PSORIASIS	*adalimumab-aacf*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	IDACIO(CF) PEN PSORIASIS	*adalimumab-aacf*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	IDACIO(CF) PEN PSORIASIS	*adalimumab-aacf*	ADD UM: COV		FDA Moratorium
07/05/2023	IDACIO(CF) PEN PSORIASIS	*adalimumab-aacf*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	IDACIO(CF) PEN	*adalimumab-aacf*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	IDACIO(CF) PEN	*adalimumab-aacf*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/05/2023	IDACIO(CF) PEN	*adalimumab-aacf*	ADD UM: COV		FDA Moratorium
07/05/2023	IDACIO(CF) PEN	*adalimumab-aacf*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	RYSTIGGO	*rozanolixizumab-noli*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	RYSTIGGO	*rozanolixizumab-noli*	ADD UM: COV		FDA Moratorium
07/05/2023	RYSTIGGO	*rozanolixizumab-noli*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	RYSTIGGO	*rozanolixizumab-noli*	ADD UM: MED		Medical Drug
07/05/2023	*ilet infusion-contact detach*	*infusion set for insulin pump/insulin pump cartridge*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	*ilet infusion-contact detach*	*infusion set for insulin pump/insulin pump cartridge*	ADD UM: COV		FDA Moratorium
07/05/2023	*ilet infusion-contact detach*	*infusion set for insulin pump/insulin pump cartridge*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	*ilet infusion-contact detach*	*infusion set for insulin pump/insulin pump cartridge*	ADD UM: COV		FDA Moratorium
07/05/2023	*ilet infusion kit-inset*	*infusion set for insulin pump/insulin pump cartridge*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	*ilet infusion kit-inset*	*infusion set for insulin pump/insulin pump cartridge*	ADD UM: COV		FDA Moratorium
07/05/2023	*ilet infusion kit-inset*	*infusion set for insulin pump/insulin pump cartridge*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	*ilet infusion kit-inset*	*infusion set for insulin pump/insulin pump cartridge*	ADD UM: COV		FDA Moratorium
07/05/2023	*levocarnitine*	*levocarnitine*	ADD TO FORMULARY		Generics
07/05/2023	*levocarnitine*	*levocarnitine*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/05/2023	*levocarnitine*	*levocarnitine*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	LIGNOSPAN STANDARD	*lidocaine hcl/epinephrine bitartrate*	ADD TO FORMULARY		Generics
07/05/2023	LIGNOSPAN STANDARD	*lidocaine hcl/epinephrine bitartrate*	ADD UM: MED		Medical Drug
07/05/2023	VIGADRONE	*vigabatrin*	ADD TO FORMULARY		Non-Preferred Brands
07/05/2023	VIGADRONE	*vigabatrin*	ADD UM: MAXQTYPERDAY		6.0 per day
07/05/2023	VIGADRONE	*vigabatrin*	ADD UM: PANAME		PA Applies
07/05/2023	VIGADRONE	*vigabatrin*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	VIGADRONE	*vigabatrin*	ADD UM: PS		Preferred Specialty
07/05/2023	PEGASYS	*peginterferon alfa-2a*	CHANGE TIER		Non-Preferred Brands
07/05/2023	PEGASYS	*peginterferon alfa-2a*	CHANGE UM: PANAME		PA Applies
07/05/2023	PEGASYS	*peginterferon alfa-2a*	CHANGE UM: SPECIALTY		Specialty Drug
07/05/2023	THYQUIDITY	*levothyroxine sodium*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	THYQUIDITY	*levothyroxine sodium*	ADD UM: DRUGCLASS		Excluded Products
07/05/2023	THYQUIDITY	*levothyroxine sodium*	ADD UM: NTI		Narrow Therapeutic Indicator
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium

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

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: COV		FDA Moratorium
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	ADD UM: MED		Medical Drug
07/08/2023	*bowel support-irritable bowel*	*peppermint oil*	REMOVE FROM FORMULARY		Non-Formulary
07/08/2023	GILTUSS TOTAL RELEASE	*guaifenesin/dextromethorphan hbr/phenylephrine*	REMOVE FROM FORMULARY		Non-Formulary
07/08/2023	*biotin*	*biotin*	REMOVE FROM FORMULARY		Non-Formulary
07/08/2023	*zinc-vitamin a-vitamin c*	*vitamin a acetate/ascorbic acid/ascorbate sodium/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
07/08/2023	CALTRATE 600-D3 PLUS MINERALS	*calcium carb/d3/mag oxide/cupric sulf/mang sulf/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
07/08/2023	WESNATAL DHA COMPLETE	*prenatal vitamin no.52/iron/folic acid/omega-3/dha*	REMOVE FROM FORMULARY		Non-Formulary
07/08/2023	WESNATAL DHA COMPLETE	*prenatal vitamin no.52/iron/folic acid/omega-3/dha*	ADD UM: DRUGCLASS		Prenatal Vitamins
07/08/2023	WESNATAL DHA COMPLETE	*prenatal vitamin no.52/iron/folic acid/omega-3/dha*	ADD UM: COV		Non Formulary
07/08/2023	WESNATAL DHA COMPLETE	*prenatal vitamin no.52/iron/folic acid/omega-3/dha*	ADD UM: NFDA		Non-FDA Approved
07/08/2023	*epinephrine-nacl*	*racepinephrine hcl in sodium chloride, iso-osmotic/pf*	REMOVE FROM FORMULARY		Non-Formulary
07/08/2023	TM-VITE RX	*vitamin b complex and vitamin c combination no.22/folic acid*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/08/2023	*epinephrine-nacl*	*racepinephrine hcl in sodium chloride, iso-osmotic/pf*	ADD UM: COV		Non Formulary
07/08/2023	*epinephrine-nacl*	*racepinephrine hcl in sodium chloride, iso-osmotic/pf*	ADD UM: NFDA		Non-FDA Approved
07/08/2023	*epinephrine-nacl*	*racepinephrine hcl in sodium chloride, iso-osmotic/pf*	ADD UM: MED		Medical Drug
07/08/2023	TM-VITE RX	*vitamin b complex and vitamin c combination no.22/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/08/2023	TM-VITE RX	*vitamin b complex and vitamin c combination no.22/folic acid*	ADD UM: COV		Non Formulary
07/08/2023	TM-VITE RX	*vitamin b complex and vitamin c combination no.22/folic acid*	ADD UM: NFDA		Non-FDA Approved
07/08/2023	LITFULO	*ritlecitinib tosylate*	REMOVE FROM FORMULARY		Non-Formulary
07/08/2023	LITFULO	*ritlecitinib tosylate*	ADD UM: COV		FDA Moratorium
07/08/2023	LITFULO	*ritlecitinib tosylate*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUZONE HIGH-DOSE QUAD 2021-22	*influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUZONE HIGH-DOSE QUAD 2021-22	*influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUZONE HIGH-DOSE QUAD 2021-22	*influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUZONE HIGH-DOSE QUAD 2021-22	*influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLULAVAL QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLULAVAL QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLULAVAL QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLULAVAL QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUZONE HIGH-DOSE QUAD 2021-22	*influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUZONE HIGH-DOSE QUAD 2021-22	*influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUZONE HIGH-DOSE QUAD 2021-22	*influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUZONE HIGH-DOSE QUAD 2021-22	*influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	ADD UM: COV		Non Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	AFLURIA QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	AFLURIA QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	ADD UM: COV		Non Formulary
07/11/2023	AFLURIA QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	AFLURIA QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUBLOK QUAD 2021-2022	*influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUBLOK QUAD 2021-2022	*influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUBLOK QUAD 2021-2022	*influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUBLOK QUAD 2021-2022	*influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	AFLURIA QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	AFLURIA QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	ADD UM: COV		Non Formulary
07/11/2023	AFLURIA QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	AFLURIA QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUARIX QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUARIX QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUARIX QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUARIX QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUMIST QUAD 2021-2022	*influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUMIST QUAD 2021-2022	*influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	ADD UM: COV		Non Formulary
07/11/2023	FLUMIST QUAD 2021-2022	*influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUMIST QUAD 2021-2022	*influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUBLOK QUAD 2021-2022	*influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUBLOK QUAD 2021-2022	*influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUBLOK QUAD 2021-2022	*influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUBLOK QUAD 2021-2022	*influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quadriv 2021-2022(6 month and older)cell derived*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quadriv 2021-2022(6 month and older)cell derived*	ADD UM: COV		Non Formulary
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quadriv 2021-2022(6 month and older)cell derived*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quadriv 2021-2022(6 month and older)cell derived*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quadriv 2021-2022(6 month and older)cell derived*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quadriv 2021-2022(6 month and older)cell derived*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quadriv 2021-2022(6 month and older)cell derived*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUCELVAX QUAD 2021-2022	*flu vaccine quadriv 2021-2022(6 month and older)cell derived*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUARIX QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUARIX QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUARIX QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUARIX QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	AFLURIA QUAD 2021-22 (3YR UP)	*influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	AFLURIA QUAD 2021-22 (3YR UP)	*influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	AFLURIA QUAD 2021-22 (3YR UP)	*influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	AFLURIA QUAD 2021-22 (3YR UP)	*influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	AFLURIA QUAD 2021-22 (3YR UP)	*influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	AFLURIA QUAD 2021-22 (3YR UP)	*influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	AFLURIA QUAD 2021-22 (3YR UP)	*influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	AFLURIA QUAD 2021-22 (3YR UP)	*influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUAD QUAD 2021-2022	*influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUAD QUAD 2021-2022	*influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUAD QUAD 2021-2022	*influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUAD QUAD 2021-2022	*influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLULAVAL QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLULAVAL QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLULAVAL QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLULAVAL QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUAD QUAD 2021-2022	*influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUAD QUAD 2021-2022	*influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUAD QUAD 2021-2022	*influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUAD QUAD 2021-2022	*influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	AFLURIA QUAD 2021-22 (6-35MO)	*influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	AFLURIA QUAD 2021-22 (6-35MO)	*influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	ADD UM: COV		Non Formulary
07/11/2023	AFLURIA QUAD 2021-22 (6-35MO)	*influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	AFLURIA QUAD 2021-22 (6-35MO)	*influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	AFLURIA QUAD 2021-22 (6-35MO)	*influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	AFLURIA QUAD 2021-22 (6-35MO)	*influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	ADD UM: COV		Non Formulary
07/11/2023	AFLURIA QUAD 2021-22 (6-35MO)	*influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	AFLURIA QUAD 2021-22 (6-35MO)	*influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	FLUMIST QUAD 2021-2022	*influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/11/2023	FLUMIST QUAD 2021-2022	*influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	ADD UM: COV		Non Formulary
07/11/2023	FLUMIST QUAD 2021-2022	*influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/11/2023	FLUMIST QUAD 2021-2022	*influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/11/2023	AFLURIA QUAD 2023-24 (3YR UP)	*influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	AFLURIA QUAD 2023-24 (3YR UP)	*influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf*	ADD UM: AGE		At least 3 yrs old

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	AFLURIA QUAD 2023-24 (3YR UP)	*influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	AFLURIA QUAD 2023-24 (3YR UP)	*influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	AFLURIA QUAD 2023-24 (3YR UP)	*influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	AFLURIA QUAD 2023-24 (3YR UP)	*influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	AFLURIA QUAD 2023-24 (3YR UP)	*influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf*	ADD UM: AGE		At least 3 yrs old
07/11/2023	AFLURIA QUAD 2023-24 (3YR UP)	*influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	AFLURIA QUAD 2023-24 (3YR UP)	*influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	AFLURIA QUAD 2023-24 (3YR UP)	*influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	AFLURIA QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD TO FORMULARY		Preferred Brands
07/11/2023	AFLURIA QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	AFLURIA QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: DRUGCLASS		Immunization/Vaccines

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	AFLURIA QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	AFLURIA QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD TO FORMULARY		Preferred Brands
07/11/2023	AFLURIA QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	AFLURIA QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	AFLURIA QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUAD QUAD 2023-2024	*influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUAD QUAD 2023-2024	*influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf*	ADD UM: AGE		At least 65 yrs old
07/11/2023	FLUAD QUAD 2023-2024	*influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUAD QUAD 2023-2024	*influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUAD QUAD 2023-2024	*influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUAD QUAD 2023-2024	*influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf*	ADD TO FORMULARY		Preferred Brands

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUAD QUAD 2023-2024	*influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf*	ADD UM: AGE		At least 65 yrs old
07/11/2023	FLUAD QUAD 2023-2024	*influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUAD QUAD 2023-2024	*influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUAD QUAD 2023-2024	*influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUZONE HIGH-DOSE QUAD 2023-24	*influenza virus vaccine quadrival split 2023-24(65 yr up)/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUZONE HIGH-DOSE QUAD 2023-24	*influenza virus vaccine quadrival split 2023-24(65 yr up)/pf*	ADD UM: AGE		At least 65 yrs old
07/11/2023	FLUZONE HIGH-DOSE QUAD 2023-24	*influenza virus vaccine quadrival split 2023-24(65 yr up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUZONE HIGH-DOSE QUAD 2023-24	*influenza virus vaccine quadrival split 2023-24(65 yr up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUZONE HIGH-DOSE QUAD 2023-24	*influenza virus vaccine quadrival split 2023-24(65 yr up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUZONE HIGH-DOSE QUAD 2023-24	*influenza virus vaccine quadrival split 2023-24(65 yr up)/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUZONE HIGH-DOSE QUAD 2023-24	*influenza virus vaccine quadrival split 2023-24(65 yr up)/pf*	ADD UM: AGE		At least 65 yrs old

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUZONE HIGH-DOSE QUAD 2023-24	*influenza virus vaccine quadrival split 2023-24(65 yr up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUZONE HIGH-DOSE QUAD 2023-24	*influenza virus vaccine quadrival split 2023-24(65 yr up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUZONE HIGH-DOSE QUAD 2023-24	*influenza virus vaccine quadrival split 2023-24(65 yr up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUBLOK QUAD 2023-2024	*influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUBLOK QUAD 2023-2024	*influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf*	ADD UM: AGE		At least 18 yrs old
07/11/2023	FLUBLOK QUAD 2023-2024	*influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUBLOK QUAD 2023-2024	*influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUBLOK QUAD 2023-2024	*influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUBLOK QUAD 2023-2024	*influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUBLOK QUAD 2023-2024	*influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf*	ADD UM: AGE		At least 18 yrs old
07/11/2023	FLUBLOK QUAD 2023-2024	*influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUBLOK QUAD 2023-2024	*influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUBLOK QUAD 2023-2024	*influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUARIX QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUARIX QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUARIX QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUARIX QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quad 2023-2024(6 month and older)cell derived/pf*	ADD TO FORMULARY		Preferred Brands

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quad 2023-2024(6 month and older)cell derived/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quad 2023-2024(6 month and older)cell derived/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quad 2023-2024(6 month and older)cell derived/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUARIX QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUARIX QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUARIX QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUARIX QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quad 2023-2024(6 month and older)cell derived/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quad 2023-2024(6 month and older)cell derived/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quad 2023-2024(6 month and older)cell derived/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quad 2023-2024(6 month and older)cell derived/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLULAVAL QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLULAVAL QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLULAVAL QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLULAVAL QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quadriv 2023-2024(6 month and older)cell derived*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quadriv 2023-2024(6 month and older)cell derived*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quadriv 2023-2024(6 month and older)cell derived*	ADD UM: DRUGCLASS		Immunization/Vaccines

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quadriv 2023-2024(6 month and older)cell derived*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quadriv 2023-2024(6 month and older)cell derived*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quadriv 2023-2024(6 month and older)cell derived*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quadriv 2023-2024(6 month and older)cell derived*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUCELVAX QUAD 2023-2024	*flu vaccine quadriv 2023-2024(6 month and older)cell derived*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrivalent 2023-24 (6 mos and up)*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLUZONE QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	FLULAVAL QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/11/2023	FLULAVAL QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/11/2023	FLULAVAL QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/11/2023	FLULAVAL QUAD 2023-2024	*influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/11/2023	HYRIMOZ(CF) PEN CROHN-UC START	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HYRIMOZ(CF) PEN CROHN-UC START	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HYRIMOZ(CF) PEN CROHN-UC START	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	HYRIMOZ(CF) PEN CROHN-UC START	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	*adalimumab-adaz(cf) pen*	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	*adalimumab-adaz(cf) pen*	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	*adalimumab-adaz(cf) pen*	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	*adalimumab-adaz(cf) pen*	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	ADD UM: COV		FDA Moratorium
07/11/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	ADD UM: COV		FDA Moratorium
07/11/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HADLIMA	*adalimumab-bwwd*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HADLIMA	*adalimumab-bwwd*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HADLIMA	*adalimumab-bwwd*	ADD UM: COV		FDA Moratorium
07/11/2023	HADLIMA	*adalimumab-bwwd*	ADD UM: SPECIALTY		Specialty Drug

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	ADD UM: COV		FDA Moratorium
07/11/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HYRIMOZ(CF) PEN PSORIASIS	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HYRIMOZ(CF) PEN PSORIASIS	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HYRIMOZ(CF) PEN PSORIASIS	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	HYRIMOZ(CF) PEN PSORIASIS	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HADLIMA(CF)	*adalimumab-bwwd*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HADLIMA(CF)	*adalimumab-bwwd*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HADLIMA(CF)	*adalimumab-bwwd*	ADD UM: COV		FDA Moratorium
07/11/2023	HADLIMA(CF)	*adalimumab-bwwd*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	ADD UM: COV		FDA Moratorium
07/11/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	*adalimumab-adaz(cf)*	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	*adalimumab-adaz(cf)*	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	*adalimumab-adaz(cf)*	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	*adalimumab-adaz(cf)*	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
07/11/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HADLIMA	*adalimumab-bwwd*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HADLIMA	*adalimumab-bwwd*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HADLIMA	*adalimumab-bwwd*	ADD UM: COV		FDA Moratorium
07/11/2023	HADLIMA	*adalimumab-bwwd*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HADLIMA(CF)	*adalimumab-bwwd*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HADLIMA(CF)	*adalimumab-bwwd*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HADLIMA(CF)	*adalimumab-bwwd*	ADD UM: COV		FDA Moratorium
07/11/2023	HADLIMA(CF)	*adalimumab-bwwd*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	ADD UM: COV		FDA Moratorium
07/11/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/11/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/11/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	ADD UM: COV		FDA Moratorium
07/11/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	ADD UM: SPECIALTY		Specialty Drug
07/11/2023	SUFLAVE	*peg 3350/sodium sulfate,chloride/potassium chlor/magnesium*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	SUFLAVE	*peg 3350/sodium sulfate,chloride/potassium chlor/magnesium*	ADD UM: COV		FDA Moratorium
07/11/2023	SUFLAVE	*peg 3350/sodium sulfate,chloride/potassium chlor/magnesium*	REMOVE FROM FORMULARY		Non-Formulary
07/11/2023	SUFLAVE	*peg 3350/sodium sulfate,chloride/potassium chlor/magnesium*	ADD UM: COV		FDA Moratorium
07/14/2023	WEGOVY	*semaglutide*	CHANGE UM: AGE	At least 18 yrs old	At least 12 yrs old
07/14/2023	WEGOVY	*semaglutide*	CHANGE UM: AGE	At least 18 yrs old	At least 12 yrs old
07/14/2023	WEGOVY	*semaglutide*	CHANGE UM: AGE	At least 18 yrs old	At least 12 yrs old
07/14/2023	WEGOVY	*semaglutide*	CHANGE UM: AGE	At least 18 yrs old	At least 12 yrs old
07/14/2023	WEGOVY	*semaglutide*	CHANGE UM: AGE	At least 18 yrs old	At least 12 yrs old
07/15/2023	REST SIMPLY	*diphenhydramine hcl*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/15/2023	LIDOSYNC	*lidocaine/methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	MEDICAINE STING-BITE	*benzocaine/menthol*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	MEDICAINE STING-BITE	*benzocaine/menthol*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	*glucosamine-chondroitin-d3*	*glucosamine/chondr-collagen complex/vit d3/vit c/manganese*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	*glucosamine-chondroitin-msm*	*glucosamine/chondroit-msm no.1/c/manganese/boswellia serrata*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	*glucosamine-chondroitin-msm*	*glucosamine/chondroit-msm no.1/c/manganese/boswellia serrata*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	POLYTUSSIN DM	*pyrilamine maleate/phenylephrine hcl/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	HEMATRON-AF	*iron,carbonyl/methylfolate calc/vit c/vit e/b12/b7/copper*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	SMOOTH TEXTURE FIBER	*psyllium husk/aspartame*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	VITAMIN C POWDER BLEND	*ascorbic acid/multivit with minerals*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	VITAMIN C POWDER BLEND	*ascorbic acid/multivit with minerals*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	VITAMIN C POWDER BLEND	*ascorbic acid/multivit with minerals*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/15/2023	GERBER GOOD START	*water*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	VITAMIN C POWDER BLEND	*ascorbic acid/multivit with minerals*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/15/2023	AUSTEDO XR TITRATION KT(WK1-4)	*deutetrabenazine*	REMOVE FROM FORMULARY		Non-Formulary
07/15/2023	AUSTEDO XR TITRATION KT(WK1-4)	*deutetrabenazine*	ADD UM: COV		FDA Moratorium
07/15/2023	AUSTEDO XR TITRATION KT(WK1-4)	*deutetrabenazine*	ADD UM: SPECIALTY		Specialty Drug
07/18/2023	*regadenoson*	*regadenoson*	REMOVE FROM FORMULARY		Non-Formulary
07/18/2023	*regadenoson*	*regadenoson*	ADD UM: COV		Non Formulary
07/18/2023	*regadenoson*	*regadenoson*	ADD UM: MED		Medical Drug
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	REMOVE FROM FORMULARY		Non-Formulary
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	ADD UM: COV		Non Formulary
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	ADD UM: NFDA		Non-FDA Approved
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	REMOVE FROM FORMULARY		Non-Formulary
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	ADD UM: COV		Non Formulary
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/18/2023	*vancomycin hcl-0.9% nacl*	*vancomycin in 0.9 % sodium chloride/preservative free*	REMOVE FROM FORMULARY		Non-Formulary
07/18/2023	*vancomycin hcl-0.9% nacl*	*vancomycin in 0.9 % sodium chloride/preservative free*	ADD UM: COV		Non Formulary
07/18/2023	*vancomycin hcl-0.9% nacl*	*vancomycin in 0.9 % sodium chloride/preservative free*	ADD UM: NFDA		Non-FDA Approved
07/18/2023	URNEVA	*methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	REMOVE FROM FORMULARY		Non-Formulary
07/18/2023	URNEVA	*methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	ADD UM: COV		Non Formulary
07/18/2023	URNEVA	*methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	ADD UM: NFDA		Non-FDA Approved
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	REMOVE FROM FORMULARY		Non-Formulary
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	ADD UM: COV		Non Formulary
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	ADD UM: NFDA		Non-FDA Approved
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	ADD UM: MED		Medical Drug
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	ADD UM: MED		Medical Drug
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	ADD UM: MED		Medical Drug
07/18/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/18/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/18/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	ADD UM: COV		FDA Moratorium
07/18/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	REMOVE FROM FORMULARY		Non-Formulary
07/18/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/18/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	ADD UM: COV		FDA Moratorium
07/18/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	REMOVE FROM FORMULARY		Non-Formulary
07/18/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/18/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	ADD UM: COV		FDA Moratorium
07/18/2023	FLUMIST QUAD 2023-2024	*influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)*	ADD TO FORMULARY		Preferred Brands
07/18/2023	FLUMIST QUAD 2023-2024	*influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)*	ADD UM: AGE		2 to 49 yrs old
07/18/2023	FLUMIST QUAD 2023-2024	*influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/18/2023	FLUMIST QUAD 2023-2024	*influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/18/2023	FLUMIST QUAD 2023-2024	*influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/18/2023	*bivalirudin*	*bivalirudin*	CHANGE TIER		Generics
07/18/2023	*bivalirudin*	*bivalirudin*	CHANGE UM: MED		Medical Drug
07/18/2023	*tirofiban hcl*	*tirofiban hcl monohydrate in 0.9 % sodium chloride*	ADD TO FORMULARY		Generics
07/18/2023	*tirofiban hcl*	*tirofiban hcl monohydrate in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
07/18/2023	*plerixafor*	*plerixafor*	REMOVE FROM FORMULARY		Non-Formulary
07/18/2023	*plerixafor*	*plerixafor*	ADD UM: PANAME		PA Applies
07/18/2023	*plerixafor*	*plerixafor*	ADD UM: COV		FDA Moratorium
07/18/2023	*plerixafor*	*plerixafor*	ADD UM: SPECIALTY		Specialty Drug
07/18/2023	*plerixafor*	*plerixafor*	ADD UM: PS		Preferred Specialty
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	ADD TO FORMULARY	Non-Formulary	Generics
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	REMOVE UM: COV	Non Formulary	
07/18/2023	*edetate calcium disodium*	*edetate calcium disodium*	REMOVE UM: NFDA	Non-FDA Approved	
07/18/2023	*plerixafor*	*plerixafor*	ADD TO FORMULARY	Non-Formulary	Generics
07/18/2023	*plerixafor*	*plerixafor*	REMOVE UM: COV	FDA Moratorium	
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	ADD UM: COV		Non Formulary
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	REMOVE UM: PANAME	PA Applies	
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	REMOVE UM: PS	Preferred Specialty	

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07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	ADD UM: NFDA		Non-FDA Approved
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	ADD UM: COV		Non Formulary
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	REMOVE UM: PANAME	PA Applies	
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	REMOVE UM: PS	Preferred Specialty	
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	ADD UM: NFDA		Non-FDA Approved
07/19/2023	MAKENA	*hydroxyprogesterone caproate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/19/2023	MAKENA	*hydroxyprogesterone caproate*	ADD UM: COV		Non Formulary
07/19/2023	MAKENA	*hydroxyprogesterone caproate*	REMOVE UM: PANAME	PA Applies	
07/19/2023	MAKENA	*hydroxyprogesterone caproate*	ADD UM: NFDA		Non-FDA Approved
07/19/2023	MAKENA	*hydroxyprogesterone caproate*	REMOVE UM: DRUGCLASS	Injectables	
07/19/2023	MAKENA	*hydroxyprogesterone caproate*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
07/19/2023	MAKENA	*hydroxyprogesterone caproate*	REMOVE UM: PS	Preferred Specialty	
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2023	MAKENA	*hydroxyprogesterone caproate/pf*	REMOVE UM: DRUGCLASS	Injectables	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	ADD UM: COV		Non Formulary
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	ADD UM: NFDA		Non-FDA Approved
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	ADD UM: COV		Non Formulary
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE UM: PANAME	PA Applies	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE UM: PS	Preferred Specialty	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	ADD UM: NFDA		Non-FDA Approved
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE UM: DRUGCLASS	Injectables	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	ADD UM: COV		Non Formulary
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE UM: PANAME	PA Applies	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE UM: PS	Preferred Specialty	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE UM: DRUGCLASS	Injectables	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate/pf*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate/pf*	ADD UM: COV		Non Formulary
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate/pf*	REMOVE UM: PANAME	PA Applies	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate/pf*	REMOVE UM: PS	Preferred Specialty	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate/pf*	REMOVE UM: DRUGCLASS	Injectables	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate/pf*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate*	ADD UM: NFDA		Non-FDA Approved
07/19/2023	*hydroxyprogesterone caproate*	*hydroxyprogesterone caproate/pf*	ADD UM: NFDA		Non-FDA Approved
07/21/2023	OBSTETRIX EC	*prenatal vitamins no.12/iron,carbonyl/levomefolate calcium*	REMOVE FROM FORMULARY		Non-Formulary
07/21/2023	OBSTETRIX EC	*prenatal vitamins no.12/iron,carbonyl/levomefolate calcium*	ADD UM: GENDER		Female
07/21/2023	OBSTETRIX EC	*prenatal vitamins no.12/iron,carbonyl/levomefolate calcium*	ADD UM: DRUGCLASS		Prenatal Vitamins

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2023	OBSTETRIX EC	*prenatal vitamins no.12/iron,carbonyl/levomefolate calcium*	ADD UM: PR		Preventive Medication
07/21/2023	ADVANCED SKIN CARE	*glycerin/mineral oil/dimethicone/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
07/21/2023	DRY SKIN THERAPY	*lanolin/mineral oil*	REMOVE FROM FORMULARY		Non-Formulary
07/21/2023	ANTIFUNGAL	*tolnaftate*	REMOVE FROM FORMULARY		Non-Formulary
07/21/2023	READYPREP PVP	*povidone-iodine*	REMOVE FROM FORMULARY		Non-Formulary
07/21/2023	FIBERCEL	*soluble corn fiber*	REMOVE FROM FORMULARY		Non-Formulary
07/21/2023	FIBERCEL	*soluble corn fiber*	REMOVE FROM FORMULARY		Non-Formulary
07/21/2023	CHILDREN'S ZYRTEC	*cetirizine hcl*	ADD TO FORMULARY		Tier 0
07/21/2023	CHILDREN'S ZYRTEC	*cetirizine hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
07/21/2023	*licorice root*	*licorice root*	REMOVE FROM FORMULARY		Non-Formulary
07/21/2023	ALAHIST DM	*pheniramine maleate/phenylephrine hcl/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
07/21/2023	*vitamin c*	*ascorbic acid/ascorbate sodium*	REMOVE FROM FORMULARY		Non-Formulary
07/21/2023	*vitamin c*	*ascorbic acid/ascorbate sodium*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/21/2023	VAXCHORA VACCINE	*cholera vaccine, live*	ADD TO FORMULARY	Non-Formulary	Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2023	VAXCHORA VACCINE	*cholera vaccine, live*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/21/2023	VAXCHORA VACCINE	*cholera vaccine, live*	ADD UM: MED		Medical Drug
07/25/2023	ADSTILADRIN	*nadofaragene firadenovec-vncg*	REMOVE FROM FORMULARY		Non-Formulary
07/25/2023	ADSTILADRIN	*nadofaragene firadenovec-vncg*	ADD UM: COV		FDA Moratorium
07/25/2023	ADSTILADRIN	*nadofaragene firadenovec-vncg*	ADD UM: SPECIALTY		Specialty Drug
07/25/2023	ADSTILADRIN	*nadofaragene firadenovec-vncg*	ADD UM: MED		Medical Drug
07/25/2023	AREXVY ADJUVANT COMPONENT	*vaccine adjuvant system, as01e/pf, component vial 1 of 2*	REMOVE FROM FORMULARY		Non-Formulary
07/25/2023	AREXVY ADJUVANT COMPONENT	*vaccine adjuvant system, as01e/pf, component vial 1 of 2*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/25/2023	AREXVY ADJUVANT COMPONENT	*vaccine adjuvant system, as01e/pf, component vial 1 of 2*	ADD UM: COV		FDA Moratorium
07/25/2023	AREXVY	*respiratory syncytial virus vacc. antigen/as01e adjuvant/pf*	REMOVE FROM FORMULARY		Non-Formulary
07/25/2023	AREXVY	*respiratory syncytial virus vacc. antigen/as01e adjuvant/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/25/2023	AREXVY	*respiratory syncytial virus vacc. antigen/as01e adjuvant/pf*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/25/2023	AREXVY ANTIGEN COMPONENT	*respiratory syncytial virus vaccine, antigen 2 of 2*	REMOVE FROM FORMULARY		Non-Formulary
07/25/2023	AREXVY ANTIGEN COMPONENT	*respiratory syncytial virus vaccine, antigen 2 of 2*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/25/2023	AREXVY ANTIGEN COMPONENT	*respiratory syncytial virus vaccine, antigen 2 of 2*	ADD UM: COV		FDA Moratorium
07/25/2023	ROCTAVIAN	*valoctocogene roxaparvovec-rvox*	REMOVE FROM FORMULARY		Non-Formulary
07/25/2023	ROCTAVIAN	*valoctocogene roxaparvovec-rvox*	ADD UM: COV		FDA Moratorium
07/25/2023	ROCTAVIAN	*valoctocogene roxaparvovec-rvox*	ADD UM: SPECIALTY		Specialty Drug
07/25/2023	ROCTAVIAN	*valoctocogene roxaparvovec-rvox*	ADD UM: MED		Medical Drug
07/25/2023	ROCTAVIAN	*valoctocogene roxaparvovec-rvox*	REMOVE FROM FORMULARY		Non-Formulary
07/25/2023	ROCTAVIAN	*valoctocogene roxaparvovec-rvox*	ADD UM: COV		FDA Moratorium
07/25/2023	ROCTAVIAN	*valoctocogene roxaparvovec-rvox*	ADD UM: SPECIALTY		Specialty Drug
07/25/2023	ROCTAVIAN	*valoctocogene roxaparvovec-rvox*	ADD UM: MED		Medical Drug
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD TO FORMULARY		Generics
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: SPECIALTY		Specialty Drug
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: MED		Medical Drug
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD TO FORMULARY		Generics
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: PANAME		PA Applies
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: SPECIALTY		Specialty Drug
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: MED		Medical Drug
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD TO FORMULARY		Generics
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: PANAME		PA Applies
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: SPECIALTY		Specialty Drug
07/25/2023	*cyclophosphamide*	*cyclophosphamide*	ADD UM: MED		Medical Drug
07/29/2023	*aqinject pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/29/2023	*aqinject pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/29/2023	*aqinject pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/29/2023	*aqinject pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
07/29/2023	*aqinject pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/29/2023	*aqinject pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
07/29/2023	DOLOGESIC PAIN RELIEF	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/29/2023	*schisandra*	*schisandra*	REMOVE FROM FORMULARY		Non-Formulary
07/29/2023	ITCH STOPPING	*diphenhydramine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/29/2023	SENOKOT	*senna leaf extract*	REMOVE FROM FORMULARY		Non-Formulary
07/29/2023	PRIMADOPHILUS ORIGINAL	*lactobacillus acidophilus/lactobacillus rhamnosus gg*	REMOVE FROM FORMULARY		Non-Formulary
07/29/2023	*calcium phosphate-vitamin d3*	*calcium phosphate, tribasic/cholecalciferol (vitamin d3)*	REMOVE FROM FORMULARY		Non-Formulary
07/29/2023	VITAJOY BIOTIN	*biotin*	REMOVE FROM FORMULARY		Non-Formulary
07/29/2023	*whey protein blend*	*whey protein, concentrate and isolate*	REMOVE FROM FORMULARY		Non-Formulary
07/29/2023	*whey protein blend*	*whey protein, concentrate and isolate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/29/2023	HAIR, SKIN AND NAILS	*multivit-minerals/ferrous fumarate/folic/biotin/herbal 346*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/29/2023	HAIR, SKIN AND NAILS	*multivit-minerals/ferrous fumarate/folic/biotin/herbal 346*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/29/2023	XDEMVY	*lotilaner*	REMOVE FROM FORMULARY		Non-Formulary
07/29/2023	XDEMVY	*lotilaner*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

August, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
08/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: MAXQTYPERDAY		0.043 per day
08/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: PANAME		PA Applies
08/01/2023	AMJEVITA(CF)	*adalimumab-atto*	REMOVE UM: COV	FDA Moratorium	
08/01/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: PS		Preferred Specialty
08/01/2023	*insulin lispro*	*insulin lispro*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
08/01/2023	*insulin lispro*	*insulin lispro*	CHANGE UM: DRUGCLASS	Excluded Products	Diabetic - Insulin
08/01/2023	YCANTH	*cantharidin*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	YCANTH	*cantharidin*	ADD UM: COV		FDA Moratorium
08/01/2023	YCANTH	*cantharidin*	ADD UM: MED		Medical Drug
08/01/2023	YCANTH	*cantharidin*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	YCANTH	*cantharidin*	ADD UM: COV		FDA Moratorium
08/01/2023	YCANTH	*cantharidin*	ADD UM: MED		Medical Drug
08/01/2023	YCANTH	*cantharidin*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	YCANTH	*cantharidin*	ADD UM: COV		FDA Moratorium
08/01/2023	YCANTH	*cantharidin*	ADD UM: MED		Medical Drug
08/01/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
08/01/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
08/01/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
08/01/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
08/01/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
08/01/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
08/01/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
08/01/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	ADD UM: COV		Non Formulary
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	ADD UM: NFDA		Non-FDA Approved
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	ADD UM: COV		Non Formulary
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	ADD UM: NFDA		Non-FDA Approved
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	ADD UM: COV		Non Formulary
08/01/2023	*multivitamin with fluoride*	*pediatric multivitamin no.219 with sodium fluoride*	ADD UM: NFDA		Non-FDA Approved
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: COV		FDA Moratorium
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: COV		FDA Moratorium
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: COV		FDA Moratorium
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: COV		FDA Moratorium
08/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
08/01/2023	URIMAR-T	*methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2023	URIMAR-T	*methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	ADD UM: COV		Non Formulary
08/01/2023	URIMAR-T	*methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	ADD UM: NFDA		Non-FDA Approved
08/01/2023	XYLIDERM	*lidocaine/kinesiology tape*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	XYLIDERM	*lidocaine/kinesiology tape*	ADD UM: COV		Non Formulary
08/01/2023	XYLIDERM	*lidocaine/kinesiology tape*	ADD UM: NFDA		Non-FDA Approved
08/01/2023	*lidocaine hcl*	*lidocaine hcl in sodium chloride, iso-osmotic/pf*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*lidocaine hcl*	*lidocaine hcl in sodium chloride, iso-osmotic/pf*	ADD UM: COV		Non Formulary
08/01/2023	*lidocaine hcl*	*lidocaine hcl in sodium chloride, iso-osmotic/pf*	ADD UM: NFDA		Non-FDA Approved
08/01/2023	*lidocaine hcl*	*lidocaine hcl in sodium chloride, iso-osmotic/pf*	ADD UM: MED		Medical Drug
08/01/2023	*bupivacaine hcl*	*bupivacaine hcl in 0.9 % sodium chloride/pf*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	*bupivacaine hcl*	*bupivacaine hcl in 0.9 % sodium chloride/pf*	ADD UM: COV		Non Formulary
08/01/2023	*bupivacaine hcl*	*bupivacaine hcl in 0.9 % sodium chloride/pf*	ADD UM: NFDA		Non-FDA Approved
08/01/2023	*bupivacaine hcl*	*bupivacaine hcl in 0.9 % sodium chloride/pf*	ADD UM: MED		Medical Drug
08/01/2023	*sodium chloride*	*sodium chloride 0.325 %*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/01/2023	XENPOZYME	*olipudase alfa-rpcp*	REMOVE FROM FORMULARY		Non-Formulary
08/01/2023	XENPOZYME	*olipudase alfa-rpcp*	ADD UM: COV		Non Formulary
08/01/2023	XENPOZYME	*olipudase alfa-rpcp*	ADD UM: SPECIALTY		Specialty Drug
08/01/2023	XENPOZYME	*olipudase alfa-rpcp*	ADD UM: MED		Medical Drug
08/01/2023	*clindamycin (pediatric)*	*clindamycin palmitate hcl*	CHANGE TIER		Generics
08/01/2023	*clindamycin (pediatric)*	*clindamycin palmitate hcl*	CHANGE UM: MAXQTYPERDAY		70.0 per day
08/05/2023	TUSNEL PEDIATRIC	*guaifenesin/dextromethorphan hbr/pseudoephedrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	*whey protein blend*	*whey protein, concentrate and isolate*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	*whey protein blend*	*whey protein, concentrate and isolate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/05/2023	ENFAGROW TODLR GENTLEASE NOGMO	*pediatric nutrit,milk based,iron/docosahex.acid/arachid.acid*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	ENFAGROW TODLR GENTLEASE NOGMO	*pediatric nutrit,milk based,iron/docosahex.acid/arachid.acid*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	ENFAGROW TODLR GENTLEASE NOGMO	*pediatric nutrit,milk based,iron/docosahex.acid/arachid.acid*	ADD UM: DRUGCLASS		Metabolic Infant Formula
08/05/2023	ENFAGROW TODLR GENTLEASE NOGMO	*pediatric nutrit,milk based,iron/docosahex.acid/arachid.acid*	ADD UM: DRUGCLASS		Metabolic Infant Formula

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/05/2023	SMART Q10	*ubidecarenone/vit e acetate (d-alpha tocoph)*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	SMART Q10	*ubidecarenone/vit e acetate (d-alpha tocoph)*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/05/2023	SYNOVX TENDON-LIGAMENT	*collagen, hydrolysate (bovine)/glycosaminoglycans,mix/vit c*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	FOUNDATION ESSENTIALS	*multvit-min/dha/epa/fish oil/l.acidoph,plant-b.animal,longum*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	FOUNDATION ESSENTIALS	*multvit-min/dha/epa/fish oil/l.acidoph,plant-b.animal,longum*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/05/2023	ABC COMPLETE SENIOR MEN'S	*multivitamin-mineral/folic acid/phytonadione/lycopene/lutein*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	ABC COMPLETE SENIOR 50 PLUS	*multivitamin with minerals/folic acid/lycopene/lutein*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	ABC COMPLETE SENIOR 50 PLUS	*multivitamin with minerals/folic acid/lycopene/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/05/2023	ABC COMPLETE SENIOR MEN'S	*multivitamin-mineral/folic acid/phytonadione/lycopene/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/05/2023	PREPARATION H RAPID RLF-LIDOCN	*lidocaine/phenylephrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	DULCOLAX	*magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	*tempo refill kit (with gauze)*	*lancets/blood glucose test strips/pen needles/gauze*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/05/2023	*tempo refill kit (with gauze)*	*lancets/blood glucose test strips/pen needles/gauze*	ADD UM: DRUGCLASS		Excluded Products
08/05/2023	*tempo refill kit (with gauze)*	*lancets/blood glucose test strips/pen needles/gauze*	ADD UM: MED		Medical Drug
08/05/2023	COSENTYX UNOREADY PEN	*secukinumab*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	COSENTYX UNOREADY PEN	*secukinumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
08/05/2023	COSENTYX UNOREADY PEN	*secukinumab*	ADD UM: COV		FDA Moratorium
08/05/2023	COSENTYX UNOREADY PEN	*secukinumab*	ADD UM: SPECIALTY		Specialty Drug
08/05/2023	*bevacizumab*	*bevacizumab*	REMOVE FROM FORMULARY		Non-Formulary
08/05/2023	*bevacizumab*	*bevacizumab*	ADD UM: COV		Non Formulary
08/05/2023	*bevacizumab*	*bevacizumab*	ADD UM: SPECIALTY		Specialty Drug
08/05/2023	*bevacizumab*	*bevacizumab*	ADD UM: NFDA		Non-FDA Approved
08/05/2023	*bevacizumab*	*bevacizumab*	ADD UM: MED		Medical Drug
08/07/2023	STERILE DILUENT FOR HUMALOG	*diluent for insulin lispro and regular insulin*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
08/08/2023	LOTREXONE	*naltrexone hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	LOTREXONE	*naltrexone hcl*	ADD UM: COV		Non Formulary
08/08/2023	LOTREXONE	*naltrexone hcl*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/08/2023	HYDROCORT LOTION COMPLETE	*hydrocortisone/skin cleanser*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	HYDROCORT LOTION COMPLETE	*hydrocortisone/skin cleanser*	ADD UM: COV		Non Formulary
08/08/2023	HYDROCORT LOTION COMPLETE	*hydrocortisone/skin cleanser*	ADD UM: NFDA		Non-FDA Approved
08/08/2023	HYDROXYM	*hydrocortisone*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	HYDROXYM	*hydrocortisone*	ADD UM: COV		Non Formulary
08/08/2023	HYDROXYM	*hydrocortisone*	ADD UM: NFDA		Non-FDA Approved
08/08/2023	LOTREXONE	*naltrexone hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	LOTREXONE	*naltrexone hcl*	ADD UM: COV		Non Formulary
08/08/2023	LOTREXONE	*naltrexone hcl*	ADD UM: NFDA		Non-FDA Approved
08/08/2023	NGENLA	*somatrogon-ghla*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: DRUGCLASS		Growth Hormone
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: COV		FDA Moratorium
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: SPECIALTY		Specialty Drug
08/08/2023	NGENLA	*somatrogon-ghla*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: DRUGCLASS		Growth Hormone
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: COV		FDA Moratorium
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: SPECIALTY		Specialty Drug

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08/08/2023	NGENLA	*somatrogon-ghla*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: DRUGCLASS		Growth Hormone
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: COV		FDA Moratorium
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: SPECIALTY		Specialty Drug
08/08/2023	NGENLA	*somatrogon-ghla*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: DRUGCLASS		Growth Hormone
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: COV		FDA Moratorium
08/08/2023	NGENLA	*somatrogon-ghla*	ADD UM: SPECIALTY		Specialty Drug
08/08/2023	FLUORIMAX 5000	*fluoride (sodium)*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	FLUORIMAX 5000	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
08/08/2023	FLUORIMAX 5000	*fluoride (sodium)*	ADD UM: COV		Non Formulary
08/08/2023	FLUORIMAX 5000	*fluoride (sodium)*	ADD UM: NFDA		Non-FDA Approved
08/08/2023	FLUORIMAX 5000 SENSITIVE	*sodium fluoride/potassium nitrate*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	FLUORIMAX 5000 SENSITIVE	*sodium fluoride/potassium nitrate*	ADD UM: DRUGCLASS		Fluoride Preps
08/08/2023	FLUORIMAX 5000 SENSITIVE	*sodium fluoride/potassium nitrate*	ADD UM: COV		Non Formulary
08/08/2023	FLUORIMAX 5000 SENSITIVE	*sodium fluoride/potassium nitrate*	ADD UM: NFDA		Non-FDA Approved
08/08/2023	NIVA THYROID	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	NIVA THYROID	*thyroid,pork*	ADD UM: COV		FDA Moratorium

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/08/2023	NIVA THYROID	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	NIVA THYROID	*thyroid,pork*	ADD UM: COV		FDA Moratorium
08/08/2023	NIVA THYROID	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	NIVA THYROID	*thyroid,pork*	ADD UM: COV		FDA Moratorium
08/08/2023	NIVA THYROID	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	NIVA THYROID	*thyroid,pork*	ADD UM: COV		FDA Moratorium
08/08/2023	NIVA THYROID	*thyroid,pork*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	NIVA THYROID	*thyroid,pork*	ADD UM: COV		FDA Moratorium
08/08/2023	BREYNA	*budesonide/formoterol fumarate*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	BREYNA	*budesonide/formoterol fumarate*	ADD UM: COV		FDA Moratorium
08/08/2023	BREYNA	*budesonide/formoterol fumarate*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	BREYNA	*budesonide/formoterol fumarate*	ADD UM: COV		FDA Moratorium
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD TO FORMULARY		Generics
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD TO FORMULARY		Generics
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD TO FORMULARY		Generics
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/08/2023	*ivenix blood product admin set*	*blood administration set*	ADD TO FORMULARY		Generics
08/08/2023	*ivenix blood product admin set*	*blood administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD TO FORMULARY		Generics
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD TO FORMULARY		Generics
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD TO FORMULARY		Generics
08/08/2023	*ivenix primary administrat set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/08/2023	*saxagliptin hcl*	*saxagliptin hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	*saxagliptin hcl*	*saxagliptin hcl*	ADD UM: COV		FDA Moratorium
08/08/2023	*saxagliptin hcl*	*saxagliptin hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/08/2023	*saxagliptin hcl*	*saxagliptin hcl*	ADD UM: COV		FDA Moratorium
08/08/2023	KOURZEQ	*triamcinolone acetonide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/08/2023	KOURZEQ	*triamcinolone acetonide*	ADD UM: COV		FDA Moratorium
08/08/2023	*indomethacin*	*indomethacin*	ADD TO FORMULARY		Generics
08/08/2023	*indomethacin*	*indomethacin*	ADD UM: MAXQTYPERDAY		4.0 per day
08/08/2023	*indomethacin*	*indomethacin*	ADD UM: PANAME		PA Applies
08/08/2023	*tolmetin sodium*	*tolmetin sodium*	ADD TO FORMULARY		Generics
08/12/2023	*intimae vaginal cream base*	*cream base no.264*	ADD TO FORMULARY		Non-Preferred Brands
08/12/2023	*biotin-keratin-alpha lipoic*	*alpha lipoic acid/biotin/keratin*	REMOVE FROM FORMULARY		Non-Formulary
08/12/2023	COMPLEAT PEPTIDE 1.0	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
08/12/2023	PUSH 20 PLUS	*protein hydrolysate/collagen, hydrolyzed*	REMOVE FROM FORMULARY		Non-Formulary
08/12/2023	*vitamin b-12*	*cyanocobalamin (vitamin b-12)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/12/2023	*biotin-keratin-alpha lipoic*	*alpha lipoic acid/biotin/keratin*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/12/2023	COMPLEAT PEPTIDE 1.0	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/12/2023	PUSH 20 PLUS	*protein hydrolysate/collagen, hydrolyzed*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/12/2023	*prednisolone phos-moxiflo-brom*	*prednisolone sodium phosphate/moxifloxacin hcl/bromfenac/pf*	REMOVE FROM FORMULARY		Non-Formulary
08/12/2023	*prednisolone phos-moxiflo-brom*	*prednisolone sodium phosphate/moxifloxacin hcl/bromfenac/pf*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/12/2023	*prednisolone phos-moxiflo-brom*	*prednisolone sodium phosphate/moxifloxacin hcl/bromfenac/pf*	ADD UM: NFDA		Non-FDA Approved
08/12/2023	BEYFORTUS	*nirsevimab-alip*	REMOVE FROM FORMULARY		Non-Formulary
08/12/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: COV		FDA Moratorium
08/12/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: SPECIALTY		Specialty Drug
08/12/2023	*naloxone hcl*	*naloxone hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/12/2023	*naloxone hcl*	*naloxone hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaguard*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaguard*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*foamflex*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynalevin*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynasorb*	*adhesive bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynalevin*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynasorb*	*adhesive bandage*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*foamflex*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	OMNI-BIOTIC AB-10	*l.acid,parac,plant,rhamn,sali v-b.anim,bifid,long-e.faecium*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	DERMACINRX DIASINC	*benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynalevin*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynasorb*	*adhesive bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynasorb*	*adhesive bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*curafoam ag*	*silver/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/14/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*foamflex*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynasorb*	*non-adherent bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*foamflex*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynasorb*	*non-adherent bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	FIBER LAXATIVE	*methylcellulose*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*curafoam ag*	*silver/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	ALKA-SELTZER SEVERE COLD	*chlorpheniramine maleate/phenylephrine bitartrate/aspirin*	REMOVE FROM FORMULARY		Non-Formulary

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08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynasorb*	*non-adherent bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*foamflex*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	MENCYLATE	*methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*foamflex*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	TOLNAFI-AL	*tolnaftate*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynasorb*	*non-adherent bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*dynaderm*	*hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	*fish oil*	*omega-3 fatty acids/docosahexaenoic acid/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	CENTRUM WOMEN 50 PLUS MINIS	*multivitamin with minerals/iron/folic acid/vitamin k/lutein*	REMOVE FROM FORMULARY		Non-Formulary

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08/14/2023	CENTRUM WOMEN 50 PLUS MINIS	*multivitamin with minerals/iron/folic acid/vitamin k/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/14/2023	B-COMPLEX PLUS B-12	*thiamine hcl/riboflavin/niacinamide/cyanocobalamin/papain*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	B-COMPLEX PLUS B-12	*thiamine hcl/riboflavin/niacinamide/cyanocobalamin/papain*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/14/2023	ONE-A-DAY WOMEN'S 50 PLUS	*multivitamin with minerals/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	ONE-A-DAY WOMEN'S 50 PLUS	*multivitamin with minerals/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/14/2023	ONE-A-DAY WOMEN'S 50 PLUS	*multivitamin with minerals/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	ONE-A-DAY WOMEN'S 50 PLUS	*multivitamin with minerals/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/14/2023	ONE-A-DAY TRIPLE IMMUNE SUPPRT	*multivitamin with minerals/folic acid/lycopene*	REMOVE FROM FORMULARY		Non-Formulary
08/14/2023	ONE-A-DAY TRIPLE IMMUNE SUPPRT	*multivitamin with minerals/folic acid/lycopene*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/15/2023	BEYFORTUS	*nirsevimab-alip*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: COV		FDA Moratorium
08/15/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: SPECIALTY		Specialty Drug

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08/15/2023	BEYFORTUS	*nirsevimab-alip*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: COV		FDA Moratorium
08/15/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: SPECIALTY		Specialty Drug
08/15/2023	BEYFORTUS	*nirsevimab-alip*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: COV		FDA Moratorium
08/15/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: SPECIALTY		Specialty Drug
08/15/2023	BRENZAVVY	*bexagliflozin*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	BRENZAVVY	*bexagliflozin*	ADD UM: COV		FDA Moratorium
08/15/2023	BRENZAVVY	*bexagliflozin*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	BRENZAVVY	*bexagliflozin*	ADD UM: COV		FDA Moratorium
08/15/2023	IYUZEH	*latanoprost/pf*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	IYUZEH	*latanoprost/pf*	ADD UM: COV		FDA Moratorium
08/15/2023	IYUZEH	*latanoprost/pf*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	IYUZEH	*latanoprost/pf*	ADD UM: COV		FDA Moratorium
08/15/2023	IZERVAY	*avacincaptad pegol sodium/pf*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	IZERVAY	*avacincaptad pegol sodium/pf*	ADD UM: COV		FDA Moratorium
08/15/2023	IZERVAY	*avacincaptad pegol sodium/pf*	ADD UM: SPECIALTY		Specialty Drug
08/15/2023	IZERVAY	*avacincaptad pegol sodium/pf*	ADD UM: MED		Medical Drug

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08/15/2023	XACDURO	*sulbactam sodium/durlobactam sodium*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	XACDURO	*sulbactam sodium/durlobactam sodium*	ADD UM: COV		FDA Moratorium
08/15/2023	XACDURO	*sulbactam sodium/durlobactam sodium*	ADD UM: MED		Medical Drug
08/15/2023	YUFLYMA(CF)	*adalimumab-aaty*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	YUFLYMA(CF)	*adalimumab-aaty*	ADD UM: DRUGCLASS		Autoimmune Drugs
08/15/2023	YUFLYMA(CF)	*adalimumab-aaty*	ADD UM: COV		FDA Moratorium
08/15/2023	YUFLYMA(CF)	*adalimumab-aaty*	ADD UM: SPECIALTY		Specialty Drug
08/15/2023	VARVIMAX	*pyridoxine hcl (vitamin b6)/herbal complex no.344*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	VARVIMAX	*pyridoxine hcl (vitamin b6)/herbal complex no.344*	ADD UM: COV		Non Formulary
08/15/2023	VARVIMAX	*pyridoxine hcl (vitamin b6)/herbal complex no.344*	ADD UM: NFDA		Non-FDA Approved
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/15/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
08/15/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/15/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/15/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/15/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/15/2023	*ivenix lvp epidural set nrfit*	*epidural administration set*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*ivenix lvp epidural set nrfit*	*epidural administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/15/2023	*ivenix lvp epidural set nrfit*	*epidural administration set*	ADD UM: COV		Non Formulary
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	ADD UM: COV		FDA Moratorium
08/15/2023	DERMACINRX LIDOCAN	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	DERMACINRX LIDOCAN	*lidocaine*	ADD UM: COV		FDA Moratorium
08/15/2023	DERMACINRX LIDOCAN	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	DERMACINRX LIDOCAN	*lidocaine*	ADD UM: COV		FDA Moratorium
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	ADD UM: COV		FDA Moratorium
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	ADD UM: COV		FDA Moratorium
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	ADD UM: COV		FDA Moratorium
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	ADD UM: COV		FDA Moratorium
08/15/2023	*mixed ragweed extract*	*allergenic extract-mixed weed pollen-short and tall ragweed*	ADD TO FORMULARY		Non-Preferred Brands
08/15/2023	*mixed ragweed extract*	*allergenic extract-mixed weed pollen-short and tall ragweed*	ADD UM: DRUGCLASS		Allergy Extracts
08/15/2023	*mixed ragweed extract*	*allergenic extract-mixed weed pollen-short and tall ragweed*	ADD UM: MED		Medical Drug
08/15/2023	*naloxone hcl*	*naloxone hcl*	ADD UM: QUANTITY		2/ 30 days
08/15/2023	*naloxone hcl*	*naloxone hcl*	ADD UM: QUANTITY		2/ 30 days
08/19/2023	*comfort ez pro safety pen ndl*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
08/19/2023	*comfort ez pro safety pen ndl*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
08/19/2023	*comfort ez pro safety pen ndl*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
08/19/2023	*comfort ez pro safety pen ndl*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
08/19/2023	*comfort ez pro safety pen ndl*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
08/19/2023	*comfort ez pro safety pen ndl*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
08/19/2023	*comfort ez pro safety pen ndl*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
08/19/2023	*comfort ez pro safety pen ndl*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/19/2023	*comfort ez pro safety pen ndl*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
08/19/2023	*dynaguard*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	*dynaguard*	*foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	TM-DAILY VITE	*multivitamin with folic acid*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	TM-DAILY VITE	*multivitamin with folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/19/2023	*fish oil*	*omega-3 fatty acids/dha/epa/other omega-3s/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	ARTHRITIS PAIN RELIEF	*methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	ARTHRITIS PAIN RELIEF	*methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	LINTERA	*benzoyl peroxide*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	LINTERA	*benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
08/19/2023	*probiotic acidophilus*	*lactobacillus no.66/bifidobacterium no.4/s.thermophilus*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	*saw palmetto*	*saw palmetto*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	CAPSAICIN HP	*capsaicin*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	ADULT TUSSIN CF	*guaifenesin/dextromethorphan hbr/phenylephrine*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/19/2023	ONELAX DOCUSATE SODIUM	*docusate sodium*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	ONELAX MAGNESIUM CITRATE	*magnesium citrate*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	*ivenix lvp epidural admin set*	*epidural administration set*	REMOVE FROM FORMULARY		Non-Formulary
08/19/2023	*ivenix lvp epidural admin set*	*epidural administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/19/2023	*ivenix lvp epidural admin set*	*epidural administration set*	ADD UM: COV		Non Formulary
08/19/2023	*safety syringe*	*syringe,safety with needle,0.5 ml*	ADD TO FORMULARY		Preferred Brands
08/19/2023	*safety syringe*	*syringe,safety with needle,0.5 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
08/19/2023	*safety syringe*	*syringe,safety with needle,0.5 ml*	ADD UM: PR		Preventive Medication
08/22/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/22/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD UM: COV		FDA Moratorium
08/22/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD UM: SPECIALTY		Specialty Drug
08/22/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD UM: COV		FDA Moratorium
08/22/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD UM: SPECIALTY		Specialty Drug
08/22/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/22/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/22/2023	OPVEE	*nalmefene hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	OPVEE	*nalmefene hcl*	ADD UM: COV		FDA Moratorium
08/22/2023	OPVEE	*nalmefene hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	OPVEE	*nalmefene hcl*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/22/2023	ELREXFIO	*elranatamab-bcmm*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	ELREXFIO	*elranatamab-bcmm*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/22/2023	ELREXFIO	*elranatamab-bcmm*	ADD UM: COV		FDA Moratorium
08/22/2023	ELREXFIO	*elranatamab-bcmm*	ADD UM: SPECIALTY		Specialty Drug
08/22/2023	ELREXFIO	*elranatamab-bcmm*	ADD UM: MED		Medical Drug
08/22/2023	ELREXFIO	*elranatamab-bcmm*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	ELREXFIO	*elranatamab-bcmm*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/22/2023	ELREXFIO	*elranatamab-bcmm*	ADD UM: COV		FDA Moratorium
08/22/2023	ELREXFIO	*elranatamab-bcmm*	ADD UM: SPECIALTY		Specialty Drug
08/22/2023	ELREXFIO	*elranatamab-bcmm*	ADD UM: MED		Medical Drug
08/22/2023	TALVEY	*talquetamab-tgvs*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	TALVEY	*talquetamab-tgvs*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/22/2023	TALVEY	*talquetamab-tgvs*	ADD UM: COV		FDA Moratorium
08/22/2023	TALVEY	*talquetamab-tgvs*	ADD UM: SPECIALTY		Specialty Drug
08/22/2023	TALVEY	*talquetamab-tgvs*	ADD UM: MED		Medical Drug
08/22/2023	TALVEY	*talquetamab-tgvs*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	TALVEY	*talquetamab-tgvs*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/22/2023	TALVEY	*talquetamab-tgvs*	ADD UM: COV		FDA Moratorium
08/22/2023	TALVEY	*talquetamab-tgvs*	ADD UM: SPECIALTY		Specialty Drug
08/22/2023	TALVEY	*talquetamab-tgvs*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/22/2023	*cupric chloride*	*cupric chloride*	ADD TO FORMULARY		Generics
08/22/2023	*cupric chloride*	*cupric chloride*	ADD UM: MED		Medical Drug
08/22/2023	SPIRIVA HANDIHALER	*tiotropium bromide*	ADD UM: B4G		Brand For Generic
08/22/2023	*tiotropium bromide*	*tiotropium bromide*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	*tiotropium bromide*	*tiotropium bromide*	ADD UM: MAXQTYPERDAY		1.0 per day
08/22/2023	*tiotropium bromide*	*tiotropium bromide*	ADD UM: COV		FDA Moratorium
08/22/2023	*tiotropium bromide*	*tiotropium bromide*	ADD UM: PR		Preventive Medication
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
08/22/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*dynaginate ag*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/22/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
08/22/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: NFDA		Non-FDA Approved
08/22/2023	*dynaginate ag*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/22/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/22/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
08/22/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: NFDA		Non-FDA Approved
08/23/2023	BLINCYTO	*blinatumomab*	ADD UM: PANAME		PA Applies
08/23/2023	BLINCYTO	*blinatumomab*	ADD UM: PANAME		PA Applies
08/26/2023	*dynaginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*dynaginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*dynaginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*oil emulsion dressing*	*non-adherent bandage/sunflower oil/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*oil emulsion dressing*	*non-adherent bandage/sunflower oil/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*oil emulsion dressing*	*non-adherent bandage/sunflower oil/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/26/2023	*oil emulsion dressing*	*non-adherent bandage/sunflower oil/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*oil emulsion dressing*	*non-adherent bandage/sunflower oil/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*oil emulsion dressing*	*non-adherent bandage/sunflower oil/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*oil emulsion dressing*	*non-adherent bandage/sunflower oil/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*oil emulsion dressing*	*non-adherent bandage/sunflower oil/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*oil emulsion dressing*	*non-adherent bandage/sunflower oil/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*fora tn'g adv voice keto strip*	*blood ketone test, strips*	ADD TO FORMULARY		Non-Preferred Brands
08/26/2023	*fora tn'g adv voice keto strip*	*blood ketone test, strips*	ADD UM: DRUGCLASS		Diabetic - Urine Test Strips
08/26/2023	NUTRISOURCE FIBER	*guar gum*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	ICY HOT PRO	*menthol/camphor*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	*realsil-6*	*gel-matrix pad dressing, silicone*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	ALIVE KIDS CHEWABLE	*pediatric multivit no.235/herbal no.293/bioflavonoids,cit*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/26/2023	ALIVE KIDS CHEWABLE	*pediatric multivit no.235/herbal no.293/bioflavonoids,cit*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/26/2023	ALIVE ENERGY 50 PLUS	*multivit-min/folic acid/k1/resveratrol/lutein/herbal no.293*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	ALIVE ENERGY 50 PLUS	*multivit-min/folic acid/k1/resveratrol/lutein/herbal no.293*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/26/2023	OSTEOPRIME PLUS CALC-MAGNESIUM	*calcium no.39/vit d3/magnesium/folate/vit k1/vit k2/minerals*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	APETIBEX	*thiamine hcl/mecobalamin/vitamin c/zinc/lysine hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	APETIBEX	*thiamine hcl/mecobalamin/vitamin c/zinc/lysine hcl*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/26/2023	*syrpalta*	*simple syrup*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	GLUTASOLVE	*glutamine*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	WELLFOLA	*multivit with min no.83/iron bis-glycinate/folate no.10*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	WELLFOLA	*multivit with min no.83/iron bis-glycinate/folate no.10*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/26/2023	WELLFOLA	*multivit with min no.83/iron bis-glycinate/folate no.10*	ADD UM: COV		Non Formulary
08/26/2023	WELLFOLA	*multivit with min no.83/iron bis-glycinate/folate no.10*	ADD UM: NFDA		Non-FDA Approved
08/26/2023	*aqinject standard needle*	*needles, disposable*	ADD TO FORMULARY		Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/26/2023	*aqinject standard needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/26/2023	CALSODORE	*calcipotriene/transparent dressing*	REMOVE FROM FORMULARY		Non-Formulary
08/26/2023	CALSODORE	*calcipotriene/transparent dressing*	ADD UM: COV		Non Formulary
08/29/2023	AIRSUPRA	*albuterol sulfate/budesonide*	REMOVE FROM FORMULARY		Non-Formulary
08/29/2023	AIRSUPRA	*albuterol sulfate/budesonide*	ADD UM: COV		FDA Moratorium
08/29/2023	AIRSUPRA	*albuterol sulfate/budesonide*	ADD UM: PR		Preventive Medication
08/29/2023	CARDIOGEN-82	*rubidium rb-82 chloride*	REMOVE FROM FORMULARY		Non-Formulary
08/29/2023	CARDIOGEN-82	*rubidium rb-82 chloride*	ADD UM: COV		Non Formulary
08/29/2023	CARDIOGEN-82	*rubidium rb-82 chloride*	ADD UM: MED		Medical Drug
08/29/2023	EYLEA HD	*aflibercept*	REMOVE FROM FORMULARY		Non-Formulary
08/29/2023	EYLEA HD	*aflibercept*	ADD UM: PANAME		PA Applies
08/29/2023	EYLEA HD	*aflibercept*	ADD UM: COV		FDA Moratorium
08/29/2023	EYLEA HD	*aflibercept*	ADD UM: SPECIALTY		Specialty Drug
08/29/2023	EYLEA HD	*aflibercept*	ADD UM: MED		Medical Drug
08/29/2023	EYLEA HD	*aflibercept*	REMOVE FROM FORMULARY		Non-Formulary
08/29/2023	EYLEA HD	*aflibercept*	ADD UM: PANAME		PA Applies
08/29/2023	EYLEA HD	*aflibercept*	ADD UM: COV		FDA Moratorium
08/29/2023	EYLEA HD	*aflibercept*	ADD UM: SPECIALTY		Specialty Drug
08/29/2023	EYLEA HD	*aflibercept*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/29/2023	VEOPOZ	*pozelimab-bbfg*	REMOVE FROM FORMULARY		Non-Formulary
08/29/2023	VEOPOZ	*pozelimab-bbfg*	ADD UM: COV		FDA Moratorium
08/29/2023	VEOPOZ	*pozelimab-bbfg*	ADD UM: SPECIALTY		Specialty Drug
08/29/2023	VEOPOZ	*pozelimab-bbfg*	ADD UM: MED		Medical Drug
08/29/2023	VEOPOZ	*pozelimab-bbfg*	REMOVE FROM FORMULARY		Non-Formulary
08/29/2023	VEOPOZ	*pozelimab-bbfg*	ADD UM: COV		FDA Moratorium
08/29/2023	VEOPOZ	*pozelimab-bbfg*	ADD UM: SPECIALTY		Specialty Drug
08/29/2023	VEOPOZ	*pozelimab-bbfg*	ADD UM: MED		Medical Drug
08/29/2023	*theophylline er*	*theophylline anhydrous*	ADD TO FORMULARY		Generics
08/29/2023	*theophylline er*	*theophylline anhydrous*	ADD UM: NTI		Narrow Therapeutic Indicator
08/29/2023	*theophylline er*	*theophylline anhydrous*	ADD TO FORMULARY		Generics
08/29/2023	*theophylline er*	*theophylline anhydrous*	ADD UM: NTI		Narrow Therapeutic Indicator
08/29/2023	ALBUTEIN	*albumin human*	ADD TO FORMULARY		Generics
08/29/2023	ALBUTEIN	*albumin human*	ADD UM: DRUGCLASS		Blood/Blood Products
08/29/2023	ALBUTEIN	*albumin human*	ADD UM: MED		Medical Drug
08/29/2023	ALBUTEIN	*albumin human*	ADD TO FORMULARY		Generics
08/29/2023	ALBUTEIN	*albumin human*	ADD UM: DRUGCLASS		Blood/Blood Products
08/29/2023	ALBUTEIN	*albumin human*	ADD UM: MED		Medical Drug
08/29/2023	*levonorg-eth estrad-fe bisglyc*	*levonorgestrel/ethinyl estradiol/iron*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/29/2023	*levonorg-eth estrad-fe bisglyc*	*levonorgestrel/ethinyl estradiol/iron*	ADD UM: GENDER		Female
08/29/2023	*levonorg-eth estrad-fe bisglyc*	*levonorgestrel/ethinyl estradiol/iron*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
08/29/2023	*levonorg-eth estrad-fe bisglyc*	*levonorgestrel/ethinyl estradiol/iron*	ADD UM: DRUGCLASS		Contraceptives - Oral
08/29/2023	*levonorg-eth estrad-fe bisglyc*	*levonorgestrel/ethinyl estradiol/iron*	ADD UM: COV		FDA Moratorium
08/29/2023	*daptomycin-0.9% nacl*	*daptomycin in 0.9 % sodium chloride*	ADD TO FORMULARY		Generics
08/29/2023	*daptomycin-0.9% nacl*	*daptomycin in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
08/29/2023	*daptomycin-0.9% nacl*	*daptomycin in 0.9 % sodium chloride*	ADD TO FORMULARY		Generics
08/29/2023	*daptomycin-0.9% nacl*	*daptomycin in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*bendamustine hcl*	*bendamustine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*bendamustine hcl*	*bendamustine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	CINVANTI	*aprepitant*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*bcg (tice strain)*	*bcg live*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	ALFERON N	*interferon alfa-n3*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	DACOGEN	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	ARRANON	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*bendamustine hcl*	*bendamustine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	CAMPTOSAR	*irinotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	CAMPTOSAR	*irinotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	CAMPTOSAR	*irinotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	ADAKVEO	*crizanlizumab-tmca*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*carboplatin*	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	DACOGEN	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*azacitidine*	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	ELITEK	*rasburicase*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	ELITEK	*rasburicase*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	FERAHEME	*ferumoxytol*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	FERAHEME	*ferumoxytol*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*decitabine*	*decitabine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	ELITEK	*rasburicase*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	DOXIL	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	EMEND	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	ELITEK	*rasburicase*	ADD UM: PANAME		PA Applies
08/30/2023	EMEND	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	ELITEK	*rasburicase*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	DOCEFREZ	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	DOXIL	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	DOCEFREZ	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl liposome*	*doxorubicin hcl pegylated liposomal*	ADD UM: PANAME		PA Applies
08/30/2023	*doxorubicin hcl*	*doxorubicin hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	ENHERTU	*fam-trastuzumab deruxtecan-nxki*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	EVOMELA	*melphalan hcl/betadex sulfobutyl ether sodium*	ADD UM: PANAME		PA Applies
08/30/2023	*docetaxel*	*docetaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	HICON	*sodium iodide-131*	ADD UM: PANAME		PA Applies
08/30/2023	KEPIVANCE	*palifermin*	ADD UM: PANAME		PA Applies
08/30/2023	KEPIVANCE	*palifermin*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	JELMYTO	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	INFED	*iron dextran complex*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	KHAPZORY	*levoleucovorin*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	IMOGAM RABIES-HT	*rabies immune globulin/pf*	ADD UM: PANAME		PA Applies
08/30/2023	INJECTAFER	*ferric carboxymaltose*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	KHAPZORY	*levoleucovorin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	HICON	*sodium iodide-131*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	KEPIVANCE	*palifermin*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	IMFINZI	*durvalumab*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	INFED	*iron dextran complex*	ADD UM: PANAME		PA Applies
08/30/2023	*ibandronate sodium*	*ibandronate sodium*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	FUSILEV	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	JELMYTO	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	ILUVIEN	*fluocinolone acetonide*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*ibandronate sodium*	*ibandronate sodium*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	IMFINZI	*durvalumab*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	IMOGAM RABIES-HT	*rabies immune globulin/pf*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*ibandronate sodium*	*ibandronate sodium*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	HICON	*sodium iodide-131*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*melphalan hcl*	*melphalan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*ibandronate sodium*	*ibandronate sodium*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	INJECTAFER	*ferric carboxymaltose*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*ibandronate sodium*	*ibandronate sodium*	ADD UM: PANAME		PA Applies
08/30/2023	*ibandronate sodium*	*ibandronate sodium*	ADD UM: PANAME		PA Applies
08/30/2023	LILETTA	*levonorgestrel*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*fosaprepitant dimeglumine*	*fosaprepitant dimeglumine*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*levoleucovorin calcium*	*levoleucovorin calcium*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*gemcitabine hcl*	*gemcitabine hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	PARAPLATIN	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	MYLOTARG	*gemtuzumab ozogamicin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	PARAPLATIN	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	PARAPLATIN	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	PARAPLATIN	*carboplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	PARAPLATIN	*carboplatin*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	MONOFERRIC	*ferric derisomaltose*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	ONCASPAR	*pegaspargase*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*mitomycin*	*mitomycin*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*oxaliplatin*	*oxaliplatin*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*paclitaxel*	*paclitaxel*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	*nelarabine*	*nelarabine*	ADD UM: PANAME		PA Applies
08/30/2023	PRIALT	*ziconotide acetate*	ADD UM: PANAME		PA Applies
08/30/2023	*vincristine sulfate*	*vincristine sulfate*	ADD UM: PANAME		PA Applies
08/30/2023	*vincristine sulfate*	*vincristine sulfate*	ADD UM: PANAME		PA Applies
08/30/2023	ZEVALIN	*kit for prep yttrium-90/ibritumomab tiuxetan/albumin human*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	VIDAZA	*azacitidine*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	RETROVIR	*zidovudine*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	XENLETA	*lefamulin acetate*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	QUADRAMET	*samarium sm 153 lexidronam*	ADD UM: PANAME		PA Applies
08/30/2023	XENLETA	*lefamulin acetate*	ADD UM: PANAME		PA Applies
08/30/2023	TEPEZZA	*teprotumumab-trbw*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*sodium iodide i-131*	*sodium iodide-131*	ADD UM: PANAME		PA Applies
08/30/2023	*vincristine sulfate*	*vincristine sulfate*	ADD UM: PANAME		PA Applies
08/30/2023	VIMIZIM	*elosulfase alfa*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	RECLAST	*zoledronic acid in mannitol and water for injection*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	PHOTOFRIN	*porfimer sodium*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*vincristine sulfate*	*vincristine sulfate*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	RETROVIR	*zidovudine*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	REVCOVI	*elapegademase-lvlr*	ADD UM: PANAME		PA Applies
08/30/2023	QUTENZA	*capsaicin/skin cleanser*	ADD UM: PANAME		PA Applies
08/30/2023	YUTIQ	*fluocinolone acetonide*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	REVCOVI	*elapegademase-lvlr*	ADD UM: PANAME		PA Applies
08/30/2023	PRIALT	*ziconotide acetate*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	VISUDYNE	*verteporfin*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	PRIALT	*ziconotide acetate*	ADD UM: PANAME		PA Applies
08/30/2023	QUTENZA	*capsaicin/skin cleanser*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	*topotecan hcl*	*topotecan hcl*	ADD UM: PANAME		PA Applies
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	RETISERT	*fluocinolone acetonide*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2023	*paricalcitol*	*paricalcitol*	ADD UM: PANAME		PA Applies
08/30/2023	QUTENZA	*capsaicin/skin cleanser*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

September, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2023	POLY-VITA WITH IRON	*pediatric multivitamin no.160/ferrous sulfate*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
09/01/2023	POLY-VITA	*pediatric multivitamin no.171,pediatric multivitamin no.20*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
09/01/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.175 with fluoride and iron*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
09/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.213 with sodium fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
09/01/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.214/sodium fluoride/ferric citrate*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
09/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.217 with sodium fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
09/01/2023	POLY-VI-SOL WITH IRON	*pediatric multivitamin no.189/ferrous sulfate*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
09/01/2023	POLY-VI-SOL	*pediatric multivitamin no.192*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
09/01/2023	NATAL PNV	*prenatal vitamins no.164/ferrous gluconate/folate combo no.6*	CHANGE UM: DRUGCLASS	Prenatal Vitamins	Excluded Products
09/01/2023	*cortisone,cortisone acetate*	*cortisone acetate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
09/01/2023	*cortisone,cortisone acetate*	*cortisone acetate*	ADD UM: DRUGCLASS		Excluded Products
09/01/2023	DERMACINRX DEXATRAN	*multivitamin-minerals no.73/ferrous fumarate/folic acid*	CHANGE UM: DRUGCLASS	Nutritional Diet Supplement	Excluded Products

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2023	DERMACINRX DEXATRAN	*multivitamin-minerals no.73/ferrous fumarate/folic acid*	REMOVE UM: COV	Non Formulary	
09/01/2023	DERMACINRX DEXATRAN	*multivitamin-minerals no.73/ferrous fumarate/folic acid*	CHANGE UM: DRUGCLASS	Excluded Products	Nutritional Diet Supplement
09/01/2023	DERMACINRX DEXATRAN	*multivitamin-minerals no.73/ferrous fumarate/folic acid*	ADD UM: COV		Non Formulary
09/01/2023	AREXVY	*respiratory syncytial virus vacc. antigen/as01e adjuvant/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
09/01/2023	AREXVY	*respiratory syncytial virus vacc. antigen/as01e adjuvant/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
09/01/2023	AREXVY	*respiratory syncytial virus vacc. antigen/as01e adjuvant/pf*	REMOVE UM: COV	FDA Moratorium	
09/01/2023	AREXVY ANTIGEN COMPONENT	*respiratory syncytial virus vaccine, antigen 2 of 2*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
09/01/2023	AREXVY ANTIGEN COMPONENT	*respiratory syncytial virus vaccine, antigen 2 of 2*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
09/01/2023	AREXVY ANTIGEN COMPONENT	*respiratory syncytial virus vaccine, antigen 2 of 2*	REMOVE UM: COV	FDA Moratorium	
09/01/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
09/01/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	REMOVE UM: COV	FDA Moratorium	
09/01/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
09/01/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
09/01/2023	ABRYSVO	*respiratory syncytial virus vaccine, pref a and b/pf*	REMOVE UM: COV	FDA Moratorium	
09/01/2023	AREXVY ADJUVANT COMPONENT	*vaccine adjuvant system, as01e/pf, component vial 1 of 2*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
09/01/2023	AREXVY ADJUVANT COMPONENT	*vaccine adjuvant system, as01e/pf, component vial 1 of 2*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
09/01/2023	AREXVY ADJUVANT COMPONENT	*vaccine adjuvant system, as01e/pf, component vial 1 of 2*	REMOVE UM: COV	FDA Moratorium	
09/01/2023	ENFAMIL NEURO GENTLEASE NONGMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	ENFAMIL NEURO GENTLEASE NONGMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	ENFAMIL NEURO GENTLEASE NONGMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
09/01/2023	ENFAMIL NEURO GENTLEASE NONGMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2023	ENFAGROW PREMIUM TODDLER	*pediatric nutrition,milk based,iron/docosahexaenoic acid*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	ENFAGROW PREMIUM TODDLER	*pediatric nutrition,milk based,iron/docosahexaenoic acid*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	ENFAGROW PREMIUM TODDLER	*pediatric nutrition,milk based,iron/docosahexaenoic acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/01/2023	ENFAGROW PREMIUM TODDLER	*pediatric nutrition,milk based,iron/docosahexaenoic acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD TO FORMULARY		Preferred Brands
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD TO FORMULARY		Preferred Brands
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD TO FORMULARY		Preferred Brands
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD TO FORMULARY		Preferred Brands
09/01/2023	*verifine plus pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
09/01/2023	*verifine plus pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
09/01/2023	*verifine plus pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD UM: PR		Preventive Medication
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD UM: PR		Preventive Medication
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
09/01/2023	*verifine safety lancet mini*	*lancets*	ADD UM: PR		Preventive Medication
09/01/2023	ONE-A-DAY MEN'S COMPLETE	*multivitamin,calcium,minerals/folic acid/vitamin d3/lycopene*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	ONE-A-DAY MEN'S COMPLETE	*multivitamin,calcium,minerals/folic acid/vitamin d3/lycopene*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/01/2023	CHILDREN'S MULTIVITAMIN	*pediatric multivitamin no.233/lutein*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	CHILDREN'S MULTIVITAMIN	*pediatric multivitamin no.233/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/01/2023	NARCAN	*naloxone hcl*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	NARCAN	*naloxone hcl*	ADD UM: QUANTITY		2 / 30 days
09/01/2023	*cranberry plus vitamin c*	*cranberry fruit concentrate/ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	*acetaminophen-ibuprofen*	*ibuprofen/acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	*onetouch verio flex meter*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/01/2023	*onetouch verio flex meter*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
09/01/2023	FIBER GUMMIES	*polydextrose/vitamin b complex*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	*antacid-anti-gas*	*calcium carbonate/simethicone*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	*onetouch verio flex meter*	*blood-glucose meter*	ADD UM: DRUGCLASS		Excluded Products
09/01/2023	LODOCO	*colchicine*	REMOVE FROM FORMULARY		Non-Formulary
09/01/2023	LODOCO	*colchicine*	ADD UM: COV		FDA Moratorium
09/05/2023	PYLERA	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
09/05/2023	PYLERA	*colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	REMOVE UM: B4G	Brand For Generic	
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: DRUGCLASS		Blood/Blood Products
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: COV		FDA Moratorium
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: MED		Medical Drug
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: DRUGCLASS		Blood/Blood Products
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: MED		Medical Drug
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: DRUGCLASS		Blood/Blood Products
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: COV		FDA Moratorium
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: MED		Medical Drug
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: DRUGCLASS		Blood/Blood Products
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: COV		FDA Moratorium
09/05/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: MED		Medical Drug
09/05/2023	SOHONOS	*palovarotene*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	SOHONOS	*palovarotene*	ADD UM: COV		FDA Moratorium
09/05/2023	SOHONOS	*palovarotene*	ADD UM: SPECIALTY		Specialty Drug
09/05/2023	SOHONOS	*palovarotene*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	SOHONOS	*palovarotene*	ADD UM: COV		FDA Moratorium
09/05/2023	SOHONOS	*palovarotene*	ADD UM: SPECIALTY		Specialty Drug
09/05/2023	SOHONOS	*palovarotene*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	SOHONOS	*palovarotene*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	SOHONOS	*palovarotene*	ADD UM: SPECIALTY		Specialty Drug
09/05/2023	SOHONOS	*palovarotene*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	SOHONOS	*palovarotene*	ADD UM: COV		FDA Moratorium
09/05/2023	SOHONOS	*palovarotene*	ADD UM: SPECIALTY		Specialty Drug
09/05/2023	SOHONOS	*palovarotene*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	SOHONOS	*palovarotene*	ADD UM: COV		FDA Moratorium
09/05/2023	SOHONOS	*palovarotene*	ADD UM: SPECIALTY		Specialty Drug
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	VYVANSE	*lisdexamfetamine dimesylate*	ADD UM: B4G		Brand For Generic
09/05/2023	RETIN-A MICRO PUMP	*tretinoin microspheres*	ADD UM: B4G		Brand For Generic
09/05/2023	FIASP PUMPCART	*insulin aspart (niacinamide)/pump cartridge*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	FIASP PUMPCART	*insulin aspart (niacinamide)/pump cartridge*	ADD UM: DRUGCLASS		Diabetic - Insulin
09/05/2023	FIASP PUMPCART	*insulin aspart (niacinamide)/pump cartridge*	ADD UM: COV		FDA Moratorium
09/05/2023	FIASP PUMPCART	*insulin aspart (niacinamide)/pump cartridge*	ADD UM: PR		Preventive Medication
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: MAXQTYPERDAY		1.0 per day
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: DRUGCLASS		ADD Drugs
09/05/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD UM: COV		FDA Moratorium
09/05/2023	RYKINDO	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	RYKINDO	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
09/05/2023	RYKINDO	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	RYKINDO	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
09/05/2023	RYKINDO	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	RYKINDO	*risperidone microspheres*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	RYKINDO	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	RYKINDO	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
09/05/2023	RYKINDO	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	RYKINDO	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
09/05/2023	RYKINDO	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	RYKINDO	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*petroleum gauze*	*petrolatum,white*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*iopamidol*	*iopamidol*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: COV		Non Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: MED		Medical Drug
09/05/2023	*iopamidol*	*iopamidol*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: COV		Non Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: MED		Medical Drug
09/05/2023	*iopamidol*	*iopamidol*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: COV		Non Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: MED		Medical Drug
09/05/2023	*iopamidol*	*iopamidol*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: COV		Non Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: MED		Medical Drug
09/05/2023	*iopamidol*	*iopamidol*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: COV		Non Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: MED		Medical Drug
09/05/2023	*iopamidol*	*iopamidol*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: COV		Non Formulary
09/05/2023	*iopamidol*	*iopamidol*	ADD UM: MED		Medical Drug

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*tretinoin microsphere*	*tretinoin microspheres*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	*tretinoin microsphere*	*tretinoin microspheres*	ADD UM: QUANTITY		50 / 30 days
09/05/2023	*tretinoin microsphere*	*tretinoin microspheres*	ADD UM: AGE		Up to 25 yrs old
09/05/2023	*tretinoin microsphere*	*tretinoin microspheres*	ADD UM: DRUGCLASS		Acne
09/05/2023	*tretinoin microsphere*	*tretinoin microspheres*	ADD UM: COV		FDA Moratorium
09/05/2023	*aqinject luer lock syringe*	*syringe, disposable, 10 ml*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*aqinject luer lock syringe*	*syringe, disposable, 10 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*aqinject luer lock syringe*	*syringe, disposable, 20 ml*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*aqinject luer lock syringe*	*syringe, disposable, 20 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*aqinject 3.0 lock syringe*	*syringe, disposable, 3 ml*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*aqinject 3.0 lock syringe*	*syringe, disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*aqinject luer lock syringe*	*syringe, disposable, 5 ml*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*aqinject luer lock syringe*	*syringe, disposable, 5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*aqinject safety needle*	*needles, safety*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*aqinject safety needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*aqinject standard needle*	*needles, disposable*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*aqinject standard needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*aqinject standard needle*	*needles, disposable*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*aqinject standard needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	*aqinject safety needle*	*needles, safety*	ADD TO FORMULARY		Non-Preferred Brands
09/05/2023	*aqinject safety needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/05/2023	NALTREX	*naltrexone hcl*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	NALTREX	*naltrexone hcl*	ADD UM: COV		Non Formulary
09/05/2023	NALTREX	*naltrexone hcl*	ADD UM: NFDA		Non-FDA Approved
09/05/2023	JOYEAUX	*levonorgestrel/ethinyl estradiol/iron*	REMOVE FROM FORMULARY		Non-Formulary
09/05/2023	JOYEAUX	*levonorgestrel/ethinyl estradiol/iron*	ADD UM: GENDER		Female
09/05/2023	JOYEAUX	*levonorgestrel/ethinyl estradiol/iron*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
09/05/2023	JOYEAUX	*levonorgestrel/ethinyl estradiol/iron*	ADD UM: DRUGCLASS		Contraceptives - Oral
09/05/2023	JOYEAUX	*levonorgestrel/ethinyl estradiol/iron*	ADD UM: COV		FDA Moratorium
09/05/2023	*nitrofurantoin*	*nitrofurantoin*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/05/2023	*nitrofurantoin*	*nitrofurantoin*	ADD UM: COV		FDA Moratorium
09/05/2023	*nitrofurantoin*	*nitrofurantoin*	ADD UM: HCG		High Cost Generic
09/05/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.214/sodium fluoride/ferric citrate*	REMOVE UM: COV	Non Formulary	
09/05/2023	POLY-VI-FLOR	*pediatric multivitamin no.213 with sodium fluoride*	REMOVE UM: COV	Non Formulary	
09/05/2023	NATAL PNV	*prenatal vitamins no.164/ferrous gluconate/folate combo no.6*	REMOVE UM: COV	Non Formulary	
09/07/2023	ATORVALIQ	*atorvastatin calcium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
09/07/2023	ATORVALIQ	*atorvastatin calcium*	ADD UM: DRUGCLASS		Excluded Products
09/09/2023	THERAFLU SEVERE COLD RELIEF	*dextromethorphan hbr/phenylephrine hcl/acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	ADVIL MULTI-SYMPTOM COLD-FLU	*chlorpheniramine maleate/phenylephrine hcl/ibuprofen*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	*dexbrompheniramine-dm-pe*	*dextromethorphan hbr/phenylephrine hcl/dexbrompheniramine*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	BIOTRUE HYDRATION BOOST	*glycerin*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	BIOTRUE HYDRATION BOOST	*glycerin*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/09/2023	BIOTRUE HYDRATION BOOST	*glycerin*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	ZINCTRAL	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	SIMILAC ALIMENTUM TODDLER	*pediatric nutrit,milk based,iron/docosahex.acid/arachid.acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/09/2023	SIMILAC ALIMENTUM TODDLER	*pediatric nutrit,milk based,iron/docosahex.acid/arachid.acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/09/2023	NUVIRA	*capsaicin/methyl nicotinate/methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	NUVIRA	*capsaicin/methyl nicotinate/methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	SENTRIVA-ES	*calcium carbonate/magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	ADVIL	*ibuprofen*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	ADVIL	*ibuprofen*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	MOTRIN ARTHRITIS PAIN	*diclofenac sodium*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	*vitamin d3*	*cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/09/2023	*zinc*	*zinc glycinate*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	XCELLENT A 7500	*vitamin a palmitate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/09/2023	SIMILAC ALIMENTUM TODDLER	*pediatric nutrit,milk based,iron/docosahex.acid/arachid.acid*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	SIMILAC ALIMENTUM TODDLER	*pediatric nutrit,milk based,iron/docosahex.acid/arachid.acid*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	XCELLENT A 7500	*vitamin a palmitate*	REMOVE FROM FORMULARY		Non-Formulary
09/09/2023	*vitamin d3*	*cholecalciferol (vitamin d3)*	REMOVE FROM FORMULARY		Non-Formulary
09/12/2023	*brimonidine tartrate*	*brimonidine tartrate*	REMOVE FROM FORMULARY		Non-Formulary
09/12/2023	*brimonidine tartrate*	*brimonidine tartrate*	ADD UM: MAXQTYPERDAY		0.4 per day
09/12/2023	*brimonidine tartrate*	*brimonidine tartrate*	ADD UM: COV		FDA Moratorium
09/12/2023	ALPHAGAN P	*brimonidine tartrate*	ADD UM: B4G		Brand For Generic
09/12/2023	*daptomycin-0.9% nacl*	*daptomycin in 0.9 % sodium chloride*	ADD TO FORMULARY		Generics
09/12/2023	*daptomycin-0.9% nacl*	*daptomycin in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
09/12/2023	*daptomycin-0.9% nacl*	*daptomycin in 0.9 % sodium chloride*	ADD TO FORMULARY		Generics
09/12/2023	*daptomycin-0.9% nacl*	*daptomycin in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
09/12/2023	*methadone hcl-0.9% nacl*	*methadone hydrochloride in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
09/12/2023	*methadone hcl-0.9% nacl*	*methadone hydrochloride in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/12/2023	*methadone hcl-0.9% nacl*	*methadone hydrochloride in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
09/12/2023	*methadone hcl-0.9% nacl*	*methadone hydrochloride in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
09/12/2023	*advin covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY		Non-Formulary
09/12/2023	*advin covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
09/12/2023	*advin covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
09/12/2023	*advin covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY		Non-Formulary
09/12/2023	*advin covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
09/12/2023	*advin covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
09/12/2023	MODERNA COVID BIVAL(6MO UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
09/12/2023	MODERNA COVID BIVAL(6MO UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD UM: COV		Non Formulary
09/12/2023	MODERNA COVID BIVAL(6MO UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
09/12/2023	MODERNA COVID BIVAL(6MO UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/12/2023	MODERNA COVID BIVAL(6MO-5Y)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
09/12/2023	MODERNA COVID BIVAL(6MO-5Y)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD UM: NFDA		Non-FDA Approved
09/12/2023	MODERNA COVID BIVAL(6MO-5Y)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
09/12/2023	MODERNA COVID BIVAL(6MO-5Y)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD UM: COV		Non Formulary
09/12/2023	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
09/12/2023	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: COV		Non Formulary
09/12/2023	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
09/12/2023	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
09/12/2023	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
09/12/2023	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/12/2023	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
09/12/2023	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
09/12/2023	PFIZER COVID BIVAL (6MO-4Y)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
09/12/2023	PFIZER COVID BIVAL (6MO-4Y)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: COV		Non Formulary
09/12/2023	PFIZER COVID BIVAL (6MO-4Y)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: NFDA		Non-FDA Approved
09/12/2023	PFIZER COVID BIVAL (6MO-4Y)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
09/16/2023	MOISTURIZING CREAM	*ceramides 1,3,6-ii*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	*guaifenesin er*	*guaifenesin*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	PROSOURCE	*calcium caseinate/whey*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	ENFAGROW NEUROPRO TODDLR NOGMO	*pediatric nutrition,milk based,iron/docosahexaenoic acid*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	ENFAGROW NEUROPRO TODDLR NOGMO	*pediatric nutrition,milk based,iron/docosahexaenoic acid*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/16/2023	ENFAGROW NEUROPRO TODDLR NOGMO	*pediatric nutrition,milk based,iron/docosahexaenoic acid*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	ENFAGROW NEUROPRO TODDLR NOGMO	*pediatric nutrition,milk based,iron/docosahexaenoic acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/16/2023	ENFAGROW NEUROPRO TODDLR NOGMO	*pediatric nutrition,milk based,iron/docosahexaenoic acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/16/2023	ENFAGROW NEUROPRO TODDLR NOGMO	*pediatric nutrition,milk based,iron/docosahexaenoic acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/16/2023	EUCERIN ADVANCED REPAIR	*emollient combination no.119*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	GENORAVANCE	*lactobac acidophilus/lactobac plantarum/lactobac rhamnosus*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	PREPARATION H SOOTHING RLF	*witch hazel*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	REGENER-EYES LITE	*glycerin*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	REGENER-EYES LITE	*glycerin*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	*comfort touch underpad*	*incontinence pad,liner,disp*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/16/2023	*neodot infrared thermometer*	*thermometer, infrared, non-contact*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	MICROFLOR 33	*lactobacillus acidophilus/bifidobacterium animalis*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	DUAL ACTION FREEZE AWAY WART	*salicylic acid*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	REGENER-EYES PRO	*glycerin*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	REGENER-EYES PRO	*glycerin*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	*comfort touch pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
09/16/2023	*comfort touch pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
09/16/2023	*comfort touch pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
09/16/2023	*comfort touch pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
09/16/2023	*comfort touch pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
09/16/2023	*comfort touch pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
09/16/2023	*comfort touch pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
09/16/2023	*comfort touch pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
09/16/2023	*comfort touch pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/16/2023	*comfort touch ult thin lancet*	*lancets*	ADD TO FORMULARY		Preferred Brands
09/16/2023	*comfort touch plus safety lanc*	*lancets*	ADD TO FORMULARY		Preferred Brands
09/16/2023	*comfort touch ult thin lancet*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
09/16/2023	*comfort touch ult thin lancet*	*lancets*	ADD UM: PR		Preventive Medication
09/16/2023	*comfort touch plus safety lanc*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
09/16/2023	*comfort touch plus safety lanc*	*lancets*	ADD UM: PR		Preventive Medication
09/16/2023	*prenatal vitamin*	*prenatal vitamins no.159/ferrous fumarate/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	*prenatal vitamin*	*prenatal vitamins no.159/ferrous fumarate/folic acid*	ADD UM: DRUGCLASS		Prenatal Vitamins
09/16/2023	MICOMITIN	*tolnaftate*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	*zinc glycinate*	*zinc glycinate*	REMOVE FROM FORMULARY		Non-Formulary
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/16/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/16/2023	*lithium citrate*	*lithium citrate*	ADD TO FORMULARY		Generics
09/16/2023	*lithium citrate*	*lithium citrate*	ADD UM: NTI		Narrow Therapeutic Indicator

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/16/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/16/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/16/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/16/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/16/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/18/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/18/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD TO FORMULARY		Preferred Brands
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/18/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/19/2023	JESDUVROQ	*daprodustat*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2023	JESDUVROQ	*daprodustat*	ADD UM: COV		FDA Moratorium
09/19/2023	JESDUVROQ	*daprodustat*	ADD UM: SPECIALTY		Specialty Drug
09/19/2023	JESDUVROQ	*daprodustat*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2023	JESDUVROQ	*daprodustat*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/19/2023	JESDUVROQ	*daprodustat*	ADD UM: SPECIALTY		Specialty Drug
09/19/2023	JESDUVROQ	*daprodustat*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2023	JESDUVROQ	*daprodustat*	ADD UM: COV		FDA Moratorium
09/19/2023	JESDUVROQ	*daprodustat*	ADD UM: SPECIALTY		Specialty Drug
09/19/2023	JESDUVROQ	*daprodustat*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2023	JESDUVROQ	*daprodustat*	ADD UM: COV		FDA Moratorium
09/19/2023	JESDUVROQ	*daprodustat*	ADD UM: SPECIALTY		Specialty Drug
09/19/2023	JESDUVROQ	*daprodustat*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2023	JESDUVROQ	*daprodustat*	ADD UM: COV		FDA Moratorium
09/19/2023	JESDUVROQ	*daprodustat*	ADD UM: SPECIALTY		Specialty Drug
09/19/2023	LANTIDRA	*donislecel-jujn*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2023	LANTIDRA	*donislecel-jujn*	ADD UM: COV		FDA Moratorium
09/19/2023	LANTIDRA	*donislecel-jujn*	ADD UM: SPECIALTY		Specialty Drug
09/19/2023	LANTIDRA	*donislecel-jujn*	ADD UM: MED		Medical Drug
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	ADD UM: GENDER		Female
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	ADD UM: DRUGCLASS		Contraceptives - Oral
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	ADD UM: COV		FDA Moratorium

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	ADD UM: GENDER		Female
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	ADD UM: DRUGCLASS		Contraceptives - Oral
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	ADD UM: COV		FDA Moratorium
09/19/2023	ENILLORING	*etonogestrel/ethinyl estradiol*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
09/19/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic/pf*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic/pf*	ADD UM: COV		Non Formulary
09/19/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic/pf*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/19/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic/pf*	ADD UM: MED		Medical Drug
09/19/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic/pf*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic/pf*	ADD UM: COV		Non Formulary
09/19/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic/pf*	ADD UM: NFDA		Non-FDA Approved
09/19/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic/pf*	ADD UM: MED		Medical Drug
09/19/2023	CRESEMBA	*isavuconazonium sulfate*	ADD TO FORMULARY		Non-Preferred Brands
09/19/2023	CRESEMBA	*isavuconazonium sulfate*	ADD UM: PANAME		PA Applies
09/23/2023	NUTRISOURCE FIBER	*guar gum*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	ADD UM: NFDA		Non-FDA Approved
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	ADD UM: NFDA		Non-FDA Approved
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	ADD UM: NFDA		Non-FDA Approved
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/23/2023	*sodium citrate-citric acid*	*citric acid/sodium citrate*	ADD UM: NFDA		Non-FDA Approved
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/23/2023	*siligentle*	*silicone,dressing/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/23/2023	*verifine plus pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
09/23/2023	*verifine plus pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
09/23/2023	*verifine plus pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
09/23/2023	*verifine plus pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
09/23/2023	*verifine plus pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
09/23/2023	*verifine plus pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
09/23/2023	*easy comfort insulin syringe*	*syringe with needle,insulin,0.3 ml*	ADD TO FORMULARY		Preferred Brands
09/23/2023	*easy comfort insulin syringe*	*syringe with needle,insulin,0.3 ml*	ADD TO FORMULARY		Preferred Brands
09/23/2023	*easy comfort insulin syringe*	*syringe with needle,insulin,0.3 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
09/23/2023	*easy comfort insulin syringe*	*syringe with needle,insulin,0.3 ml*	ADD UM: PR		Preventive Medication
09/23/2023	*easy comfort insulin syringe*	*syringe with needle,insulin,0.3 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
09/23/2023	*easy comfort insulin syringe*	*syringe with needle,insulin,0.3 ml*	ADD UM: PR		Preventive Medication
09/23/2023	WESTUSSIN DM NF	*dextromethorphan hbr/phenylephrine hcl/dexbrompheniramine*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/23/2023	*smart pump 3.0 double electric*	*breast pump*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	*smart pump 3.0 rechargeable*	*breast pump*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	ALOCANE WITH ANTISEPTIC	*lidocaine hcl/benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	APHEXDA	*motixafortide acetate*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	APHEXDA	*motixafortide acetate*	ADD UM: COV		FDA Moratorium
09/23/2023	APHEXDA	*motixafortide acetate*	ADD UM: SPECIALTY		Specialty Drug
09/23/2023	APHEXDA	*motixafortide acetate*	ADD UM: MED		Medical Drug
09/23/2023	NITRIVIA	*arginine/ornithine/folic/inositol niacinate/herb no.347*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	NITRIVIA	*arginine/ornithine/folic/inositol niacinate/herb no.347*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/23/2023	NITRIVIA	*arginine/ornithine/folic/inositol niacinate/herb no.347*	ADD UM: COV		Non Formulary
09/23/2023	NITRIVIA	*arginine/ornithine/folic/inositol niacinate/herb no.347*	ADD UM: NFDA		Non-FDA Approved
09/23/2023	HYDROCORTISONE LOTION COMPLETE	*hydrocortisone/skin cleanser*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	HYDROCORTISONE LOTION COMPLETE	*hydrocortisone/skin cleanser*	ADD UM: COV		Non Formulary
09/23/2023	HYDROCORTISONE LOTION COMPLETE	*hydrocortisone/skin cleanser*	ADD UM: NFDA		Non-FDA Approved
09/23/2023	*amcinonide*	*amcinonide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/23/2023	*amcinonide*	*amcinonide*	ADD UM: COV		FDA Moratorium
09/23/2023	BREO ELLIPTA	*fluticasone furoate/vilanterol trifenatate*	REMOVE FROM FORMULARY		Non-Formulary
09/23/2023	BREO ELLIPTA	*fluticasone furoate/vilanterol trifenatate*	ADD UM: COV		FDA Moratorium
09/23/2023	BREO ELLIPTA	*fluticasone furoate/vilanterol trifenatate*	ADD UM: PR		Preventive Medication
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	ADD UM: COV		FDA Moratorium
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	ADD UM: COV		FDA Moratorium
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	ADD UM: COV		FDA Moratorium
09/26/2023	OJJAARA	*momelotinib dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
09/26/2023	POKONZA	*potassium chloride*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	POKONZA	*potassium chloride*	ADD UM: COV		FDA Moratorium

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/26/2023	POKONZA	*potassium chloride*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	POKONZA	*potassium chloride*	ADD UM: COV		FDA Moratorium
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
09/26/2023	*adalimumab-adbm(cf)pen*	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	*adalimumab-adbm(cf)pen*	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2023	*adalimumab-adbm(cf)pen*	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
09/26/2023	*adalimumab-adbm(cf)pen*	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
09/26/2023	*adalimumab-adbm(cf) pen ps-uv*	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/26/2023	*adalimumab-adbm(cf) pen ps-uv*	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2023	*adalimumab-adbm(cf) pen ps-uv*	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
09/26/2023	*adalimumab-adbm(cf) pen ps-uv*	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
09/26/2023	*adalimumab-adbm(cf) pen crohns*	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	*adalimumab-adbm(cf) pen crohns*	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2023	*adalimumab-adbm(cf) pen crohns*	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
09/26/2023	*adalimumab-adbm(cf) pen crohns*	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	ADD UM: COV		FDA Moratorium
09/26/2023	*adalimumab-adbm(cf)*	*adalimumab-adbm*	ADD UM: SPECIALTY		Specialty Drug
09/26/2023	*easypoint needle*	*needles, safety*	ADD TO FORMULARY		Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/26/2023	*easypoint needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/26/2023	*aqinject safety needle*	*needles, safety*	ADD TO FORMULARY		Non-Preferred Brands
09/26/2023	*aqinject safety needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/26/2023	*easypoint needle*	*needles, safety*	ADD TO FORMULARY		Non-Preferred Brands
09/26/2023	*easypoint needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/26/2023	*aqinject safety syringe*	*syringe,safety with needle,3 ml*	ADD TO FORMULARY		Non-Preferred Brands
09/26/2023	*aqinject safety syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/26/2023	*aqinject safety syringe*	*syringe,safety with needle,1 ml*	ADD TO FORMULARY		Non-Preferred Brands
09/26/2023	*aqinject safety syringe*	*syringe,safety with needle,1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/26/2023	*aqinject safety syringe*	*syringe,safety with needle,1 ml*	ADD TO FORMULARY		Non-Preferred Brands
09/26/2023	*aqinject safety syringe*	*syringe,safety with needle,1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/26/2023	*pts collect capillary tube*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2023	*pts collect capillary tube*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/26/2023	*pts collect capillary tube*	*medical supply, miscellaneous*	ADD UM: COV		Non Formulary
09/26/2023	*pts collect capillary tube*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/26/2023	*pts collect capillary tube*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/26/2023	*pts collect capillary tube*	*medical supply, miscellaneous*	ADD UM: COV		Non Formulary
09/29/2023	NOVAVAX COVID-19 VACC,ADJ(EUA)	*covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/29/2023	MODERNA COVID 23-24(6M-11Y)EUA	*covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/29/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/29/2023	SPIKEVAX 2023-2024	*covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/29/2023	PFIZER COVID 2023-24(5-11Y)EUA	*covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/29/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/29/2023	COMIRNATY 2023-2024	*covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/29/2023	PFIZER COVID 2023-24(6M-4Y)EUA	*covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf*	CHANGE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	AAVAC1 | HCR Vaccines
09/30/2023	CLEARCANAL	*carbamide peroxide/sodium chloride/sodium bicarbonate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/30/2023	ENFAMIL ENSPIRE OPTIMUM NONGMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	ENFAMIL ENSPIRE OPTIMUM NONGMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	NUTRAMIGEN WITH PROBIOTIC-LGG	*infant formula,iron,spec.metabol,lactose free/l.rhamnosus gg*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	NUTRAMIGEN WITH PROBIOTIC-LGG	*infant formula,iron,spec.metabol,lactose free/l.rhamnosus gg*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	NUTRAMIGEN WITH PROBIOTIC-LGG	*infant formula,iron,spec.metabol,lactose free/l.rhamnosus gg*	ADD UM: DRUGCLASS		Metabolic Infant Formula
09/30/2023	NUTRAMIGEN WITH PROBIOTIC-LGG	*infant formula,iron,spec.metabol,lactose free/l.rhamnosus gg*	ADD UM: DRUGCLASS		Metabolic Infant Formula
09/30/2023	ENFAMIL ENSPIRE OPTIMUM NONGMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
09/30/2023	ENFAMIL ENSPIRE OPTIMUM NONGMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/30/2023	CORICIDIN HBP MAX COLD-FLU NT	*dextromethorphan hbr/acetaminophen/doxylamine*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	WELLNESS PROTEIN	*whey protein isolate/collagen, hydrolysate (bovine)*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	WELLNESS PROTEIN	*whey protein isolate/collagen, hydrolysate (bovine)*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	WELLNESS PROTEIN	*whey protein isolate/collagen, hydrolysate (bovine)*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/30/2023	WELLNESS PROTEIN	*whey protein isolate/collagen, hydrolysate (bovine)*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/30/2023	BACTINE PAIN RELIEVING-CLEANSE	*lidocaine hcl/benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	ALOCANE WITH ANTISEPTIC	*lidocaine hcl/benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	MEGA PATCH	*lidocaine/methyl salicylate/capsaicin/menthol*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	CANKERMELTS	*benzocaine*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	OPTIFIBER LEAN	*glucomannan*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	BENADRYL ALLERGY	*diphenhydramine hcl*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	*vegan omega-3*	*omega-3 fatty acids/dha/epa/schizochytrium algal oil*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/30/2023	QUNOL MEGA COQ10	*ubiquinol*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	QUNOL MEGA COQ10	*ubiquinol*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/30/2023	ROBITUSSIN SEVR COUGH-COLD-FLU	*phenylephrine hcl/dextromethorphan hbr/acetaminophen/guaifen*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	ANTACID ULTRA STRENGTH	*calcium carbonate*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	ALEVE ARTHRITIS PAIN	*diclofenac sodium*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	*magnesium gluconate*	*magnesium gluconate*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	*pts panels eglu test strip*	*blood sugar diagnostic*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	*pts panels eglu test strip*	*blood sugar diagnostic*	ADD UM: MAXQTYPERDAY		10.0 per day
09/30/2023	*pts panels eglu test strip*	*blood sugar diagnostic*	ADD UM: DRUGCLASS		Excluded Products
09/30/2023	*pts panels eglu test strip*	*blood sugar diagnostic*	ADD UM: PR		Preventive Medication
09/30/2023	*clindamycin-benzoyl peroxide*	*clindamycin phosphate/benzoyl peroxide*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	*clindamycin-benzoyl peroxide*	*clindamycin phosphate/benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
09/30/2023	*clindamycin-benzoyl peroxide*	*clindamycin phosphate/benzoyl peroxide*	ADD UM: COV		FDA Moratorium
09/30/2023	LEXTOL	*diclofenac sodium/capsicum oleoresin*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	LEXTOL	*diclofenac sodium/capsicum oleoresin*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/30/2023	*thiamine hcl-0.9% nacl*	*thiamine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	*thiamine hcl-0.9% nacl*	*thiamine hcl in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
09/30/2023	*thiamine hcl-0.9% nacl*	*thiamine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
09/30/2023	*thiamine hcl-0.9% nacl*	*thiamine hcl in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
09/30/2023	SIVEXTRO	*tedizolid phosphate*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	SIVEXTRO	*tedizolid phosphate*	REMOVE FROM FORMULARY		Non-Formulary
09/30/2023	SIVEXTRO	*tedizolid phosphate*	ADD UM: COV		FDA Moratorium
09/30/2023	SIVEXTRO	*tedizolid phosphate*	ADD UM: COV		FDA Moratorium
09/30/2023	SIVEXTRO	*tedizolid phosphate*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

October, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	AUVELITY	*dextromethorphan hbr/bupropion hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2023	AUVELITY	*dextromethorphan hbr/bupropion hcl*	ADD UM: DRUGCLASS		Excluded Products
10/01/2023	AUVELITY	*dextromethorphan hbr/bupropion hcl*	REMOVE UM: PANAME	PA Applies	
10/01/2023	*sodium sulfacetamide*	*sulfacetamide sodium*	REMOVE FROM FORMULARY	Generics	Non-Formulary
10/01/2023	*sodium sulfacetamide*	*sulfacetamide sodium*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
10/01/2023	*sodium sulfacetamide*	*sulfacetamide sodium*	ADD UM: NFDA		Non-FDA Approved
10/01/2023	*sodium sulfacetamide*	*sulfacetamide sodium*	REMOVE UM: HCG	HIGH COST GENERIC	
10/01/2023	*sodium sulfacetamide*	*sulfacetamide sodium*	REMOVE FROM FORMULARY	Generics	Non-Formulary
10/01/2023	*sodium sulfacetamide*	*sulfacetamide sodium*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
10/01/2023	*sodium sulfacetamide*	*sulfacetamide sodium*	ADD UM: NFDA		Non-FDA Approved
10/01/2023	*sodium sulfacetamide*	*sulfacetamide sodium*	REMOVE UM: HCG	HIGH COST GENERIC	
10/01/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
10/01/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE UM: HCG	High Cost Generic	
10/01/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE UM: MVB	Minimal Value Brand	
10/01/2023	PLEXION	*sulfacetamide sodium/sulfur*	REMOVE UM: SBA	Select Brand Alternative	
10/01/2023	PLEXION	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
10/01/2023	*hydrocodone-acetaminophen*	*hydrocodone bitartrate/acetaminophen*	CHANGE UM: MAXQTYPERDAY	13 per day	8.0 per day
10/01/2023	*hydrocodone-acetaminophen*	*hydrocodone bitartrate/acetaminophen*	CHANGE UM: MAXQTYPERDAY	12 per day	8.0 per day
10/01/2023	*hydrocodone-acetaminophen*	*hydrocodone bitartrate/acetaminophen*	CHANGE UM: MAXQTYPERDAY	13 per day	6.0 per day
10/01/2023	*hydrocodone-acetaminophen*	*hydrocodone bitartrate/acetaminophen*	CHANGE UM: MAXQTYPERDAY	12 per day	6.0 per day
10/01/2023	*hydrocodone-acetaminophen*	*hydrocodone bitartrate/acetaminophen*	CHANGE UM: MAXQTYPERDAY	13 per day	6.0 per day
10/01/2023	*hydrocodone-acetaminophen*	*hydrocodone bitartrate/acetaminophen*	CHANGE UM: MAXQTYPERDAY	12 per day	6.0 per day
10/01/2023	GRALISE	*gabapentin*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	GRALISE	*gabapentin*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	GRALISE	*gabapentin*	ADD UM: STEP		ST applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	GRALISE	*gabapentin*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	GRALISE	*gabapentin*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	GRALISE	*gabapentin*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2023	GRALISE	*gabapentin*	ADD UM: STEP		ST applies
10/01/2023	GRALISE	*gabapentin*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	GRALISE	*gabapentin*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	GRALISE	*gabapentin*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2023	GRALISE	*gabapentin*	ADD UM: STEP		ST applies
10/01/2023	GRALISE	*gabapentin*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*zolpidem tartrate*	*zolpidem tartrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*zolpidem tartrate*	*zolpidem tartrate*	ADD UM: STEP		ST applies
10/01/2023	*zolpidem tartrate*	*zolpidem tartrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	D-PENAMINE	*penicillamine*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
10/01/2023	DEPEN	*penicillamine*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
10/01/2023	DEPEN	*penicillamine*	REMOVE UM: B4G	Brand For Generic	
10/01/2023	AKLIEF	*trifarotene*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	AKLIEF	*trifarotene*	CHANGE UM: DRUGCLASS	Excluded Products	Acne
10/01/2023	AKLIEF	*trifarotene*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	*ilet infusion-contact detach*	*infusion set for insulin pump/insulin pump cartridge*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*ilet infusion kit-inset*	*infusion set for insulin pump/insulin pump cartridge*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*ilet insulin pump*	*subcutaneous insulin pump*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	BRIXADI	*buprenorphine*	ADD UM: MAXQTYPERDAY		0.23 per day
10/01/2023	BRIXADI	*buprenorphine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	BRIXADI	*buprenorphine*	ADD UM: MAXQTYPERDAY		0.006 per day
10/01/2023	BRIXADI	*buprenorphine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	BRIXADI	*buprenorphine*	ADD UM: MAXQTYPERDAY		0.009 per day
10/01/2023	BRIXADI	*buprenorphine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	BRIXADI	*buprenorphine*	ADD UM: MAXQTYPERDAY		0.046 per day
10/01/2023	BRIXADI	*buprenorphine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	BRIXADI	*buprenorphine*	ADD UM: MAXQTYPERDAY		0.012 per day
10/01/2023	BRIXADI	*buprenorphine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	BRIXADI	*buprenorphine*	ADD UM: MAXQTYPERDAY		0.069 per day
10/01/2023	BRIXADI	*buprenorphine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	BRIXADI	*buprenorphine*	ADD UM: MAXQTYPERDAY		0.092 per day
10/01/2023	BRIXADI	*buprenorphine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	COLUMVI	*glofitamab-gxbm*	ADD UM: MAXQTYPERDAY		0.357 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	COLUMVI	*glofitamab-gxbm*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	COLUMVI	*glofitamab-gxbm*	ADD UM: MAXQTYPERDAY		1.43 per day
10/01/2023	COLUMVI	*glofitamab-gxbm*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*cue mpox molecular test (eua)*	*mpox (monkeypox) molecular nucleic acid test assay*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELFABRIO	*pegunigalsidase alfa-iwxj*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	EPKINLY	*epcoritamab-bysp*	ADD UM: MAXQTYPERDAY		0.114 per day
10/01/2023	EPKINLY	*epcoritamab-bysp*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	EPKINLY	*epcoritamab-bysp*	ADD UM: MAXQTYPERDAY		0.114 per day
10/01/2023	EPKINLY	*epcoritamab-bysp*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	QALSODY	*tofersen*	ADD UM: MAXQTYPERDAY		0.536 per day
10/01/2023	QALSODY	*tofersen*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	REZZAYO	*rezafungin acetate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	VYJUVEK	*beremagene geperpavec-svdt*	ADD UM: MAXQTYPERDAY		0.143 per day
10/01/2023	VYJUVEK	*beremagene geperpavec-svdt*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	VYJUVEK	*beremagene geperpavec-svdt*	ADD UM: MAXQTYPERDAY		0.357 per day
10/01/2023	VYJUVEK	*beremagene geperpavec-svdt*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	VYVGART HYTRULO	*efgartigimod alfa-hyaluronidase-qvfc*	ADD UM: MAXQTYPERDAY		0.8 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	VYVGART HYTRULO	*efgartigimod alfa-hyaluronidase-qvfc*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*bigfoot unity pen cap-fiasp*	*data transfer pen cap for insulin aspart (b3), reusable, bt*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-fiasp*	*data transfer pen cap for insulin aspart (b3), reusable, bt*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-aspart*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-aspart*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-novolog*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-novolog*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-tresiba*	*data transfer pen cap for insulin degludec, reusable, bt*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-tresiba*	*data transfer pen cap for insulin degludec, reusable, bt*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-apidra*	*data transfer pen cap for insulin glulisine, reusable, bt*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-apidra*	*data transfer pen cap for insulin glulisine, reusable, bt*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	*bigfoot unity pen cap-admelog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-admelog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-humalog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-humalog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-lispro*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-lispro*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-lyumjev*	*data transfer pen cap for insulin lispro-aabc, reusable, bt*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-lyumjev*	*data transfer pen cap for insulin lispro-aabc, reusable, bt*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-basaglar*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-basaglar*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-lantus*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	*bigfoot unity pen cap-lantus*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-toujeomx*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-toujeomx*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*bigfoot unity pen cap-toujeo*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	*bigfoot unity pen cap-toujeo*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	LIQREV	*sildenafil citrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	LIQREV	*sildenafil citrate*	ADD UM: MAXQTYPERDAY		6.0 per day
10/01/2023	LIQREV	*sildenafil citrate*	ADD UM: PANAME		PA Applies
10/01/2023	LIQREV	*sildenafil citrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	LUMRYZ	*sodium oxybate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	LUMRYZ	*sodium oxybate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	LUMRYZ	*sodium oxybate*	ADD UM: PANAME		PA Applies
10/01/2023	LUMRYZ	*sodium oxybate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	LUMRYZ	*sodium oxybate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	LUMRYZ	*sodium oxybate*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	LUMRYZ	*sodium oxybate*	ADD UM: PANAME		PA Applies
10/01/2023	LUMRYZ	*sodium oxybate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	LUMRYZ	*sodium oxybate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	LUMRYZ	*sodium oxybate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	LUMRYZ	*sodium oxybate*	ADD UM: PANAME		PA Applies
10/01/2023	LUMRYZ	*sodium oxybate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	LUMRYZ	*sodium oxybate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	LUMRYZ	*sodium oxybate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	LUMRYZ	*sodium oxybate*	ADD UM: PANAME		PA Applies
10/01/2023	LUMRYZ	*sodium oxybate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OLPRUVA	*sodium phenylbutyrate*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 10 units/day, disposable*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 15 units/day, disposable*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 20 units/day, disposable*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 25 units/day, disposable*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 30 units/day, disposable*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 35 units/day, disposable*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*omnipod go pods*	*insulin pump cartridge, basal rate 40 units/day, disposable*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	UDENYCA AUTOINJECTOR	*pegfilgrastim-cbqv*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	UDENYCA AUTOINJECTOR	*pegfilgrastim-cbqv*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	VEOZAH	*fezolinetant*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	VEOZAH	*fezolinetant*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	VEOZAH	*fezolinetant*	ADD UM: PANAME		PA Applies
10/01/2023	VEOZAH	*fezolinetant*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	VOWST	*fecal microbiota spores, live-brpk*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	VOWST	*fecal microbiota spores, live-brpk*	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2023	VOWST	*fecal microbiota spores, live-brpk*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	VOWST	*fecal microbiota spores, live-brpk*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	ZAVZPRET	*zavegepant hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	ZAVZPRET	*zavegepant hcl*	ADD UM: MAXQTYPERDAY		0.267 per day
10/01/2023	ZAVZPRET	*zavegepant hcl*	ADD UM: PANAME		PA Applies
10/01/2023	ZAVZPRET	*zavegepant hcl*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	ZAVZPRET	*zavegepant hcl*	ADD UM: AGE		At least 18 yrs old
10/01/2023	*erlotinib hcl*	*erlotinib hcl*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*erlotinib hcl*	*erlotinib hcl*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*erlotinib hcl*	*erlotinib hcl*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*bosentan*	*bosentan*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*bosentan*	*bosentan*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*glatiramer acetate*	*glatiramer acetate*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*glatiramer acetate*	*glatiramer acetate*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*lapatinib*	*lapatinib ditosylate*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	VIGADRONE	*vigabatrin*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*vigabatrin*	*vigabatrin*	CHANGE TIER	Non-Preferred Brands	Generics

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	VIGADRONE	*vigabatrin*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*sufentanil citrate*	*sufentanil citrate*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*sufentanil citrate*	*sufentanil citrate*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2023	*thyroid*	*thyroid,thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*thyroid*	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*thyroid*	*thyroid,thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*thyroid*	*thyroid,thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*thyroid*	*thyroid,thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	UZEDY	*risperidone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	UZEDY	*risperidone*	ADD UM: MAXQTYPERDAY		0.005 per day
10/01/2023	UZEDY	*risperidone*	ADD UM: AGE		At least 18 yrs old
10/01/2023	UZEDY	*risperidone*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	UZEDY	*risperidone*	ADD UM: PANAME		PA Applies
10/01/2023	UZEDY	*risperidone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	UZEDY	*risperidone*	ADD UM: MAXQTYPERDAY		0.007 per day
10/01/2023	UZEDY	*risperidone*	ADD UM: AGE		At least 18 yrs old
10/01/2023	UZEDY	*risperidone*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	UZEDY	*risperidone*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	UZEDY	*risperidone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	UZEDY	*risperidone*	ADD UM: MAXQTYPERDAY		0.009 per day
10/01/2023	UZEDY	*risperidone*	ADD UM: AGE		At least 18 yrs old
10/01/2023	UZEDY	*risperidone*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	UZEDY	*risperidone*	ADD UM: PANAME		PA Applies
10/01/2023	UZEDY	*risperidone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	UZEDY	*risperidone*	ADD UM: MAXQTYPERDAY		0.012 per day
10/01/2023	UZEDY	*risperidone*	ADD UM: AGE		At least 18 yrs old
10/01/2023	UZEDY	*risperidone*	ADD UM: PANAME		PA Applies
10/01/2023	UZEDY	*risperidone*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	UZEDY	*risperidone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	UZEDY	*risperidone*	ADD UM: MAXQTYPERDAY		0.007 per day
10/01/2023	UZEDY	*risperidone*	ADD UM: AGE		At least 18 yrs old
10/01/2023	UZEDY	*risperidone*	ADD UM: PANAME		PA Applies
10/01/2023	UZEDY	*risperidone*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	UZEDY	*risperidone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	UZEDY	*risperidone*	ADD UM: MAXQTYPERDAY		0.009 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	UZEDY	*risperidone*	ADD UM: AGE		At least 18 yrs old
10/01/2023	UZEDY	*risperidone*	ADD UM: PANAME		PA Applies
10/01/2023	UZEDY	*risperidone*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	UZEDY	*risperidone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	UZEDY	*risperidone*	ADD UM: MAXQTYPERDAY		0.012 per day
10/01/2023	UZEDY	*risperidone*	ADD UM: AGE		At least 18 yrs old
10/01/2023	UZEDY	*risperidone*	ADD UM: PANAME		PA Applies
10/01/2023	UZEDY	*risperidone*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	ABILIFY ASIMTUFII	*aripiprazole*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	ABILIFY ASIMTUFII	*aripiprazole*	ADD UM: MAXQTYPERDAY		0.04 per day
10/01/2023	ABILIFY ASIMTUFII	*aripiprazole*	ADD UM: AGE		At least 18 yrs old
10/01/2023	ABILIFY ASIMTUFII	*aripiprazole*	ADD UM: PANAME		PA Applies
10/01/2023	ABILIFY ASIMTUFII	*aripiprazole*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	ABILIFY ASIMTUFII	*aripiprazole*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	ABILIFY ASIMTUFII	*aripiprazole*	ADD UM: MAXQTYPERDAY		0.053 per day
10/01/2023	ABILIFY ASIMTUFII	*aripiprazole*	ADD UM: AGE		At least 18 yrs old

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	ABILIFY ASIMTUFII	*aripiprazole*	ADD UM: PANAME		PA Applies
10/01/2023	ABILIFY ASIMTUFII	*aripiprazole*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	ADSTILADRIN	*nadofaragene firadenovec-vncg*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	INPEFA	*sotagliflozin*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	INPEFA	*sotagliflozin*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2023	INPEFA	*sotagliflozin*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	INPEFA	*sotagliflozin*	ADD UM: PANAME		PA Applies
10/01/2023	TALZENNA	*talazoparib tosylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	TALZENNA	*talazoparib tosylate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	TALZENNA	*talazoparib tosylate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	TALZENNA	*talazoparib tosylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	TALZENNA	*talazoparib tosylate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	TALZENNA	*talazoparib tosylate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	TALZENNA	*talazoparib tosylate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	TALZENNA	*talazoparib tosylate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	TALZENNA	*talazoparib tosylate*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	TALZENNA	*talazoparib tosylate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	SOGROYA	*somapacitan-beco*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	SOGROYA	*somapacitan-beco*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	SOGROYA	*somapacitan-beco*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*resveratrol*	*resveratrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2023	*resveratrol*	*resveratrol*	ADD UM: COV		Non Formulary
10/01/2023	*omnipod 5 g6 pods (gen 5)*	*insulin pump cartridge, subcut automated dosing, bluetooth*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	*omnipod 5 g6 pods (gen 5)*	*insulin pump cartridge, subcut automated dosing, bluetooth*	REMOVE UM: QUANTITY	10 / 30 days	
10/01/2023	*omnipod dash pods (gen 4)*	*insulin pump cartridge,continuous subcut infusion,bluetooth*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	*omnipod dash pods (gen 4)*	*insulin pump cartridge,continuous subcut infusion,bluetooth*	REMOVE UM: QUANTITY	10 / 30 days	
10/01/2023	TM-VITE RX	*vitamin b complex and vitamin c combination no.22/folic acid*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
10/01/2023	TM-VITE RX	*vitamin b complex and vitamin c combination no.22/folic acid*	REMOVE UM: COV	Non Formulary	
10/01/2023	DERMACINRX DEXATRAN	*multivitamin-minerals no.73/ferrous fumarate/folic acid*	CHANGE UM: DRUGCLASS	Nutritional Diet Supplement	Excluded Products

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	DERMACINRX DEXATRAN	*multivitamin-minerals no.73/ferrous fumarate/folic acid*	REMOVE UM: COV	Non Formulary	
10/01/2023	*advin covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2023	*advin covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*advin covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2023	*advin covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: PANAME		PA Applies
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: PS		Preferred Specialty
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: PANAME		PA Applies
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: PS		Preferred Specialty
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: PANAME		PA Applies
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	CYLTEZO(CF)	*adalimumab-adbm*	ADD UM: PS		Preferred Specialty
10/01/2023	CYLTEZO(CF) PEN	*adalimumab-adbm*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	CYLTEZO(CF) PEN	*adalimumab-adbm*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	CYLTEZO(CF) PEN	*adalimumab-adbm*	ADD UM: PANAME		PA Applies
10/01/2023	CYLTEZO(CF) PEN	*adalimumab-adbm*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	CYLTEZO(CF) PEN	*adalimumab-adbm*	ADD UM: PS		Preferred Specialty
10/01/2023	CYLTEZO(CF) PEN PSORIASIS-UV	*adalimumab-adbm*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	CYLTEZO(CF) PEN PSORIASIS-UV	*adalimumab-adbm*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	CYLTEZO(CF) PEN PSORIASIS-UV	*adalimumab-adbm*	ADD UM: PANAME		PA Applies
10/01/2023	CYLTEZO(CF) PEN PSORIASIS-UV	*adalimumab-adbm*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	CYLTEZO(CF) PEN PSORIASIS-UV	*adalimumab-adbm*	ADD UM: PS		Preferred Specialty

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	CYLTEZO(CF) PEN CROHN'S-UC-HS	*adalimumab-adbm*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	CYLTEZO(CF) PEN CROHN'S-UC-HS	*adalimumab-adbm*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	CYLTEZO(CF) PEN CROHN'S-UC-HS	*adalimumab-adbm*	ADD UM: PANAME		PA Applies
10/01/2023	CYLTEZO(CF) PEN CROHN'S-UC-HS	*adalimumab-adbm*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	CYLTEZO(CF) PEN CROHN'S-UC-HS	*adalimumab-adbm*	ADD UM: PS		Preferred Specialty
10/01/2023	*adalimumab-adaz(cf) pen*	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	*adalimumab-adaz(cf) pen*	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	IDACIO(CF) PEN PSORIASIS	*adalimumab-aacf*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	IDACIO(CF) PEN PSORIASIS	*adalimumab-aacf*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HULIO(CF)	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HULIO(CF)	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HADLIMA	*adalimumab-bwwd*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HADLIMA	*adalimumab-bwwd*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HULIO(CF)	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HULIO(CF)	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*adalimumab-adaz(cf)*	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	*adalimumab-adaz(cf)*	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HULIO(CF) PEN	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HULIO(CF) PEN	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	IDACIO(CF)	*adalimumab-aacf*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	IDACIO(CF)	*adalimumab-aacf*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE UM: COV	Non Formulary	
10/01/2023	HULIO(CF)	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HULIO(CF)	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HYRIMOZ(CF) PEN PSORIASIS	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	HYRIMOZ(CF) PEN PSORIASIS	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	COSENTYX UNOREADY PEN	*secukinumab*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	COSENTYX UNOREADY PEN	*secukinumab*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HULIO(CF)	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HULIO(CF)	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	YUFLYMA(CF)	*adalimumab-aaty*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	YUFLYMA(CF)	*adalimumab-aaty*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HULIO(CF) PEN	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HULIO(CF) PEN	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE UM: COV	Non Formulary	
10/01/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	HADLIMA(CF)	*adalimumab-bwwd*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HADLIMA(CF)	*adalimumab-bwwd*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HYRIMOZ(CF) PEN CROHN-UC START	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HYRIMOZ(CF) PEN CROHN-UC START	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	TM-DAILY VITE	*multivitamin with folic acid*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
10/01/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE UM: COV	Non Formulary	
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE UM: COV	Non Formulary	
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE UM: COV	Non Formulary	

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	YUSIMRY(CF) PEN	*adalimumab-aqvh*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	YUSIMRY(CF) PEN	*adalimumab-aqvh*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2023	KONVOMEP	*omeprazole/sodium bicarbonate*	REMOVE UM: COV	Non Formulary	
10/01/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	IDACIO(CF) PEN	*adalimumab-aacf*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	IDACIO(CF) PEN	*adalimumab-aacf*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HADLIMA	*adalimumab-bwwd*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HADLIMA	*adalimumab-bwwd*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	IDACIO(CF) PEN CROHN'S-UC	*adalimumab-aacf*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	IDACIO(CF) PEN CROHN'S-UC	*adalimumab-aacf*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	DERMACINRX LIDOCAN	*lidocaine*	ADD UM: DRUGCLASS		Excluded Products
10/01/2023	DERMACINRX LIDOCAN	*lidocaine*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	WELLFOLA	*multivit with min no.83/iron bis-glycinate/folate no.10*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
10/01/2023	WELLFOLA	*multivit with min no.83/iron bis-glycinate/folate no.10*	REMOVE UM: COV	Non Formulary	
10/01/2023	DERMACINRX LIDOCAN	*lidocaine*	ADD UM: DRUGCLASS		Excluded Products
10/01/2023	DERMACINRX LIDOCAN	*lidocaine*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HADLIMA(CF)	*adalimumab-bwwd*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HADLIMA(CF)	*adalimumab-bwwd*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	CHANGE UM: DRUGCLASS	Autoimmune Drugs	Excluded Products
10/01/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*adalimumab-adaz(cf)*	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.09 per day
10/01/2023	*adalimumab-adaz(cf) pen*	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.09 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	*adalimumab-fkjp(cf)*	*adalimumab-fkjp*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	*adalimumab-fkjp(cf) pen*	*adalimumab-fkjp*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	HADLIMA(CF)	*adalimumab-bwwd*	ADD UM: MAXQTYPERDAY		0.09 per day
10/01/2023	HADLIMA(CF) PUSHTOUCH	*adalimumab-bwwd*	ADD UM: MAXQTYPERDAY		0.09 per day
10/01/2023	HADLIMA	*adalimumab-bwwd*	ADD UM: MAXQTYPERDAY		0.18 per day
10/01/2023	HADLIMA PUSHTOUCH	*adalimumab-bwwd*	ADD UM: MAXQTYPERDAY		0.18 per day
10/01/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	HULIO(CF)	*adalimumab-fkjp*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	HULIO(CF) PEN	*adalimumab-fkjp*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.022 per day
10/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.043 per day
10/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.09 per day
10/01/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.09 per day
10/01/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.18 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.18 per day
10/01/2023	HYRIMOZ(CF) PEN CROHN-UC START	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.18 per day
10/01/2023	HYRIMOZ(CF) PEDIATRIC CROHN'S	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.129 per day
10/01/2023	HYRIMOZ(CF) PEN PSORIASIS	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.115 per day
10/01/2023	IDACIO(CF)	*adalimumab-aacf*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	IDACIO(CF) PEN	*adalimumab-aacf*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	IDACIO(CF) PEN PSORIASIS	*adalimumab-aacf*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	IDACIO(CF) PEN CROHN'S-UC	*adalimumab-aacf*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	YUFLYMA(CF)	*adalimumab-aaty*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	ADD UM: MAXQTYPERDAY		0.22 per day
10/01/2023	YUSIMRY(CF) PEN	*adalimumab-aqvh*	ADD UM: MAXQTYPERDAY		0.18 per day
10/01/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	ADD UM: PANAME		PA Applies
10/01/2023	AKEEGA	*niraparib tosylate/abiraterone acetate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	AUSTEDO XR TITRATION KT(WK1-4)	*deutetrabenazine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	AUSTEDO XR TITRATION KT(WK1-4)	*deutetrabenazine*	ADD UM: MAXQTYPERDAY		1.5 per day
10/01/2023	AUSTEDO XR TITRATION KT(WK1-4)	*deutetrabenazine*	ADD UM: AGE		At least 18 yrs old
10/01/2023	AUSTEDO XR TITRATION KT(WK1-4)	*deutetrabenazine*	ADD UM: PANAME		PA Applies
10/01/2023	AUSTEDO XR TITRATION KT(WK1-4)	*deutetrabenazine*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: SPECIALTY		Specialty Drug
10/01/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	ADD UM: SPECIALTY		Specialty Drug
10/01/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: QUANTITY		2 / 180 days
10/01/2023	BEYFORTUS	*nirsevimab-alip*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: MED		Medical Drug
10/01/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: QUANTITY		max 1 per 365 days
10/01/2023	BEYFORTUS	*nirsevimab-alip*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	BEYFORTUS	*nirsevimab-alip*	ADD UM: MED		Medical Drug
10/01/2023	BRENZAVVY	*bexagliflozin*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	BRENZAVVY	*bexagliflozin*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	COSENTYX UNOREADY PEN	*secukinumab*	ADD UM: MAXQTYPERDAY		0.357 per day
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELEVIDYS	*delandistrogene moxeparvovec-rokl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELREXFIO	*elranatamab-bcmm*	ADD UM: MAXQTYPERDAY		0.157 per day
10/01/2023	ELREXFIO	*elranatamab-bcmm*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ELREXFIO	*elranatamab-bcmm*	ADD UM: MAXQTYPERDAY		0.272 per day
10/01/2023	ELREXFIO	*elranatamab-bcmm*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	EYLEA HD	*aflibercept*	ADD UM: MAXQTYPERDAY		0.003 per day
10/01/2023	EYLEA HD	*aflibercept*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	EYLEA HD	*aflibercept*	REMOVE UM: PANAME	PA Applies	

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	IYUZEH	*latanoprost/pf*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	IYUZEH	*latanoprost/pf*	ADD UM: MAXQTYPERDAY		0.2 per day
10/01/2023	IYUZEH	*latanoprost/pf*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	IZERVAY	*avacincaptad pegol sodium/pf*	ADD UM: MAXQTYPERDAY		0.008 per day
10/01/2023	IZERVAY	*avacincaptad pegol sodium/pf*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	KOURZEQ	*triamcinolone acetonide*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2023	KOURZEQ	*triamcinolone acetonide*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	LITFULO	*ritlecitinib tosylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	LITFULO	*ritlecitinib tosylate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	LITFULO	*ritlecitinib tosylate*	ADD UM: PANAME		PA Applies
10/01/2023	LITFULO	*ritlecitinib tosylate*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	MIEBO	*perfluorohexyloctane/pf*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	MIEBO	*perfluorohexyloctane/pf*	ADD UM: MAXQTYPERDAY		0.2 per day
10/01/2023	MIEBO	*perfluorohexyloctane/pf*	ADD UM: AGE		At least 18 yrs old
10/01/2023	MIEBO	*perfluorohexyloctane/pf*	ADD UM: PANAME		PA Applies
10/01/2023	MIEBO	*perfluorohexyloctane/pf*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	NGENLA	*somatrogon-ghla*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	NGENLA	*somatrogon-ghla*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	OPVEE	*nalmefene hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	OPVEE	*nalmefene hcl*	ADD UM: QUANTITY		2 / 30 days
10/01/2023	OPVEE	*nalmefene hcl*	ADD UM: AGE		At least 12 yrs old
10/01/2023	OPVEE	*nalmefene hcl*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	RYSTIGGO	*rozanolixizumab-noli*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	ROCTAVIAN	*valoctocogene roxaparvovec-rvox*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	TALVEY	*talquetamab-tgvs*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	TALVEY	*talquetamab-tgvs*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	VEOPOZ	*pozelimab-bbfg*	ADD UM: MAXQTYPERDAY		0.572 per day
10/01/2023	VEOPOZ	*pozelimab-bbfg*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: PANAME		PA Applies
10/01/2023	VANFLYTA	*quizartinib dihydrochloride*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2023	VANFLYTA	*quizartinib dihydrochloride*	ADD UM: PANAME		PA Applies
10/01/2023	VANFLYTA	*quizartinib dihydrochloride*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	XACDURO	*sulbactam sodium/durlobactam sodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	YCANTH	*cantharidin*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	XDEMVY	*lotilaner*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2023	XDEMVY	*lotilaner*	ADD UM: MAXQTYPERDAY		0.33 per day
10/01/2023	XDEMVY	*lotilaner*	ADD UM: PANAME		PA Applies
10/01/2023	XDEMVY	*lotilaner*	REMOVE UM: COV	FDA Moratorium	
10/01/2023	*meclizine hcl*	*meclizine hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	NIVA THYROID	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	NIVA THYROID	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	NIVA THYROID	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	NIVA THYROID	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	NIVA THYROID	*thyroid,pork*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	*saxagliptin-metformin er*	*saxagliptin hcl/metformin hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*saxagliptin hcl*	*saxagliptin hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	*saxagliptin hcl*	*saxagliptin hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2023	*saxagliptin hcl*	*saxagliptin hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2023	*saxagliptin hcl*	*saxagliptin hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2023	*sodium sulfacetamide*	*sulfacetamide sodium*	ADD UM: COV		Non Formulary
10/01/2023	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
10/01/2023	PLEXION	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
10/01/2023	GRALISE	*gabapentin*	REMOVE UM: STEP	ST applies	
10/01/2023	GRALISE	*gabapentin*	REMOVE UM: STEP	ST applies	
10/01/2023	GRALISE	*gabapentin*	REMOVE UM: STEP	ST applies	
10/01/2023	*zolpidem tartrate*	*zolpidem tartrate*	REMOVE UM: STEP	ST applies	
10/03/2023	ONEXTON	*clindamycin phosphate/benzoyl peroxide*	ADD UM: B4G		Brand For Generic
10/03/2023	DUOVISC	*chondroitin sulfate a sodium/hyaluronate sodium*	CHANGE TIER		Non-Preferred Brands
10/03/2023	DUOVISC	*chondroitin sulfate a sodium/hyaluronate sodium*	CHANGE UM: MED		Medical Drug
10/03/2023	ENTYVIO PEN	*vedolizumab*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	ENTYVIO PEN	*vedolizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/03/2023	ENTYVIO PEN	*vedolizumab*	ADD UM: COV		FDA Moratorium
10/03/2023	ENTYVIO PEN	*vedolizumab*	ADD UM: SPECIALTY		Specialty Drug
10/03/2023	ENTYVIO PEN	*vedolizumab*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	ENTYVIO PEN	*vedolizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/03/2023	ENTYVIO PEN	*vedolizumab*	ADD UM: COV		FDA Moratorium
10/03/2023	ENTYVIO PEN	*vedolizumab*	ADD UM: SPECIALTY		Specialty Drug
10/03/2023	*lucira covid-19 and flu test*	*covid-19,influenza a and b molecular nucleic acid test assay*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	*lucira covid-19 and flu test*	*covid-19,influenza a and b molecular nucleic acid test assay*	ADD UM: COV		Non Formulary
10/03/2023	*lucira covid-19 and flu test*	*covid-19,influenza a and b molecular nucleic acid test assay*	ADD UM: MED		Medical Drug
10/03/2023	HYRIMOZ	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	HYRIMOZ	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/03/2023	HYRIMOZ	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
10/03/2023	HYRIMOZ	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
10/03/2023	HYRIMOZ PEN	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	HYRIMOZ PEN	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/03/2023	HYRIMOZ PEN	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
10/03/2023	HYRIMOZ PEN	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
10/03/2023	HYRIMOZ PEN	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	HYRIMOZ PEN	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/03/2023	HYRIMOZ PEN	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
10/03/2023	HYRIMOZ PEN	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/03/2023	HYRIMOZ	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	HYRIMOZ	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/03/2023	HYRIMOZ	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
10/03/2023	HYRIMOZ	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
10/03/2023	HYRIMOZ(CF)	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/03/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
10/03/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
10/03/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/03/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: COV		FDA Moratorium
10/03/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: SPECIALTY		Specialty Drug
10/03/2023	LANTIDRA RINSE BAG	*rinse media solution for donislecel-jujn*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	LANTIDRA RINSE BAG	*rinse media solution for donislecel-jujn*	ADD UM: COV		FDA Moratorium
10/03/2023	LANTIDRA RINSE BAG	*rinse media solution for donislecel-jujn*	ADD UM: SPECIALTY		Specialty Drug
10/03/2023	LANTIDRA RINSE BAG	*rinse media solution for donislecel-jujn*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/03/2023	BACTERIOSTATIC WATER-KANJINTI	*water for inj.,bacteriostatic*	ADD TO FORMULARY		Generics
10/03/2023	BACTERIOSTATIC WATER-KANJINTI	*water for inj.,bacteriostatic*	ADD UM: SPECIALTY		Specialty Drug
10/03/2023	BACTERIOSTATIC WATER-KANJINTI	*water for inj.,bacteriostatic*	ADD UM: MED		Medical Drug
10/03/2023	*fluorescein sodium*	*fluorescein sodium*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	*fluorescein sodium*	*fluorescein sodium*	ADD UM: COV		Non Formulary
10/03/2023	*fluorescein sodium*	*fluorescein sodium*	ADD UM: MED		Medical Drug
10/03/2023	*fluorescein sodium*	*fluorescein sodium*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	*fluorescein sodium*	*fluorescein sodium*	ADD UM: COV		Non Formulary
10/03/2023	*fluorescein sodium*	*fluorescein sodium*	ADD UM: MED		Medical Drug
10/03/2023	*transfer set*	*transfer sets*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	*transfer set*	*transfer sets*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
10/03/2023	*transfer set*	*transfer sets*	ADD UM: COV		Non Formulary
10/03/2023	XOPENEX HFA	*levalbuterol tartrate*	REMOVE FROM FORMULARY		Non-Formulary
10/03/2023	XOPENEX HFA	*levalbuterol tartrate*	ADD UM: COV		FDA Moratorium
10/03/2023	XOPENEX HFA	*levalbuterol tartrate*	CHANGE UM: PR		Preventive Medication

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/03/2023	LEXTOL	*diclofenac sodium/capsicum oleoresin*	ADD UM: NFDA		Non-FDA Approved
10/03/2023	XOPENEX HFA	*levalbuterol tartrate*	REMOVE UM: COV	FDA Moratorium	
10/03/2023	NOVAVAX COVID-19 VACC,ADJ(EUA)	*covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
10/03/2023	NOVAVAX COVID-19 VACC,ADJ(EUA)	*covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf*	ADD UM: COV		Non Formulary
10/03/2023	NOVAVAX COVID-19 VACC,ADJ(EUA)	*covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf*	ADD UM: NFDA		Non-FDA Approved
10/03/2023	NOVAVAX COVID-19 VACC,ADJ(EUA)	*covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
10/07/2023	NOVAVAX COVID 2023-2024 (EUA)	*covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf*	ADD TO FORMULARY		Preferred Brands
10/07/2023	NOVAVAX COVID 2023-2024 (EUA)	*covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
10/07/2023	NOVAVAX COVID 2023-2024 (EUA)	*covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
10/07/2023	*milk thistle seed extract*	*milk thistle seed extract*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	*estrovera*	*rhubarb root extract*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	AZOLEN	*miconazole nitrate*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	ASTHMA RELIEF	*ephedrine sulfate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/07/2023	ALOCANE WITH ANTISEPTIC	*lidocaine hcl/benzalkonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	REVITAFLOR	*lactobacillus acidophilus*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	TEENY TUMMY INFANT GAS RELIEF	*simethicone*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	CENTRUM ADULTS 50 PLUS MINIS	*multivitamin-mineral/folic acid/phytonadione/lycopene/ lutein*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	CENTRUM ADULTS 50 PLUS MINIS	*multivitamin-mineral/folic acid/phytonadione/lycopene/ lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/07/2023	SIMILAC ORGANIC NON-GMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	SIMILAC ORGANIC NON-GMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
10/07/2023	SIMILAC ORGANIC NON-GMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	SIMILAC ORGANIC NON-GMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
10/07/2023	COLONX	*magnesium citrate/triphala/aloe cape*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	COLONX	*magnesium citrate/triphala/aloe cape*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	*kerlix*	*gauze bandage*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/07/2023	*kerlix*	*gauze bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
10/07/2023	*fora 6conn-gtel-tn'g adv strip*	*blood sugar diagnostic*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	*fora 6conn-gtel-tn'g adv strip*	*blood sugar diagnostic*	ADD UM: MAXQTYPERDAY		10.0 per day
10/07/2023	*fora 6conn-gtel-tn'g adv strip*	*blood sugar diagnostic*	ADD UM: DRUGCLASS		Excluded Products
10/07/2023	*fora 6conn-gtel-tn'g adv strip*	*blood sugar diagnostic*	ADD UM: PR		Preventive Medication
10/07/2023	FOLCYTEINE	*folic acid/calcium citrate/vitamin d3/mag citrate/a-cysteine*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	FOLCYTEINE	*folic acid/calcium citrate/vitamin d3/mag citrate/a-cysteine*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/07/2023	FOLCYTEINE	*folic acid/calcium citrate/vitamin d3/mag citrate/a-cysteine*	ADD UM: COV		Non Formulary
10/07/2023	FOLCYTEINE	*folic acid/calcium citrate/vitamin d3/mag citrate/a-cysteine*	ADD UM: NFDA		Non-FDA Approved
10/07/2023	*trientine hcl*	*trientine hcl*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	*trientine hcl*	*trientine hcl*	ADD UM: COV		FDA Moratorium
10/07/2023	*trientine hcl*	*trientine hcl*	ADD UM: SPECIALTY		Specialty Drug
10/07/2023	*trientine hcl*	*trientine hcl*	ADD UM: PS		Preferred Specialty
10/07/2023	*ioflupane i-123*	*ioflupane i 123*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	*ioflupane i-123*	*ioflupane i 123*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/07/2023	*ioflupane i-123*	*ioflupane i 123*	ADD UM: MED		Medical Drug
10/07/2023	KEPIVANCE	*palifermin*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	*onetouch ultra2*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	*onetouch ultra2*	*blood-glucose meter*	ADD UM: DRUGCLASS		Diabetic - Glucometers
10/07/2023	*onetouch ultra2*	*blood-glucose meter*	ADD UM: COV		FDA Moratorium
10/07/2023	*onetouch ultra2*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
10/07/2023	*onetouch verio flex startr kit*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
10/07/2023	*onetouch verio flex startr kit*	*blood-glucose meter*	ADD UM: DRUGCLASS		Diabetic - Glucometers
10/07/2023	*onetouch verio flex startr kit*	*blood-glucose meter*	ADD UM: COV		FDA Moratorium
10/07/2023	*onetouch verio flex startr kit*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
10/10/2023	MOTPOLY XR	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	MOTPOLY XR	*lacosamide*	ADD UM: COV		FDA Moratorium
10/10/2023	MOTPOLY XR	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	MOTPOLY XR	*lacosamide*	ADD UM: COV		FDA Moratorium
10/10/2023	MOTPOLY XR	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	MOTPOLY XR	*lacosamide*	ADD UM: COV		FDA Moratorium
10/10/2023	OPFOLDA	*miglustat*	REMOVE FROM FORMULARY		Non-Formulary

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/10/2023	OPFOLDA	*miglustat*	ADD UM: COV		FDA Moratorium
10/10/2023	OPFOLDA	*miglustat*	ADD UM: SPECIALTY		Specialty Drug
10/10/2023	OPFOLDA	*miglustat*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	OPFOLDA	*miglustat*	ADD UM: COV		FDA Moratorium
10/10/2023	OPFOLDA	*miglustat*	ADD UM: SPECIALTY		Specialty Drug
10/10/2023	OPFOLDA	*miglustat*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	OPFOLDA	*miglustat*	ADD UM: COV		FDA Moratorium
10/10/2023	OPFOLDA	*miglustat*	ADD UM: SPECIALTY		Specialty Drug
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	ADD UM: COV		FDA Moratorium
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	ADD UM: SPECIALTY		Specialty Drug
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	ADD UM: MED		Medical Drug
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	ADD UM: COV		FDA Moratorium
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	ADD UM: SPECIALTY		Specialty Drug
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	ADD UM: MED		Medical Drug
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	ADD UM: COV		FDA Moratorium
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	ADD UM: SPECIALTY		Specialty Drug
10/10/2023	POMBILITI	*cipaglucosidase alfa-atga*	ADD UM: MED		Medical Drug
10/10/2023	*pts panels lipid-glu test strp*	*cholesterol test strips and blood sugar test strips*	REMOVE FROM FORMULARY		Non-Formulary

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/10/2023	*pts panels lipid-glu test strp*	*cholesterol test strips and blood sugar test strips*	ADD UM: COV		Non Formulary
10/10/2023	*pts panels lipid-glu test strp*	*cholesterol test strips and blood sugar test strips*	ADD UM: MED		Medical Drug
10/10/2023	*pts panels chol-glu test strip*	*cholesterol test strips and blood sugar test strips*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	*pts panels chol-glu test strip*	*cholesterol test strips and blood sugar test strips*	ADD UM: COV		Non Formulary
10/10/2023	*pts panels chol-glu test strip*	*cholesterol test strips and blood sugar test strips*	ADD UM: MED		Medical Drug
10/10/2023	KEPIVANCE	*palifermin*	ADD TO FORMULARY		Non-Preferred Brands
10/10/2023	KEPIVANCE	*palifermin*	ADD UM: PANAME		PA Applies
10/10/2023	KEPIVANCE	*palifermin*	ADD UM: SPECIALTY		Specialty Drug
10/10/2023	KEPIVANCE	*palifermin*	ADD UM: MED		Medical Drug
10/10/2023	REXULTI	*brexpiprazole*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	REXULTI	*brexpiprazole*	ADD UM: COV		Non Formulary
10/10/2023	REXULTI	*brexpiprazole*	REMOVE FROM FORMULARY		Non-Formulary
10/10/2023	REXULTI	*brexpiprazole*	ADD UM: COV		Non Formulary
10/10/2023	PERTZYE	*lipase/protease/amylase*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	ENFAMIL HUMAN MILK FORTIFIER	*infant formula with iron, human milk fortifier*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	ENFAMIL HUMAN MILK FORTIFIER	*infant formula with iron, human milk fortifier*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/14/2023	ENFAMIL HUMAN MILK FORTIFIER	*infant formula with iron, human milk fortifier*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	ENFAMIL HUMAN MILK FORTIFIER	*infant formula with iron, human milk fortifier*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	ENFAMIL HUMAN MILK FORTIFIER	*infant formula with iron, human milk fortifier*	ADD UM: DRUGCLASS		Metabolic Infant Formula
10/14/2023	ENFAMIL HUMAN MILK FORTIFIER	*infant formula with iron, human milk fortifier*	ADD UM: DRUGCLASS		Metabolic Infant Formula
10/14/2023	ENFAMIL HUMAN MILK FORTIFIER	*infant formula with iron, human milk fortifier*	ADD UM: DRUGCLASS		Metabolic Infant Formula
10/14/2023	ENFAMIL HUMAN MILK FORTIFIER	*infant formula with iron, human milk fortifier*	ADD UM: DRUGCLASS		Metabolic Infant Formula
10/14/2023	ENFAMIL DHA-ARA SUPPLEMENT	*omega 3,6/dha/ara/schizochytrium algal/mortierella alpina*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	ENFAMIL DHA-ARA SUPPLEMENT	*omega 3,6/dha/ara/schizochytrium algal/mortierella alpina*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	ENFAMIL DHA-ARA SUPPLEMENT	*omega 3,6/dha/ara/schizochytrium algal/mortierella alpina*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/14/2023	ENFAMIL DHA-ARA SUPPLEMENT	*omega 3,6/dha/ara/schizochytrium algal/mortierella alpina*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/14/2023	B COMPLEX-VITAMIN C	*niacin/calcium pantothen/b6/biotin/folic ac/b12/inosit/vit c*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/14/2023	B COMPLEX-VITAMIN C	*niacin/calcium pantothen/b6/biotin/folic ac/b12/inosit/vit c*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/14/2023	PRENATAL ESSENTIALS	*prenatal vit no.173/iron bisglycinate/folate no.11*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	PRENATAL ESSENTIALS	*prenatal vit no.173/iron bisglycinate/folate no.11*	ADD UM: DRUGCLASS		Prenatal Vitamins
10/14/2023	CULTURELLE ABDOMINAL SUPP-CMFT	*bacillus coagulans/fucosyllactose*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	MOOD FOOD	*gaba/5-htp/magnesium/vit b6/folate combo no.11/vit b12*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	MOOD FOOD	*gaba/5-htp/magnesium/vit b6/folate combo no.11/vit b12*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/14/2023	PHOSPHALINE	*phosphatidylcholine*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	DIOVASC	*hesperidin/diosmin*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	DERMELEVE SCALP	*aluminum acetate*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	*true support wrist brace*	*arm brace*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	KIDS MULTIVITAMIN-MINERALS	*pediatric multivitamin no.238*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	KIDS MULTIVITAMIN-MINERALS	*pediatric multivitamin no.238*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/14/2023	*ez twist tubing*	*nebulizer accessories*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/14/2023	*ez twist tubing*	*nebulizer accessories*	ADD UM: DRUGCLASS		Respiratory Devices
10/14/2023	*assure id pro pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
10/14/2023	*assure id pro pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
10/14/2023	*assure id pro pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
10/14/2023	*caresoft lancing device*	*lancing device*	ADD TO FORMULARY		Preferred Brands
10/14/2023	*caresoft lancing device*	*lancing device*	ADD UM: DRUGCLASS		Diabetic - Lancets
10/14/2023	*caresoft lancing device*	*lancing device*	ADD UM: PR		Preventive Medication
10/14/2023	*a1cnow self check*	*home hemoglobin a1c monitor*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	MULTI-SYMPTOM RELIEF EYE	*tetrahydrozoline hcl/zinc sulfate/polyethylene glycol 400*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	KEMOPLAT	*cisplatin*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	KEMOPLAT	*cisplatin*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
10/14/2023	KEMOPLAT	*cisplatin*	ADD UM: COV		Non Formulary
10/14/2023	KEMOPLAT	*cisplatin*	ADD UM: SPECIALTY		Specialty Drug
10/14/2023	KEMOPLAT	*cisplatin*	ADD UM: MED		Medical Drug
10/14/2023	LIDOSOL-50	*lidocaine/transparent dressing*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	LIDOSOL-50	*lidocaine/transparent dressing*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/14/2023	*eclipse needle*	*needles, safety*	ADD TO FORMULARY		Non-Preferred Brands
10/14/2023	*glipizide*	*glipizide*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	*glipizide*	*glipizide*	ADD UM: COV		FDA Moratorium
10/14/2023	*vancomycin*	*vancomycin in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	*vancomycin*	*vancomycin in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
10/14/2023	*vancomycin*	*vancomycin in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
10/14/2023	SYNOJOYNT	*hyaluronate sodium*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	SYNOJOYNT	*hyaluronate sodium*	ADD UM: PANAME		PA Applies
10/14/2023	SYNOJOYNT	*hyaluronate sodium*	ADD UM: COV		FDA Moratorium
10/14/2023	SYNOJOYNT	*hyaluronate sodium*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
10/14/2023	SYNOJOYNT	*hyaluronate sodium*	ADD UM: SPECIALTY		Specialty Drug
10/14/2023	*gotoknow covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY		Non-Formulary
10/14/2023	*gotoknow covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
10/17/2023	VITLIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	VITLIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/17/2023	VITLIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: COV		Non Formulary
10/17/2023	VITLIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: NFDA		Non-FDA Approved
10/17/2023	VITLIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: MED		Medical Drug
10/17/2023	VITALIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	VITALIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/17/2023	VITALIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: COV		Non Formulary
10/17/2023	VITALIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: NFDA		Non-FDA Approved
10/17/2023	VITALIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: MED		Medical Drug
10/17/2023	VITLIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	VITLIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/17/2023	VITLIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/17/2023	VITLIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: NFDA		Non-FDA Approved
10/17/2023	VITLIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: MED		Medical Drug
10/17/2023	VITLIPID N ADULT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	VITLIPID N ADULT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/17/2023	VITLIPID N ADULT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: COV		Non Formulary
10/17/2023	VITLIPID N ADULT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: NFDA		Non-FDA Approved
10/17/2023	VITLIPID N ADULT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: MED		Medical Drug
10/17/2023	VITALIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	VITALIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/17/2023	VITALIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: COV		Non Formulary
10/17/2023	VITALIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/17/2023	VITALIPID N INFANT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: MED		Medical Drug
10/17/2023	VITLIPID N ADULT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	VITLIPID N ADULT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/17/2023	VITLIPID N ADULT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: COV		Non Formulary
10/17/2023	VITLIPID N ADULT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: NFDA		Non-FDA Approved
10/17/2023	VITLIPID N ADULT	*fat emulsions/vitamin a palmitate/vitamin d2/vit e/vit k1*	ADD UM: MED		Medical Drug
10/17/2023	IRON FOLATE PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	IRON FOLATE PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/17/2023	IRON FOLATE PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	ADD UM: COV		Non Formulary
10/17/2023	IRON FOLATE PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	ADD UM: NFDA		Non-FDA Approved
10/17/2023	IRON FOLATE-F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/17/2023	IRON FOLATE-F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/17/2023	IRON FOLATE-F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	ADD UM: COV		Non Formulary
10/17/2023	IRON FOLATE-F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	ADD UM: NFDA		Non-FDA Approved
10/17/2023	IRON FOLATE-F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	IRON FOLATE-F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/17/2023	IRON FOLATE-F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	ADD UM: COV		Non Formulary
10/17/2023	IRON FOLATE-F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	ADD UM: NFDA		Non-FDA Approved
10/17/2023	IRON FOLATE PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	IRON FOLATE PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/17/2023	IRON FOLATE PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	ADD UM: COV		Non Formulary
10/17/2023	IRON FOLATE PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/17/2023	KEMOPLAT	*cisplatin*	ADD UM: NFDA		Non-FDA Approved
10/17/2023	*comfortseal*	*inhaler, assist devices, accessories*	ADD TO FORMULARY		Non-Preferred Brands
10/17/2023	*comfortseal*	*inhaler, assist devices, accessories*	ADD UM: DRUGCLASS		Respiratory Devices
10/17/2023	*aeroeclipse ii*	*nebulizer*	ADD TO FORMULARY		Non-Preferred Brands
10/17/2023	*aeroeclipse ii*	*nebulizer*	ADD UM: DRUGCLASS		Respiratory Devices
10/17/2023	*comfortseal*	*inhaler, assist devices, accessories*	ADD TO FORMULARY		Non-Preferred Brands
10/17/2023	*comfortseal*	*inhaler, assist devices, accessories*	ADD UM: DRUGCLASS		Respiratory Devices
10/17/2023	*aeroeclipse xl*	*nebulizer*	ADD TO FORMULARY		Non-Preferred Brands
10/17/2023	*aeroeclipse xl*	*nebulizer*	ADD UM: DRUGCLASS		Respiratory Devices
10/17/2023	*comfortseal*	*inhaler, assist devices, accessories*	ADD TO FORMULARY		Non-Preferred Brands
10/17/2023	*comfortseal*	*inhaler, assist devices, accessories*	ADD UM: DRUGCLASS		Respiratory Devices
10/17/2023	*strive peak flow meter*	*peak flow meter*	ADD TO FORMULARY		Non-Preferred Brands
10/17/2023	*strive peak flow meter*	*peak flow meter*	ADD UM: DRUGCLASS		Respiratory Devices
10/17/2023	*aeroeclipse ii*	*nebulizer*	ADD TO FORMULARY		Non-Preferred Brands
10/17/2023	*aeroeclipse ii*	*nebulizer*	ADD UM: DRUGCLASS		Respiratory Devices

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: DRUGCLASS		ADD Drugs
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: COV		FDA Moratorium
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: DRUGCLASS		ADD Drugs
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: COV		FDA Moratorium
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: DRUGCLASS		ADD Drugs
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: COV		FDA Moratorium
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: DRUGCLASS		ADD Drugs

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: COV		FDA Moratorium
10/17/2023	YARGESA	*miglustat*	ADD TO FORMULARY		Generics
10/17/2023	YARGESA	*miglustat*	ADD UM: PANAME		PA Applies
10/17/2023	YARGESA	*miglustat*	ADD UM: SPECIALTY		Specialty Drug
10/17/2023	*aerochamber plus flow-vu*	*inhaler,assist device with large mask*	ADD TO FORMULARY		Non-Preferred Brands
10/17/2023	*aerochamber plus flow-vu*	*inhaler,assist device with large mask*	ADD UM: DRUGCLASS		Respiratory Devices
10/17/2023	*aerochamber plus flow-vu*	*inhaler, assist devices*	ADD TO FORMULARY		Non-Preferred Brands
10/17/2023	*aerochamber plus flow-vu*	*inhaler, assist devices*	ADD UM: DRUGCLASS		Respiratory Devices
10/17/2023	*aerochamber plus flow-vu*	*inhaler,assist device with small mask*	ADD TO FORMULARY		Non-Preferred Brands
10/17/2023	*aerochamber plus flow-vu*	*inhaler,assist device with small mask*	ADD UM: DRUGCLASS		Respiratory Devices
10/17/2023	*eclipse needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/17/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/18/2023	*lisdexamfetamine dimesylate*	*lisdexamfetamine dimesylate*	REMOVE UM: COV	FDA Moratorium	
10/21/2023	CORICIDIN HBP MAX COLD-CGH-FLU	*acetaminophen/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	ULTRAFLORA WOMEN'S	*lactobacillus reuteri/lactobacillus rhamnosus gg*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/21/2023	PROBIOMAX COMPLETE DF	*lacto no.89/bifido no.9/l.lactis/s.thermophilus*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	PROBIOMAX LEAN DF	*bifidobacterium animalis*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	PROBIONEXX	*lacto99/b.bifidum/l.lactis/s.boul/s.therm/b.coag/enzyme/herb*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	PHOSPHALINE	*phosphatidylcholine*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	IGG 2000 CWP	*whey protein concentrate*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	IGG 2000 CWP	*whey protein concentrate*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	IGG 2000 CWP	*whey protein concentrate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/21/2023	IGG 2000 CWP	*whey protein concentrate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/21/2023	ACTIVNUTRIENTS (NO IRON)	*multivit with minerals/methyltetrahydrofolate glucosamine*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	ACTIVNUTRIENTS (NO IRON)	*multivit with minerals/methyltetrahydrofolate glucosamine*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/21/2023	ACTIVNUTRIENTS (NO IRON)	*multivit with minerals/methyltetrahydrofolate glucosamine*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	ACTIVNUTRIENTS (NO IRON)	*multivit with minerals/methyltetrahydrofolate glucosamine*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/21/2023	LIKMEZ	*metronidazole*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/21/2023	LIKMEZ	*metronidazole*	ADD UM: COV		FDA Moratorium
10/21/2023	*syringe*	*syringe, disposable, 10 ml*	ADD TO FORMULARY		Non-Preferred Brands
10/21/2023	*syringe*	*syringe, disposable, 10 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
10/21/2023	*cardiochek plus analyzer*	*cholesterol and blood glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	*cardiochek plus analyzer*	*cholesterol and blood glucose meter*	ADD UM: COV		Non Formulary
10/21/2023	*cardiochek plus analyzer*	*cholesterol and blood glucose meter*	ADD UM: MED		Medical Drug
10/21/2023	TOTALVISC	*hyaluronate sodium*	REMOVE FROM FORMULARY		Non-Formulary
10/21/2023	TOTALVISC	*hyaluronate sodium*	ADD UM: COV		Non Formulary
10/21/2023	TOTALVISC	*hyaluronate sodium*	ADD UM: MED		Medical Drug
10/25/2023	ABRILADA(CF)	*adalimumab-afzb*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2023	ABRILADA(CF)	*adalimumab-afzb*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/25/2023	ABRILADA(CF)	*adalimumab-afzb*	ADD UM: COV		FDA Moratorium
10/25/2023	ABRILADA(CF)	*adalimumab-afzb*	ADD UM: SPECIALTY		Specialty Drug
10/25/2023	ABRILADA(CF)	*adalimumab-afzb*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2023	ABRILADA(CF)	*adalimumab-afzb*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/25/2023	ABRILADA(CF)	*adalimumab-afzb*	ADD UM: COV		FDA Moratorium
10/25/2023	ABRILADA(CF)	*adalimumab-afzb*	ADD UM: SPECIALTY		Specialty Drug
10/25/2023	ABRILADA(CF) PEN	*adalimumab-afzb*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/25/2023	ABRILADA(CF) PEN	*adalimumab-afzb*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/25/2023	ABRILADA(CF) PEN	*adalimumab-afzb*	ADD UM: COV		FDA Moratorium
10/25/2023	ABRILADA(CF) PEN	*adalimumab-afzb*	ADD UM: SPECIALTY		Specialty Drug
10/25/2023	ABRILADA(CF) PEN	*adalimumab-afzb*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2023	ABRILADA(CF) PEN	*adalimumab-afzb*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/25/2023	ABRILADA(CF) PEN	*adalimumab-afzb*	ADD UM: COV		FDA Moratorium
10/25/2023	ABRILADA(CF) PEN	*adalimumab-afzb*	ADD UM: SPECIALTY		Specialty Drug
10/25/2023	BIMZELX	*bimekizumab-bkzx*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2023	BIMZELX	*bimekizumab-bkzx*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/25/2023	BIMZELX	*bimekizumab-bkzx*	ADD UM: COV		FDA Moratorium
10/25/2023	BIMZELX	*bimekizumab-bkzx*	ADD UM: SPECIALTY		Specialty Drug
10/25/2023	BIMZELX AUTOINJECTOR	*bimekizumab-bkzx*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2023	BIMZELX AUTOINJECTOR	*bimekizumab-bkzx*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/25/2023	BIMZELX AUTOINJECTOR	*bimekizumab-bkzx*	ADD UM: COV		FDA Moratorium
10/25/2023	BIMZELX AUTOINJECTOR	*bimekizumab-bkzx*	ADD UM: SPECIALTY		Specialty Drug
10/25/2023	PAXLOVID	*nirmatrelvir/ritonavir*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/25/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD UM: COV		FDA Moratorium
10/25/2023	PAXLOVID	*nirmatrelvir/ritonavir*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD UM: COV		FDA Moratorium
10/25/2023	PAXLOVID	*nirmatrelvir/ritonavir*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD UM: COV		FDA Moratorium
10/25/2023	PAXLOVID	*nirmatrelvir/ritonavir*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD UM: COV		FDA Moratorium
10/25/2023	*pazopanib hcl*	*pazopanib hcl*	ADD TO FORMULARY		Generics
10/25/2023	*pazopanib hcl*	*pazopanib hcl*	ADD UM: MAXQTYPERDAY		4.0 per day
10/25/2023	*pazopanib hcl*	*pazopanib hcl*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
10/25/2023	*pazopanib hcl*	*pazopanib hcl*	ADD UM: PANAME		PA Applies
10/25/2023	*pazopanib hcl*	*pazopanib hcl*	ADD UM: SPECIALTY		Specialty Drug
10/26/2023	XDEMVY	*lotilaner*	CHANGE UM: MAXQTYPERDAY	0.33 per day	0.334 per day
10/28/2023	*vanishpoint syringe*	*syringe,safety with needle,3 ml*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	*vanishpoint syringe*	*syringe,safety with needle,3 ml*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	*vanishpoint syringe*	*syringe,safety with needle,3 ml*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	*vanishpoint syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
10/28/2023	*vanishpoint syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/28/2023	*vanishpoint syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
10/28/2023	FLINTSTONES IMMUNITY SUPPORT	*pediatric multivitamin no.239/ferrous sulfate*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	FLINTSTONES IMMUNITY SUPPORT	*pediatric multivitamin no.239/ferrous sulfate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/28/2023	ENSURE ORIGINAL WITH FIBER	*lactose-reduced food/fiber*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	ENSURE ORIGINAL WITH FIBER	*lactose-reduced food/fiber*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	ENSURE PLUS WITH FIBER	*lactose-reduced food/fiber*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	ENSURE PLUS WITH FIBER	*lactose-reduced food/fiber*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	ENSURE ORIGINAL WITH FIBER	*lactose-reduced food/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/28/2023	ENSURE ORIGINAL WITH FIBER	*lactose-reduced food/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/28/2023	ENSURE PLUS WITH FIBER	*lactose-reduced food/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/28/2023	ENSURE PLUS WITH FIBER	*lactose-reduced food/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/28/2023	GOLD BOND THERAPEUTIC FOOT	*emollient combination no.120*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/28/2023	*witch hazel*	*witch hazel*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	PKU EASY SHAKE AND GO	*nutritional therapy for phenylketonuria(pku) with iron no.26*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	PKU EASY SHAKE AND GO	*nutritional therapy for phenylketonuria(pku) with iron no.26*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/28/2023	ACTIVNUTRIENTS	*multivit with min/iron bis-gly/methyltetrahydrofolate gluc*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	ACTIVNUTRIENTS	*multivit with min/iron bis-gly/methyltetrahydrofolate gluc*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/28/2023	*vanishpoint syringe*	*syringe,safety with needle,3 ml*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	*vanishpoint syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
10/28/2023	NEPRO CARB STEADY	*nutritional therapy, impaired renal function,lactose-reduced*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/28/2023	*caresens*	*blood glucose calibration control solution, high and normal*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	*caresens*	*blood glucose calibration control solution, high and normal*	ADD UM: DRUGCLASS		Excluded Products
10/28/2023	COSENTYX	*secukinumab*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	COSENTYX	*secukinumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/28/2023	COSENTYX	*secukinumab*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/28/2023	COSENTYX	*secukinumab*	ADD UM: SPECIALTY		Specialty Drug
10/28/2023	COSENTYX	*secukinumab*	ADD UM: MED		Medical Drug
10/28/2023	VELSIPITY	*etrasimod arginine*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	VELSIPITY	*etrasimod arginine*	ADD UM: DRUGCLASS		Autoimmune Drugs
10/28/2023	VELSIPITY	*etrasimod arginine*	ADD UM: COV		FDA Moratorium
10/28/2023	VELSIPITY	*etrasimod arginine*	ADD UM: SPECIALTY		Specialty Drug
10/28/2023	*aqinject safety syringe*	*syringe,safety with needle,3 ml*	ADD TO FORMULARY		Non-Preferred Brands
10/28/2023	*aqinject safety syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
10/28/2023	*baclofen*	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
10/28/2023	*baclofen*	*baclofen*	ADD UM: COV		FDA Moratorium
10/31/2023	*genabio covid-19 rapid at-home*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
10/31/2023	*genabio covid-19 rapid at-home*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
10/31/2023	*genabio covid-19 rapid at-home*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
10/31/2023	*genabio covid-19 rapid at-home*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
10/31/2023	*fastep covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
10/31/2023	*fastep covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
10/31/2023	*covid-19 at-home test (eua)*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/31/2023	*covid-19 at-home test (eua)*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
10/31/2023	*fastep covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
10/31/2023	*fastep covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
10/31/2023	*fastep covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
10/31/2023	*fastep covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
10/31/2023	*fastep covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
10/31/2023	*fastep covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		FDA Moratorium
10/31/2023	*mc 300 nebulizer-unvrsl tubing*	*nebulizer*	ADD TO FORMULARY		Non-Preferred Brands
10/31/2023	*mc 300 nebulizer-unvrsl tubing*	*nebulizer*	ADD UM: DRUGCLASS		Respiratory Devices
10/31/2023	*mc 300 nebulizer w-mouthpiece*	*nebulizer*	ADD TO FORMULARY		Non-Preferred Brands
10/31/2023	*mc 300 nebulizer w-mouthpiece*	*nebulizer*	ADD UM: DRUGCLASS		Respiratory Devices
10/31/2023	OMEZA	*collagen, hydrolyzed/cod liver oil*	REMOVE FROM FORMULARY		Non-Formulary
10/31/2023	OMEZA	*collagen, hydrolyzed/cod liver oil*	ADD UM: COV		Non Formulary
10/31/2023	OMEZA	*collagen, hydrolyzed/cod liver oil*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/31/2023	OMEZA	*collagen, hydrolyzed/cod liver oil*	REMOVE FROM FORMULARY		Non-Formulary
10/31/2023	OMEZA	*collagen, hydrolyzed/cod liver oil*	ADD UM: COV		Non Formulary
10/31/2023	OMEZA	*collagen, hydrolyzed/cod liver oil*	ADD UM: MED		Medical Drug
10/31/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
10/31/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
10/31/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
10/31/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
10/31/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
10/31/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
10/31/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
10/31/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
10/31/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
10/31/2023	*gadobutrol*	*gadobutrol*	REMOVE FROM FORMULARY		Non-Formulary
10/31/2023	*gadobutrol*	*gadobutrol*	ADD UM: COV		Non Formulary
10/31/2023	*gadobutrol*	*gadobutrol*	ADD UM: MED		Medical Drug
10/31/2023	*atropine sulfate*	*atropine sulfate in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
10/31/2023	*atropine sulfate*	*atropine sulfate in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
10/31/2023	*atropine sulfate*	*atropine sulfate in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/31/2023	*atropine sulfate*	*atropine sulfate in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
10/31/2023	L.E.T. (LIDO-EPINEPH-TETRA)	*lidocaine hcl/epinephrine bitartrate/tetracaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
10/31/2023	L.E.T. (LIDO-EPINEPH-TETRA)	*lidocaine hcl/epinephrine bitartrate/tetracaine hcl*	ADD UM: COV		Non Formulary
10/31/2023	L.E.T. (LIDO-EPINEPH-TETRA)	*lidocaine hcl/epinephrine bitartrate/tetracaine hcl*	ADD UM: NFDA		Non-FDA Approved
10/31/2023	L.E.T. (LIDO-EPINEPH-TETRA)	*lidocaine hcl/epinephrine bitartrate/tetracaine hcl*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

November, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2023	BREYNA	*budesonide/formoterol fumarate*	ADD UM: MAXQTYPERDAY		0.4 per day
11/01/2023	BREYNA	*budesonide/formoterol fumarate*	ADD UM: DRUGCLASS		Excluded Products
11/01/2023	BREYNA	*budesonide/formoterol fumarate*	REMOVE UM: COV	FDA Moratorium	
11/01/2023	BREYNA	*budesonide/formoterol fumarate*	ADD UM: MAXQTYPERDAY		0.4 per day
11/01/2023	BREYNA	*budesonide/formoterol fumarate*	ADD UM: DRUGCLASS		Excluded Products
11/01/2023	BREYNA	*budesonide/formoterol fumarate*	REMOVE UM: COV	FDA Moratorium	
11/01/2023	BREO ELLIPTA	*fluticasone furoate/vilanterol trifenatate*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
11/01/2023	BREO ELLIPTA	*fluticasone furoate/vilanterol trifenatate*	ADD UM: MAXQTYPERDAY		2.0 per day
11/01/2023	BREO ELLIPTA	*fluticasone furoate/vilanterol trifenatate*	REMOVE UM: COV	FDA Moratorium	
11/01/2023	*levonorg-eth estrad-fe bisglyc*	*levonorgestrel/ethinyl estradiol/iron*	ADD TO FORMULARY	Non-Formulary	Generics
11/01/2023	*levonorg-eth estrad-fe bisglyc*	*levonorgestrel/ethinyl estradiol/iron*	REMOVE UM: COV	FDA Moratorium	
11/01/2023	JOYEAUX	*levonorgestrel/ethinyl estradiol/iron*	ADD TO FORMULARY	Non-Formulary	Generics
11/01/2023	JOYEAUX	*levonorgestrel/ethinyl estradiol/iron*	REMOVE UM: COV	FDA Moratorium	
11/01/2023	*nitrofurantoin*	*nitrofurantoin*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2023	*tretinoin microsphere*	*tretinoin microspheres*	ADD TO FORMULARY	Non-Formulary	Generics
11/01/2023	*tretinoin microsphere*	*tretinoin microspheres*	REMOVE UM: COV	FDA Moratorium	
11/01/2023	FIASP PUMPCART	*insulin aspart (niacinamide)/pump cartridge*	CHANGE UM: DRUGCLASS	Diabetic - Insulin	Excluded Products
11/01/2023	FIASP PUMPCART	*insulin aspart (niacinamide)/pump cartridge*	REMOVE UM: COV	FDA Moratorium	
11/01/2023	FIASP PUMPCART	*insulin aspart (niacinamide)/pump cartridge*	ADD UM: QUANTITY		90 days
11/01/2023	FIASP PUMPCART	*insulin aspart (niacinamide)/pump cartridge*	ADD UM: SDS		Extended Specialty Day Supply
11/01/2023	BASAGLAR TEMPO PEN U-100	*insulin glargine,human recombinant analog*	ADD UM: DRUGCLASS		Excluded Products
11/01/2023	BASAGLAR TEMPO PEN U-100	*insulin glargine,human recombinant analog*	REMOVE UM: COV	Non Formulary	
11/01/2023	LYUMJEV TEMPO PEN U-100	*insulin lispro-aabc*	ADD UM: DRUGCLASS		Excluded Products
11/01/2023	LYUMJEV TEMPO PEN U-100	*insulin lispro-aabc*	REMOVE UM: COV	Non Formulary	
11/01/2023	HUMALOG TEMPO PEN U-100	*insulin lispro*	ADD UM: DRUGCLASS		Excluded Products

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2023	HUMALOG TEMPO PEN U-100	*insulin lispro*	REMOVE UM: COV	Non Formulary	
11/01/2023	*onetouch ultra2*	*blood-glucose meter*	CHANGE UM: DRUGCLASS	Diabetic - Glucometers	Excluded Products
11/01/2023	*onetouch ultra2*	*blood-glucose meter*	REMOVE UM: COV	FDA Moratorium	
11/01/2023	*onetouch verio flex startr kit*	*blood-glucose meter*	CHANGE UM: DRUGCLASS	Diabetic - Glucometers	Excluded Products
11/01/2023	*onetouch verio flex startr kit*	*blood-glucose meter*	REMOVE UM: COV	FDA Moratorium	
11/01/2023	*nitrofurantoin*	*nitrofurantoin*	ADD UM: COV		Non Formulary
11/04/2023	TRUE MULTIVITAMIN	*multivitamin with folic acid*	REMOVE FROM FORMULARY		Non-Formulary
11/04/2023	TRUE MULTIVITAMIN	*multivitamin with folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
11/04/2023	ANTIFUNGAL EXTRA THICK	*miconazole nitrate*	REMOVE FROM FORMULARY		Non-Formulary
11/04/2023	*thermacare*	*activated charcoal/iron/sodium/water*	REMOVE FROM FORMULARY		Non-Formulary
11/04/2023	PHENAGIL CH	*chlorpheniramine maleate/phenylephrine hcl/dextromethorphan*	REMOVE FROM FORMULARY		Non-Formulary
11/04/2023	TRIPONEL	*triprolidine hcl/phenylephrine hcl/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
11/04/2023	SALICATE	*salicylic acid*	REMOVE FROM FORMULARY		Non-Formulary
11/04/2023	SALICATE	*salicylic acid*	ADD UM: DRUGCLASS		Acne
11/04/2023	SALICATE	*salicylic acid*	ADD UM: COV		Non Formulary
11/04/2023	SALICATE	*salicylic acid*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/04/2023	OZOBAX DS	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
11/04/2023	OZOBAX DS	*baclofen*	ADD UM: COV		FDA Moratorium
11/04/2023	*pts panels multi-chem controls*	*cholesterol and blood glucose calibration control, high,low*	REMOVE FROM FORMULARY		Non-Formulary
11/04/2023	*pts panels multi-chem controls*	*cholesterol and blood glucose calibration control, high,low*	ADD UM: COV		Non Formulary
11/04/2023	*pts panels multi-chem controls*	*cholesterol and blood glucose calibration control, high,low*	ADD UM: MED		Medical Drug
11/04/2023	*mitomycin-sterile water*	*mitomycin*	REMOVE FROM FORMULARY		Non-Formulary
11/04/2023	*mitomycin-sterile water*	*mitomycin*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/04/2023	*mitomycin-sterile water*	*mitomycin*	ADD UM: COV		Non Formulary
11/04/2023	*mitomycin-sterile water*	*mitomycin*	ADD UM: SPECIALTY		Specialty Drug
11/04/2023	*mitomycin-sterile water*	*mitomycin*	ADD UM: NFDA		Non-FDA Approved
11/04/2023	*mitomycin-sterile water*	*mitomycin*	ADD UM: MED		Medical Drug
11/04/2023	*mirtazapine anhydrous*	*mirtazapine*	ADD TO FORMULARY		Non-Preferred Brands
11/04/2023	OMVOH	*mirikizumab-mrkz*	REMOVE FROM FORMULARY		Non-Formulary
11/04/2023	OMVOH	*mirikizumab-mrkz*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/04/2023	OMVOH	*mirikizumab-mrkz*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/04/2023	OMVOH	*mirikizumab-mrkz*	ADD UM: SPECIALTY		Specialty Drug
11/04/2023	OMVOH	*mirikizumab-mrkz*	ADD UM: MED		Medical Drug
11/06/2023	IYUZEH	*latanoprost/pf*	CHANGE UM: MAXQTYPERDAY	0.2 per day	1.0 per day
11/07/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
11/07/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD UM: QUANTITY		21 / fill
11/07/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD UM: MAXQTYPERDAY		4.0 per day
11/07/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD UM: AGE		At least 12 yrs old
11/07/2023	PAXLOVID	*nirmatrelvir/ritonavir*	REMOVE UM: COV	FDA Moratorium	
11/07/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
11/07/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD UM: QUANTITY		30 / fill
11/07/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD UM: MAXQTYPERDAY		6.0 per day
11/07/2023	PAXLOVID	*nirmatrelvir/ritonavir*	ADD UM: AGE		At least 12 yrs old
11/07/2023	PAXLOVID	*nirmatrelvir/ritonavir*	REMOVE UM: COV	FDA Moratorium	
11/07/2023	*caresens n feliz glucose meter*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*caresens n feliz glucose meter*	*blood-glucose meter*	ADD UM: DRUGCLASS		Excluded Products
11/07/2023	*caresens n feliz glucose meter*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
11/07/2023	XPHOZAH	*tenapanor hcl*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	XPHOZAH	*tenapanor hcl*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/07/2023	XPHOZAH	*tenapanor hcl*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	XPHOZAH	*tenapanor hcl*	ADD UM: COV		FDA Moratorium
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	MIRODERM FENESTRATED	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/07/2023	POLY-VI-FLOR	*pediatric multivitamin no.220 with fluoride*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	POLY-VI-FLOR	*pediatric multivitamin no.220 with fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/07/2023	POLY-VI-FLOR	*pediatric multivitamin no.220 with fluoride*	ADD UM: COV		Non Formulary
11/07/2023	POLY-VI-FLOR	*pediatric multivitamin no.220 with fluoride*	ADD UM: NFDA		Non-FDA Approved
11/07/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.220/sodium fluoride/iron sulfate*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.220/sodium fluoride/iron sulfate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
11/07/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.220/sodium fluoride/iron sulfate*	ADD UM: COV		Non Formulary
11/07/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.220/sodium fluoride/iron sulfate*	ADD UM: NFDA		Non-FDA Approved
11/07/2023	*fluticasone propionate*	*fluticasone propionate*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*fluticasone propionate*	*fluticasone propionate*	ADD UM: COV		FDA Moratorium
11/07/2023	*fluticasone propionate*	*fluticasone propionate*	ADD UM: PR		Preventive Medication
11/07/2023	*fluticasone propionate*	*fluticasone propionate*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*fluticasone propionate*	*fluticasone propionate*	ADD UM: COV		FDA Moratorium
11/07/2023	*fluticasone propionate*	*fluticasone propionate*	ADD UM: PR		Preventive Medication
11/07/2023	*fluticasone propionate*	*fluticasone propionate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/07/2023	*fluticasone propionate*	*fluticasone propionate*	ADD UM: COV		FDA Moratorium
11/07/2023	*fluticasone propionate*	*fluticasone propionate*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: COV		FDA Moratorium
11/07/2023	*pitavastatin calcium*	*pitavastatin calcium*	ADD UM: PR		Preventive Medication
11/07/2023	*spironolactone*	*spironolactone*	ADD TO FORMULARY		Generics
11/07/2023	*spironolactone*	*spironolactone*	ADD TO FORMULARY		Generics
11/07/2023	*spironolactone*	*spironolactone*	ADD TO FORMULARY		Generics
11/07/2023	*spironolactone*	*spironolactone*	ADD TO FORMULARY		Generics
11/07/2023	RELEXXII	*methylphenidate hcl*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	RELEXXII	*methylphenidate hcl*	ADD UM: DRUGCLASS		ADD Drugs
11/07/2023	RELEXXII	*methylphenidate hcl*	ADD UM: COV		FDA Moratorium
11/07/2023	RELEXXII	*methylphenidate hcl*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	RELEXXII	*methylphenidate hcl*	ADD UM: DRUGCLASS		ADD Drugs
11/07/2023	RELEXXII	*methylphenidate hcl*	ADD UM: COV		FDA Moratorium
11/07/2023	RELEXXII	*methylphenidate hcl*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	RELEXXII	*methylphenidate hcl*	ADD UM: DRUGCLASS		ADD Drugs
11/07/2023	RELEXXII	*methylphenidate hcl*	ADD UM: COV		FDA Moratorium
11/07/2023	RELEXXII	*methylphenidate hcl*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	RELEXXII	*methylphenidate hcl*	ADD UM: DRUGCLASS		ADD Drugs
11/07/2023	RELEXXII	*methylphenidate hcl*	ADD UM: COV		FDA Moratorium
11/07/2023	*iopamidol*	*iopamidol*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*iopamidol*	*iopamidol*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/07/2023	*iopamidol*	*iopamidol*	ADD UM: MED		Medical Drug
11/07/2023	*iopamidol*	*iopamidol*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	*iopamidol*	*iopamidol*	ADD UM: COV		Non Formulary
11/07/2023	*iopamidol*	*iopamidol*	ADD UM: MED		Medical Drug
11/07/2023	OMVOH PEN	*mirikizumab-mrkz*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	OMVOH PEN	*mirikizumab-mrkz*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/07/2023	OMVOH PEN	*mirikizumab-mrkz*	ADD UM: COV		FDA Moratorium
11/07/2023	OMVOH PEN	*mirikizumab-mrkz*	ADD UM: SPECIALTY		Specialty Drug
11/07/2023	OMVOH PEN	*mirikizumab-mrkz*	REMOVE FROM FORMULARY		Non-Formulary
11/07/2023	OMVOH PEN	*mirikizumab-mrkz*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/07/2023	OMVOH PEN	*mirikizumab-mrkz*	ADD UM: COV		FDA Moratorium
11/07/2023	OMVOH PEN	*mirikizumab-mrkz*	ADD UM: SPECIALTY		Specialty Drug
11/07/2023	FLOVENT DISKUS	*fluticasone propionate*	ADD UM: B4G		Brand For Generic
11/07/2023	FLOVENT DISKUS	*fluticasone propionate*	ADD UM: B4G		Brand For Generic
11/07/2023	FLOVENT DISKUS	*fluticasone propionate*	ADD UM: B4G		Brand For Generic
11/07/2023	*spironolactone*	*spironolactone*	ADD UM: PANAME		PA Applies
11/10/2023	ELDERBERRY-C-ZINC IMMUN SUPPRT	*ascorbic acid/zinc citrate/elderberry fruit*	REMOVE FROM FORMULARY		Non-Formulary
11/10/2023	MEDICATED BODY POWDER	*menthol*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/10/2023	ACID REDUCER	*lansoprazole*	ADD TO FORMULARY		Tier 0
11/10/2023	ACID REDUCER	*lansoprazole*	ADD TO FORMULARY		Tier 0
11/10/2023	ACID REDUCER	*lansoprazole*	ADD UM: MAXQTYPERDAY		1.0 per day
11/10/2023	ACID REDUCER	*lansoprazole*	ADD UM: MAXQTYPERDAY		1.0 per day
11/10/2023	*wearable breast pump*	*breast pump*	REMOVE FROM FORMULARY		Non-Formulary
11/10/2023	AUGMENTIN	*amoxicillin/potassium clavulanate*	ADD TO FORMULARY		Non-Preferred Brands
11/14/2023	MIRO3D	*extracellular matrix (ecm), porcine derived*	REMOVE FROM FORMULARY		Non-Formulary
11/14/2023	MIRO3D	*extracellular matrix (ecm), porcine derived*	ADD UM: COV		Non Formulary
11/14/2023	MIRO3D	*extracellular matrix (ecm), porcine derived*	REMOVE FROM FORMULARY		Non-Formulary
11/14/2023	MIRO3D	*extracellular matrix (ecm), porcine derived*	ADD UM: COV		Non Formulary
11/14/2023	VOQUEZNA	*vonoprazan fumarate*	REMOVE FROM FORMULARY		Non-Formulary
11/14/2023	VOQUEZNA	*vonoprazan fumarate*	ADD UM: COV		FDA Moratorium
11/14/2023	VOQUEZNA	*vonoprazan fumarate*	REMOVE FROM FORMULARY		Non-Formulary
11/14/2023	VOQUEZNA	*vonoprazan fumarate*	ADD UM: COV		FDA Moratorium
11/14/2023	ZURZUVAE	*zuranolone*	REMOVE FROM FORMULARY		Non-Formulary
11/14/2023	ZURZUVAE	*zuranolone*	ADD UM: COV		FDA Moratorium
11/14/2023	ZURZUVAE	*zuranolone*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/14/2023	ZURZUVAE	*zuranolone*	ADD UM: COV		FDA Moratorium
11/14/2023	ZURZUVAE	*zuranolone*	REMOVE FROM FORMULARY		Non-Formulary
11/14/2023	ZURZUVAE	*zuranolone*	ADD UM: COV		FDA Moratorium
11/14/2023	LIDOCAN II	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
11/14/2023	LIDOCAN II	*lidocaine*	ADD UM: COV		FDA Moratorium
11/14/2023	LIDOCAN II	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
11/14/2023	LIDOCAN II	*lidocaine*	ADD UM: COV		FDA Moratorium
11/14/2023	ROZLYTREK	*entrectinib*	REMOVE FROM FORMULARY		Non-Formulary
11/14/2023	ROZLYTREK	*entrectinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/14/2023	ROZLYTREK	*entrectinib*	ADD UM: PANAME		PA Applies
11/14/2023	ROZLYTREK	*entrectinib*	ADD UM: COV		FDA Moratorium
11/14/2023	ROZLYTREK	*entrectinib*	ADD UM: SPECIALTY		Specialty Drug
11/14/2023	ROZLYTREK	*entrectinib*	REMOVE FROM FORMULARY		Non-Formulary
11/14/2023	ROZLYTREK	*entrectinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/14/2023	ROZLYTREK	*entrectinib*	ADD UM: PANAME		PA Applies
11/14/2023	ROZLYTREK	*entrectinib*	ADD UM: COV		FDA Moratorium
11/14/2023	ROZLYTREK	*entrectinib*	ADD UM: SPECIALTY		Specialty Drug
11/18/2023	*kimono*	*condoms, latex, lubricated*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/18/2023	*kimono*	*condoms, latex, lubricated*	ADD UM: QPBU		HCROCOTC | HCR OTC Contraceptives
11/18/2023	*ice bag*	*ice bag*	REMOVE FROM FORMULARY		Non-Formulary
11/18/2023	TOE AREA TREATMENT ANTIFUNGAL	*tolnaftate*	REMOVE FROM FORMULARY		Non-Formulary
11/18/2023	SOOTHING SINUS RELIEF	*sodium chloride/sodium bicarbonate*	REMOVE FROM FORMULARY		Non-Formulary
11/18/2023	*aspyrerx*	*digital therapeutics,cognit. behavioral therapy for t2dm*	REMOVE FROM FORMULARY		Non-Formulary
11/18/2023	*aspyrerx*	*digital therapeutics,cognit. behavioral therapy for t2dm*	ADD UM: COV		Non Formulary
11/18/2023	*dynaginate ag*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
11/18/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
11/18/2023	*dynaginate ag*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
11/18/2023	CALSODORE	*calcipotriene/dimethicone*	REMOVE FROM FORMULARY		Non-Formulary
11/18/2023	CALSODORE	*calcipotriene/dimethicone*	ADD UM: COV		Non Formulary
11/18/2023	CALSODORE	*calcipotriene/dimethicone*	ADD UM: NFDA		Non-FDA Approved
11/20/2023	VITAPEARL	*prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha*	REMOVE FROM FORMULARY		Non-Formulary
11/20/2023	VITAPEARL	*prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha*	ADD UM: GENDER		Female

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/20/2023	VITAPEARL	*prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha*	ADD UM: DRUGCLASS		Excluded Products
11/20/2023	VITAPEARL	*prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha*	ADD UM: PR		Preventive Medication
11/20/2023	VITAPEARL	*prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha*	ADD UM: NFDA		Non-FDA Approved
11/20/2023	FOLIKA-BC	*vitamin b complex/folic acid/ascorbic acid/biotin*	REMOVE FROM FORMULARY		Non-Formulary
11/20/2023	FOLIKA-BC	*vitamin b complex/folic acid/ascorbic acid/biotin*	ADD UM: DRUGCLASS		Excluded Products
11/20/2023	FOLIKA-BC	*vitamin b complex/folic acid/ascorbic acid/biotin*	ADD UM: NFDA		Non-FDA Approved
11/21/2023	CYFENDUS (NATIONAL STOCKPILE)	*anthrax vaccine adsorbed, adjuvanted*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	CYFENDUS (NATIONAL STOCKPILE)	*anthrax vaccine adsorbed, adjuvanted*	ADD UM: DRUGCLASS		Immunization/Vaccines
11/21/2023	CYFENDUS (NATIONAL STOCKPILE)	*anthrax vaccine adsorbed, adjuvanted*	ADD UM: COV		Non Formulary
11/21/2023	CYFENDUS (NATIONAL STOCKPILE)	*anthrax vaccine adsorbed, adjuvanted*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	CYFENDUS (NATIONAL STOCKPILE)	*anthrax vaccine adsorbed, adjuvanted*	ADD UM: DRUGCLASS		Immunization/Vaccines

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/21/2023	CYFENDUS (NATIONAL STOCKPILE)	*anthrax vaccine adsorbed, adjuvanted*	ADD UM: COV		Non Formulary
11/21/2023	FRUZAQLA	*fruquintinib*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	FRUZAQLA	*fruquintinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/21/2023	FRUZAQLA	*fruquintinib*	ADD UM: COV		FDA Moratorium
11/21/2023	FRUZAQLA	*fruquintinib*	ADD UM: SPECIALTY		Specialty Drug
11/21/2023	FRUZAQLA	*fruquintinib*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	FRUZAQLA	*fruquintinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/21/2023	FRUZAQLA	*fruquintinib*	ADD UM: COV		FDA Moratorium
11/21/2023	FRUZAQLA	*fruquintinib*	ADD UM: SPECIALTY		Specialty Drug
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	ADD UM: COV		FDA Moratorium
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	ADD UM: MED		Medical Drug
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	ADD UM: COV		FDA Moratorium
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	ADD UM: MED		Medical Drug
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	ADD UM: COV		FDA Moratorium
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	ADD UM: COV		FDA Moratorium
11/21/2023	IMMPHENTIV	*phenylephrine hcl*	ADD UM: MED		Medical Drug
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	ZEPBOUND	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: DRUGCLASS		Anti-Obesity
11/21/2023	ZEPBOUND	*tirzepatide*	ADD UM: COV		FDA Moratorium
11/21/2023	MIRODERM FENESTRATED PLUS	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/21/2023	MIRODERM FENESTRATED PLUS	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/21/2023	MIRODERM FENESTRATED PLUS	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	MIRODERM FENESTRATED PLUS	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/21/2023	MIRODERM FENESTRATED PLUS	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	MIRODERM FENESTRATED PLUS	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/21/2023	MIRODERM FENESTRATED PLUS	*extracellular matrix (ecm),porcine derived,fenestrated*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	MIRODERM FENESTRATED PLUS	*extracellular matrix (ecm),porcine derived,fenestrated*	ADD UM: COV		Non Formulary
11/21/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
11/21/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
11/21/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
11/21/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/21/2023	*siligentle ag*	*silver/silicone/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
11/21/2023	*siligentle ag*	*silver/silicone/foam bandage*	ADD UM: COV		Non Formulary
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	ADD UM: GENDER		Female
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	ADD UM: DRUGCLASS		Contraceptives - Oral
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	ADD UM: COV		FDA Moratorium
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	ADD UM: GENDER		Female
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	ADD UM: DRUGCLASS		Contraceptives - Oral

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	ADD UM: COV		FDA Moratorium
11/21/2023	TURQOZ	*norgestrel-ethinyl estradiol*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
11/21/2023	INPEFA	*sotagliflozin*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	INPEFA	*sotagliflozin*	ADD UM: PANAME		PA Applies
11/21/2023	INPEFA	*sotagliflozin*	ADD UM: COV		FDA Moratorium
11/21/2023	*meropenem*	*meropenem*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	*meropenem*	*meropenem*	ADD UM: COV		FDA Moratorium
11/21/2023	*meropenem*	*meropenem*	ADD UM: MED		Medical Drug
11/21/2023	*meropenem*	*meropenem*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	*meropenem*	*meropenem*	ADD UM: COV		FDA Moratorium
11/21/2023	*meropenem*	*meropenem*	ADD UM: MED		Medical Drug
11/21/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	ADD UM: MAXQTYPERDAY		0.22 per day
11/21/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	ADD UM: DRUGCLASS		Excluded Products
11/21/2023	YUFLYMA(CF) AUTOINJECTOR	*adalimumab-aaty*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/21/2023	YUFLYMA(CF) AI CROHN'S-UC-HS	*adalimumab-aaty*	REMOVE FROM FORMULARY		Non-Formulary
11/21/2023	YUFLYMA(CF) AI CROHN'S-UC-HS	*adalimumab-aaty*	ADD UM: MAXQTYPERDAY		0.22 per day
11/21/2023	YUFLYMA(CF) AI CROHN'S-UC-HS	*adalimumab-aaty*	ADD UM: DRUGCLASS		Excluded Products
11/21/2023	YUFLYMA(CF) AI CROHN'S-UC-HS	*adalimumab-aaty*	ADD UM: SPECIALTY		Specialty Drug
11/24/2023	ACID REDUCER-ANTACID	*famotidine/calcium carbonate/magnesium hydroxide*	ADD TO FORMULARY		Tier 0
11/24/2023	RENACARB	*magnesium carbonate/sodium bicarbonate*	REMOVE FROM FORMULARY		Non-Formulary
11/24/2023	VISTA GONIO	*hypromellose*	REMOVE FROM FORMULARY		Non-Formulary
11/24/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY		Non-Formulary
11/24/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY		Non-Formulary
11/24/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY		Non-Formulary
11/24/2023	AUGTYRO	*repotrectinib*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/24/2023	AUGTYRO	*repotrectinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/24/2023	AUGTYRO	*repotrectinib*	ADD UM: COV		FDA Moratorium
11/24/2023	AUGTYRO	*repotrectinib*	ADD UM: SPECIALTY		Specialty Drug
11/24/2023	CABTREO	*adapalene/benzoyl peroxide/clindamycin phosphate*	REMOVE FROM FORMULARY		Non-Formulary
11/24/2023	CABTREO	*adapalene/benzoyl peroxide/clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
11/24/2023	CABTREO	*adapalene/benzoyl peroxide/clindamycin phosphate*	ADD UM: COV		FDA Moratorium
11/24/2023	*carepoint precision needle*	*needles, disposable*	REMOVE FROM FORMULARY		Non-Formulary
11/24/2023	*carepoint precision needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
11/24/2023	*carepoint precision needle*	*needles, disposable*	ADD UM: COV		FDA Moratorium
11/30/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE UM: COV		
11/30/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: COV		FDA Moratorium
11/30/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE UM: COV		
11/30/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/30/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE UM: COV		
11/30/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD UM: COV		FDA Moratorium
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
11/30/2023	AMJEVITA(CF)	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	*adalimumab-aacf(cf) pen*	*adalimumab-aacf*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	*adalimumab-aacf(cf) pen*	*adalimumab-aacf*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/30/2023	*adalimumab-aacf(cf) pen*	*adalimumab-aacf*	ADD UM: COV		FDA Moratorium
11/30/2023	*adalimumab-aacf(cf) pen*	*adalimumab-aacf*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: DRUGCLASS		Autoimmune Drugs
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: COV		FDA Moratorium
11/30/2023	AMJEVITA(CF) AUTOINJECTOR	*adalimumab-atto*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	XALKORI	*crizotinib*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	XALKORI	*crizotinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/30/2023	XALKORI	*crizotinib*	ADD UM: PANAME		PA Applies
11/30/2023	XALKORI	*crizotinib*	ADD UM: COV		FDA Moratorium
11/30/2023	XALKORI	*crizotinib*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	XALKORI	*crizotinib*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	XALKORI	*crizotinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/30/2023	XALKORI	*crizotinib*	ADD UM: PANAME		PA Applies
11/30/2023	XALKORI	*crizotinib*	ADD UM: COV		FDA Moratorium
11/30/2023	XALKORI	*crizotinib*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	XALKORI	*crizotinib*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	XALKORI	*crizotinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/30/2023	XALKORI	*crizotinib*	ADD UM: PANAME		PA Applies
11/30/2023	XALKORI	*crizotinib*	ADD UM: COV		FDA Moratorium
11/30/2023	XALKORI	*crizotinib*	ADD UM: SPECIALTY		Specialty Drug

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/30/2023	KLAYESTA	*nystatin*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	KLAYESTA	*nystatin*	ADD UM: COV		FDA Moratorium
11/30/2023	KLAYESTA	*nystatin*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	KLAYESTA	*nystatin*	ADD UM: COV		FDA Moratorium
11/30/2023	KLAYESTA	*nystatin*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	KLAYESTA	*nystatin*	ADD UM: COV		FDA Moratorium
11/30/2023	TRUQAP	*capivasertib*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	TRUQAP	*capivasertib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/30/2023	TRUQAP	*capivasertib*	ADD UM: COV		FDA Moratorium
11/30/2023	TRUQAP	*capivasertib*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	TRUQAP	*capivasertib*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	TRUQAP	*capivasertib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
11/30/2023	TRUQAP	*capivasertib*	ADD UM: COV		FDA Moratorium
11/30/2023	TRUQAP	*capivasertib*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	*teriparatide*	*teriparatide*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	*teriparatide*	*teriparatide*	ADD UM: COV		FDA Moratorium
11/30/2023	*teriparatide*	*teriparatide*	ADD UM: SPECIALTY		Specialty Drug
11/30/2023	*teriparatide*	*teriparatide*	REMOVE FROM FORMULARY		Non-Formulary
11/30/2023	*teriparatide*	*teriparatide*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/30/2023	*teriparatide*	*teriparatide*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2023 Updates

December, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2023	LODOCO	*colchicine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	LODOCO	*colchicine*	ADD UM: MAXQTYPERDAY		1.0 per day
12/01/2023	LODOCO	*colchicine*	ADD UM: PANAME		PA Applies
12/01/2023	LODOCO	*colchicine*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	RYKINDO	*risperidone microspheres*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: MAXQTYPERDAY		0.067 per day
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: AGE		At least 18 yrs old
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: PANAME		PA Applies
12/01/2023	RYKINDO	*risperidone microspheres*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	RYKINDO	*risperidone microspheres*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: MAXQTYPERDAY		0.067 per day
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: AGE		At least 18 yrs old
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: PANAME		PA Applies
12/01/2023	RYKINDO	*risperidone microspheres*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	RYKINDO	*risperidone microspheres*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: MAXQTYPERDAY		0.067 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: AGE		At least 18 yrs old
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: PANAME		PA Applies
12/01/2023	RYKINDO	*risperidone microspheres*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	RYKINDO	*risperidone microspheres*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: MAXQTYPERDAY		0.067 per day
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: AGE		At least 18 yrs old
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: PANAME		PA Applies
12/01/2023	RYKINDO	*risperidone microspheres*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	RYKINDO	*risperidone microspheres*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: MAXQTYPERDAY		0.067 per day
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: AGE		At least 18 yrs old
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: PANAME		PA Applies
12/01/2023	RYKINDO	*risperidone microspheres*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	RYKINDO	*risperidone microspheres*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: MAXQTYPERDAY		0.067 per day
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: AGE		At least 18 yrs old
12/01/2023	RYKINDO	*risperidone microspheres*	ADD UM: PANAME		PA Applies
12/01/2023	RYKINDO	*risperidone microspheres*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2023	SOHONOS	*palovarotene*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	SOHONOS	*palovarotene*	ADD UM: MAXQTYPERDAY		4.0 per day
12/01/2023	SOHONOS	*palovarotene*	ADD UM: PANAME		PA Applies
12/01/2023	SOHONOS	*palovarotene*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	SOHONOS	*palovarotene*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	SOHONOS	*palovarotene*	ADD UM: MAXQTYPERDAY		2.0 per day
12/01/2023	SOHONOS	*palovarotene*	ADD UM: PANAME		PA Applies
12/01/2023	SOHONOS	*palovarotene*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	SOHONOS	*palovarotene*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	SOHONOS	*palovarotene*	ADD UM: MAXQTYPERDAY		1.0 per day
12/01/2023	SOHONOS	*palovarotene*	ADD UM: PANAME		PA Applies
12/01/2023	SOHONOS	*palovarotene*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	SOHONOS	*palovarotene*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	SOHONOS	*palovarotene*	ADD UM: MAXQTYPERDAY		1.0 per day
12/01/2023	SOHONOS	*palovarotene*	ADD UM: PANAME		PA Applies
12/01/2023	SOHONOS	*palovarotene*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	SOHONOS	*palovarotene*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	SOHONOS	*palovarotene*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2023	SOHONOS	*palovarotene*	ADD UM: PANAME		PA Applies
12/01/2023	SOHONOS	*palovarotene*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	*amcinonide*	*amcinonide*	ADD TO FORMULARY	Non-Formulary	Generics
12/01/2023	*amcinonide*	*amcinonide*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	*amcinonide*	*amcinonide*	ADD UM: MVG		MINIMAL VALUE GENERIC
12/01/2023	*amcinonide*	*amcinonide*	ADD UM: HCG		High Cost Generic
12/01/2023	*clindamycin-benzoyl peroxide*	*clindamycin phosphate/benzoyl peroxide*	ADD UM: MAXQTYPERDAY		1.667 per day
12/01/2023	*clindamycin-benzoyl peroxide*	*clindamycin phosphate/benzoyl peroxide*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	ONEXTON	*clindamycin phosphate/benzoyl peroxide*	REMOVE UM: B4G	Brand For Generic	
12/01/2023	*clindamycin-benzoyl peroxide*	*clindamycin phosphate/benzoyl peroxide*	ADD TO FORMULARY	Non-Formulary	Generics
12/01/2023	*glipizide*	*glipizide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	*glipizide*	*glipizide*	ADD UM: MAXQTYPERDAY		1.0 per day
12/01/2023	*glipizide*	*glipizide*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	LANTIDRA	*donislecel-jujn*	ADD UM: PANAME		PA Applies
12/01/2023	LANTIDRA	*donislecel-jujn*	CHANGE UM: COV	FDA Moratorium	Non Formulary
12/01/2023	LANTIDRA RINSE BAG	*rinse media solution for donislecel-jujn*	ADD UM: PANAME		PA Applies
12/01/2023	LANTIDRA RINSE BAG	*rinse media solution for donislecel-jujn*	CHANGE UM: COV	FDA Moratorium	Non Formulary
12/01/2023	POMBILITI	*cipaglucosidase alfa-atga*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2023	POMBILITI	*cipaglucosidase alfa-atga*	CHANGE UM: COV	FDA Moratorium	Non Formulary
12/01/2023	IHEEZO	*chloroprocaine hcl/pf*	REMOVE UM: SPECIALTY	Specialty Drug	
12/01/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	REMOVE UM: SPECIALTY	Specialty Drug	
12/01/2023	BALFAXAR	*human prothrombin complex concentrate (pcc)-lans*	REMOVE UM: SPECIALTY	Specialty Drug	
12/01/2023	POKONZA	*potassium chloride*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
12/01/2023	POKONZA	*potassium chloride*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	POKONZA	*potassium chloride*	ADD UM: MVB		Minimal Value Brand
12/01/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
12/01/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
12/01/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
12/01/2023	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
12/01/2023	HYRIMOZ	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.18 per day
12/01/2023	HYRIMOZ	*adalimumab-adaz*	CHANGE UM: COV	FDA Moratorium	Non Formulary
12/01/2023	HYRIMOZ PEN	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.18 per day
12/01/2023	HYRIMOZ PEN	*adalimumab-adaz*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.09 per day
12/01/2023	HYRIMOZ(CF)	*adalimumab-adaz*	CHANGE UM: COV	FDA Moratorium	Non Formulary
12/01/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	ADD UM: MAXQTYPERDAY		0.09 per day
12/01/2023	HYRIMOZ(CF) PEN	*adalimumab-adaz*	CHANGE UM: COV	FDA Moratorium	Non Formulary
12/01/2023	*zolpidem tartrate*	*zolpidem tartrate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*zolpidem tartrate*	*zolpidem tartrate*	ADD UM: DRUGCLASS		Excluded Products
12/01/2023	*bigfoot unity pen cap-fiasp*	*data transfer pen cap for insulin aspart (b3), reusable, bt*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-fiasp*	*data transfer pen cap for insulin aspart (b3), reusable, bt*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-aspart*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-aspart*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-novolog*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-novolog*	*data transfer pen cap for insulin aspart, reusable,bluetooth*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-tresiba*	*data transfer pen cap for insulin degludec, reusable, bt*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2023	*bigfoot unity pen cap-tresiba*	*data transfer pen cap for insulin degludec, reusable, bt*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-apidra*	*data transfer pen cap for insulin glulisine, reusable, bt*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-apidra*	*data transfer pen cap for insulin glulisine, reusable, bt*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-admelog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-admelog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-humalog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-humalog*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-lispro*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-lispro*	*data transfer pen cap for insulin lispro, reusable,bluetooth*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-lyumjev*	*data transfer pen cap for insulin lispro-aabc, reusable, bt*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-lyumjev*	*data transfer pen cap for insulin lispro-aabc, reusable, bt*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2023	*bigfoot unity pen cap-basaglar*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-basaglar*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-lantus*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-lantus*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-toujeomx*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-toujeomx*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	*bigfoot unity pen cap-toujeo*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/01/2023	*bigfoot unity pen cap-toujeo*	*data transfr pen cap for insulin glargine,reusable,bluetooth*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
12/01/2023	NITRIVIA	*arginine/ornithine/folic/inositol niacinate/herb no.347*	CHANGE UM: DRUGCLASS	Nutritional Diet Supplement	Excluded Products
12/01/2023	NITRIVIA	*arginine/ornithine/folic/inositol niacinate/herb no.347*	REMOVE UM: COV	Non Formulary	
12/01/2023	*baclofen*	*baclofen*	ADD UM: DRUGCLASS		Excluded Products
12/01/2023	*baclofen*	*baclofen*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2023	OZOBAX DS	*baclofen*	ADD UM: DRUGCLASS		Excluded Products
12/01/2023	OZOBAX DS	*baclofen*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	XOPENEX HFA	*levalbuterol tartrate*	ADD UM: MAXQTYPERDAY		1.5 per day
12/01/2023	XOPENEX HFA	*levalbuterol tartrate*	ADD UM: DRUGCLASS		Excluded Products
12/01/2023	XOPENEX HFA	*levalbuterol tartrate*	REMOVE UM: COV	FDA Moratorium	
12/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.220 with fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
12/01/2023	POLY-VI-FLOR	*pediatric multivitamin no.220 with fluoride*	REMOVE UM: COV	Non Formulary	
12/01/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.220/sodium fluoride/iron sulfate*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
12/01/2023	POLY-VI-FLOR WITH IRON	*pediatric multivitamin no.220/sodium fluoride/iron sulfate*	REMOVE UM: COV	Non Formulary	
12/01/2023	AUVI-Q	*epinephrine*	CHANGE UM: DRUGCLASS	Excluded Products	Anaphylaxis Products
12/01/2023	AUVI-Q	*epinephrine*	ADD UM: COV		Non Formulary
12/01/2023	AUVI-Q	*epinephrine*	CHANGE UM: DRUGCLASS	Excluded Products	Anaphylaxis Products
12/01/2023	AUVI-Q	*epinephrine*	ADD UM: COV		Non Formulary
12/02/2023	VITAMEDMD ONE RX	*prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	VITAMEDMD ONE RX	*prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha*	ADD UM: GENDER		Female

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/02/2023	VITAMEDMD ONE RX	*prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha*	ADD UM: PR		Preventive Medication
12/02/2023	*omega-3 fish oil*	*omega-3 fatty acids/docosahexaenoic acid/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	*ashwagandha*	*ashwagandha root extract*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	REMEDY SPECIALIZED PROTECT	*zinc oxide/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	MICONI-AL	*miconazole nitrate*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	LM PLUS RELIEF	*lidocaine/menthol*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	BURN RELIEF	*lidocaine/aloe vera*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	*techlite lancets*	*lancets*	ADD TO FORMULARY		Preferred Brands
12/02/2023	*techlite lancets*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
12/02/2023	*techlite lancets*	*lancets*	ADD UM: PR		Preventive Medication
12/02/2023	*telfa*	*adhesive bandage*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	JYLAMVO	*methotrexate*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	JYLAMVO	*methotrexate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
12/02/2023	JYLAMVO	*methotrexate*	ADD UM: COV		FDA Moratorium
12/02/2023	LOQTORZI	*toripalimab-tpzi*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/02/2023	LOQTORZI	*toripalimab-tpzi*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
12/02/2023	LOQTORZI	*toripalimab-tpzi*	ADD UM: COV		FDA Moratorium
12/02/2023	LOQTORZI	*toripalimab-tpzi*	ADD UM: SPECIALTY		Specialty Drug
12/02/2023	LOQTORZI	*toripalimab-tpzi*	ADD UM: MED		Medical Drug
12/02/2023	MOMETACURE	*mometasone furoate/dimethicone*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	MOMETACURE	*mometasone furoate/dimethicone*	ADD UM: COV		Non Formulary
12/02/2023	MOMETACURE	*mometasone furoate/dimethicone*	ADD UM: NFDA		Non-FDA Approved
12/02/2023	URIBEL TABS	*methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	URIBEL TABS	*methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin*	ADD UM: COV		Non Formulary
12/02/2023	URIBEL TABS	*methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin*	ADD UM: NFDA		Non-FDA Approved
12/02/2023	OGSIVEO	*nirogacestat hydrobromide*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	OGSIVEO	*nirogacestat hydrobromide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
12/02/2023	OGSIVEO	*nirogacestat hydrobromide*	ADD UM: COV		FDA Moratorium
12/02/2023	OGSIVEO	*nirogacestat hydrobromide*	ADD UM: SPECIALTY		Specialty Drug
12/02/2023	SEMGLEE (YFGN) PEN	*insulin glargine-yfgn*	REMOVE FROM FORMULARY		Non-Formulary
12/02/2023	SEMGLEE (YFGN) PEN	*insulin glargine-yfgn*	ADD UM: QUANTITY		90 days

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/02/2023	SEMGLEE (YFGN) PEN	*insulin glargine-yfgn*	ADD UM: DRUGCLASS		Diabetic - Insulin
12/02/2023	SEMGLEE (YFGN) PEN	*insulin glargine-yfgn*	ADD UM: COV		FDA Moratorium
12/02/2023	SEMGLEE (YFGN) PEN	*insulin glargine-yfgn*	ADD UM: SDS		Extended Specialty Day Supply
12/02/2023	SEMGLEE (YFGN) PEN	*insulin glargine-yfgn*	ADD UM: PR		Preventive Medication
12/05/2023	*urea*	*urea*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	*urea*	*urea*	CHANGE UM: NFDA	NON-FDA APPROVED	Non-FDA Approved
12/05/2023	*urea*	*urea*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	*urea*	*urea*	CHANGE UM: NFDA	NON-FDA APPROVED	Non-FDA Approved
12/05/2023	*urea*	*urea*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	*urea*	*urea*	CHANGE UM: NFDA	NON-FDA APPROVED	Non-FDA Approved
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: COV		FDA Moratorium
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: SPECIALTY		Specialty Drug
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: MED		Medical Drug
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: COV		FDA Moratorium

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

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: SPECIALTY		Specialty Drug
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: MED		Medical Drug
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: COV		FDA Moratorium
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: SPECIALTY		Specialty Drug
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: MED		Medical Drug
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: COV		FDA Moratorium
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: SPECIALTY		Specialty Drug
12/05/2023	ADZYNMA	*adamts13, recombinant-krhn*	ADD UM: MED		Medical Drug
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: COV		Non Formulary
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: NFDA		Non-FDA Approved
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: MED		Medical Drug
12/05/2023	*dexamethasone sod phos-water*	*dexamethasone sodium phosphate/pf*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	*dexamethasone sod phos-water*	*dexamethasone sodium phosphate/pf*	ADD UM: COV		Non Formulary
12/05/2023	*dexamethasone sod phos-water*	*dexamethasone sodium phosphate/pf*	ADD UM: NFDA		Non-FDA Approved
12/05/2023	*dexamethasone sod phos-water*	*dexamethasone sodium phosphate/pf*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/05/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic*	ADD UM: COV		Non Formulary
12/05/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic*	ADD UM: NFDA		Non-FDA Approved
12/05/2023	*midazolam-nacl*	*midazolam in sodium chloride, iso-osmotic*	ADD UM: MED		Medical Drug
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: COV		Non Formulary
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: NFDA		Non-FDA Approved
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: MED		Medical Drug
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: COV		Non Formulary
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: NFDA		Non-FDA Approved
12/05/2023	*fentanyl citrate-0.9% nacl*	*fentanyl citrate in 0.9 % sodium chloride/pf*	ADD UM: MED		Medical Drug
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: PANAME		PA Applies
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: COV		FDA Moratorium
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: BSP		BENEFIT SHIFT PROGRAM

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: SPECIALTY		Specialty Drug
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: PANAME		PA Applies
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: COV		FDA Moratorium
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: SPECIALTY		Specialty Drug
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: PANAME		PA Applies
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: COV		FDA Moratorium
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: SPECIALTY		Specialty Drug
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: PANAME		PA Applies
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: COV		FDA Moratorium
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
12/05/2023	ZEMAIRA	*alpha-1-proteinase inhibitor*	ADD UM: SPECIALTY		Specialty Drug
12/05/2023	*darunavir*	*darunavir ethanolate*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	*darunavir*	*darunavir ethanolate*	ADD UM: DRUGCLASS		HIV
12/05/2023	*darunavir*	*darunavir ethanolate*	ADD UM: COV		FDA Moratorium
12/05/2023	*darunavir*	*darunavir ethanolate*	ADD UM: SPECIALTY		Specialty Drug

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Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/05/2023	*darunavir*	*darunavir ethanolate*	ADD UM: PS		Preferred Specialty
12/05/2023	*darunavir*	*darunavir ethanolate*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	*darunavir*	*darunavir ethanolate*	ADD UM: DRUGCLASS		HIV
12/05/2023	*darunavir*	*darunavir ethanolate*	ADD UM: COV		FDA Moratorium
12/05/2023	*darunavir*	*darunavir ethanolate*	ADD UM: SPECIALTY		Specialty Drug
12/05/2023	*darunavir*	*darunavir ethanolate*	ADD UM: PS		Preferred Specialty
12/05/2023	PENBRAYA MENB COMPONENT	*neisseria meningitidis b (a05 & b01), (fhbp), rec component*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	PENBRAYA MENB COMPONENT	*neisseria meningitidis b (a05 & b01), (fhbp), rec component*	ADD UM: DRUGCLASS		Immunization/Vaccines
12/05/2023	PENBRAYA MENB COMPONENT	*neisseria meningitidis b (a05 & b01), (fhbp), rec component*	ADD UM: COV		FDA Moratorium
12/05/2023	PENBRAYA MENACWY COMPONENT	*meningococcal vacc a,c,y, w-135, conj tet tox component/pf*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	PENBRAYA MENACWY COMPONENT	*meningococcal vacc a,c,y, w-135, conj tet tox component/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
12/05/2023	PENBRAYA MENACWY COMPONENT	*meningococcal vacc a,c,y, w-135, conj tet tox component/pf*	ADD UM: COV		FDA Moratorium
12/05/2023	PENBRAYA	*meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/05/2023	PENBRAYA	*meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
12/05/2023	PENBRAYA	*meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf*	ADD UM: COV		FDA Moratorium
12/05/2023	PENBRAYA	*meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf*	REMOVE FROM FORMULARY		Non-Formulary
12/05/2023	PENBRAYA	*meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
12/05/2023	PENBRAYA	*meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf*	ADD UM: COV		FDA Moratorium
12/09/2023	ALKA-SELTZER ORIGINAL	*aspirin/sodium bicarbonate/citric acid*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	ELSE KIDS	*pediatric nutrition with iron, lactose free*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	ELSE KIDS	*pediatric nutrition with iron, lactose free*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	ELSE KIDS	*pediatric nutrition with iron, lactose free*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
12/09/2023	ELSE KIDS	*pediatric nutrition with iron, lactose free*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
12/09/2023	*echinacea*	*echinacea*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	COLD AND FLU HBP	*acetaminophen/chlorpheniramine maleate*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	*dextromethorphan-guaifenesin*	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/09/2023	*dextromethorphan-guaifenesin*	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	*dextromethorphan-guaifenesin*	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	*dextromethorphan-guaifenesin*	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	VITRUM 50 PLUS	*multivitamin with minerals/folic acid/lycopene/lutein*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	VITRUM 50 PLUS	*multivitamin with minerals/folic acid/lycopene/lutein*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	VITRUM 50 PLUS	*multivitamin with minerals/folic acid/lycopene/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
12/09/2023	VITRUM 50 PLUS	*multivitamin with minerals/folic acid/lycopene/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
12/09/2023	*vitamin b2*	*riboflavin (vitamin b2)*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	*vitamin b2*	*riboflavin (vitamin b2)*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	*orlistat*	*orlistat*	ADD TO FORMULARY		Non-Preferred Brands
12/09/2023	COXANTO	*oxaprozin*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	COXANTO	*oxaprozin*	ADD UM: COV		FDA Moratorium
12/09/2023	VEVYE	*cyclosporine*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	VEVYE	*cyclosporine*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/09/2023	*methylene blue*	*methylene blue*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	*methylene blue*	*methylene blue*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	*methylene blue*	*methylene blue*	ADD UM: COV		Non Formulary
12/09/2023	*methylene blue*	*methylene blue*	ADD UM: MED		Medical Drug
12/09/2023	*methylene blue*	*methylene blue*	ADD UM: COV		Non Formulary
12/09/2023	*methylene blue*	*methylene blue*	ADD UM: MED		Medical Drug
12/09/2023	*podofilox*	*podofilox*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	*podofilox*	*podofilox*	ADD UM: COV		FDA Moratorium
12/09/2023	*orlistat*	*orlistat*	ADD UM: COV		FDA Moratorium
12/09/2023	*orlistat*	*orlistat*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
12/09/2023	BIJUVA	*estradiol/progesterone*	REMOVE FROM FORMULARY		Non-Formulary
12/09/2023	BIJUVA	*estradiol/progesterone*	ADD UM: GENDER		Female
12/09/2023	BIJUVA	*estradiol/progesterone*	ADD UM: COV		FDA Moratorium
12/12/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary
12/12/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
12/12/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: PANAME		PA Applies
12/12/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
12/12/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/12/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: DRUGCLASS		Blood/Blood Products
12/12/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: PANAME		PA Applies
12/12/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: COV		FDA Moratorium
12/12/2023	HIZENTRA	*immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	REMOVE FROM FORMULARY		Non-Formulary
12/12/2023	HIZENTRA	*immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	ADD UM: DRUGCLASS		Immune Serums
12/12/2023	HIZENTRA	*immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	ADD UM: PANAME		PA Applies
12/12/2023	HIZENTRA	*immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	ADD UM: COV		FDA Moratorium
12/12/2023	HIZENTRA	*immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	ADD UM: SPECIALTY		Specialty Drug
12/12/2023	HIZENTRA	*immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	REMOVE FROM FORMULARY		Non-Formulary
12/12/2023	HIZENTRA	*immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	ADD UM: DRUGCLASS		Immune Serums
12/12/2023	HIZENTRA	*immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/12/2023	HIZENTRA	*immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	ADD UM: COV		FDA Moratorium
12/12/2023	HIZENTRA	*immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	ADD UM: SPECIALTY		Specialty Drug
12/12/2023	DILUENT-MERCK LIVE VIRUS VACC	*diluent no.1 for live virus vaccines (sterile water)*	REMOVE FROM FORMULARY		Non-Formulary
12/12/2023	DILUENT-MERCK LIVE VIRUS VACC	*diluent no.1 for live virus vaccines (sterile water)*	ADD UM: COV		FDA Moratorium
12/12/2023	DILUENT-MERCK LIVE VIRUS VACC	*diluent no.1 for live virus vaccines (sterile water)*	REMOVE FROM FORMULARY		Non-Formulary
12/12/2023	DILUENT-MERCK LIVE VIRUS VACC	*diluent no.1 for live virus vaccines (sterile water)*	ADD UM: COV		FDA Moratorium
12/12/2023	ALTUVIIIO	*antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl*	ADD UM: SPECIALTY		Specialty Drug
12/16/2023	PREGESTIMIL	*infant formula with iron,special metabolic,lactose free*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	PREGESTIMIL	*infant formula with iron,special metabolic,lactose free*	ADD UM: DRUGCLASS		Metabolic Infant Formula
12/16/2023	DOAN'S EXTRA STRENGTH	*magnesium salicylate*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	ENEMEEZ KIDS	*docusate sodium*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	ELSE TODDLER ORGANIC	*pediatric nutrition with iron, lactose free*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/16/2023	ELSE TODDLER OMEGA	*pediatric nutrition with iron, lactose free*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	ELSE TODDLER ORGANIC	*pediatric nutrition with iron, lactose free*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
12/16/2023	ELSE TODDLER OMEGA	*pediatric nutrition with iron, lactose free*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
12/16/2023	MVW MODULATR FORM MINI MULTIVT	*vitamin a/ascorbic acid/vitamin d3/vit e mixed/vit k1/zinc*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	CHILD GILTUSS MULTSYM COLD-FLU	*dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	MVW MODULATR FORM MINI MULTIVT	*vitamin a/ascorbic acid/vitamin d3/vit e mixed/vit k1/zinc*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
12/16/2023	*vitamin d2-vitamin k1*	*ergocalciferol (vit d2)/phytonadione (vit k1)*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	*vitamin d2-vitamin k1*	*ergocalciferol (vit d2)/phytonadione (vit k1)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
12/16/2023	VENTIVA	*propylene glycol*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	*krystal sf candy base*	*lollipop base no.233*	ADD TO FORMULARY		Non-Preferred Brands
12/16/2023	*procap*	*capsule compounding base no.260*	ADD TO FORMULARY		Non-Preferred Brands
12/16/2023	*fish oil*	*omega-3 fatty acids/docosahexaenoic acid/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	ADVANCED PROBIOTIC	*l.acidophilus/l.casei/l.lactis/l.rhamnosus/b.lactis/b.longum*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/16/2023	ALKA-SELTZER HEARTBURN CHEW	*calcium carbonate*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	GILTUSS HONEY DM COUGH	*dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	MAXALLERGY KIDS	*diphenhydramine hcl*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	*calcium gluconate*	*calcium gluconate*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	*calcium gluconate*	*calcium gluconate*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	LYFGENIA	*lovotibeglogene autotemcel*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	LYFGENIA	*lovotibeglogene autotemcel*	ADD UM: COV		FDA Moratorium
12/16/2023	LYFGENIA	*lovotibeglogene autotemcel*	ADD UM: SPECIALTY		Specialty Drug
12/16/2023	LYFGENIA	*lovotibeglogene autotemcel*	ADD UM: MED		Medical Drug
12/16/2023	IWILFIN	*eflornithine hcl*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	IWILFIN	*eflornithine hcl*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
12/16/2023	IWILFIN	*eflornithine hcl*	ADD UM: COV		FDA Moratorium
12/16/2023	IWILFIN	*eflornithine hcl*	ADD UM: SPECIALTY		Specialty Drug
12/16/2023	*freestyle libre 3 reader*	*blood-glucose meter,continuous*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	*freestyle libre 3 reader*	*blood-glucose meter,continuous*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
12/16/2023	*freestyle libre 3 reader*	*blood-glucose meter,continuous*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/16/2023	*acarbose*	*acarbose*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	*acarbose*	*acarbose*	ADD UM: COV		FDA Moratorium
12/16/2023	BIJUVA	*estradiol/progesterone*	REMOVE FROM FORMULARY		Non-Formulary
12/16/2023	BIJUVA	*estradiol/progesterone*	ADD UM: COV		FDA Moratorium
12/19/2023	CASGEVY	*exagamglogene autotemcel*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	CASGEVY	*exagamglogene autotemcel*	ADD UM: COV		FDA Moratorium
12/19/2023	CASGEVY	*exagamglogene autotemcel*	ADD UM: SPECIALTY		Specialty Drug
12/19/2023	CASGEVY	*exagamglogene autotemcel*	ADD UM: MED		Medical Drug
12/19/2023	CASGEVY	*exagamglogene autotemcel*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	CASGEVY	*exagamglogene autotemcel*	ADD UM: COV		FDA Moratorium
12/19/2023	CASGEVY	*exagamglogene autotemcel*	ADD UM: SPECIALTY		Specialty Drug
12/19/2023	CASGEVY	*exagamglogene autotemcel*	ADD UM: MED		Medical Drug
12/19/2023	*cyanocobalamin*	*cyanocobalamin (vitamin b-12)*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	*cyanocobalamin*	*cyanocobalamin (vitamin b-12)*	ADD UM: COV		FDA Moratorium
12/19/2023	*cyanocobalamin*	*cyanocobalamin (vitamin b-12)*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	*cyanocobalamin*	*cyanocobalamin (vitamin b-12)*	ADD UM: COV		FDA Moratorium
12/19/2023	LIDOCAN III	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	LIDOCAN III	*lidocaine*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2023 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/19/2023	LIDOCAN III	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	LIDOCAN III	*lidocaine*	ADD UM: COV		FDA Moratorium
12/19/2023	*risperidone er*	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	*risperidone er*	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
12/19/2023	*risperidone er*	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	*risperidone er*	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
12/19/2023	*risperidone er*	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	*risperidone er*	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
12/19/2023	*risperidone er*	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	*risperidone er*	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
12/19/2023	*risperidone er*	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	*risperidone er*	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
12/19/2023	*risperidone er*	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	*risperidone er*	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
12/19/2023	*risperidone er*	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	*risperidone er*	*risperidone microspheres*	ADD UM: COV		FDA Moratorium
12/19/2023	*risperidone er*	*risperidone microspheres*	REMOVE FROM FORMULARY		Non-Formulary
12/19/2023	*risperidone er*	*risperidone microspheres*	ADD UM: COV		FDA Moratorium

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