

CMS Formulary ID	Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
24174	8/1/2024	TRUSELTIQ 100 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL		
24174	8/1/2024	TRUSELTIQ 50 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL		
24174	10/1/2024	RYBELSUS 7 MG ORAL TABLET	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	8/1/2024	TRUSELTIQ 125 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL		
24174	10/1/2024	MOUNJARO 5 MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	8/1/2024	FARYDAK 10 MG ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	
24174	10/1/2024	RYBELSUS 14 MG ORAL TABLET	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	8/1/2024	FARYDAK 15 MG ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	
24174	10/1/2024	OZEMPIC .25 OR 0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	TRULICITY 1.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	OZEMPIC 0.25 OR .5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	MOUNJARO 12.5MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	TRULICITY 3 MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	MOUNJARO 10MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	MOUNJARO 15MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	OZEMPIC 2MG/0.75ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	OZEMPIC 1/0.75 (3) SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	TRULICITY 4.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	MOUNJARO 2.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	10/1/2024	TRULICITY 0.75MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	8/1/2024	FARYDAK 20 MG ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	
24174	10/1/2024	RYBELSUS 3 MG ORAL TABLET	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24174	8/1/2024	TRUSELTIQ 75 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL		
24174	10/1/2024	MOUNJARO 7.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		