Display Name	Date Added to Microsite	Effective Date	Date Removed
Acromegaly Products - Exceptions	1/1/2025	1/1/2025	
Afinitor - Afinitor Disperz - Exceptions	1/1/2025	1/1/2025	
ALK Inhibitors - Exceptions	1/1/2025	1/1/2025	
Alpha-1 Proteinase Inhibitors - Exceptions	1/1/2025	1/1/2025	
Anticataplectic Products - Specialty Exceptions	8/23/2024	9/15/2024	
Asthma - Exceptions	1/1/2025	1/1/2025	
Autoimmune Conditions - Exceptions	7/1/2024	1/1/2024	
Ayvakit - Exceptions	1/1/2025	1/1/2025	
Botulinum Toxins - Exceptions	1/1/2025	1/1/2025	
CAPS -Exceptions	1/1/2025	1/1/2025	
CCR5-Tropic Human Immunodeficiency Virus Type 1 (HIV-1) Products Exceptions	1/1/2025	1/1/2025	
Central Precocious Puberty - Specialty Exceptions	7/1/2024	1/1/2024	
Colony Stimulating Factors - Long Acting - Exceptions	1/1/2025	1/1/2025	
Colony Stimulating Factors - Short Acting - Exceptions	1/1/2025	1/1/2025	
Continuous Glucose Monitors - Medical Necessity	7/1/2024	1/1/2024	
Contraceptive Zero Copay - Exceptions	7/1/2024	4/1/2024	
Cuprimine-Syprine - Exceptions	1/1/2025	1/1/2025	
Cutaneous Melanoma - Exceptions	1/1/2025	1/1/2025	
Cystinosis - Exceptions	1/1/2025	1/1/2025	
Cystinuria - Exceptions	7/1/2024	1/1/2024	8/16/2024
Diabetic Test Strips - Medical Necessity	7/1/2024	1/1/2024	
Duchenne Muscular Dystrophy Exceptions Criteria	1/1/2025	1/1/2025	
Erythropoiesis Stimulating Agents - Exceptions	1/1/2025	1/1/2025	
Factor IX Products - Exceptions (ACSF-VF)	1/1/2025	1/1/2025	
Fertility GnRH Antagonist Products - Specialty Exceptions	1/1/2025	1/1/2025	
Follicle Stimulating Hormone (FSH) Products - Specialty Exceptions	1/1/2025	1/1/2025	
Formulary Exception Opioids IR - 7-Day Combo Products - Acute Pain Duration Limit Formulary Exception Opioids ER - Step Therapy with MME Limit and Post Limit Formulary Exception Opioids IR - 7-Day Acute Pain Duration Limit with MME Limit and Post Limit	7/1/2024	7/1/2022	
Gh Genotropin Norditropin - Exceptions	1/1/2025	1/1/2025	

Gonadotropin Releasing Hormones (GNRH) - Exception	1/1/2025	1/1/2025	
HAE - Exceptions	1/1/2025	1/1/2025	
Hepatitis C Direct-Acting Antivirals - Exception Criteria	1/1/2025	1/1/2025	
HIV Combinations - Exceptions	1/1/2025	1/1/2025	
HIV Non-Nucleoside Reverse Transcriptase Inhibitors	1/1/2025	1/1/2025	
HIV Protease Inhibitors - Exceptions	1/1/2025	1/1/2025	
HIV Truvada - Exceptions	1/1/2025	1/1/2025	
Homocystinuria - Specialty Exceptions	1/1/2025	1/1/2025	
Human Chorionic Gonadotropin - Exceptions	1/1/2025	1/1/2025	
Humira Biosimilars - Specialty Exceptions	7/1/2024	2/11/2024	
Huntington's Disease - Exceptions	1/1/2025	1/1/2025	
Hyaluronates - Exceptions	1/1/2025	1/1/2025	
Hyperammonemia - Specialty Exceptions	1/1/2025	1/1/2025	
Idiopathic Pulmonary Fibrosis Exceptions	1/1/2025	1/1/2025	
Imbruvica - Exceptions	1/1/2025	1/1/2025	
Immune Globulins - Specialty Exceptions	1/1/2025	1/1/2025	
Immune Thrombocytopenia (ITP) Agents	1/1/2025	1/1/2025	
Inhaled Antibiotic Products - Specialty Exceptions	1/1/2025	1/1/2025	
Inhaled Corticosteroids - Medical Necessity	7/1/2024	5/5/2024	
Injectable Methotrexate - Exceptions	1/1/2025	1/1/2025	
Iron Chelators - Exceptions	1/1/2025	1/1/2025	
IUDs - Exceptions	1/1/2025	1/1/2025	
Lipid Disorders - Exceptions	1/1/2025	1/1/2025	
Lipid Disorders - Specialty Exceptions	1/1/2025	1/1/2025	
Melphalan - Evomela - Exceptions	1/1/2025	1/1/2025	
Multiple Myeloma - Exceptions	1/1/2025	1/1/2025	
Multiple Sclerosis - Exceptions	9/12/2024	10/1/2024	
Nityr - Exceptions	1/1/2025	1/1/2025	
Non-Formulary Products - Exceptions	7/1/2024	7/1/2024	
Non-Formulary Products With Grandfathering - Exceptions	7/1/2024	7/1/2024	
Non-Ocular Disorders - Exceptions	9/6/2024	9/8/2024	
Orthostatic Hypotension - Exceptions	1/1/2025	1/1/2025	
Osteoporosis - Exceptions	8/23/2024	1/1/2024	**10/1/2024**
PAH Inhalation - Exceptions	8/23/2024	1/1/2024	**10/1/2024**

PAH Intravenous - Exceptions	7/1/2024	1/1/2023	
Parkinson's Disease - Exceptions	1/1/2025	1/1/2025	
PARP Inhibitors - Exceptions	1/1/2025	1/1/2025	
PCSK9 Inhibitors - Specialty Exceptions	1/1/2025	1/1/2025	
Phenylketonuria (PKU) - Exceptions	1/1/2025	1/1/2025	
Polycythemia Vera - Exceptions	1/1/2025	1/1/2025	
Pradaxa - Medical Necessity	7/1/2024	1/1/2024	
Preventive Services (excluding contraceptives) Zero Copay - Exceptions	7/1/2024	5/15/2024	
Preventive Services Statins Zero Copay Exception	7/1/2024	4/1/2024	
Prostate Cancer Agents - Exceptions Criteria	1/1/2025	1/1/2025	
Pulmonary Arterial Hypertension (PAH) Orals - Exceptions	1/1/2025	1/1/2025	
Pulmonary Arterial Hypertension (PAH) PDE5i Orals - Exceptions	1/1/2025	1/1/2025	
RCC - Exceptions	1/1/2025	1/1/2025	
Retinal Disorders - Specialty Exceptions	1/1/2025	1/1/2025	
Rituximab Products - Exceptions	1/1/2025	1/1/2025	
Specialty Exceptions Botulinum Toxins	1/1/2025	1/1/2025	
Specialty Exceptions Cushing's Syndrome	1/1/2025	1/1/2025	
Specialty Exceptions Cystinuria	1/1/2025	1/1/2025	
Specialty Exceptions HIV Protease Inhibitors	1/1/2025	1/1/2025	
Specialty Post Limit Quantity Exceptions	7/1/2024	6/30/2024	
Targretin - Specialty Exceptions	1/1/2025	1/1/2025	
Trastuzumab Products - Specialty Exceptions	7/1/2024	1/1/2024	
Tyrosine Kinase Inhibitors - Exceptions	1/1/2025	1/1/2025	
Universal States Mandate Stage IV Cancer	7/1/2024	7/1/2024	
Urea Cycle Disorders - Specialty Exceptions	1/1/2025	1/1/2025	
Universal States Mandate PANDAS PANS	11/29/2024	12/12/2024	