

**PROVIDER NOTIFICATION OF RETAIL DRUG
POLICY CRITERIA CHANGE**

Drug(s) Impacted	CRITERIA CHANGE	EFFECTIVE DATE	Formulary
Abelcet, AmBisome, Dapzura, Ivanz, levofloxacin, Voriconazole	Added newly FDA approved voriconazole injection to criteria and limit chart. Updated quantity limit for Abelcet (amphotericin B lipid complex) and AmBisome (amphotericin B liposome) to align with current anthropometric reference data. Removed brand Ivanz from criteria and limit chart (product no longer available). Generic remains targeted. Removed Dapzura RT from criteria and limit chart (product no longer available). Removed levofloxacin injection 750mg/30mL vial from quantity limit chart (product no longer available).	07/12/2026	Metallic, Essential and Complete
Voriconazole	Added newly FDA approved voriconazole injection to target drug list. Updated document title.	07/12/2026	Standard and Metallic