

PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE			
Drug(s) Impacted	CRITERIA CHANGE	EFFECTIVE DATE	Formulary
Xolair Vial	Added available products Added dosing information Edited CSU criteria to include "up-dosing" of H1 antihistamine	09/01/2026	Standard and Metallic
Vonjo	New Criteria	09/01/2026	Standard
Avinza Belbuca Buprenorphine Butrans Conzip Dolophine Exalgo Fentanyl Hydrocodone Hydromorphone Hysingla Kadian MS Methadone Morphine Nucynta Opana OxyContin Oxycodone Oxymorphone Tramadol Ultram Xtampza MorphaBond Embeda	Criteria requirement	07/01/2026	Standard
Codeine Demerol Dilaudid Hydromorphone Levorphanol Meperidine Morphine Nucynta Opana Oxaydo Oxycodone Oxymorphone Pentazocine- Naloxone Qdolo Roxicodone Roxybond Tramadol Ultram	Criteria requirement	07/01/2026	Standard
APAP-Caffeine- Dihydrocodeine APAP-Codeine ASA-Caffeine- Dihydrocodeine Acetaminophen-	Criteria Requirement	07/01/2026	Standard

Codeine Alcet Apadaz Benzhydrocodone -APAP Celecoxib- Tramadol Dvorah Endocet Hydrocodone- Acetaminophen Hydrocodone- Ibuprofen Lorcet Lortab Nalocet Norco Oxycodone-APAP Oxycodone-ASA Oxycodone- Acetaminophen Pentazocine- APAP Percocet Primlev Prolate Synalgos-DC Tramadol-APAP Trezix Tylenol/Cod Ultracet Vicodin Vicoprofen Xodol			
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