Change Made	Drug Name	Alternatives	Notes	Effective Date
Drug manufacturer no longer participating in the Medicaid Drug Rebate Program	Xtampza XR	Belbuca film, Butrans patch, Fentanyl 12mcg/hr, 25mcg/hr, 75mcg/hr, 100mcg/hr patch, Morphine ER capsule (generic Kadian ER), Morphine ER tablet (generic MS Contin), Oxycodone ER tablet (generic Oxycontin), Oxycontin tablet, Tramadol ER tablet (generic Ultram ER)	Xtampza XR is not elgible for coverage	1/1/2025
Drug manufacturer no longer participating in the Medicaid Drug Rebate Program	Nucynta	Acetaminophen-Codeine Solution, Acetaminophen-Codeine Tablet, Endocet Tablet, Hydrocodone-Acetaminophen 7.5-325 mg/15 ml Solution, Hydrocodone-Acetaminophen Tablet, Morphine Sulfate Concentrate, Morphine Sulfate Cup, Morphine Sulfate 10 mg/0.5 ml Oral Syringe, Morphine Sulfate Solution, Morphine Sulfate Tablet, Oxycodone 5 mg/5 ml Solution, Oxycodone Tablet, Oxycodone-Acetaminophen Solution, Oxycodone-Acetaminophen Tablet (generic Percocet), Tramadol 50 mg, 100 mg Tablet, Tramadol-Acetaminophen Tablet	Nucynta is not elgible for coverage	1/1/2025
Drug manufacturer no longer participating in the Medicaid Drug Rebate Program	Nucynta ER	Belbuca film, Butrans patch, Fentanyl 12mcg/hr, 25mcg/hr, 75mcg/hr, 100mcg/hr patch, Morphine ER capsule (generic Kadian ER), Morphine ER tablet (generic MS Contin), Oxycodone ER tablet (generic Oxycontin), Oxycontin tablet, Tramadol ER tablet (generic Ultram ER)	Nucynta ER is not elgible for coverage	1/1/2025

Change Made	Drug Name	Alternatives	Notes	Effective Date
Moved to Non-Preferred on PDL	Nyvepria	Fulphila (pegfilgrastim-jmdb) Syringe, Granix (tbo-filgrastim) Syringe, Granix (tbo-filgrastim) Vial, Neupogen (filgrastim) Syringe, Neupogen (filgrastim) Vial, Releuko (filgrastim-ayow) Syringe, Releuko (filgrastim-ayow) Vial	Proir Authorization Required	1/6/2025
Moved to Non-Preferred on PDL	Amjevita	Amjevita(CF) 100 mg/ml or Humira	Proir Authorization Required	1/6/2025
Moved to Non-Preferred on PDL	Cimetidine HCl Soln 300 MG/5ML	Cimetidine tablet, Famotidine suspension	Proir Authorization Required	1/6/2025