

Prescription Drug Formulary Updates



PLEASE READ

This document contains information about how drug formulary changes affect our members and providers. Specific drugs may have changed formulary status or have a new or updated coverage management requirement. When drugs change formulary status, it may impact members' cost share. In addition, there may be an extra step providers or members need to take before a drug will be covered by the member's plan.

What You Need to Know

Certain drugs on the Medical Mutual formularies have changed and may have new requirements. This document is intended to help you understand which drugs have changed and how the changes may affect members' prescription drug benefits and/or out-of-pocket costs.

Prescription Drug Formulary Updates

Following are the formulary updates found in this document, plus a brief description about how the change may affect members' prescription drug benefits and/or out-of-pocket costs:

Update Type	Update Effect
ADD	This medication was added to the formulary.
LOWER	This medication was moved to a lower cost-sharing tier. Plan members may now have to pay less out of pocket for this drug.
HIGHER	This medication was moved to a higher cost-sharing tier. Plan members may now have to pay more out of pocket for this drug.
NO CHANGE	There was no change to the coverage of this drug.

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPEC = Specialty,* EXCL = Excluded

*If your plan does not include a Specialty tier, this drug will be covered at the applicable cost-share tier.

Coverage Management Policy Updates

Updates to a drug's existing coverage management policy, new policies or retired policies are indicated in the "Coverage Management Policy" table. For more information about these policies, visit Provider.MedMutual.com and click Rx Management.

PA = Prior Authorization, QL = Quantity Limit, ST = Step Therapy

Drug Surveillance Program Updates

Medications listed in this section may not be covered because they offer no additional clinical or financial benefits compared to other medications in the same class or category, or they lack adequate safety and/or efficacy. Medical Mutual makes these decisions only after a thorough clinical review and with the guidance of the physicians and pharmacists on our Pharmacy & Therapeutics committee.

For More Information

Members: For complete information about your formulary and prescription drug plan, please log in to My Health Plan at MedMutual.com/Member and click Prescription Drug Benefits under Quick Links. You can also review your Certificate of Coverage or Benefit Book.

Providers: For more detailed information about Medical Mutual's formularies and prescription drug policies, visit Provider.MedMutual.com and click Tools & Resources > Care Management > Rx Management.



MEDICAL MUTUAL®

Express Scripts - Formulary Updates April 2022				
Trade Name	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)	Effective Date
PYRUKYND TABLET & TAPER PACK				SPECNP
BREO ELIPTA		PB	04/21/22	
OPZELURA 1.5% CREAM				NPB
CARVYKI INFUSION BAG-CASSETTE	SPECP	SPECP	05/06/22	SPECP
ENJAYMO 1,100 MG/22 ML VIAL	SPECP	SPECP	05/06/22	SPECP
TWYNEO 0.1%-3% CREAM				NPB
VIMPAT TABLET	NPB	EXCL	05/06/22	NPB
VONJO 100 MG CAPSULE	SPECP	SPECP	05/06/22	SPECP
AMBISOME 50 MG VIAL	NPB			NPB
CIBINQO TABLET	SPECP	SPECP	05/20/22	SPECP
ERYTHROCIN LACT 500 MG VIAL	NPB			NPB
OMNIPOD 5 G6 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4)	PB	PB	05/20/22	PB
OMNIPOD 5 G6 PODS (GEN 5) 5PK	PB	PB	05/20/22	PB
SAMSCA 15 MG TABLET	NPB	EXCL	05/20/22	NPB
OTOVEL 0.3%-0.025% EAR DROPS				NPB
QUDEXY XR CAPSULE	NPB			NPB

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Drug Surveillance April 2022	
Drug / Edit Name	Date effective
Nexiclon	4/1/2022

Coverage Management Policy Additions/Modifications April 2022		
Drug / Edit Name	Comments	Date effective
Adbry	New rule and criteria	4/5/2022
Addyi	Criteria update	4/5/2022
Cibinqo	New rule and criteria	4/5/2022
Corzide, Sectral, Zebeta	Criteria update	4/5/2022
Cosentyx	Criteria update	4/5/2022
Erleada	Criteria update	4/5/2022
Inflammatory Conditions- Rinvoq, Xeljanz, Cimzia, Orencia, Simponi, Cosentyx	Criteria update	4/5/2022
Kisqali, Kisqali/Femara co- pack	Criteria update	4/5/2022
Oral Contraceptives	Criteria update	4/5/2022
Osphena	Criteria update	4/5/2022
Phesgo	Criteria update	4/5/2022
Rinvoq	Criteria update	4/5/2022
Rituxan, Ruxience, truxima, Riabni	Criteria update	4/5/2022
Verquvo	Criteria update	4/5/2022
Avandamet, Prandimet	Rule and criteria update	4/21/2022
Blocked Drug List - Pepaxto	Drug list	4/21/2022
fluticasone-salmeterol and budesonide-formoterol inhalers (Symbicort and AirDuo Authorized Generics)	Rule and criteria update	4/21/2022
Imbruvica	Rule and criteria update	4/21/2022
imbruvica, Pepaxto	Rule and criteria update	4/21/2022
Nexletol, Nexlizet, ezetimibe	Criteria update	4/21/2022
Recorlev	New rule and criteria	4/21/2022
Verkazia	New rule and criteria	4/21/2022
Pyrukynd, Vonjo, Adbry, Cibinqo, Recorlev, Verkazia	Rule update	4/21/2022

Express Scripts - Formulary Updates March 2022				
Trade Name	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)	Effective Date
ADBRY 150 MG/ML SYRINGE	SPECP	SPECP	03/25/22	SPECP
KIMMTRAK 100 MCG/0.5 ML VIAL	SPECP	SPECP	04/08/22	SPECP
PREHEVBRIO 10 MCG/ML VIAL	PB	PB	04/08/22	PB

Coverage Management Policy Additions/Modifications March 2022		
Drug / Edit Name	Comments	Date effective
bepotastine	Criteria update	3/8/2022
Bonsity, Forteo, teriparatide	Criteria update	3/8/2022
Botox	Criteria update	3/8/2022

Express Scripts - Formulary Updates March 2022 (cont'd)				
Trade Name	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)	Effective Date
TAKHZYRO 300 MG/2 ML SYRINGE	SPECP	SPECP	04/08/22	SPECP

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Drug Surveillance March 2022 (cont'd)	
Drug / Edit Name	Date effective
Enjaymo	3/24/2022
Kimtrak	3/24/2022
Vabysmo	3/24/2022

Coverage Management Policy Additions/Modifications March 2022 (cont'd)		
Drug / Edit Name	Comments	Date effective
Granix, Neupogen, Nivestym, Releuko, Zarxio	Rule and criteria update	3/8/2022
Isotretinoin, Absorica	Criteria update	3/8/2022
Lanreotide	Criteria update	3/8/2022
rabeprazole sprinkle capsules	Criteria update	3/8/2022
Revcovi	Criteria update	3/8/2022
Skyrizi	Criteria update	3/8/2022
Tracleer, bosentan, Letairis, ambrisentan, Opsumit	Criteria update	3/8/2022
Adlyxin, Victoza	Criteria update	3/24/2022
Cabometyx	Rule and criteria update	3/24/2022
Cometriq	Rule and criteria update	3/24/2022
Durysta	Retire rule and criteria	3/24/2022
Enstilar	Criteria update	3/24/2022
Epiduo Forte	Rule and criteria update	3/24/2022
General Oncology PA-Cabometyx, Cometriq, Stivarga, Targretin capsules	Rule update	3/24/2022
Global PA-Tarpeyo, Tezspire, Pyrukynd, Twyneo, Vonjo	Rule update	3/24/2022
Intranasal Steroids - Veramyxt, Omnaris, Zetonna	Rule and criteria update	3/24/2022
Lupkynis	New rule and criteria	3/24/2022
Ozempic QL	Rule and criteria update	3/24/2022
Phexxi	Rule and criteria update	3/24/2022
Revatio/sildenafil injection	Rule and criteria update	3/24/2022
Siklos	New rule and criteria	3/24/2022
Stivarga	Rule and criteria update	3/24/2022
Targretin capsules	Rule and criteria update	3/24/2022
Tezspire	New rule and criteria	3/24/2022
Tarpeyo	New rule and criteria	3/25/2022

Express Scripts - Formulary Updates February 2022				
Trade Name	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)	Effective Date
TARPEYO DR 4 MG CAPSULE			SPECNP	03/11/22
APRETUDE ER 600 MG/3 ML VIAL			SPECNP	02/04/22

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Coverage Management Policy Additions/Modifications February 2022		
Drug / Edit Name	Comments	Date effective
Lokelma, Veltassa	Retire rule and criteria	2/1/2022
Qelbree	Criteria update	2/8/2022
Bylvay	Criteria update	2/8/2022
Cosentyx	Criteria update	2/8/2022

Drug Surveillance February 2022	
Drug / Edit Name	Date effective
Kerastat	1/27/2022
Seglentis	2/11/2022

Coverage Management Policy Additions/Modifications February 2022		
Drug / Edit Name	Comments	Date effective
Eysuvis	Criteria update	2/8/2022
Imcivree	Criteria update	2/8/2022
Kalydeco	Criteria update	2/8/2022
Kineret	Criteria update	2/8/2022
Livmarli	Criteria update	2/8/2022
Orencia SC	Criteria update	2/8/2022
Otezla	Criteria update	2/8/2022
Oxbryta	Criteria update	2/8/2022
Rinvoq	Criteria update	2/8/2022
Symdeko	Criteria update	2/8/2022
Xeljanz	Criteria update	2/8/2022
Zepatier	Criteria update	2/8/2022
Zepatier	Criteria update	2/8/2022
Zeposia	Criteria update	2/8/2022
Zeposia CV	Criteria update	2/8/2022
Cortrophin Gel, Acthar Gel	Rule and criteria update	2/24/2022
General Oncology- Thalomid, Revlimid, Xospata, Lonsurf	Rule update	2/24/2022
Global PA-Adbry, Cibirgo, Quviviq, Recorlev, Tarpeyo, Tezspire, Livtencity, Voxzogo	Rule update	2/24/2022
Livtencity	New rule and criteria	2/24/2022
Lonsurf	Retire rule and criteria	2/24/2022
Revlimid	Retire rule and criteria	2/24/2022
Thalomid	Retire rule and criteria	2/24/2022
Voxzogo	New rule and criteria	2/24/2022
Xospata	Retire rule and criteria	2/24/2022

Express Scripts - Formulary Updates January 2022				
Trade Name	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)	Effective Date
FYARRO 100 MG VIAL			SPECNP	02/04/22
LIVTENCITY 200 MG TABLET			SPECNP	02/04/22

Coverage Management Policy Additions/Modifications January 2022		
Drug / Edit Name	Comments	Date effective
Ampyra, dalfampridine	Criteria update	1/6/2022
Cutaquig	Criteria update	1/6/2022

Express Scripts - Formulary Updates January 2022 (cont'd)				
Trade Name	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)	Effective Date
RYPLAZIM 68.8 MG VIAL			SPECNP	02/04/22
VEKLURY 100 MG VIAL	PB	PB	PB	02/04/22
VOXZOGO VIAL			SPECNP	02/04/22
VYVGART 400 MG/20 ML VIAL			SPECNP	02/04/22
XARELTO 1 MG/ML SUSPENSION	PB	PB	PB	02/04/22
BREO ELLIPTA INH		PB		
TYRVAYA 0.03 MG NASAL SPRAY			NPB	02/19/22

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Drug Surveillance January 2022 (cont'd)	
Drug / Edit Name	Date effective
Indocin 50mg suppositories	1/11/2022
Epaned	1/21/2022
Kerastat	2/1/2022

Coverage Management Policy Additions/Modifications January 2022 (cont'd)		
Drug / Edit Name	Comments	Date effective
GLP1 agonist - Tanzeum, Victoza, Bydureon Bcise, Rybelsus	Rule and criteria change	1/6/2022
Oxycontin 80mg	Criteria update	1/6/2022
Phexxi	No change	1/6/2022
Rituximab IV	Criteria update	1/6/2022
Topiramate, Eprontia	Criteria update	1/6/2022
Zokinvy	Criteria update	1/6/2022
Auryxia	New rule and criteria	1/24/2022
Daurismo	Retire rule and criteria	1/24/2022
General Oncology - Daurismo	Rule change	1/24/2022
Global PA - Cortrophin Gel, Livtenacity, Voxzogo, Auryxia, Tyrvaya	Rule change	1/24/2022
Insulin, Rapid-acting - Relion products	Rule and criteria change	1/24/2022
Tyrvaya	New rule and criteria	1/24/2022

Express Scripts - Formulary Updates December 2021				
Trade Name	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)	Effective Date
IMIQUIMOD 3.75% CREAM PUMP			GEN	12/15/21
CLINDAMYCIN PHOSPHATE GEL 1%			GEN	12/30/21
FLUMIST QUAD 2021-2022	PB	PB	PB	01/07/22
MOLNUPIRAVIR 200 MG CAP (EUA)	PB	PB	PB	01/07/22
PAXLOVID CO-PACK (EUA)	PB	PB	PB	01/07/22
ZORTRESS 1 MG TABLET	SPECNP	EXCL	SPECNP	01/07/22
COVID-19 ANTIGEN TEST	PB	PB	PB	01/10/22
COVID-19 FLU A,B ANTIGEN TEST				
COVID19 TEST ADM BY PHARMACIST				
DENGVAXIA VIAL	PB	PB	PB	01/14/22
GVOKE KIT and VIAL	PB	PB	PB	01/14/22
XIPERE 40 MG/ML VIAL			NPB	01/14/22
ARRANON 250 MG/50 ML VIAL	SPECNP	EXCL	SPECNP	01/21/22
QULIPTA TABLET			NPB	01/21/22

Coverage Management Policy Additions/Modifications December 2021		
Drug / Edit Name	Comments	Date effective
Aubagio	Criteria update	12/14/2021
Balversa	Criteria update	12/14/2021
Cimzia	Criteria update	12/14/2021
Copaxone, Glatopa, glatiramer acetate	Criteria update	12/14/2021
Dupixent	Criteria update	12/14/2021
General Oncology	Criteria update	12/14/2021
Gilenya	Criteria update	12/14/2021
Hepatitis C - Eplusa, Mavyret	Criteria update	12/14/2021
InPen smart insulin pen	Criteria update	12/14/2021
Lybalvi	Criteria update	12/14/2021
Mavenclad	Criteria update	12/14/2021
Mayzent	Criteria update	12/14/2021

Express Scripts - Formulary Updates December 2021 (cont'd)				
Trade Name	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)	Effective Date
AIRDUO DIGIHALER			NPB	02/01/22
VELTASSA POWDER PACKET	PB		PB	02/01/22

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Drug Surveillance December 2021 (cont'd)	
Drug / Edit Name	Date effective
Elyxib	12/1/2021
Epiduo Forte Teva generic	12/20/2021

Coverage Management Policy Additions/Modifications December 2021 (cont'd)		
Drug / Edit Name	Comments	Date effective
Multiple Sclerosis - Tecfidera, dimethyl fumerate, glatiramer, Copaxone, Glatopa, Zeposia, Ponvory	Criteria update	12/14/2021
PCSK9 Inhibitors-Praluent, Repatha	Criteria update	12/14/2021
Rituxan	Criteria update	12/14/2021
Sovaldi	Criteria update	12/14/2021
Tecfidera	Criteria update	12/14/2021
Vumerity	Criteria update	12/14/2021
Afinitor	Criteria update	12/30/2021
Contraceptives - Zafemy, NuvaRing	Rule and criteria update	1/1/2022
Glaucoma ophthalmic combination products - Combigan	Rule and criteria update	1/1/2022
Oph Glaucoma alpha- adrenergic agonists - Alphagan P 0.1%	Criteria update	1/1/2022
Otic antibiotics - Ciprodex, Otovel, Cipro HC	Rule and criteria update	1/1/2022
Acute Migraine Medication - Trudhesa, zolmitriptan nasal spray, Zomig nasal spray	Rule and criteria update	1/4/2022
ARB ST	move to standard st, no cri	1/4/2022
Atopic Dermatitis-Opzelura	Rule and criteria update	1/4/2022
Global PA - Tyrvaya, Skytrofa, Livmarli, Qulipta, Tavneos	Rule update	1/4/2022
Growth Hormones - Skytrofa	Rule and criteria update	1/4/2022
Intranasal Steroids - Xhance	Criteria update	1/4/2022
Livmarli	New rule and criteria	1/4/2022
Opzelura	New rule and criteria	1/4/2022
Ozempic	New rule and criteria	1/4/2022
Qulipta	New rule and criteria	1/4/2022
Tavneos	New rule and criteria	1/4/2022
Topical Estrogen (non- patch) - Estradiol, Divigel, Evamist, EstroGel, Elestrin, Climara, Minivel, Vivelle-Dot	Rule and criteria update	1/4/2022
Topiramate st	Rule only	1/4/2022

**Express Scripts - Formulary Updates
November 2021**

<u>Trade Name</u>	<u>Basic (ID 2225)</u>	<u>ACA High Performance (ID 2988)</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
AFINITOR DISPERZ TABLET	SPECNP	EXCL	SPECNP	12/10/21
AFINITOR TABLET	SPECNP	EXCL	SPECNP	12/10/21
BYLVAY PELLETT and CAPSULE			SPECNP	12/10/21
EXKIVITY 40 MG CAPSULE			SPECNP	12/10/21
LIVMARLI ORAL SOLN			SPECNP	12/10/21
TICOVAC SYRINGE	PB	PB	PB	12/10/21
TIVDAK 40 MG VIAL			SPECNP	12/10/21
VAXNEUVANCE SYRINGE	PB	PB	PB	12/10/21
AUVI-Q 0.1 MG, 0.15 MG, 0.3MG AUTO-INJECTOR			NPB	01/01/22

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**Drug Surveillance
November 2021**

<u>Drug / Edit Name</u>	<u>Date effective</u>
Dextenza	11/5/2021
Ozurdek	11/5/2021
Dermacinrx Lidorex	11/22/2021
Dermacinrx Pretate	11/22/2021
Lovena	11/22/2021
Plenity	11/22/2021
Xhance	11/24/2021

**Coverage Management Policy Additions/Modifications
November 2021**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Empaveli	Criteria update	11/9/2021
Enspryng	Criteria update	11/9/2021
Gimoti	Criteria update	11/9/2021
Hemlibra	Criteria update	11/9/2021
Ilaris	Criteria update	11/9/2021
Kalbitor	Criteria update	11/9/2021
Narcolepsy-Xyrem, Xywav, Wakix	Criteria update	11/9/2021
Soliris	Criteria update	11/9/2021
Subcutaneous Immunglobulin - Cuvitru, Hizentra, Hyqvia, Xembify	Criteria update	11/9/2021
Xarelto	Criteria update	11/9/2021
Antiepileptics-Briviact, Elepsia XR, Kepra/-XR, Spritam	New rule and criteria	11/24/2021
arformoterol, Perforomist, Brovana	Rule and criteria change	11/24/2021
Arikayce	New rule and criteria	11/24/2021
Atopic Dermatitis-Opzelura	Rule and criteria change	11/24/2021
COX2 Inhibitor-Celebrex, celecoxib	No change	11/24/2021
Fenofibrate	New rule and criteria	11/24/2021
Hypnotics-doxepin, ramelteon	Rule and criteria change	11/24/2021
Ivermectin, Stromectol	New rule and criteria	11/24/2021
Nayzilam	rule and criteria change	11/24/2021
Opzelura, Livmarli, Qulipta, Tavneos	Rule update	11/24/2021
Overactive Bladder- Myrbetriq Granules, Vesicare LS	Rule and criteria change	11/24/2021
SGLT2 Inhibitors - Invokana	Rule and criteria change	11/24/2021
Topical Antibiotics-Cetany AT	Rule and criteria change	11/24/2021
Topical Podofilox- Condylox	New rule and criteria	11/24/2021
Veltassa	New rule and criteria	11/24/2021
Verzenio	Rule update	11/24/2021
Verzenio	Retire rule and criteria	11/24/2021

**Express Scripts - Formulary Updates
October 2021**

<u>Trade Name</u>	<u>Basic (ID 2225)</u>	<u>ACA High Performance (ID 2988)</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
PFIZER COVID (12Y UP) VAC(EUA)	<u>PB</u>	<u>PB</u>	<u>PB</u>	<u>10/30/21</u>
PFIZER COVID (5-11Y) VAC (EUA)	<u>PB</u>	<u>PB</u>	<u>PB</u>	<u>10/30/21</u>
PFIZER COVID (12Y UP) VAC(EUA)	<u>PB</u>	<u>PB</u>	<u>PB</u>	<u>10/30/21</u>
BYSTOLIC TABLET	<u>NPB</u>		<u>EXCL</u>	<u>11/01/21</u>
CALQUENCE 100 MG CAPSULE	<u>SPECP</u>	<u>SPECP</u>	<u>SPECP</u>	<u>11/01/21</u>
CAPLYTA 42 MG CAPSULE			<u>NPB</u>	<u>11/01/21</u>
EPCLUSA PELLETT PACK	<u>SPECP</u>	<u>SPECP</u>	<u>SPECP</u>	<u>11/19/21</u>
FIRDAPSE 10 MG TABLET	<u>SPECP</u>	<u>SPECP</u>	<u>SPECP</u>	<u>12/15/21</u>
CHANTIX	<u>NPB</u>	<u>EXCL</u>	<u>NPB</u>	<u>01/01/22</u>
HEMABATE 250 MCG/ML AMPUL	<u>NPB</u>	<u>EXCL</u>	<u>NPB</u>	<u>01/01/22</u>
PERFOROMIST 20 MCG/2 ML SOLN	<u>NPB</u>	<u>EXCL</u>	<u>NPB</u>	<u>01/01/22</u>

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**Drug Surveillance
October 2021**

<u>Drug / Edit Name</u>	<u>Date effective</u>
hydrocortisone-pramoxine (NDC 79043024031)	8/30/2021

**Coverage Management Policy Additions/Modifications
October 2021**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Xiaflex	Rule update	10/1/2021
Botox	Criteria update	10/6/2021
Xiaflex	Rule update	10/1/2021
Cequa	Criteria update	10/6/2021
Iuliconazole, Luzu	Criteria update	10/6/2021
Narcolepsy products - modafinil, Xywav	Criteria update	10/6/2021
Restasis	Criteria update	10/6/2021
Rituximab	Criteria update	10/6/2021
Xiidra	Criteria update	10/6/2021
Zelnorm	Criteria update	10/6/2021
Xiaflex	Rule update	10/12/2021
Antivert 50mg	Rule update	10/15/2021
Arcalyst 220mg	New rule	10/15/2021
Bylvay capsules	New rule	10/15/2021
Humira Pen	Criteria update	10/15/2021
Kerendia	New rule	10/15/2021
Lupkynis capsules	New rule	10/15/2021
Rezurock 200mg	New rule	10/15/2021
Sutent	Criteria update	10/15/2021
Xofluza 40mg	New rule	10/15/2021
Avodart	New rule and criteria	10/22/2021
General Oncology - Exkivity, Firmagon, Pomalyst	Rule update	10/22/2021
Global PA - Kerendia, Rezurock, Saphnelo, Skytrofa	Rule update	10/22/2021
Kerendia	New rule and criteria	10/22/2021
Osphena	Criteria update	10/22/2021
Pomalyst	Rule and criteria update	10/22/2021
Rezurock	New rule and criteria	10/22/2021
Saphnelo	New rule and criteria	10/22/2021
SGLT2 - Jardiance	New rule and criteria	10/22/2021
Topical Corticosteroid -	Rule and criteria update	10/22/2021
Topiramate	New rule and criteria	10/22/2021
Welireg	New rule and criteria	10/22/2021
Hepatitis C - Mavyret pellet packets, Epclusa pellet packets	New rule	10/27/2021

**Express Scripts - Formulary Updates
September 2021**

<u>Trade Name</u>	<u>Basic (ID 2225)</u>	<u>ACA High Performance (ID 2988)</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
LUMAKRAS 120 MG TABLET			<u>SPECNP</u>	08/06/21
EMPAVELI 1,080 MG/20 ML VIAL	<u>SPECP</u>	<u>SPECP</u>	<u>SPECP</u>	09/24/21
FERAHEME 510 MG/17 ML VIAL	<u>NPB</u>		<u>NPB</u>	09/24/21
NEXVIAZYME 100 MG VIAL			<u>SPECNP</u>	09/24/21
PREVNAR 20 SYRINGE	<u>PB</u>	<u>PB</u>	<u>PB</u>	09/24/21
REZUROCK 200 MG TABLET			<u>SPECNP</u>	09/24/21
RYLAZE 10 MG/0.5 ML VIAL			<u>SPECNP</u>	09/24/21
SUTENT CAPSULE	<u>SPECNP</u>	<u>EXCL</u>	<u>SPECNP</u>	09/24/21
WELIREG 40 MG TABLET			<u>SPECNP</u>	09/24/21
DUREZOL		<u>EXCL</u>		
AZSTARYS CAP	-		<u>NPB</u>	10/01/21
GABLOFEN 50 MCG/ML SYRINGE	<u>NPB</u>	<u>EXCL</u>	<u>NPB</u>	10/08/21
KERENDIA TABLET	<u>PB</u>	<u>PB</u>	<u>PB</u>	10/08/21
SAPHNELO 300 MG/2 ML VIAL			<u>SPECNP</u>	10/08/21
WYNZORA 0.005%-0.064% CREAM			<u>NPB</u>	11/01/21

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**Drug Surveillance
September 2021**

<u>Drug / Edit Name</u>	<u>Date effective</u>
HYDROCORT-PRAMOXIN 2.35-1% CRM	8/31/2021

**Coverage Management Policy Additions/Modifications
September 2021**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
General Oncology PA - Welireg	Rule update	9/3/2021
Benlysta	Criteria update	9/8/2021
Dojolvi	Criteria update	9/8/2021
Dupixent	Criteria update	9/8/2021
Fasenra	Criteria update	9/8/2021
Humira	Criteria update	9/8/2021
Morphine Equivalent Dose QL	Criteria update	9/8/2021
Nucala	Criteria update	9/8/2021
Xolair	Criteria update	9/8/2021
Actimmune	New rule and criteria	9/24/2021
Ayvakit	Retire rule and criteria	9/24/2021
Banzel	New rule and criteria	9/24/2021
Bylvay	New rule and criteria	9/24/2021
Desmopressin - Nocdurna	New rule and criteria	9/24/2021
Durysta	New rule and criteria	9/24/2021
Esbriet	Rule and criteria update	9/24/2021
General Oncology PA - Ayvakit, Welireg, Tivdak, Exkivity	Rule update	9/24/2021
Isotretinoin	Rule and criteria update	9/24/2021
Ofev	Rule and criteria update	9/24/2021
Ophthalmic NSAID - Bromsite	Rule and criteria update	9/24/2021
Otic Antibiotics	No change	9/24/2021
Sensipar	New rule and criteria	9/24/2021
Stelara	New rule and criteria	9/24/2021
Sucraid	New rule and criteria	9/24/2021
Tymlos	New rule and criteria	9/24/2021
Weight Loss Drugs (Contrave, Lomaira, phentermine, Qsymia, Saxenda, Xenical)	New rule and criteria	9/24/2021

**Express Scripts - Formulary Updates
August 2021**

<u>Trade Name</u>	<u>Basic (ID 2225)</u>	<u>ACA High Performance (ID 2988)</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
MYRBETRIQ ER 8 MG/ML SUSP	<u>PB</u>	<u>PB</u>	<u>PB</u>	09/03/21
ACCRUFER 30 MG CAPSULE			<u>NPB</u>	09/03/21
EXSERVAN 50 MG FILM			<u>NPB</u>	09/03/21

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**Coverage Management Policy Additions/Modifications
August 2021**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Hepatitis C- Eplclusa	criteria only	8/2/2021
Epidiolex	criteria only	8/2/2021
General Oncology PA Policy	criteria only	8/2/2021
Glumetza & Fortamet NF	criteria only	8/2/2021
Growth Hormones	criteria only	8/2/2021

Drug Surveillance August 2021	
Drug / Edit Name	Date effective
Nexviazyme	8/18/2021
Tizanidine Capsules	8/19/2021
Hydrocort-Praxoxine 2.35%-1%	9/2/2021

Coverage Management Policy Additions/Modifications August 2021 (cont'd)		
Drug / Edit Name	Comments	Date effective
Lyrica CR	criteria only	8/2/2021
Methotrexate ST- Otrexup, Rasuvo, RediTrex	criteria only	8/2/2021
Orkambi	criteria only	8/2/2021
Trikafta	criteria only	8/2/2021
Trulance	criteria only	8/2/2021
Xpovio	criteria only	8/2/2021
Global PA-Saphnelo, Bylvay, Rezurock, Verkazie, Kerendia, Wegovy, Myfembree, Aduhelm, Lybalvi	Rule only	8/18/2021
Linzess	Retire Rule	8/18/2021
Myfembree, Oriahnn	Rule and criteria changes	8/18/2021
Ophthalmic Prostaglandins and Rho Kinase Inhibitor ST- Rocklatan, Xalatan, Xelpros, Vyzulta, Travatan Z and Rhopressa	Rule and criteria changes	8/18/2021
Ophthalmic steroid ST- Lotemax, Flarex, Durezol	Rule and criteria changes	8/18/2021
Overactive Bladder (OAB) Preferred Step Management- Detrol, Detrol LA, Ditropan XL, Enablex, Oxytrol (Rx), Oxytrol for Women (OTC), Vesicare, Vesicare LS	Rule and criteria changes	8/18/2021
Xenazine (tetraabenazine)-	New rule and criteria	8/18/2021

Express Scripts - Formulary Updates July 2021				
Trade Name	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)	Effective Date
ROSZET 10-10MG TABLET			NPB	07/16/21
INTELENCE TABLET	SPECNP	EXCL	SPECNP	07/23/21
KALETRA TABLET	SPECNP	EXCL	SPECNP	07/23/21
ZEGALOGUE	PB	PB	PB	07/23/21
APO-VARENICLINE 0.5 MG, 1MG TABLET	PB	PB	PB	07/30/21
KLOXXADO 8 MG NASAL SPRAY	PB	PB	PB	08/06/21
MYFEMBREE 40 MG-1 MG-0.5 MG TB	PB	PB	PB	08/06/21
RYBREVANT 350 MG/7 ML VIAL			SPECNP	08/06/21
ORGOVYX 120 MG TABLET			SPECNP	08/10/21

Coverage Management Policy Additions/Modifications July 2021		
Drug / Edit Name	Comments	Date effective
Estrogen - Elestrin, Estrogel	Rule update	7/1/2021
Truvada	New rule and criteria	7/1/2021
Addyi	Criteria update	7/6/2021
armodafinil, modafinil, Provigil, Nuvigil	Criteria update	7/6/2021
Bafiertam	Criteria update	7/6/2021
Cosentyx	Criteria update	7/6/2021
Emflaza	Criteria update	7/6/2021
Hemlibra	Criteria update	7/6/2021
Iron Chelators (Oral) - deferiprone, deferasirox	Criteria update	7/6/2021

**Express Scripts - Formulary Updates
July 2021 (cont'd)**

<u>Trade Name</u>	<u>Basic (ID 2225)</u>	<u>ACA High Performance (ID 2988)</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
TAVALISSE 100MG, 150MG TABLET	SPECP	SPECP	SPECP	08/10/21
ELEPSIA XR TABLETS			NPB	08/20/21
PEMAZYRE TABLETS	SPECP	SPECP	SPECP	08/20/21
ZYNLONTA 10 MG VIAL			SPECNP	08/20/21
NEXTERONE	NPB		NPB	01/01/22
SOTALOL HCL 150 MG/10 ML VIAL	NPB		NPB	01/01/22

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**Drug Surveillance
July 2021**

<u>Drug / Edit Name</u>	<u>Date effective</u>
Xiaflex	7/13/2021
Brexafemme	7/22/2021
TRUE Test	7/27/2021
Neonatal fe	7/27/2021
Aduhelm	7/27/2021
Neonatal complete	7/31/2021
sodium sulfacetamide/sulfur medicated pads	7/31/2021
clemastine syrup	7/31/2021

**Coverage Management Policy Additions/Modifications
July 2021 (cont'd)**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Narcolepsy - Xyrem, Xywav, Wakix	Criteria update	7/6/2021
Ongentys	Criteria update	7/6/2021
Orilissa	Criteria update	7/6/2021
Overactive Bladder - Gemtesa, Myrbetriq	Criteria update	7/6/2021
Thiola	Criteria update	7/6/2021
Ultomiris	Criteria update	7/6/2021
Xenazine	Criteria update	7/6/2021
Yonsa	Criteria update	7/6/2021
Inflammatory Conditions - Zeposia	Criteria update	7/7/2021
Multiple Sclerosis and Ulcerative Colitis - Zeposia	Criteria update	7/7/2021
Zeposia	Criteria update	7/7/2021
Apokyn, Kynmobi	Criteria update	7/8/2021
Growth Hormone	Criteria update	7/14/2021
Accrufer	New rule and criteria	7/22/2021
ADHD - Azstarys	Rule and criteria update	7/22/2021
Empaveli	New rule and criteria	7/22/2021
General Oncology - Piqray, Qinlock, Retevmo, Tibsovo	Rule update	7/22/2021
Glaucoma Ophthalmic	Criteria update	7/22/2021
Global PA-Aduhelm, Myfembree, Wegovy,	Rule update	7/22/2021
Hepatitis C - Mavyret, Zepatier	New rule and criteria	7/22/2021
Isotretinoin - Accutane	Rule and criteria update	7/22/2021
Long-acting opioids (Oral) - hydrocodone ER	Rule and criteria update	7/22/2021
Multiple Sclerosis Care	Criteria update	7/22/2021
Nubega	new rule and criteria	7/22/2021
Nurtec ODT	Rule and criteria update	7/22/2021
Oral Contraceptive - Nextstellis	Criteria update	7/22/2021
Piqray	Retire Rule	7/22/2021
Qinlock	Retire Rule	7/22/2021
Tibsovo	Retire Rule	7/22/2021
Ubrely	Criteria update	7/22/2021
Pylarify	Rule update	pending

**Express Scripts - Formulary Updates
June 2021**

<u>Trade Name</u>	<u>Basic (ID 2225)</u>	<u>ACA High Performance (ID 2988)</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
WEGOVY PEN	PB	PB	PB	07/01/21
BANZEL TABLET	NPB	EXCL	NPB	07/02/21
FERRIPROX 500 MG TABLET	SPECNP	EXCL	SPECNP	07/02/21
JEMPERLI 500 MG/10 ML VIAL			SPECNP	07/02/21

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**Drug Surveillance
June 2021**

<u>Drug / Edit Name</u>	<u>Date effective</u>
Dermacinrx Prenatryl	6/17/2021

**Coverage Management Policy Additions/Modifications
June 2021**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Jemperli, Zynlonta	Rule update	5/12/2021
Aklief	Rule and criteria update	6/9/2021
Actemra SC	Criteria update	6/10/2021
Aranesp	Criteria update	6/10/2021
Crysvita	Criteria update	6/10/2021
Daliresp	Criteria update	6/10/2021
Gleevec	Criteria update	6/10/2021
Juxtapid	Criteria update	6/10/2021
Ocrevus	Criteria update	6/10/2021
Procrit, Retacrit, Epogen	Criteria update	6/10/2021
Ragwitek	Criteria update	6/10/2021
Xolair	Criteria update	6/10/2021
Zytiga	Criteria update	6/10/2021
Thiola, Thiola EC	Criteria update	6/24/2021
Alunbrig	Retire rule	6/25/2021
Arcalyst	New rule and criteria	6/25/2021
Farxiga	Rule and criteria update	6/25/2021
General Oncology- Alunbrig, Pemazyre, Rydapt, Sprycel, Tebracta, and Tukysa	Rule update	6/25/2021
Lyrice CR	Criteria update	6/25/2021
Non-stimulant ADHD - Qelbree	Criteria update	6/25/2021
NSAID	Rule and criteria update	6/25/2021
Pemazyre	Retire rule	6/25/2021
Ponvory	New rule and criteria	6/25/2021
Praluent, Repatha	Criteria update	6/25/2021
Qtern	Rule and criteria update	6/25/2021
Rhofade, Mirvaso	Rule and criteria update	6/25/2021
Rydapt	Retire rule	6/25/2021
Spritam, Accrufer	Rule update	6/25/2021
Sprycel	Retire rule	6/25/2021
Tabrecta	Retire rule	6/25/2021
Tukysa	Retire rule	6/25/2021
Zomig/zolmitriptan nasal spray	Rule and criteria update	6/25/2021

Express Scripts - Formulary Updates May 2021				
Trade Name	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)	Effective Date
XPOVIO ONCE WEEKLY DOSE			EXCL	04/27/21
ABECMA INFUSION BAG			SPECNP	06/04/21
BRONCHITOL 40 MG INHALE CAP			SPECNP	06/04/21
MARGENZA 250 MG/10 ML VIAL			SPECNP	06/04/21
NULIBRY 9.5 MG VIAL			SPECNP	06/04/21
PEPAXTO 20 MG VIAL			SPECNP	06/04/21
UKONIQ 200 MG TABLET			SPECNP	06/04/21
PONVORY 14-DAY STARTER PACK, 20 MG TABLET			SPECP	06/11/21
MIACALCIN 400 UNIT/2 ML VIAL	NPB		NPB	06/18/21
SKYRIZI PEN, SYRINGE	SPECP	SPECP	SPECP	06/18/21
INGREZZA CAPSULE			SPECNP	07/01/21

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Drug Surveillance May 2021	
Drug / Edit Name	Date effective
Pregen DHA	5/18/2021
Dermalid Combo Pack	5/27/2021
Magna Pharmaceuticals	5/27/2021

Coverage Management Policy Additions/Modifications May 2021		
Drug / Edit Name	Comments	Date effective
ADHD - Adderall XR	Criteria update	7/1/2021
Neulasta, Fulphila, Nyvepria, Udenyca, Ziextenzo	Criteria update	8/1/2021
ADHD-Vyvanse	Criteria update	5/5/2021
Cimzia	Criteria update	5/5/2021
Estrogen non-patch transdermals	Criteria update	5/5/2021
Filgrastim-Neupogen, Nivestym, Zarxio, Granix	Criteria update	5/5/2021
Humira	Criteria update	5/5/2021
Ibrance	Criteria update	5/5/2021
Inflammatory Conditions- Humira, Tremfya, Xeljanz, Actemra, Orencia	Criteria update	5/5/2021
Leukine	Criteria update	5/5/2021
Lidoderm, Ztildo	New rule and criteria	5/5/2021
Ocrevus	Criteria update	5/5/2021
Pegfilgrastim-Neulasta, Fulphila, Nyvepria, Udenyca, Ziextenzo	Criteria update	5/5/2021
Pheochromocytoma	Criteria update	5/5/2021
Relistor	Criteria update	5/5/2021
Tremfya	Criteria update	5/5/2021
Trulance	Criteria update	5/5/2021
Xeljanz	Criteria update	5/5/2021
Bosulif	Retire rule	5/21/2021
General Oncology PA-Add Eligard, Firmagon, Trelstar, Bosulif, Iclusig, Inlyta, Rubraca, Tagrisso, Tassigna, Zejula, Zydelig	Rule update	5/21/2021
Gonadotropin-Releasing Hormone Agonists – Triptodur	New rule and criteria	5/21/2021
Iclusig	Retire rule	5/21/2021
Inflammatory Bowel - mesalamine, Apriso	Rule and criteria update	5/21/2021
Inhaled Corticosteroid- Alvesco, Armonair Digihaler	Rule and criteria update	5/21/2021
Inlyta	Retire rule	5/21/2021
Leuprolide LA-Fensolvi, Lupron Depot-Ped, Triptodur, Eligard, Lupron Depot	Rule and criteria update	5/21/2021
Nulibry	New rule and criteria	5/21/2021
Ponvory, Scenesse	Rule update	5/21/2021

**Coverage Management Policy Additions/Modifications
May 2021 (cont'd)**

Drug / Edit Name	Comments	Date effective
PPI	Rule and criteria update	5/21/2021
Roszet, Vytorin, Zetia	Rule and criteria update	5/21/2021
Rubraca	Retire rule	5/21/2021
Scenesse	Rule update	5/21/2021
Tagrisso	Retire rule	5/21/2021
Tasigna	Rule and criteria update	5/21/2021
Xyrem/Xywav (Wakix ST)	Retire rule	5/21/2021
Zejula	Retire rule	5/21/2021
Zydelig	Retire rule	5/21/2021
Eliquis	New rule and criteria	5/21/2021
Xarelto	New rule and criteria	5/21/2021
Alkindi Sprinkle	Criteria update	pending