

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 February 2024				
Trade Name	Basic (ID 2225) and ACA Advantage (ID 5083)	Effective Date	National Preferred (ID 1702)	Effective Date
OGSIVEO 50 MG TABLET	SPECNP	1/25/2024	SPECNP	1/25/2024
FABHALTA 200 MG CAPSULE	SPECP	2/23/2024	SPECP	2/23/2024
IXCHIQ VIAL	PB	3/15/2024	PB	3/15/2024
FREESTYLE PREC NEO TEST STRIPS	PB	3/22/2024	PB	3/22/2024
INSULIN GLARGINE MAX SOLO U300	PB	3/22/2024	N/A	N/A
INSULIN GLARGINE SOLOSTAR U300	PB	3/22/2024	N/A	N/A
KLAYESTA 100,000 UNIT/GM POWD	PB	1Q2024	PB	1Q2024
LIDOCAN III 5% PATCH	PB	1Q2024	PB	1Q2024
TEGLUTIK 50 MG/10 ML SUSP	SPECNP	1Q2024	SPECNP	1Q2024
VOQUEZNA DUAL PAK	N/A	N/A	NPB	3/22/2024
VOQUEZNA TRIPLE PAK	N/A	N/A	NPB	3/22/2024
LYBALVI 5-10 MG TABLET	N/A	N/A	NPB	3/22/2024
LYBALVI 10-10 MG TABLET	N/A	N/A	NPB	3/22/2024
LYBALVI 15-10 MG TABLET	N/A	N/A	NPB	3/22/2024
LYBALVI 20-10 MG TABLET	N/A	N/A	NPB	3/22/2024

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Coverage Management Policy Additions/Modifications February 2024		
Drug / Edit Name	Comments	Date effective
Adakveo	Criteria update	2/6/2024
Benlysta	Criteria update	2/6/2024
Braftovi	Criteria update	2/6/2024
Imcivree	Criteria update	2/6/2024
Intranasal Steroids	Criteria update	2/6/2024
Oxbryta	Criteria update	2/6/2024
Symdeko	Criteria update	2/6/2024
Trikafta	Criteria update	2/6/2024
Ubrelyvy	Criteria update	2/6/2024
Xeljanz	Criteria update	2/6/2024
Zeposia	Criteria update	2/6/2024
Soliris	Criteria update	2/6/2024
Acute Migraine	Rule and criteria update	2/22/2024
Afinitor	Rule and criteria update	2/22/2024
Blocked Drug List	Drug list update	2/22/2024
Cosentyx IV	Rule, criteria and drug list update	2/22/2024
DPP4 inhibitors	Rule, criteria and drug list update	2/22/2024
FG4 Bill Medical Block List - Alyglo, Zelsumvi	Drug list update	2/22/2024
General Oncology - Xeloda, Afinitor	Drug list update	2/22/2024
Global PA - Wainua, Filsuvez	Rule and criteria update	2/22/2024
Growth Hormones PA	Criteria and drug list update	2/22/2024
Mektovi	Rule and criteria update	2/22/2024
ACAA/Basic MRRDL - Baclofen 5mg/5ml & 10mg/5ml, Ozobax 5mg/5ml & 10mg/5ml, Fleqsuvy 25mg/5ml, Motpoly XR, Pokonza 10 mEq Packet, Kazano, Nesina, Rabeprazole Packet	Drug list update	2/22/2024
ACAA MRRDL - Humatrope, Norditropin, Omnitrope, Nutropin AQ, Zomacton, Saizen	Drug list update	2/22/2024
Proton Pump Inhibitor ST	Rule, criteria and drug list update	2/22/2024
Rivfloza	Rule, criteria and drug list update	2/22/2024
Ryzneuta	Rule and criteria update	2/22/2024
Xeloda ST	Rule, criteria and drug list update	2/22/2024
Xphozah	Rule and criteria update	2/22/2024
Zurzuvae	Rule and criteria update	2/22/2024
Zymfentra	Rule and criteria update	2/22/2024

Drug Surveillance February 2024	
Drug / Edit Name	Date effective
Zituvio	1/30/2024
Gabapentin ER	2/13/2024
Diclareal	2/13/2024
Amtagvi	2/29/2024

**Express Scripts - Formulary Updates
January 2024**

Trade Name	Basic (ID 2225) and ACA Advantage (ID 5083)	Effective Date	National Preferred (ID 1702)	Effective Date
VOQUEZNA 10 MG TABLET	NPB	1/26/2024	NPB	1/26/2024
VOQUEZNA 20 MG TABLET	NPB	1/26/2024	NPB	1/26/2024
ZORYVE 0.3% FOAM	NPB	2/16/2024	NPB	2/16/2024
VEVYE 0.1% EYE DROP	NPB	2/16/2024	NPB	2/16/2024
ADTHYZA 15 MG TABLET	PB	2/23/2024	PB	2/23/2024
ADTHYZA 30 MG TABLET	PB	2/23/2024	PB	2/23/2024
ADTHYZA 60 MG TABLET	PB	2/23/2024	PB	2/23/2024
ADTHYZA 90 MG TABLET	PB	2/23/2024	PB	2/23/2024
ADTHYZA 120 MG TABLET	PB	2/23/2024	PB	2/23/2024
BIJUVA 0.5 MG-100 MG CAPSULE	NPB	1Q2024	EXCL	12/8/2023
HIZENTRA 10 GRAM/50 ML SYRINGE	SPECNP	1Q2024	SPECNP	1Q2024
ZENPEP DR 60,000 UNIT CAPSULE	PB	1Q2024	PB	1Q2024
HEMLIBRA 300 MG/2 ML VIAL	SPECNP	1Q2024	SPECNP	1Q2024
TRAMADOL HCL 25 MG TABLET	NPB	1Q2024	EXCL	1/4/2024
HALOBETASOL PROP 0.05% FOAM	N/A	N/A	PB	1/11/2024
VEOZAH 45 MG TABLET	N/A	N/A	NPB	3/1/2024

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**Drug Surveillance
January 2024**

Drug / Edit Name	Date effective
Agamree	1/13/2024
Rivfloza	1/27/2024

**Coverage Management Policy Additions/Modifications
January 2024**

Drug / Edit Name	Comments	Date effective
Adbry	Criteria update	1/12/2024
Ampyra / dalfampridine	Criteria update	1/12/2024
Berinert	Criteria update	1/12/2024
Cibinqo	Criteria update	1/12/2024
Cosentyx SC	Criteria update	1/12/2024
Diabetic Testing Supplies QL	Criteria update	1/12/2024
Endari	Criteria update	1/12/2024
Inflammatory + Atopic Conditions Care Value (IACCV)	Criteria update	1/12/2024
MS/UC Zeposia Care Value	Criteria update	1/12/2024
Narcolepsy Products (Oxybates, Wakix)	Criteria update	1/12/2024
Rituximab IV	Criteria update	1/12/2024
Soma	Criteria update	1/12/2024
Vitrakvi	Criteria update	1/12/2024
Xcopri	Criteria update	1/12/2024
Zokinvy	Criteria update	1/12/2024
ACAA/Basic MRRDL - Kerydin, Atralin, Fabior, Tazorac, Veltin	Drug list update	1/30/2024
Humira / adalimumab	Rule, criteria and drug list update	1/30/2024
FG4/Bill Medical List - Aphexda, Avastin biosimilar bevacizumab, Casgevvy, Lyfgenia	Drug list update	1/30/2024
Bimzelx	Rule, criteria and drug list update	1/30/2024
Entyvio SC	Rule and criteria update	1/30/2024
General Block List - Coxanto, Miro3D, Miroderm Fenestrated, Miroderm Fenestrated Plus, Omeza	Drug list update	1/30/2024
Litfulo	Rule, criteria and drug list update	1/30/2024
Omvoh SC	Rule, criteria and drug list update	1/30/2024
SABA ST	Rule and criteria update	1/30/2024
Sohonos	Rule, criteria and drug list update	1/30/2024
Topical Antifungals for Onychomycosis Step Therapy	Drug list update	1/30/2024
Topical Retinoids	Rule, criteria and drug list update	1/30/2024
Weight Loss GLP1s	Criteria update	1/30/2024
Xdemvy	Rule, criteria and drug list update	1/30/2024

**Express Scripts - Formulary Updates
December 2023**

Trade Name	Basic (ID 2225) and ACA Advantage (ID 5083)	Effective Date	National Preferred (ID 1702)	Effective Date
APRETUDE ER 600 MG/3 ML VIAL	SPECP	1/12/2024	SPECP	1/12/2024
APRETUDE ER 600 MG/3 ML VIAL	SPECP	1/12/2024	SPECP	1/12/2024
VOTRIENT 200 MG TABLET	SPECNP	1/12/2024	SPECNP	1/12/2024
ROZLYTREK 50 MG PELLETT PACKET	SPECP	1/12/2024	SPECP	1/12/2024
OPFOLDA 65 MG CAPSULE	SPECNP	1/12/2024	SPECNP	1/12/2024
POMBILITI 105 MG VIAL	SPECNP	1/12/2024	SPECNP	1/12/2024
AIRSUPRA 90-80 MCG INHALER	N/A	N/A	PB	1/15/2024

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**Drug Surveillance
December 2023**

Drug / Edit Name	Date effective
Loqtorzi	12/1/2023
Adzynma	12/2/2023
Veveye	12/14/2023
Lyfgenia	12/19/2023
Casgevy	12/19/2023
Coxanto	12/19/2023
Omeza	12/19/2023
Miroderm Fenestrated	12/19/2023
Miroderm Fenestrated Plus	12/19/2023
Miro3d	12/19/2023

**Coverage Management Policy Additions/Modifications
December 2023**

Drug / Edit Name	Comments	Date effective
Antiepileptics – Oxtellar XR, Trileptal	Criteria update	12/14/2023
Beta Interferons (MS)	Criteria update	12/14/2023
Copaxone & Glatopa	Criteria update	12/14/2023
Dimethyl Fumarate (Tecfidera)	Criteria update	12/14/2023
Dupixent	No change (GCN expansion)	12/14/2023
Fingolimod (Gilenya, Tascenso ODT)	Criteria update	12/14/2023
HCV QL Policy	Criteria update	12/14/2023
Lybalvi	Criteria update	12/14/2023
Mavenclad	Criteria update	12/14/2023
Mayzent	Criteria update	12/14/2023
Reyvow	Criteria update	12/14/2023
Sandostatin LAR	Criteria update	12/14/2023
SCIG	Criteria update	12/14/2023
Signifor LAR	Criteria update	12/14/2023
Soliris	Criteria update	12/14/2023
Somatuline depot	Criteria update	12/14/2023
Testosterone Injectables	Criteria update	12/14/2023
Voxzogo	Criteria update	12/14/2023
Vumerity	Criteria update	12/14/2023
ADHD Stimulant ST	Rule and criteria update	12/18/2023
ACA/Basic MRRDL - Bevespi, Duaklir, Miebo, Zavzpret, Imitrex, Maxalt, Relpax, Treximet, Zomig, Detrol, Detrol LA, Xalatan, Zioptan, Authorized generics to Flovent Diskus and Onzetra Xsail	Drug list update	1/1/2024
Acute Migraine Medication ST	Rule, criteria and drug list update	1/1/2024
Aubagio	Rule and criteria update	1/1/2024
FG4/Bill Medical List - Vyjuvek, Adzynma, Loqtorzi	Drug list update	1/1/2024
General Block List - Cabtreo, Calsodore, Zelnorm	Drug list update	1/1/2024
Ibrance	Rule, criteria and drug list update	1/1/2024
ICS/LABA ST	Rule and criteria update	1/1/2024

Coverage Management Policy Additions/Modifications - Con't December 2023		
Jesduvroq	Rule and criteria update	1/1/2024
Overactive Bladder ST	Rule and criteria update	1/1/2024
Opfolda	Rule and criteria update	1/1/2024
Ophthalmic Prostaglandin ST	Rule, criteria and drug list update	1/1/2024
Pombiliti	Rule, criteria and drug list update	1/1/2024
SGLT2 Inhibitor ST	Rule and criteria update	1/1/2024
Zelnorm	Rule, criteria and drug list update	1/1/2024

**Express Scripts - Formulary Updates
November 2023**

<u>Trade Name</u>	<u>Basic (ID 2225) and ACA Advantage (ID 5083)</u>	<u>Effective Date</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
BACLOFEN 10 MG/5 ML SOLUTION	NPB	10/31/2023	NPB	10/31/2023
COLCHICINE 0.6 MG CAPSULE	N/A	N/A	NPB	11/14/2023
ONEXTON GEL PUMP	NPB	12/1/2023	NPB	12/1/2023
MYDAYIS ER 12.5 MG CAPSULE	NPB	12/1/2023	NPB	12/1/2023
MYDAYIS ER 25 MG CAPSULE	NPB	12/1/2023	NPB	12/1/2023
MYDAYIS ER 37.5 MG CAPSULE	NPB	12/1/2023	NPB	12/1/2023
MYDAYIS ER 50 MG CAPSULE	NPB	12/1/2023	NPB	12/1/2023
ADALIMUMAB-ADB(M)CF 10 MG SYRG	SPECP	12/1/2023	SPECP	12/1/2023
ADALIMUMAB-ADB(M)CF 20 MG SYRG	SPECP	12/1/2023	SPECP	12/1/2023
ADALIMUMAB-ADB(M)CF 40 MG SYRG	SPECP	12/1/2023	SPECP	12/1/2023
ADALIMUMAB-ADB(M)CF CRHN 40MG	SPECP	12/1/2023	SPECP	12/1/2023
ADALIMUMAB-ADB(M)CF PS-UV 40MG	SPECP	12/1/2023	SPECP	12/1/2023
ADALIMUMAB-ADB(M)CF PEN 40 MG	SPECP	12/1/2023	SPECP	12/1/2023
LIVALO 1 MG TABLET	NPB	12/8/2023	NPB	12/8/2023
LIVALO 2 MG TABLET	NPB	12/8/2023	NPB	12/8/2023
LIVALO 4 MG TABLET	NPB	12/8/2023	NPB	12/8/2023
ELFABRIO 20 MG/10 ML VIAL	SPECP	12/15/2023	SPECP	12/15/2023
GENERESS FE CHEWABLE TABLET	N/A	N/A	NPB	12/20/2023
IMPEKLO 0.05% LOTION	N/A	N/A	NPB	12/20/2023

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**Drug Surveillance
November 2023**

<u>Drug / Edit Name</u>	<u>Date effective</u>
Calsodore (calcipotriene) topical cream	11/2/2023
Omvox	11/13/2023
Zepbound	11/21/2023
Cabtreo	11/30/2023

**Coverage Management Policy Additions/Modifications
November 2023**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Global PA - Exxua	Drug list update	10/3/2023
Amvuttra	Criteria update	11/9/2023
Androgen – Anabolic Steroid and Danazol	Criteria update	11/9/2023
Antiepileptic ST	Criteria update	11/9/2023
Diacomit	Criteria update	11/9/2023
Doptelet	Criteria update	11/9/2023
Empaveli	Criteria update	11/9/2023
Enspryng	Criteria update	11/9/2023
Fasenra	Criteria update	11/9/2023
Firazyr, Icatibant	Criteria update	11/9/2023
Growth Hormones	Criteria update	11/9/2023
Ilaris	Criteria update	11/9/2023
Ingrezza	Criteria update	11/9/2023
Jakafi	Criteria update	11/9/2023
Kalbitor	Criteria update	11/9/2023
Leuprolide IR, Lupron	Criteria update	11/9/2023
Nayzilam	Criteria update	11/9/2023
Nityr and Orfadin	Criteria update	11/9/2023
Nourianz	Criteria update	11/9/2023
Nucala	Criteria update	11/9/2023
Onpattro	Criteria update	11/9/2023
Orkambi	Criteria update	11/9/2023
Promacta	Criteria update	11/9/2023
Reblozyl	Criteria update	11/9/2023
Rolvedon	Criteria update	11/9/2023
Somavert	Criteria update	11/9/2023
Tegsedi	Criteria update	11/9/2023
Topical Antibiotics	Criteria update	11/9/2023
Tyvaya	Criteria update	11/9/2023
Xarelto	Criteria update	11/9/2023
Xolair	Criteria update	11/9/2023
Topical Podofilox ST	Criteria update	11/9/2023
Atopic Dermatitis	Rule update	11/28/2023
LABA, Nebulized ST	Rule and criteria update	11/28/2023
BPH 5-Alpha Reductase Inhibitor ST	Rule and criteria update	1/1/2024
Insulin Rapid Acting ST	Rule and criteria update	1/1/2024

Express Scripts - Formulary Updates October 2023				
Trade Name	Basic (ID 2225) and ACA Advantage (ID 5083)	Effective Date	National Preferred (ID 1702)	Effective Date
VEOPOZ 400 MG/2 ML VIAL	SPECNP	9/28/2023	SPECNP	9/28/2023
SOHONOS 1 MG CAPSULE	SPECNP	9/28/2023	SPECNP	9/28/2023
SOHONOS 1.5 MG CAPSULE	SPECNP	9/28/2023	SPECNP	9/28/2023
SOHONOS 2.5 MG CAPSULE	SPECNP	9/28/2023	SPECNP	9/28/2023
SOHONOS 5 MG CAPSULE	SPECNP	9/28/2023	SPECNP	9/28/2023
SOHONOS 10 MG CAPSULE	SPECNP	9/28/2023	SPECNP	9/28/2023
MOZOBIL 24 MG/1.2 ML VIAL	SPECNP	10/20/2023	SPECNP	10/20/2023
SKYTROFA 11 MG CARTRIDGE	SPECP	10/20/2023	N/A	N/A
SKYTROFA 13.3 MG CARTRIDGE	SPECP	10/20/2023	N/A	N/A
SKYTROFA 3 MG CARTRIDGE	SPECP	10/20/2023	N/A	N/A
SKYTROFA 3.6 MG CARTRIDGE	SPECP	10/20/2023	N/A	N/A
SKYTROFA 4.3 MG CARTRIDGE	SPECP	10/20/2023	N/A	N/A
SKYTROFA 5.2 MG CARTRIDGE	SPECP	10/20/2023	N/A	N/A
SKYTROFA 6.3 MG CARTRIDGE	SPECP	10/20/2023	N/A	N/A
SKYTROFA 7.6 MG CARTRIDGE	SPECP	10/20/2023	N/A	N/A
SKYTROFA 9.1 MG CARTRIDGE	SPECP	10/20/2023	N/A	N/A
NGENLA PEN 24 MG/1.2 ML	SPECP	10/20/2023	SPECP	10/20/2023
NGENLA PEN 60 MG/1.2 ML	SPECP	10/20/2023	SPECP	10/20/2023
BEYFORTUS 50 MG/0.5 ML SYRINGE	PB	10/20/2023	PB	10/20/2023
BEYFORTUS 100 MG/ML SYRINGE	PB	10/20/2023	PB	10/20/2023
XDEMZY 0.25% DROP	SPECP	10/27/2023	SPECP	10/27/2023
AIRSUPRA 90-80 MCG INHALER	PB	10/27/2023	N/A	N/A
ELREXFIO 44 MG/1.1 ML VIAL	SPECNP	10/27/2023	SPECNP	10/27/2023
ELREXFIO 76 MG/1.9 ML VIAL	SPECNP	10/27/2023	SPECNP	10/27/2023
TALVEY 3 MG/1.5 ML VIAL	SPECNP	10/27/2023	SPECNP	10/27/2023
TALVEY 40 MG/ML VIAL	SPECNP	10/27/2023	SPECNP	10/27/2023
TREANDA 25 MG VIAL	SPECNP	11/10/2023	SPECNP	11/10/2023
TREANDA 100 MG VIAL	SPECNP	11/10/2023	SPECNP	11/10/2023
PAXLOVID 150-100 MG DOSE PACK	PB	11/10/2023	PB	11/10/2023
PAXLOVID 300-100 MG DOSE PACK	PB	11/10/2023	PB	11/10/2023
ILET INSULIN PUMP	PB	11/10/2023	PB	11/10/2023
ILET INF-CONTACT DETACH 23"6MM	PB	11/10/2023	PB	11/10/2023
ILET INFUSN KIT-INSET 23" 6 MM	PB	11/10/2023	PB	11/10/2023
CELONTIN 300 MG CAPSULE	NPB	1/1/2024	NPB	1/1/2024
DALIRESP 250 MCG TABLET	NPB	1/1/2024	N/A	N/A
DALIRESP 500 MCG TABLET	NPB	1/1/2024	N/A	N/A

Coverage Management Policy Additions/Modifications October 2023		
Drug / Edit Name	Comments	Date effective
Global PA - Miebo (removed)	Drug list update	9/6/2023
FG4/Bill Medical List - Daxxify	Drug list update	9/11/2023
General Oncology PA - Ojjaara	Drug list update	9/21/2023
Calcitonin gene-related peptide (CGRP) Antagonist	Criteria update	10/10/2023
Galafold	Criteria update	10/10/2023
Kerendia	Criteria update	10/10/2023
Kesimpta	Criteria update	10/10/2023
Myalept	Criteria update	10/10/2023
Narcolepsy Drugs (Wakix, Sodium Oxybate)	Criteria update	10/10/2023
Nurtec ODT	Criteria update	10/10/2023
Olumiant	No change / GCN expansion	10/10/2023
Quilpta	Criteria update	10/10/2023
Rozlytrek	No change / GCN expansion	10/10/2023
Rituximab	Criteria Update	10/10/2023
Soliris	Criteria Update	10/10/2023
Cialis	Criteria update	10/26/2023
Epinephrine auto-injectors ST	Rule and criteria update	10/26/2023
Fenofibrate ST	Rule and criteria update	10/26/2023
Inpefa	Rule and criteria update	10/26/2023
Sedative Hypnotic Medications PA	Rule and criteria update	10/26/2023
Topiramate ST	Rule and criteria update	10/26/2023
Veozah	Rule and criteria update	10/26/2023
ACAA FCR Updates	Rule and criteria update	1/1/2024

**Express Scripts - Formulary Updates
October 2023**

<u>Trade Name</u>	<u>Basic (ID 2225) and ACA Advantage (ID 5083)</u>	<u>Effective Date</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
DAYTRANA 10 MG/9 HR PATCH	NPB	1/1/2024	NPB	1/1/2024
DAYTRANA 15 MG/9 HR PATCH	NPB	1/1/2024	NPB	1/1/2024
DAYTRANA 20 MG/9 HOUR PATCH	NPB	1/1/2024	NPB	1/1/2024
DAYTRANA 30 MG/9 HOUR PATCH	NPB	1/1/2024	NPB	1/1/2024
IRESSA 250 MG TABLET	SPECNP	1/1/2024	SPECNP	1/1/2024
NARCAN 4 MG NASAL SPRAY (Rx only)	NPB	1/1/2024	NPB	1/1/2024
SYMBICORT 160-4.5 MCG INHALER	NPB	1/1/2024	NPB	1/1/2024
SYMBICORT 80-4.5 MCG INHALER	NPB	1/1/2024	NPB	1/1/2024
NOXAFIL 300 MG/16.7 ML VIAL	NPB	1/1/2024	NPB	1/1/2024
HYDROXYPROGEST 250 MG/ML VIAL	NPGEN	1/1/2024	NPGEN	1/1/2024
HYDROXYPROGEST 1,250 MG/5 ML	NPGEN	1/1/2024	NPGEN	1/1/2024
HYDROXYPROGESTERONE 1.25 G/5ML	NPGEN	1/1/2024	NPGEN	1/1/2024
SIVEXTRO 200 MG VIAL	N/A	N/A	NPB	1/1/2024

GEN = Generic, NPGEN = Non-Preferred Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

**Drug Surveillance
October 2023**

<u>Drug / Edit Name</u>	<u>Date effective</u>
Exkivity	10/3/2023
Pombiliti	10/5/2023
Opfoda	10/5/2023
Lantidra	10/9/2023
Velsipity	10/26/2023
Cosentyx IV formulation	10/26/2023
Bimzelx	10/26/2023

**Express Scripts - Formulary Updates
September 2023**

Trade Name	Basic (ID 2225) and ACA Advantage (ID 5083)	Effective Date	National Preferred (ID 1702)	Effective Date
VYVGART HYTRULO 1,008MG-11,200	SPECNP	9/22/2023	SPECNP	9/22/2023
LITFULO 50 MG CAPSULE	SPECNP	9/22/2023	SPECNP	9/22/2023
OPVEE 2.7 MG NASAL SPRAY	NPB	10/6/2023	NPB	10/6/2023
BASAGLAR TEMPO PEN 100 UNIT/ML	NPB	10/13/2023	NPB	10/13/2023
BEVACIZUMAB 2 MG/0.08 ML SYR	SPECNP	3Q2023	SPECNP	3Q2023
CRESEMBA 74.5 MG CAPSULE	PB	4Q2023	PB	4Q2023

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

**Drug Surveillance
September 2023**

Drug / Edit Name	Date effective
Sohonos	9/6/2023
Daxxify	9/5/2023
Lodoco	9/7/2023
Hydroxym	9/28/2023
Hydrocort lotion	9/28/2023
Aphexda	9/28/2023

**Coverage Management Policy Additions/Modifications
September 2023**

Drug / Edit Name	Comments	Date effective
General Oncology PA - Vanflyta	Drug list update	8/9/2023
Actimmune	Criteria update	9/14/2023
Arcalyst	Criteria update	9/14/2023
Bylvay	Criteria update	9/14/2023
Daybue	Criteria update	9/14/2023
Desmopressin ST	Criteria update	9/14/2023
Global PA Policy	Criteria update	9/14/2023
GLP-1/GIP agents	Criteria update	9/14/2023
Inflammatory Care	Criteria update	9/14/2023
Morphine Equivalent Dose QL	Criteria update	9/14/2023
Qelbree	Criteria update	9/14/2023
Soliris	Criteria update	9/14/2023
Sucraid	Criteria update	9/14/2023
Ubrovelvy	Criteria update	9/14/2023
Ultomiris	Criteria update	9/14/2023
Zlalmly	Criteria update	9/14/2023
Insulin (other)	Rule and criteria update	10/2/2023
Multiple Sclerosis and Ulcerative Colitis - Zeposia Care Value	Criteria update	10/2/2023
Multiple Sclerosis Care Value	Criteria update	10/2/2023
Otic Antibiotics ST	Criteria update	10/2/2023

**Express Scripts - Formulary Updates
August 2023**

Trade Name	Basic (ID 2225) and ACA Advantage (ID 5083)	Effective Date	National Preferred (ID 1702)	Effective Date
ZEJULA 100 MG TABLET	SPECP	8/25/2023	SPECP	8/25/2023
ZEJULA 200 MG TABLET	SPECP	8/25/2023	SPECP	8/25/2023
ZEJULA 300 MG TABLET	SPECP	8/25/2023	SPECP	8/25/2023
ABRYSVO VIAL WITH DILUENT	PB	8/25/2023	PB	8/25/2023
AREXVY VIAL KIT	PB	8/25/2023	PB	8/25/2023
OLPRUVA 2 GRAM DOSE ENVELOPE	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 2 GRAM DOSE KIT	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 3 GRAM DOSE ENVELOPE	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 3 GRAM DOSE KIT	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 4 GRAM DOSE ENVELOPE	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 4 GRAM DOSE KIT	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 5 GRAM DOSE ENVELOPE	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 5 GRAM DOSE KIT	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 6 GRAM DOSE ENVELOPE	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 6 GRAM DOSE KIT	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 6.67 GM DOSE ENVELOPE	SPECNP	9/1/2023	SPECNP	9/1/2023
OLPRUVA 6.67 GRAM DOSE KIT	SPECNP	9/1/2023	SPECNP	9/1/2023

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

**Drug Surveillance
August 2023**

Drug / Edit Name	Date effective
Xdemvy	8/9/2023
Ycanth	8/9/2023
Izervay	8/14/2023
Trionex	8/14/2023
Talvey	8/18/2023
Airsupra	8/23/2023
Elrefxio	8/23/2023
Veopoz	8/23/2023

**Coverage Management Policy Additions/Modifications
August 2023**

Drug / Edit Name	Comments	Date effective
Global PA - Inpefa	Drug list update	6/26/2023
ICS ST - Alvesco	Rule and criteria update	7/28/2023
Provigil/Nuvigil	Criteria update	8/8/2023
Epidiolex	Criteria update	8/8/2023
Glumetza & Fortamet	Criteria update	8/8/2023
Humira (adalimumab products)	Criteria update	8/8/2023
Inflammatory Care - Rinvoq, Cosentyx	Criteria update	8/8/2023
Non-stimulant ADHD PA - Qelbree	Criteria update	8/8/2023
Oxaydo	Criteria update	8/8/2023
Promacta	Criteria update	8/8/2023
Skyrizi	Criteria update	8/8/2023
Soliris	Criteria update	8/8/2023
Tavalisse	Criteria update	8/8/2023
Ultomiris	Criteria update	8/8/2023
V-Go	Criteria update	8/8/2023
Weight Loss Appetite Suppression and Orlistat	Criteria update	8/8/2023
Weight Loss GLP1 Agonists PA	Criteria update	8/8/2023
Buprenorphine ST	Rule and criteria update	8/24/2023
Dichlorphenamide products - Keveyis	Rule and criteria update	8/24/2023
Gattex QL	Rule and criteria update	8/24/2023
ACAA/Basic MRRDL - Butrans	Drug list update	8/24/2023
Prostaglandin ST	Rule and criteria update	8/24/2023
Provigil/Nuvigil QL	Criteria update	8/24/2023
SNRI ST	Criteria update	8/24/2023
Syprine, Cuvrior	Criteria update	8/24/2023
TIRF - Abstral	Criteria update	8/24/2023
Topical Acne - Topical products	Rule and criteria update	8/24/2023

**Express Scripts - Formulary Updates
July 2023**

<u>Trade Name</u>	<u>Basic (ID 2225) and ACA Advantage (ID 5083)</u>	<u>Effective Date</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
EXKIVITY 40 MG CAPSULE	SPECP	7/21/2023	SPECP	7/21/2023
PREZISTA 600 MG TABLET	NPB	7/21/2023	NPB	7/21/2023
PREZISTA 800 MG TABLET	NPB	7/21/2023	NPB	7/21/2023
ABILIFY ASIMTUFII 720 MG/2.4ML	PB	7/21/2023	PB	7/21/2023
ABILIFY ASIMTUFII 960 MG/3.2ML	PB	7/21/2023	PB	7/21/2023
ZEPOSIA STARTER KIT (28-DAY)	SPECP	7/25/2023	SPECP	7/25/2023
TALZENNA 0.1 MG CAPSULE	SPECP	7/25/2023	SPECP	7/25/2023
TALZENNA 0.35 MG CAPSULE	SPECP	7/25/2023	SPECP	7/25/2023
AUVI-Q 0.1 MG AUTO-INJECTOR	PB	8/4/2023	PB	8/4/2023
AUVI-Q 0.15 MG AUTO-INJECTOR	PB	8/4/2023	PB	8/4/2023
AUVI-Q 0.3 MG AUTO-INJECTOR	PB	8/4/2023	PB	8/4/2023
AUSTEDO XR TITRATION KIT (WK1-4)	SPECP	8/4/2023	SPECP	8/4/2023

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

**Drug Surveillance
Jul 2023**

<u>Drug / Edit Name</u>	<u>Date effective</u>
Hulio	7/10/2023
Idacio	7/10/2023
Elevidys	7/10/2023
Hadlima	7/11/2023
Yusimry(CF) Pen	7/11/2023
Yuflyma(CF)	7/11/2023
Rystiggo	7/14/2023
Litfulo	7/14/2023
Roctavian	7/25/2023
Adstiladrin	7/25/2023

**Coverage Management Policy Additions/Modifications
July 2023**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Apokyn, Kynmobi	Criteria update	7/12/2023
Braftovi	Criteria update	7/12/2023
Entresto	No change / GCN expansion	7/12/2023
Kalydeco	Criteria update	7/12/2023
Long-acting opioids (Oral)	Criteria update	7/12/2023
Myfembree	Criteria update	7/12/2023
Ongentys	No change / GCN expansion	7/12/2023
Orilissa	Criteria update	7/12/2023
Radicava ORS	Criteria update	7/12/2023
Rinvoq	Criteria update	7/12/2023
Xenazine, Tetrabenazine	Criteria update	7/12/2023
Xuriden	Criteria update	7/12/2023
Zytiga, Abiraterone	Criteria update	7/12/2023
Spravato	Criteria update	7/12/2023
Rituximab IV	Criteria update	7/12/2023
Zeposia MS and UC Care Value	Criteria update	7/12/2023
Inflammatory Care - Sotyktu, Zeposia	Criteria update	7/12/2023
Skyclarys	Rule and criteria update	7/28/2023
ACAA/Basic MRRDL - Truvada, Esbriet	Drug list update	7/28/2023
Ibrance	Rule and criteria update	7/28/2023
Zavzpret	Rule and criteria update	7/28/2023
Erectile Dysfunction	Rule and criteria update	7/28/2023
Pirfenidone (previously Esbriet)	Criteria update	7/28/2023
Gen Onc PA - Kisqali, Kisqali Femara Co-Pack, Mektovi	Drug list update	7/28/2023
General Block List - Proctocort 30 mg, Hemmorex-HC 30 mg and hydrocortisone 30 mg suppositories	Drug list update	7/28/2023
Glaucoma Ophthalmic Beta Blockers	Criteria update	7/28/2023
ICS ST - Alvesco	Criteria update	7/28/2023
Kisqali, Kisqali Femara Co-Pack	Rule and criteria update	7/28/2023
Mektovi	Rule and criteria update	7/28/2023
Oral and Topical Testosterone Products	Criteria update	7/28/2023
SGLT-2 Inhibitors	Rule and criteria update	7/28/2023
Truvada	Rule and criteria update	7/28/2023
Growth Hormone	Criteria update	7/28/2023

Express Scripts - Formulary Updates June 2023				
Trade Name	Basic (ID 2225) and ACA Advantage (ID 5083)	Effective Date	National Preferred (ID 1702)	Effective Date
CRINONE 8% GEL	SPECP	6/9/2023	SPECP	6/9/2023
OMNIPOD GO 10 UNIT/DAY PODS	PB	6/30/2023	PB	6/30/2023
OMNIPOD GO 15 UNIT/DAY PODS	PB	6/30/2023	PB	6/30/2023
OMNIPOD GO 20 UNIT/DAY PODS	PB	6/30/2023	PB	6/30/2023
OMNIPOD GO 25 UNIT/DAY PODS	PB	6/30/2023	PB	6/30/2023
OMNIPOD GO 30 UNIT/DAY PODS	PB	6/30/2023	PB	6/30/2023
OMNIPOD GO 35 UNIT/DAY PODS	PB	6/30/2023	PB	6/30/2023
OMNIPOD GO 40 UNIT/DAY PODS	PB	6/30/2023	PB	6/30/2023
LUMRYZ ER 6 GM PACKET	SPECP	6/30/2023	SPECP	6/30/2023
LUMRYZ ER 7.5 GM PACKET	SPECP	6/30/2023	SPECP	6/30/2023
LUMRYZ ER 9 GM PACKET	SPECP	6/30/2023	SPECP	6/30/2023
LUMRYZ ER 4.5 GM PACKET	SPECP	6/30/2023	SPECP	6/30/2023
CYLTEZO(CF) 40 MG/0.8 ML SYRNG	SPECP	7/12/2023	SPECP	7/12/2023
CYLTEZO(CF) PEN CRH-UC-HS 40MG	SPECP	7/12/2023	SPECP	7/12/2023
CYLTEZO(CF) PEN PSORIASIS 40MG	SPECP	7/12/2023	SPECP	7/12/2023
CYLTEZO(CF) PEN 40 MG/0.8 ML	SPECP	7/12/2023	SPECP	7/12/2023
CYLTEZO(CF) 10 MG/0.2 ML SYRNG	SPECP	7/12/2023	SPECP	7/12/2023
CYLTEZO(CF) 20 MG/0.4 ML SYRNG	SPECP	7/12/2023	SPECP	7/12/2023
ADALIMUMAB-ADAZ(CF)	SPECP	7/14/2023	SPECP	7/14/2023
ADALIMUMAB-ADAZ(CF) PEN	SPECP	7/14/2023	SPECP	7/14/2023
HYRIMOZ(CF)	SPECP	7/14/2023	SPECP	7/14/2023
HYRIMOZ(CF) PEDIATRIC CROHN'S	SPECP	7/14/2023	SPECP	7/14/2023
HYRIMOZ(CF) PEN	SPECP	7/14/2023	SPECP	7/14/2023
HYRIMOZ(CF) PEN CROHN-UC START	SPECP	7/14/2023	SPECP	7/14/2023
HYRIMOZ(CF) PEN PSORIASIS	SPECP	7/14/2023	SPECP	7/14/2023
XYNTHA 250 UNIT KIT	SPECP	7/20/2023	SPECP	7/20/2023
XYNTHA 500 UNIT KIT	SPECP	7/20/2023	SPECP	7/20/2023
XYNTHA 1,000 UNIT KIT	SPECP	7/20/2023	SPECP	7/20/2023
XYNTHA 2,000 UNIT KIT	SPECP	7/20/2023	SPECP	7/20/2023
XYNTHA SOLOFUSE 3,000 UNIT KIT	SPECP	7/20/2023	SPECP	7/20/2023
XYNTHA SOLOFUSE 250 UNIT KIT	SPECP	7/20/2023	SPECP	7/20/2023
XYNTHA SOLOFUSE 500 UNIT KIT	SPECP	7/20/2023	SPECP	7/20/2023
XYNTHA SOLOFUSE 1,000 UNIT KIT	SPECP	7/20/2023	SPECP	7/20/2023
XYNTHA SOLOFUSE 2,000 UNIT KIT	SPECP	7/20/2023	SPECP	7/20/2023

Coverage Management Policy Additions/Modifications June 2023		
Drug / Edit Name	Comments	Date effective
Actemra	Criteria update	6/7/2023
Antidepressants - Bupropion LA	Criteria update	6/7/2023
Multiple Sclerosis Care Value	Criteria update	6/7/2023
Botox	Criteria update	6/7/2023
Cimzia	Criteria update	6/7/2023
C1 esterase inhibitors- Cinryze, Haegarda	Criteria update	6/7/2023
Enbrel	Criteria update	6/7/2023
Humira and Amjevita	Criteria update	6/7/2023
Ibsrela	Criteria update	6/7/2023
Isturisa	Criteria update	6/7/2023
Juxtapid	Criteria update	6/7/2023
Kevzaara	Criteria update	6/7/2023
Korlym	Criteria update	6/7/2023
Koselugo	Criteria update	6/7/2023
Livmarli	Criteria update	6/7/2023
Mircera	Criteria update	6/7/2023
Motegrity	Criteria update	6/7/2023
Orencia SC	Criteria update	6/7/2023
Orladeya	Criteria update	6/7/2023
Pradaxa	Rule and criteria update	6/7/2023
Bile Acid Sequestrants - Questran, Prevalite, Colestid	Criteria update	6/7/2023
Quilpta	Criteria update	6/7/2023
Simponi	Criteria update	6/7/2023
Stelara	Criteria update	6/7/2023
Takhzyro	Criteria update	6/7/2023
Taltz	Criteria update	6/7/2023
Tremfya	Criteria update	6/7/2023
Trikafta	Criteria update	6/7/2023
Aranesp	Criteria update	6/8/2023
SCIG - Cutaquig, Cuvitru, Gammagard Liquid, Gammaked, Gamunex®-C, Hizentra, HyQvia, Xembify	Criteria update	6/8/2023
Dysport	Criteria update	6/8/2023
Epoetin Alfa Products - Epogen, Procrit, Retacrit	Criteria update	6/8/2023
HCV - Mavyret, Sovaldi, Epclusa AG, Harvoni AG	Criteria update	6/8/2023
Myobloc	Criteria update	6/8/2023

Drug Surveillance June 2023	
Drug / Edit Name	Date effective
Epkinly	6/5/2023
Vyjuvek	6/9/2023
Lefluniclo	6/20/2023
Columvi	6/30/2023
Vyvgart Hytrulo	6/30/2023

Coverage Management Policy Additions/Modifications June 2023 - Con't		
Nuplazid	Criteria update	6/8/2023
Recorlev	Criteria update	6/8/2023
Relistor	Criteria update	6/8/2023
Viberzi	Rule and criteria update	6/8/2023
Xeomin	Criteria update	6/8/2023
Epclusa	Criteria update	6/9/2023
Zovirax and Acyclovir topicals	Rule and criteria update	6/23/2023
Ophthalmic Antihistamine - Alrex, Bepreve, Zerviate	Rule and criteria update	6/23/2023
Amitiza	Retire rule and criteria	6/23/2023
Topical Alpha-Adrenergic Agonists	Rule and criteria update	6/23/2023
Selective Serotonin Reuptake Inhibitors	Rule and criteria update	6/23/2023
Otic Antibiotics	Rule and criteria update	6/23/2023
Cholbam	No change / GCN expansion	6/23/2023
SNRI Antidepressant ST	Rule and criteria update	6/23/2023
Daybue	Rule and criteria update	6/23/2023
Solaraze, diclofenac 3% gel	Rule and criteria update	6/23/2023
Erleada	Retire rule and criteria	6/23/2023
Gleevec	Rule and criteria update	6/23/2023
Joenja	Rule and criteria update	6/23/2023
Calcium Channel Blockers	No change / GCN expansion	6/23/2023
Movantik and Symproic (Mu-Opioid Receptor Antagonists for Opioid-Induced Constipation)	Rule and criteria update	6/23/2023
Nubeqa	Rule and criteria update	6/23/2023
Ocaliva	No change / GCN expansion	6/23/2023
Relyvrio	New rule and criteria	6/23/2023
Vijoice	No change / GCN expansion	6/23/2023
Narcolepsy Products - Wakix, Xyrem, Xywav and Lumryz	Rule and criteria update	6/23/2023
Yonsa	Retire rule	6/23/2023

**Express Scripts - Formulary Updates
May 2023**

<u>Trade Name</u>	<u>Basic (ID 2225) and ACA Advantage (ID 5083)</u>	<u>Effective Date</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
JOENJA 70 MG TABLET	N/A	N/A	SPECP	5/25/2023
GUARDIAN 4 GLUCOSE SENSOR	N/A	N/A	NPB	5/26/2023
GUARDIAN 4 TRANSMITTER	N/A	N/A	NPB	5/26/2023
TRIKAFTA 100-50-75 MG/75MG PKT	SPECP	6/2/2023	SPECP	6/2/2023
TRIKAFTA 80-40-60MG/59.5MG PKT	SPECP	6/2/2023	SPECP	6/2/2023
MEKINIST 0.05 MG/ML SOLUTION	SPECP	6/16/2023	SPECP	6/16/2023
TAFINLAR 10 MG TABLET FOR SUSP	SPECP	6/16/2023	SPECP	6/16/2023
UDENYCA 6 MG/0.6 ML AUTOINJECT	SPECP	6/2/2023	N/A	N/A

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

**Drug Surveillance
May 2023**

<u>Drug / Edit Name</u>	<u>Date effective</u>
Qalsody	5/3/2023
Omisirge	5/5/2023
Duloxicaine	5/8/2023
Elfabrio	5/23/2023

**Coverage Management Policy Additions/Modifications
May 2023**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Beta Blockers - Inderal LA, Hemangeol	Criteria update	5/10/2023
Cabenuva	Criteria update	5/10/2023
Evenity	Criteria update	5/10/2023
Evkeeza	Criteria update	5/10/2023
Korlym	Criteria update	5/10/2023
Pheochromocytoma - phenoxybenzamine	Criteria update	5/10/2023
Reblozyl	Criteria update	5/10/2023
Topical Corticosteroids	Criteria update	5/10/2023
Fintepla	Criteria update	5/24/2023
Cayston	Rule and criteria update	5/26/2023
Cequa	No change	5/26/2023
Corticotrophin Gel	No change	5/26/2023
Diclegis and Bonjesta	No change	5/26/2023
Entyvio	No change	5/26/2023
Ezetimibe-containing products	Retire rule and criteria	5/26/2023
Bill Medical Block - Lamzede and Omisirge	Drug List Update	5/26/2023
Filspari	New rule and criteria	5/26/2023
Gabapentin ST - Lyrica, neurontin, pregabalin ER, Lyrica CR	Rule and criteria update	5/26/2023
GIP and GLP1 Agonists	Rule update	5/26/2023
Global PA - Joenja and Filspari	Rule update	5/26/2023
Gonadotropin-Releasing Hormone Agonists – Central Precocious Puberty - Supprelin LA	Rule and criteria update	5/26/2023
HMG Co-A Reductase Inhibitors	Rule and criteria update	5/26/2023
Inflammatory Bowel Disease (IBD) ST - Delzicol, Asacol, Lialda and mesalamine CR	Rule and criteria update	5/26/2023
Lacosamide ST - Vimpat	Retire rule and criteria	5/26/2023
Lidocaine Patch - Lidoderm and Ztlido	Rule and criteria update	5/26/2023
Sunosi	New rule and criteria	5/26/2023
Canasa Suppositories	Drug List Update	5/26/2023
Savaysa	Retire rule and criteria	5/26/2023

**Express Scripts - Formulary Updates
April 2023**

<u>Trade Name</u>	<u>Basic (ID 2225) and ACA Advantage (ID 5083)</u>	<u>Effective Date</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
AUSTEDO XR 6 MG TABLET	SPECP	5/5/2023	SPECP	5/5/2023
AUSTEDO XR 12 MG TABLET	SPECP	5/5/2023	SPECP	5/5/2023
AUSTEDO XR 24 MG TABLET	SPECP	5/5/2023	SPECP	5/5/2023
LAMZEDE 10 MG VIAL	SPECP	5/5/2023	SPECP	5/5/2023
NOXAFIL 40 MG/ML SUSPENSION	NPB	5/5/2023	NPB	5/5/2023
KISQALI 200 MG DAILY DOSE	SPECP	6/1/2023	SPECP	6/1/2023
KISQALI 400 MG DAILY DOSE	SPECP	6/1/2023	SPECP	6/1/2023
KISQALI 600 MG DAILY DOSE	SPECP	6/1/2023	SPECP	6/1/2023
KISQALI FEMARA 200 MG CO-PACK	SPECP	6/1/2023	SPECP	6/1/2023
KISQALI FEMARA 400 MG CO-PACK	SPECP	6/1/2023	SPECP	6/1/2023
KISQALI FEMARA 600 MG CO-PACK	SPECP	6/1/2023	SPECP	6/1/2023
PIQRAY 200 MG DAILY DOSE PACK	SPECP	6/1/2023	SPECP	6/1/2023
PIQRAY 250 MG DAILY DOSE PACK	SPECP	6/1/2023	SPECP	6/1/2023
PIQRAY 300 MG DAILY DOSE PACK	SPECP	6/1/2023	SPECP	6/1/2023
SCEMBLIX 20 MG TABLET	SPECP	6/1/2023	SPECP	6/1/2023
SCEMBLIX 40 MG TABLET	SPECP	6/1/2023	SPECP	6/1/2023
AUBAGIO 7 MG TABLET	SPECNP	7/1/2023	SPECNP	7/1/2023
AUBAGIO 14 MG TABLET	SPECNP	7/1/2023	SPECNP	7/1/2023
FERRIPROX 1,000 MG TAB(3X/DAY)	SPECNP	7/1/2023	SPECNP	7/1/2023
FERRIPROX 1,000 MG TABLET	SPECNP	7/1/2023	SPECNP	7/1/2023

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

**Drug Surveillance
April 2023**

<u>Drug / Edit Name</u>	<u>Date effective</u>
Lamzede	4/4/2023
Naprelan CR, BP 10-1 Wash, Fem PH, Alalpram HC, Oxybutynin	4/11/2023

**Coverage Management Policy Additions/Modifications
April 2023**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Addyi	Criteria update	4/6/2023
Attention Deficit Hyperactivity Disorder - Daytrana	Criteria update	4/6/2023
Cibinqo	Criteria update	4/6/2023
Intrarosa	Criteria update	4/6/2023
Kevzara	Criteria update	4/6/2023
Multiple Sclerosis	Criteria update	4/6/2023
Northera, droxidopa	No change	4/6/2023
Osphena	No change	4/6/2023
Sublingual Immunotherapy (SLIT)-Odactra	Criteria update	4/6/2023
Tascenso ODT	Criteria update	4/6/2023
Tetracyclines (oral)	No change	4/6/2023
Topical Rosacea-Soolantra, Zilxi	Criteria update	4/6/2023
Verkazia	Criteria update	4/6/2023
Winlevi	No change	4/6/2023
Rituxan, Ruxience, Truxima, Riabni	Criteria update	4/10/2023
Tahkzyro	Criteria update	4/10/2023
Acne - Topical Kits (Clindavix Kit, Dynashield)	Criteria update	4/24/2023
Altuviio	Rule and criteria update	4/24/2023
Contraceptives (Oral and Patch)-Annovera	Criteria update	4/24/2023
Insulin Rapid Acting-Humalog Tempo Pen, Lyumjev Tempo Pen	Rule and criteria update	4/24/2023
Nexletol	New rule and criteria	4/24/2023
Nexletol/Nexlizet	Retire rule and criteria	4/24/2023
Nexlizet	New rule and criteria	4/24/2023
PDE5 Inhibitors-tadalafil, sildenafil	Rule and criteria update	4/24/2023
Pizensy	Retire rule and criteria	4/24/2023
Ravicti, Buphenyl (brand and generic), Pheburane and Olpruva	Rule and criteria update	4/24/2023
Trokendi XR	Rule and criteria update	4/24/2023
Xgeva	Rule and criteria update	4/24/2023

**Express Scripts - Formulary Updates
March 2023**

<u>Trade Name</u>	<u>Basic (ID 2225) and ACA Advantage (ID 5083)</u>	<u>Effective Date</u>	<u>National Preferred (ID 1702)</u>	<u>Effective Date</u>
PRADAXA 20, 30, 40, 50, 110, 150 MG PELLETT PACK			EXCL	2/20/2023
CLENPIQ 175 ML SOLUTION			EXCL	3/1/2023
HEMGENIX (Multiple Strengths)	SPECP	4/7/2023	SPECP	4/7/2023
LATUDA 20, 30, 60, 80, 120 MG TABLET	NPB	4/7/2023	NPB	4/7/2023
ORSERDU 86, 345 MG TABLET	SPECP	4/7/2023	SPECP	4/7/2023
SYFOVRE 15 MG/0.1 ML VIAL	SPECP	4/7/2023	SPECP	4/7/2023
XACIATO 2% VAGINAL GEL	PB	4/7/2023	PB	4/7/2023
PHESGO 1,200-600MG-30,000 UNIT	SPECP	4/15/2023	SPECP	4/15/2023
PHESGO 600-600 MG-20,000 UNIT	SPECP	4/15/2023	SPECP	4/15/2023
ALTUVIIIO VIAL	SPECP	4/21/2023	SPECP	4/21/2023
LUPKYNIS 7.9 MG CAPSULE	SPECP	5/1/2023	SPECP	5/1/2023

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**Coverage Management Policy Additions/Modifications
March 2023**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
General Oncology - Jaypirca, Orserdu, sunitinib	Rule update	2/15/2023
Branded NSAID - Cambia	Rule update	2/23/2023
Medical Block List - Syfovire	Rule update	2/24/2023
Adempas	Criteria update	3/14/2023
Amjevita, Humira	Criteria update	3/14/2023
Inflammatory Conditions Care Value - Amjevita	Criteria update	3/14/2023
Orenitram	Criteria update	3/14/2023
Revcovi	Criteria update	3/14/2023
Roflumilast (Dalirasp)	Criteria update	3/14/2023
Siklos	Criteria update	3/14/2023
Uptravi	Criteria update	3/14/2023
Zeposia	Criteria update	3/14/2023
Actinic Keratosis	Rule and criteria update	3/30/2023
Briumvi	New rule and criteria	3/30/2023
Global PA - Filsapri, Jesduvroq, Brenzvy, Briumvi, Sunlenca	Rule update	3/30/2023
Inhaled Corticosteroid/Long-Acting Beta Agonists (ICS/LABA) - AirDuo RespiClick, fluticasone/salmeterol inh powder (AG to AirDuo RespiClick)	Rule and criteria update	3/30/2023
Inhaled Corticosteroids - ArmonAir Digihaler, Pulmicort, fluticasone propionate inh aerosol (AG to Flovent HFA)	Rule and criteria update	3/30/2023
Pancreatic Enzymes-Pertzye	Retire rule and criteria	3/30/2023
Sapropterin Products-Javygtor	Criteria update	3/30/2023
SGLT-2/DPP-4 Inhibitor Combinations - Qtern, Steglujan	Rule and criteria update	3/30/2023
Sunlenca	New rule and criteria	3/30/2023
Vyvanse	New rule and criteria	3/30/2023
Zioptan, tafluprost	Rule and criteria update	3/30/2023

**Drug Surveillance
March 2023**

<u>Drug / Edit Name</u>	<u>Date effective</u>
Diclofenac Potassium 25 mg	3/14/2023
Zynyz	3/27/2023
Lamzede	3/31/2023