

Fourth Quarter 2020 Drug Formulary and Clinical Updates

Date of Notice: 12/28/2020

Formulary Updates

Drug Name, Strength(s), & Dosage Form(s)	Description of Change	Formulary Status	Alternative Drug(s) (if applicable)	Effective Date
Proair Digihaler 90 mcg/actuation aerosol powder breath actuation sensor	Formulary Addition; QL Addition	Non-Preferred brand		01.01.2021
Relafen 500 mg oral tablet, Relafen 750 mg oral tablet, Relafen DS 1000 mg oral tablet	Formulary Addition	Non-Preferred brand		01.01.2021
Naprelan CR 375 mg oral tablet, ER multiphase 24 hr, Naprelan CR 500 mg oral tablet, ER multiphase 24 hr	Formulary Addition	Non-Preferred brand		01.01.2021
Naprelan CR 750 mg oral tablet, ER multiphase 24 hr	Formulary Addition	Preferred brand		01.01.2021
Naproxen Sodium 375 mg oral tablet, ER multiphase 24 hr, Naproxen Sodium 500 mg oral tablet, ER multiphase 24 hr	Formulary Addition	Generic		01.01.2021
EC-Naprosyn 375 mg oral tablet DR, EC-Naprosyn 500 mg oral tablet DR	Formulary Addition	Non-Preferred brand		01.01.2021
EC-Naproxen 375 mg oral tablet DR, EC-Naproxen 500 mg oral tablet DR	Formulary Addition	Non-Preferred brand		01.01.2021
Monoferric 100 mg iron IV solution	Formulary Addition	Preferred brand		01.01.2021
Ongentys 50 mg oral capsule	Formulary Addition; PA Addition; QL Addition	Non-Preferred brand		01.01.2021
Gimoti 15mg/spray nasal spray with pump	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Kuvan 100 mg soluble oral tablet, Kuvan 100 mg oral powder in packet, Kuvan 500 mg oral powder in packet	Formulary Update	Non-Preferred brand		01.01.2021
Gavreto 100 mg oral capsule (New drug)	Formulary Addition; PA Addition; QL Addition	Preferred brand		01.01.2021

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Lampit 120 mg capsule, Lampit 30 mg capsule (New drug)	Formulary Addition	Preferred brand		01.01.2021
Sevenfact 1 mg IV solution, Sevenfact 5 mg IV solution	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Ferriprox 500 mg oral tablet	Formulary Update	Non-Preferred brand		01.01.2021
Conjupri 2.5 mg tablet, Conjupri 5 mg tablet	Formulary Addition; QL Addition	Non-Preferred brand		01.01.2021
Alkindi sprinkle 0.5 mg sprinkle capsule, Alkindi sprinkle 1 mg sprinkle capsule, Alkindi sprinkle 2 mg sprinkle capsule, Alkindi sprinkle 5 mg sprinkle capsule	Formulary Addition	Non-Preferred brand		01.01.2021
Banzel 40 mg/mL oral suspension	Formulary Update	Non-Preferred brand		01.01.2021
Omeprazole sodium bicarbonate 20-1.1 mg-gram capsule, Omeprazole sodium bicarbonate 40-1.1 mg-gram capsule	Formulary Addition	Generic		01.01.2021
Zegerid 20-1.1 mg-gram capsule, Zegerid 40-1.1 mg-gram capsule	Formulary Addition	Non-Preferred brand		01.01.2021
Liothyronine sodium 25 mcg tablet, Liothyronine sodium 50 mcg tablet	QL Deletion	Generic		01.01.2021
Belbuca 150 mcg buccal film, Belbuca 300 mcg buccal film	QL Addition	Non-Preferred brand		01.01.2021
Lansoprazole ODT 15 mg	Age Limit Update	Generic		01.01.2021
Solosec 2 gram oral DR granule	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
24 Hour Allergy Relief 50 mcg/actuation nasal spray suspension	PL Update	NF	Fluticasone propionate nasal spray	10.19.2020
Acanya 1.2 - 2.5% gel with pump	Formulary Addition	Non-Preferred brand		4.1.2020
Acetaminophen-caffeine-dihydrocodeine 320.5-30-16 mg capsule	QL Update	Generic		10.24.2020
Trezix 320.5-30-16 mg capsule	QL Update	Non-Preferred brand		10.29.2020

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Acyclovir in 0.9 % sodium chloride 200 mg/100 ml IV piggyback	Formulary Addition	Generic		10.14.2020
Advair diskus 100-50 mcg/dose inhalation blister; with inhalation device, Advair diskus 250-50 mcg/dose inhalation blister; with inhalation device, Advair diskus 500-50 mcg/dose inhalation blister; with inhalation device, Advair HFA 115-21 mcg/actuation inhalation HFA aerosol with adapter (gram), Advair HFA 230-21 mcg/actuation inhalation HFA aerosol with adapter (gram), Advair HFA 45-21 mcg/actuation inhalation HFA aerosol with adapter (gram)	PL Update	Preferred brand		10.19.2020
Akynzeo (fosnetupitant) 235 mg - 0.25 mg/20 mL IV solution	Formulary Addition; PA Addition	Preferred brand		9.1.2020
Albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	PL Update	Generic		10.19.2020
Aller-flo 50 mcg/actuation nasal spray suspension Allergy relief (fluticasone) 50 mcg/actuation nasal spray suspension	PL Update	NF	Montelukast, Levocetirizine, Flunisolide, Triamcinolone acetoneide	10.19.2020
Almotriptan malate 12.5 mg tablet Almotriptan malate 6.25 mg tablet	QL Update	Generic		10.24.2020
Almotriptan malate 12.5 mg tablet Almotriptan malate 6.25 mg tablet	QL Update	Generic		10.29.2020
Anoro ellipta 62.5-25 mcg/actuation inhalation blister; with inhalation device	PL Update	Preferred brand		10.19.2020
Arcapta neohaler 75 mcg inhalation capsule; with inhalation device	PL Update	Non-Preferred brand		10.19.2020
Arnuity ellipta 100 mcg/actuation inhalation blister; with inhalation device, Arnuity ellipta 200 mcg/actuation inhalation blister; with inhalation device	PL Update	Preferred brand		10.19.2020
Klarity-A (azithro-chondr) (PF) ophthalmic solution 1%	QL Update	Non-Preferred brand		11.18.2020
Becaplermin gel 0.01%	QL Update	Non-Preferred brand		11.18.2020

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Benzoyl peroxide 7% topical cleanser, Benzoyl peroxide microspheres 7% topical cleanser	Formulary Addition	Generic		4.1.2020
PR benzoyl peroxide microspheres 7% topical cleanser	Formulary Addition	Non-Preferred brand		4.1.2020
Benzoyl Peroxide-Erythromycin gel 5%-3%	QL Deletion	Generic		11.18.2020
Benzamycin 3%-5% topical gel	QL Deletion	Non-Preferred brand		11.18.2020
Bevespi aerosphere 9-4.8 mcg inhalation HFA aerosol with adapter (gram)	PL Update	Non-Preferred brand		11.19.2020
Bicillin C-R 1;200;000 unit/ 2 mL(600k/600k) IM syringe, Bicillin C-R 1;200;000 unit/ 2 mL(900k/300k) IM syringe, Bicillin L-A 1;200;000 unit/2 mL IM syringe, Bicillin L-A 2;400;000 unit/4 mL IM syringe, Bicillin L-A 600;000 unit/mL IM syringe	Formulary Addition	Preferred brand		4.1.2020
Breo ellipta 100-25 mcg/dose inhalation blister; with inhalation device, Breo ellipta 200-25 mcg/dose inhalation blister; with inhalation device	PL Update	Preferred brand		10.19.2020
Budesonide-formoterol 160-4.5 mcg/actuation HFA aerosol with adapter (gram), Budesonide-formoterol 80-4.5 mcg/actuation HFA aerosol with adapter (gram)	QL Addition	Generic		10.29.2020
Budesonide-formoterol 160-4.5 mcg/actuation HFA aerosol with adapter (gram), Budesonide-formoterol 80-4.5 mcg/actuation HFA aerosol with adapter (gram)	PL Update	Generic		10.24.2020
Budesonide-formoterol 160-4.5 mcg/actuation HFA aerosol with adapter (gram), Budesonide-formoterol 80-4.5 mcg/actuation HFA aerosol with adapter (gram)	PL Update	Generic		10.29.2020

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Butorphanol tartrate nasal solution 10 mg/mL	QL Update	Generic		10.24.2020
Butorphanol tartrate nasal solution 10 mg/mL	QL Update	Generic		10.29.2020
Sorilux foam 0.005%	QL Update	Non-Preferred brand		10.18.2020
Calcipotriene-betamethasone 0.005-0.064 % topical suspension	QL Update	Generic		10.18.2020
Taclonex topical suspension 0.005-0.064%	QL Update	Non-Preferred brand		10.18.2020
Calcitriol ointment 3 mcg/gm	QL Update	Generic		10.18.2020
Vectical 3 mcg/gm topical ointment	QL Update	Preferred brand		10.18.2020
Children's Flonase Allergy Relief 50 mcg/actuation nasal spray suspension	PL Update	NF	Fluticasone propionate nasal spray	10.19.2020
ClariSpray 50 mcg/actuation nasal spray suspension	PL Update	NF	Fluticasone propionate nasal spray	10.19.2020
Clindamycin-benzoyl peroxide 1.2-2.5% gel with pump	Formulary Addition	Generic		4.1.2020
Clinimix 6%-D5W (sulfite-free) IV solution, Clinimix 8%-D10W(sulfite-free) IV solution,	Formulary Addition	Preferred brand		10.29.2020
Clinimix 8%-D14W(sulfite-free) IV solution	Formulary Addition	Preferred brand		10.27.2020
Clinimix E 8%-D10W sulfitefree IV solution Clinimix E 8%-D14W sulfitefree IV solution	Formulary Addition	Preferred brand		10.29.2020
Clinolipid 20 % IV emulsion	PA Deletion	Preferred brand		9.30.2020
Clotrimazole w/ betamethasone Cream 1-0.05%	QL Update	Generic		10.24.2020
Clotrimazole w/ betamethasone Cream 1-0.05%	QL Update	Generic		10.29.2020
COVID19 test ADM.by Pharmacist	Formulary Addition	Preferred brand		10.7.2020

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Cyclopent-tropic-phen-ketr-wat 1 %-1 %-10 %-0.5% eye drops	Formulary Addition	Generic		10.9.2020
Cyclopent-tropic-phen-ketr-wat 1%-1%-2.5%-0.5% ophthalmic drops Cyclop-trop-propa-phen-ket-wat 1%-1%-0.1%-2.5%-0.4% ophthalmic drops	Formulary Addition	Generic		9.18.2020
Restasis (Ophthalmic) emulsion 0.05%	QL Update	Preferred brand		11.18.2020
Deferiprone 500 mg tablet	Formulary Addition	Generic		9.18.2020
Delestrogen 10 mg/mL IM oil	Formulary Addition	Preferred brand		4.1.2020
Delestrogen 20 mg/mL IM oil Delestrogen 40 mg/mL IM oil	Formulary Addition	Non-Preferred brand		4.1.2020
Pennsaid 2% topical solution in metered-dose pump	QL Update	Non-Preferred brand		11.18.2020
Diclofenac submicronized 35 mg capsules	Formulary Addition	Generic		9.16.2020
Diluent for decitabine IV solution	Speciality Addition	Generic		11.18.2020
Diluent for decitabine IV solution	Formulary Addition; PA Addition	Generic		10.27.2020
Diluent for istodax 2.2 mL IV solution	Formulary Addition	Preferred brand		9.15.2020
Diluent for jevtana 5.7 mL IV solution	Formulary Addition; PA Addition	Preferred brand		10.14.2020
Dimethyl fumarate 120 mg (14) - 240 mg (46) capsule	Formulary Addition; PA Addition; QL Addition	Generic		9.28.2020
Dulera 100-5 mcg/actuation HFA aerosol with adapter (gram), Dulera 200-5 mcg/actuation HFA aerosol with adapter (gram)	PL Update	Non-Preferred brand		10.19.2020
Efavirenz-emtricitabin-tenofovir 600-200-300 mg tablet	Formulary Addition; QL Addition	Generic		10.2.2020
Efavirenz-lamivudine-tenofovir disoproxil 400-300-300 mg tablet, Efavirenz-lamivudine-tenofovir disoproxil 600-300-300 mg tablet	Formulary Addition	Generic		9.15.2020

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Eletriptan hydrobromide tablet 20 mg (base equivalent)	QL Update	Generic		10.24.2020
Relpax 20 mg tablet	QL Update	Non-Preferred brand		10.24.2020
Eletriptan hydrobromide tablet 20 mg (Base Equivalent)	QL Update	Generic		10.29.2020
Relpax 20 mg tablet	QL Update	Non-Preferred brand		10.29.2020
Eletriptan hydrobromide tablet 40 mg	QL Update	Generic		10.24.2020
Relpax 40 mg tablet	QL Update	Non-Preferred brand		10.24.2020
Eletriptan hydrobromide tablet 40 mg	QL Update	Generic		10.29.2020
Relpax 40 mg tablet	QL Update	Non-Preferred brand		10.29.2020
Emtricitabine 200 mg capsule	Formulary Addition	Generic		9.1.2020
Emtricitabine-tenofovir (TDF) 200-300 mg tablet	Formulary Addition	Generic		10.2.2020
Entresto 49-51 mg tablet Entresto 97-103 mg tablet	QL Addition	Non-Preferred brand		4.1.2020
Eplusa 200-50 mg oral tablet	Formulary; PA; QL; Speciality Addition	Non-Preferred brand		10.22.2020
EstroGel 0.06% (0.75 mg/1.25 gm metered-dose pump)	QL Update SPS Addition	Non-Preferred brand		11.18.2020
Climara TD patch weekly 0.025 mg/24hr, Climara TD patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), Climara TD patch weekly 0.05 mg/24hr, Climara TD patch weekly 0.06 mg/24hr, Climara TD patch weekly 0.075 mg/24hr, Climara TD patch weekly 0.1 mg/24hr, Climara TD patch weekly 14 mcg/24hr	QL Update	Non-Preferred brand		11.18.2020
Estradiol TD patch weekly 0.025 mg/24hr, Estradiol TD patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), Estradiol TD patch weekly 0.05 mg/24hr, Estradiol TD patch weekly 0.06 mg/24hr,	QL Update	Generic		11.18.2020

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Estradiol TD patch weekly 0.075 mg/24hr, Estradiol TD patch weekly 0.1 mg/24hr, Estradiol TD patch weekly 14 mcg/24hr				
Premarin vaginal cream 0.625 mg/gm	QL Update	Preferred brand		11.18.2020
Famotidine 20 mg tablet	Formulary Addition	Generic		7.16.2020
Flonase allergy relief 50 mcg/actuation nasal spray suspension	PL Update	NF	Fluticasone propionate nasal spray	10.19.2020
Flovent diskus 100 mcg/actuation inhalation blister; with inhalation device, Flovent diskus 250 mcg/actuation inhalation blister; with inhalation device	PL Update	Preferred brand		10.19.2020
Flunisolide nasal solution 25 mcg/actuation (0.025%)	PL Deletion; QL Addition	Generic		11.18.2020
Fluticasone 50 mcg/actuation nasal spray suspension	PL Update	Generic		10.19.2020
Fosfomycin tromethamine 3 gram oral packet	Formulary Addition	Generic		10.8.2020
Freestyle libre 14 day sensor	QL Update	Preferred brand		10.24.2020
Freestyle libre 14 day sensor	QL Update	Preferred brand		10.29.2020
Glucagon (HCl) emergency kit	QL Update	Preferred brand		10.24.2020
Glucagon (HCl) emergency kit	QL Update	Preferred brand		10.29.2020
Glucagon (rDNA) for injection kit 1 mg	QL Update	Non-Preferred brand		10.24.2020
Glucagon (rDNA) for injection kit 1 mg	QL Update	Non-Preferred brand		10.29.2020
Glucagon HCl (rDNA) for injection 1 mg (base equivalent)	QL Update	Preferred brand		10.24.2020
Glucagon HCl (rDNA) for injection 1 mg (base equivalent)	QL Update	Preferred brand		10.29.2020

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Hemady 20 mg tablet	Formulary Addition	Non-Preferred brand	8.31.2020
Icosapent ethyl 1gram oral capsule	Formulary Addition	Generic	11.5.2020
ID now COVID-19 test kit	Formulary Addition	Preferred brand	10.7.2020
Impeklo 0.05% topical lotion in meter-dosed pump	Formulary Addition	Non-Preferred brand	10.30.2020
Incruse ellipta 62.5 mcg/actuation	PL Update	Preferred brand	10.19.2020
Intralipid 20 % IV emulsion Intralipid 30 % IV emulsion	PA Deletion	Preferred brand	9.30.2020
Jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) tablet	Formulary Addition; Age Edit Update; Age Based Copay Update	Preventive Medication	4.1.2020
Ketorolac tromethamine tablet 10 mg	QL Update	Generic	10.24.2020
Ketorolac tromethamine tablet 10 mg	QL Update	Generic	10.29.2020
Lapatinib 250 mg tablet	Formulary Addition; PA Addition	Generic	09.29.2020
Xalatan ophthalmic solution 0.005%	QL Update	Non-Preferred brand	10.24.2020
Latanoprost ophthalmic solution 0.005%, Latanoprost (pf) ophthalmic solution 0.005%	QL Update	Generic	10.24.2020
Levocetirizine 5 mg tablet	Formulary Addition	Generic	5.6.2020
Jentaduetto 2.5-500 mg tablet, Jentaduetto 2.5-850 mg tablet	Formulary Addition	Preferred brand	4.1.2020
Lojaimiess 0.10 mg-20 mcg (84)/10 mcg (7) tablet	Formulary Addition; Age Edit Update; Age Based Copay Update	Preventive Medication	4.1.2020
Memantine 5 mg tablet	QL Update	Generic	4.1.2021

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Menquadfi (PF) 10mcg/0.5 mL IM solution	Formulary Addition; Age Edit Update; Age Based Copay Update	Preventive Medication		09.12.2020
Metronidazole gel 0.75%, Rosadan gel 0.75%	QL Update	Generic		11.18.2020
Metro lotion 0.75%	QL Update	Non-Preferred brand		11.18.2020
Metronidazole lotion 0.75%	QL Update	Generic		11.18.2020
Mircette 0.15-0.02/0.01 mg (21/5) oral tablet	Formulary Addition; Age Edit Update; Age Based Copay Update	Preventive Medication		4.1.2020
Namenda 5 mg oral tablet	QL Update	Non-Preferred brand		4.1.2022
Nutrilipid 20 % IV emulsion	PA Deletion	Preferred brand		9.30.2020
Omegaven 10 gm/100ml IV emulsion	PA Deletion	Preferred brand		9.30.2020
Ondansetron HCL tablet 4 mg, Ondansetron HCL tablet 8 mg, Ondansetron ODT 4 mg, Ondansetron ODT 8 mg	QL Update	Generic		11.18.2020
Zofran 4 mg, Zofran 8 mg, Zofran ODT 4 mg, Zofran ODT 8 mg	QL Update	Non-Preferred brand		11.18.2020
Otovel 0.3 %-0.025 % (0.25 ml) ear solution	PL Update	Non-Preferred brand		10.19.2020
Oxaliplatin 200 mg/40 mL IV vial	Formulary Addition; PA Addition	Generic		9.16.2020
Oxybutynin chloride syrup 5 mg/5mL	QL Update	Generic		11.18.2020
PEG3350-sod sul-NaCl-KCl-ASB-C 100-7.5-2.691 g powder in packet	Formulary Update; ACA; Age Based Copay Update	Generic		9.1.2020

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Penicillin G potassium 20 million unit IJ vial, Penicillin G potassium 5 million unit IJ vial, Penicillin G potassium 1.2 million unit/2 ml IJ vial, Penicillin g potassium 600;000 unit/ml IJ vial, Penicillin g sodium 5 million unit IJ vial	Formulary Update	Generic		4.1.2020
Pfizerpen-G 20 million unit IJ vial, Pfizerpen -G 5 million unit IJ vial	Formulary Update	Non-Preferred Brand		4.1.2020
Pimecrolimus cream 1%	QL Update	Generic		11.18.2020
Elidel cream 1%	QL Update	Non-Preferred brand		11.18.2020
Pixel COVID19 home collect kit	Formulary Addition	Preferred brand		10.7.2020
Plenvu 140-9-5.2 gram oral powder in packet	PA Deletion	Non-Preferred brand		10.08.2020
Polivy 30 mg IV vial	Formulary Addition; PA Addition	Preferred brand		9.18.2020
Potassium chloride in 0.9% NaCl 40 meq/500 ml (80 meq/L) IV solution	Formulary Addition	Generic		9.18.2020
ProAir HFA 90 mcg/actuation aerosol inhaler	QL Addition	Non-Preferred brand		10.29.2020
ProAir HFA 90 mcg/actuation aerosol inhaler	PL Update	Non-Preferred brand		10.24.2020
ProAir HFA 90 mcg/actuation aerosol inhaler	PL Update	Non-Preferred brand		10.29.2020
ProAir respiclick 90 mcg/actuation aerosol inhaler	QL Addition	Non-Preferred brand		10.29.2020
ProAir respiclick 90 mcg/actuation aerosol inhaler	PL Update	Non-Preferred brand		10.24.2020
ProAir respiclick 90 mcg/actuation aerosol inhaler	PL Update	Non-Preferred brand		10.29.2020
Progesterone micronized capsule 100 mg	QL Update	Generic		10.24.2020
Prometrium capsule 100 mg	QL Update	Non-Preferred brand		10.24.2020

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Progesterone micronized capsule 200 mg	QL Update	Generic		10.24.2020
Prometrium capsule 100 mg	QL Update	Non-Preferred brand		10.24.2020
Proventil HFA 90 mcg/actuation aerosol inhaler	QL Addition	NF	Albuterol sulfate HFA aerosol inhaler	10.24.2020
Proventil HFA 90 mcg/actuation aerosol inhaler	PL Update	NF	Albuterol sulfate HFA aerosol inhaler	10.29.2020
Qdolo 5 mg/ml oral solution	Formulary Addition; PA Addition	Non-Preferred brand		10.26.2020
Qvar 80 mcg/actuation inhalation aerosol with adapter (gram)	PL Update	Preferred brand		10.19.2020
Qvar redihaler 80 mcg/actuation inhalation HFA aerosol; breath activated (gram)	QL Addition	Preferred brand		10.29.2020
Qvar redihaler 80 mcg/actuation inhalation HFA aerosol; breath activated (gram)	PL Update	Preferred brand		10.24.2020
Qvar redihaler 80 mcg/actuation inhalation HFA aerosol; breath activated (gram)	PL Update	Preferred brand		10.29.2020
Rocklatan 0.02-0.005% ophthalmic drops	QL Update	Non-Preferred brand		11.18.2020
Rufinamide 40 mg/ml oral suspension	Formulary Addition; QL Addition; Speciality	Generic		11.02.2020
Sapropterin 500mg oral powder packet, Sapropterin 100mg oral soluble tablet, Sapropterin 100mg oral powder packet	Formulary Addition; PA Addition	Generic		09.08.2020
Seebri neohaler 15.6 mcg inhalation capsule; with inhalation device	PL Update	Non-Preferred brand		10.19.2020
Semglee U-100 insulin 100 units/mL SC solution (new drug), Semglee pen U-100 insulin 100 units/mL (3mL) SC solution (new drug)	Custom Messaging Update	NF	Lantus, Lantus Solostar	09.01.2020
Serevent diskus 50 mcg/dose inhalation blister; with inhalation device	PL Update	Preferred brand		10.19.2020
Sinecatechins ointment 15%	QL Update	Non-Preferred brand		11.18.2020

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Smoflipid 20 % IV emulsion	PA Deletion	Preferred brand		09.30.2020
Sodium sulfacetamide-sulfur 10-5 % topical cream	PL Update	Generic		10.19.2020
Sofia SARS antigen fia kit	Formulary Addition	Preferred brand		10.07.2020
Space Chamber inhaler; assist devices	Formulary Addition	Preferred brand		04.01.2020
Spiriva with handi haler 18 mcg inhalation capsule; with inhalation device	PL update	Preferred brand		10.19.2020
Sulfacetamide sodium w/v sulfur lotion 10-5%, Sulfacetamide sodium w/w sulfur lotion 10-5%	QL Update	Generic		11.18.2020
Sumatriptan succinate 4 mg/0.5 mL SC	QL Update	Generic		10.24.2020
Sumatriptan succinate 4 mg/0.5 mL SC	QL Update	Generic		10.29.2020
Sumatriptan succinate 4 mg/0.5 mL SC (1 syringe each)	QL Update	Generic		10.24.2020
Sumatriptan succinate 4 mg/0.5 mL SC (1 syringe each)	QL Update	Generic		10.29.2020
Sumatriptan succinate 6 mg/0.5 mL SC cartridge (mL)	QL Update	Generic		10.24.2020
Sumatriptan succinate 6 mg/0.5 mL SC cartridge (mL)	QL Update	Generic		10.29.2020
Sumatriptan succinate 6 mg/0.5 mL SC syringe (mL)	QL Update	Generic		10.24.2020
Sumatriptan succinate 6 mg/0.5 mL SC syringe (mL)	QL Update	Generic		10.29.2020
Sumatriptan succinate tablet 100 mg	QL Update	Generic		10.24.2020
Sumatriptan succinate tablet 100 mg	QL Update	Generic		10.29.2020

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Symbicort 80-4.5 mcg/actuation inhalation HFA aerosol with adapter (gram), Symbicort 160-4.5 mcg/actuation inhalation HFA aerosol with adapter (gram)	PL Update	Preferred brand		10.19.2020
Tacrolimus Ointment 0.1%, Tacrolimus Ointment 0.03%	QL Update	Generic		10.18.2020
Protopic 0.1% topical Ointment (gram), Protopic 0.3% topical Ointment (gram)	QL Update	Non-Preferred brand		10.18.2020
Tafenoquine succinate tablet 150 mg (Base Equivalent)	QL Update	Preferred brand		10.24.2020
Tafenoquine succinate tablet 150 mg (Base Equivalent)	QL Update	Preferred brand		10.29.2020
Tazarotene cream 0.1%, Tazarotene cream 0.05%	QL Update	Generic		11.18.2020
Tazora cream 0.1%	QL Update	Non-Preferred Brand		11.18.2020
Tazarotene gel 0.1%, Tazarotene gel 0.05%	QL Update	Preferred brand		11.18.2020
Testosterone 12.5 mg/ 1.25 gram (1 %) TD gel	PA Deletion	Generic		04.01.2020
Tobramycin 300 mg/4mL inhalation solution	Formulary Addition; PA Addition	Generic		09.16.2020
Tolvaptan 15 mg tablet	Formulary Addition; PA Addition	Generic		10.15.2020
Travatan Z 0.004% ophthalmic drops	QL Update	Non-Preferred brand		11.18.2020
Travoprost 0.004% ophthalmic drops	QL Update	Generic		11.18.2020
Trelegy Ellipta 100-62.5-25 mcg blister with inhalation device	PL Update	Preferred brand		10.19.2020
Trelegy Ellipta 200-62.5-25 mcg blister with device	Formulary Addition; PL Addition	Preferred brand		10.06.2020
Tropic-propraracia=-pe-ketor-wat 1-0.5-2.5-0.5% ophthalmic drops	Formulary Addition	Generic		09.29.2020

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Trulicity 4.5mg/0.5mL SC pen injector, Trulicity 3mg/0.5mL SC pen injector	Formulary Addition	Preferred brand		09.12.2020
Tyblume 0.1-20 mg mcg tablet	Age based Copay; ACA Update	Non-Preferred brand		10.27.2020
Tyblume 0.1-20 mg mcg tablet	Formulary Addition	Non-Preferred brand		10.26.2020
Ultomiris 100 mg/mL IV solution tablet	Formulary Addition; PA Addition; Speciality	Preferred brand		10.16.2020
Utibron neohaler 27.5-15.6 mcg inhalation capsule; with inhalation device	PL Update	Non-Preferred brand		10.19.2020
Ventolin HFA 90 mcg/actuation aerosol inhaler	PL Update	Non-Preferred brand		10.19.2020
Volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 oral tablet	Formulary Addition; Age Edit Update; Age Based Copay Addition	Preventive Medication		04.01.2020
Xerava 100 mg IV vial	Formulary Addition	Preferred brand		09.25.2020
Zolmitriptan tablet 5 mg	QL Update	Generic		08.15.2020
Motegrity 1 mg oral tablet, Motegrity 2 mg oral tablet	Formulary Update	Preferred brand		01.01.2021
Trulance 3 mg oral tablet, Viberzi 75 mg oral tablet, Viberzi 100 mg oral tablet	Formulary Update	Preferred brand		01.01.2021
Epogen 2;000 unit/mL IJ solution, Epogen 10;000 unit/mL IJ solution, Epogen 4;000 unit/mL IJ solution, Epogen 3;000 unit/mL IJ solution, Epogen 20;000 unit/2mL IJ solution, Epogen 20;000 unit/mL IJ solution	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Neulasta 6 mg/0.6 mL SC solution prefilled syringe	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Neupogen 300 mcg/mL IJ solution, Neupogen 480 mcg/1.6 mL IJ solution	Formulary Addition	Non- Preferred brand		01.01.2021

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Nivestym 300 mcg/0.5 mL IJ solution prefilled syringe, Nivestym 480 mcg/0.8 mL IJ solution prefilled syringe, Nivestym 300 mcg/mL IJ solution, Nivestym 480 mcg/1.6 mL IJ solution	Formulary Update	Preferred brand		01.01.2021
Nyvepria 6mg/0.6mL SC syringe	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Zarxio 300 mcg/0.5 mL IJ solution prefilled syringe, Zarxio 480 mcg/0.8 mL IJ solution prefilled syringe	Formulary Update	Preferred brand		01.01.2021
Ziextenzo 6 mg/0.6 mL SC solution prefilled syringe	Formulary Update	Preferred brand		01.01.2021
Acetaminophen 300 mg-codeine 30 mg oral tablet	QL Addition	Generic		01.01.2021
Actiq 200 mcg lozenge on a handle, Actiq 400 mcg lozenge on a handle, Actiq 1;200 mcg lozenge on a handle	QL Addition	Non-Preferred brand		01.01.2021
Arymo ER 15 mg tablet; crush resistant, Arymo ER 30 mg tablet; crush resistant, Arymo ER 60 mg tablet; crush resistant	QL Addition	Non-Preferred brand		01.01.2021
Ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule	QL Addition	Generic		01.01.2021
Belbuca 150 mcg buccal film, Belbuca 300 mcg buccal film	Formulary Update; QL Addition	Preferred brand		01.01.2021
Belbuca 75 mcg buccal film	Formulary Update; QL Update	Preferred brand		01.01.2021
Belbuca 450 mcg buccal film, Belbuca 600 mcg buccal film, Belbuca 750 mcg buccal film, Belbuca 900 mcg buccal film	Formulary Update	Preferred brand		01.01.2021
Bupap 50 mg-300 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Carisoprodol-ASA-codeine 200 mg-325 mg-16 mg tablet	QL Addition	Generic		01.01.2021
Conzip 100 mg capsule ER (25-75), Conzip 200 mg capsule ER (25-75), Conzip 300 mg capsule ER	QL Addition	Non-Preferred brand		01.01.2021
Dilaudid 2 mg tablet, Dilaudid 4 mg tablet, Dilaudid 8 mg tablet	QL Addition	Non-Preferred brand		01.01.2021

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Dilaudid 1 mg/mL oral liquid	QL Addition	Non-Preferred brand		01.01.2021
Endocet 2.5 mg-325 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Esgic 50 mg-325 mg-40 mg capsule, Esgic 50 mg-325 mg-40 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Fioricet 50 mg-300 mg-40 mg capsule	QL Addition	Non-Preferred brand		01.01.2021
Fiorinal 50 mg-325 mg-40 mg capsule	QL Addition	Non-Preferred brand		01.01.2021
Fiorinal-codeine #3 30 mg-50 mg-325 mg-40 mg capsule	QL Addition	Non-Preferred brand		01.01.2021
Hydrocodone-acetaminophen 10 mg-325 mg/15 mL (15 mL) oral solution	Formulary Update; QL Addition	Generic		01.01.2021
Hydrocodone 10 mg-acetaminophen 300 mg tablet, Hydrocodone 5 mg-acetaminophen 300 mg tablet	QL Addition	Generic		01.01.2021
Hysingla ER 20 mg tablet; crush resistant, Hysingla ER 30 mg tablet; crush resistant, Hysingla ER 40 mg tablet; crush resistant, Hysingla ER 60 mg tablet; crush resistant, Hysingla ER 80 mg tablet; crush resistant, Hysingla ER 100 mg tablet; crush resistant, Hysingla ER 120 mg tablet; crush resistant	QL Addition	Non-Preferred brand		01.01.2021
Ibudone 10 mg-200 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Kadian 10 mg capsule ER, Kadian 200 mg capsule ER	QL Addition	Non-Preferred brand		01.01.2021
Morphabond ER 15 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Opana 5 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Oxaydo 5 mg tablet; oral only (not feeding tubes)	QL Addition	Preferred brand		01.01.2021
Oxycodone 5 mg tablet, Oxycodone 15 mg tablet, Oxycodone 5 mg capsule, Oxycodone 10 mg tablet, Oxycodone 20 mg tablet	QL Addition	Generic		01.01.2021

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Oxycodone ER 40 mg tablet; crush resistant 12 hr, Oxycodone ER 80 mg tablet; crush resistant 12 hr	Formulary Update	Generic		01.01.2021
Oxycodone ER 10 mg tablet; crush resistant 12 hr, Oxycodone ER 20 mg tablet; crush resistant 12 hr, Oxycodone ER 15 mg tablet; crush resistant 12 hr, Oxycodone ER 30 mg tablet; crush resistant 12 hr, Oxycodone ER 60 mg tablet; crush resistant 12 hr	QL Addition	Generic		01.01.2021
Oxycodone-aspirin 4.8355 mg-325 mg tablet	Formulary Update	Generic		01.01.2021
Oxycodone-acetaminophen 2.5 mg-325 mg tablet	QL Addition	Generic		01.01.2021
OxyContin 10 mg tablet; crush resistant ER, OxyContin 15 mg tablet; crush resistant ER, OxyContin 20 mg tablet; crush resistant ER, OxyContin 30 mg tablet; crush resistant ER, OxyContin 40 mg tablet; crush resistant ER, OxyContin 60 mg tablet; crush resistant ER	QL Addition	Non-Preferred brand		01.01.2021
Percocet 2.5 mg-325 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Phrenilin forte (with caffeine) 50 mg-300 mg-40 mg capsule	QL Addition	Non-Preferred brand		01.01.2021
Primlev 5 mg-300 mg tablet, Primlev 7.5 mg-300 mg tablet, Primlev 10 mg-300 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Roxicodone 5 mg tablet, Roxicodone 15 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Tencon 50 mg-325 mg tablet	QL Addition	Generic		01.01.2021
Tylenol-codeine #3 300 mg-30 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Vicodin 5 mg-300 mg tablet	QL Addition	Non-Preferred brand		01.01.2021
Vicodin HP 10 mg-300 mg tablet	QL Addition	Non-Preferred brand		01.01.2021

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Xtampza ER 9 mg capsule sprinkle, Xtampza ER 18 mg capsule sprinkle, Xtampza ER 27 mg capsule sprinkle, Xtampza ER 36 mg capsule sprinkle, Xtampza ER 13.5 mg capsule sprinkle,	QL Addition	Non-Preferred brand		01.01.2021
Zebutal 50 mg-325 mg-40 mg capsule	QL Addition	Non-Preferred brand		01.01.2021
Abraxane 100 mg IV suspension	Formulary Update	Non-Preferred brand		01.01.2021
Afinitor 5 mg tablet, Afinitor 10 mg tablet, Afinitor 2.5 mg tablet, Afinitor 7.5 mg tablet	Formulary Update	Non-Preferred brand		01.01.2021
Avastin 25 mg/mL IV solution	Formulary Update	Non-Preferred brand		01.01.2021
Azacitidine 100 mg solution for injection	Formulary Addition; PA Addition	Generic		01.01.2021
Tice BCG 50 mg intravesical suspension	Formulary Addition; PA Addition	Generic		01.01.2021
Belrapzo 25 mg/mL IV solution	Formulary Update	Non-Preferred brand		01.01.2021
Bendeka 25 mg/mL IV solution	Formulary Update	Non-Preferred brand		01.01.2021
Blenrep 100 mg IV vial (New Drug)	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Bleomycin 15 unit solution for injection, Bleomycin 30 unit solution for injection	Formulary Addition; PA Addition	Generic		01.01.2021
Blincyto 35 mcg IV solution	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Capecitabine 150 mg tablet, Capecitabine 500 mg tablet	PA Addition	Generic		01.01.2021
Carboplatin 150 mg IV solution	Formulary Addition; PA Addition	Generic		01.01.2021
Cyclophosphamide 25 mg capsule	Formulary Addition	Generic		01.01.2021
Cyclophosphamide 200 mg IV solution, Cyclophosphamide 500 mg IV solution,	Formulary Addition	Generic		01.01.2021

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Cyclophosphamide 1 gram IV solution, Cyclophosphamide 2 gram IV solution				
Cytarabine 20 mg/ml injection solution, cytarabine (PF) 20 mg/ml injection solution	Formulary Addition; PA Addition	Generic		01.01.2021
Cytarabine (PF) 100 mg/5 ml (20 mg/ml) injection solution, Cytarabine (PF) 2 gram/20 ml (100 mg/ml) injection solution	Formulary Addition; PA Addition	Generic		01.01.2021
Darzalex faspro 1;800 mg-30;000 unit/15 mL SC solution	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Daunorubicin 20 mg IV solution	Formulary Addition; PA Addition	Generic		01.01.2021
Docefrez 20 mg IV solution	Formulary Update	Non-Preferred brand		01.01.2021
Docefrez 80 mg IV solution	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Emcyt 140 mg capsule	Formulary Deletion	NF		01.01.2021
Epirubicin 50 mg IV solution, Epirubicin 200 mg IV solution	Formulary Addition; PA Addition	Generic		01.01.2021
Erwinaze 10;000 unit solution for injection	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Etopophos 100 mg IV solution	Formulary Update	Non-Preferred brand		01.01.2021
Evomela 50 mg IV solution	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Faslodex 250 mg/5 mL IM syringe	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Firmagon kit with diluent syringe 80 mg SC solution, Firmagon kit with diluent syringe 120 mg SC solution, Firmagon 120 mg SC solution	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Floxuridine 0.5 gram solution for injection	Formulary Addition; PA Addition	Generic		01.01.2021

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Fulvestrant 250 mg/5 mL IM Solution	Formulary Addition; PA Addition	Generic		01.01.2021
Gavreto 100 mg capsule	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Gleostine 10 mg capsule, Gleostine 40 mg capsule, Gleostine 100 mg capsule	PA Addition	Preferred brand		01.01.2021
Herceptin 440 mg IV solution, Herceptin 150 mg IV solution	Formulary Update	Non-Preferred brand		01.01.2021
Herceptin hylecta 600 mg-10;000 unit/5 mL SC solution	Formulary Update; PA Addition	Non-Preferred brand		01.01.2021
Herzuma 150 mg IV solution, Herzuma 420 mg IV solution	Formulary Update	Non-Preferred brand		01.01.2021
Hycamtin 0.25 mg capsule, Hycamtin 1 mg capsule	PA Addition	Preferred brand		01.01.2021
Ibrance 75 mg tablet, Ibrance 100 mg tablet, Ibrance 125 mg tablet	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Ifosfamide-mesna 1 gram-1 gram IV kit, Ifosfamide-mesna 3;000 mg-1;000 mg IV kit	Formulary Addition; PA Addition	Generic		01.01.2021
Imlygic (1 million) PFU/mL suspension for injection, Imlygic (100 million) PFU/mL suspension for injection	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Infugem 1;300 mg/130 mL (10 mg/mL) IV piggyback, Infugem 1;200 mg/120 mL (10 mg/mL) IV piggyback, Infugem 1;400 mg/140 mL (10 mg/mL) IV piggyback, Infugem 1;500 mg/150 mL (10 mg/mL) IV piggyback, Infugem 1;600 mg/160 mL (10 mg/mL) IV piggyback, Infugem 1;700 mg/170 mL (10 mg/mL) IV piggyback, Infugem 1;800 mg/180 mL (10 mg/mL) IV piggyback, Infugem 1;900 mg/180 mL (10 mg/mL) IV piggyback, Infugem 2;000 mg/200 mL (10 mg/mL) IV piggyback,	Formulary Update	Non-Preferred brand		01.01.2021

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Infugem 2;200 mg/220 mL (10 mg/mL) IV piggyback				
Inqovi 35 mg-100 mg tablet	Formulary Update	Non-Preferred brand		01.01.2021
Jelmyto 40 mg urethral kit	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Istodax 10 mg/2 mL IV solution	Formulary Update	Non-Preferred brand		01.01.2021
Kadcyla 160 mg IV solution, Kadcyla 100 mg IV solution	Formulary Update	Non-Preferred brand		01.01.2021
Kanjinti 150 mg IV solution, Kanjinti 420 mg IV solution	Formulary Addition; PA Addition	Non-preferred		01.01.2021
Koselugo 25 mg capsule, Koselugo 10 mg capsule	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Lenvima 4 mg capsule	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Leuprolide 1 mg/0.2 mL SC solution	Formulary Addition; PA Addition	Generic		01.01.2021
Lipodox 2 mg/mL IV suspension	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Lupron Depot 22.5 mg (3 month) IM syringe kit, Lupron Depot (6 Month) 45 mg IM syringe kit, Lupron Depot 7.5 mg IM syringe kit, Lupron Depot 30 mg (4 month) IM syringe kit	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Methotrexate sodium (PF) 1 gram solution for injection	Formulary Addition; PA Addition	Generic		01.01.2021
Mitomycin 20 mg/40 mL (0.5 mg/mL) intravesical syringe, Mitomycin 40 mg/10 mL (4 mg/mL) intravesical solution	Formulary Addition; PA Addition	Generic		01.01.2021
Mitoxantrone 2 mg/ml IV concentrate	Formulary Addition; PA Addition	Generic		01.01.2021
Monjuvi 200 mg IV solution	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Mustargen 10 mg IJ solution	Formulary Update	Non-Preferred brand		01.01.2021

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Mvasi IV 25 mg/mL solution	Formulary Update	Non-Preferred brand	01.01.2021
Myleran 2 mg tablet	PA Addition	Preferred brand	01.01.2021
Nubeqa 300 mg tablet	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Ogivri 420 mg IV solution, Ogivri 150 mg IV solution	Formulary Update	Non-Preferred brand	01.01.2021
Oncaspar 750 unit/mL injection solution	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Ontruzant 150 mg IV solution, Ontruzant 420 mg IV solution	Formulary Update	Non-Preferred brand	01.01.2021
Onureg 200 mg tablet, Onureg 300 mg tablet	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Pemazyre 4.5 mg tablet, Pemazyre 9 mg tablet, Pemazyre 13.5 mg tablet	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Phesgo 1;200 mg-600 mg-30;000 unit/15 mL SC solution, Phesgo 600 mg-600 mg-20;000 unit/10 mL SC solution	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Qinlock 50 mg tablet	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Retevmo 80 mg capsule, Retevmo 40 mg capsule	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Rituxan 10 mg/mL concentrate IV	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Rituxan hycela 1;400 mg/11.7 mL (120 mg/mL) SC solution, Rituxan hycela 1;600 mg/13.4 mL (120 mg/mL) SC solution	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Ruxience 10 mg/mL IV solution	Formulary Addition; PA Addition	Preferred brand	01.01.2021
Synribo 3.5 mg SC solution	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Tabrecta 150 mg tablet, Tabrecta 200 mg tablet	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021

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Tecartus 2x10exp6 to 2x10exp8 cell IV suspension	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Temodar 100 mg capsule, Temodar 250 mg capsule, Temodar 140 mg capsule, Temodar 180 mg capsule, Temodar 20 mg capsule, Temodar 5 mg capsule	PA Addition	Non-Preferred brand	01.01.2021
Temozolomide 5 mg capsule, Temozolomide 20 mg capsule, Temozolomide 100 mg capsule, Temozolomide 250 mg capsule, Temozolomide 140 mg capsule, Temozolomide 180 mg capsule	PA Addition	Generic	01.01.2021
Thiotepa 15 mg solution for injection, Thiotepa 100 mg solution for injection	Formulary Addition; PA Addition	Generic	01.01.2021
Treanda 25 mg IV powder for solution, Treanda 100 mg IV powder for solution	Formulary Update	Non-Preferred brand	01.01.2021
Trelstar 3.75 mg IM suspension, Trelstar 11.25 mg IM suspension, Trelstar 22.5 mg IM suspension	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Truxima 10 mg/mL IV vial	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Tukysa 50 mg tablet, Tukysa 150 mg tablet	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Tykerb 250 mg tablet	Formulary Update	Non-Preferred brand	01.01.2021
Uvadex 20 mcg/mL injection solution	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Valrubicin 40 mg/mL intravesical solution	Formulary Addition; PA Addition	Generic	01.01.2021
Valstar 40 mg/mL intravesical solution	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Vantas 50 mg (50 mcg/day) implant kit	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021
Velcade 3.5 mg solution for injection	Formulary Addition; PA Addition	Non-Preferred brand	01.01.2021

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Vidaza 100 mg solution for injection	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Xeloda 150 mg tablet; Xeloda 500 mg tablet	PA Addition	Non-Preferred brand		01.01.2021
Xpovio 60 mg/week (20 mg x 3) tablet, Xpovio 80 mg/week (20 mg x 4) tablet, Xpovio 60 mg twice weekly (120 mg/week) (20 mg x 6) tablet, Xpovio 80 mg twice weekly (160 mg/week) (20 mg x 8) tablet, Xpovio 100 mg/week (20 mg x 5) tablet, Xpovio 40 mg twice weekly (80 mg/week) (20 mg x 4) tablet, Xpovio 40 mg/week (20 mg x 2) tablet	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Yonsa 125 mg tablet	Formulary Update	Non-Preferred brand		01.01.2021
Zepzelca 4 mg IV solution	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Zoladex 3.6 mg subcutaneous implant, Zoladex 10.8 mg subcutaneous implant	Formulary Addition; PA Addition	Non-Preferred brand		01.01.2021
Zytiga 500 mg tablet	Formulary Update	Non-Preferred brand		01.01.2021
Botox 100 units IJ vial	QL Addition	Non-Preferred brand		01.01.2021
Botox 200 units IJ vial	QL Addition	Non-Preferred brand		01.01.2021
Emgalit pen 120 mg /mL SC, Emgalit syringe 120 mg /mL SC, Emgalit syringe 300 mg/3 mL (100 mg/mL x 3)	Formulary Update; QL Update	Preferred brand		01.01.2021
Vyepti 100 mg/mL IV solution	Formulary Update; QL Update	Non-Preferred brand		01.01.2021
Enspryng 120 mg/mL syringe (New Drug)	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Evrysdi 0.75 mg/mL solution (New Drug)	Formulary Addition; PA Addition; QL Addition	Non-Preferred		01.01.2021

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Kesimpta 20 mg/0.4 mL solution (New Drug)	Formulary Addition; PA Addition; QL Addition	Preferred brand		01.01.2021
Kynmobi sublingual film: 10 mg; 15 mg; 20 mg; 25 mg; and 30 mg (New Drug)	Formulary Addition; PA; QL	Non-Preferred brand		01.01.2021
Upneeq ophthalmic solution: 0.1% oxymetazoline as salt (New Drug)	Formulary Addition; Age Edit; QL Update	Preferred brand		01.01.2021
Rukobia ER tablets: 600 mg (New Drug)	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Viltepso injection: 250 mg/5 mL (50 mg/mL) solution (New Drug)	Formulary Addition; PA Addition	Preferred brand		01.01.2021
Xywav oral solution: 0.5 g/mL (New Drug)	Formulary Addition; PA Addition; QL Addition	Non-Preferred brand		01.01.2021
Abacavir sulfate-lamivudine-zidovudine 300 mg-150 mg-300 mg tablet	Formulary Update	NF	Zidovudine, Stavudine, Lamivudine-zidovudine	01.01.2021
Atripla 600 mg-200 mg-300 mg tablet	Formulary Update	NF	Efavirenz-emtricitabine-tenofovir dsoproxil fumarate	01.01.2021
Biktarvy 50 mg-200 mg-25 mg tablet	QL Update	Preferred brand		01.01.2021
Complera 200 mg-25 mg-300 mg tablet	Formulary Update	NF	Efavirenz-emtricitabine-tenofovir dsoproxil fumarate	01.01.2021
Crixivan 200 mg capsule Crixivan 400 mg capsule	Formulary Update	NF	Atazanavir, fosamprenavir, ritonavir	01.01.2021
Delstrigo 100 mg-300 mg-300 mg tablet	Formulary Update	NF	Efavirenz-emtricitabine-tenofovir dsoproxil fumarate	01.01.2021
Descovy 200 mg-25 mg tablet	Formulary Update; QL Update	Non-Preferred brand		01.01.2021
Didanosine 400 mg DR capsule, Didanosine 250 mg DR capsule, Didanosine 200 mg CPDR,	Formulary Update	NF	Zidovudine, Stavudine,	01.01.2021

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Didanosine 125 mg CPDR			Lamivudine-zidovudine	
Dovato 50 mg-300 mg tablet	QL Addition	Preferred brand		01.01.2021
efavirenz/lamivudine/tenofovir disoproxil fumarate 600 mg-300 mg-300 mg tablet	QL Addition	Generic		01.01.2021
emtricitabine/tenofovir disoproxil fumarate 200 mg-300 mg tablet	QL Addition	Generic		01.01.2021
Emtriva 200 mg capsule	Formulary Update	Non-Preferred brand		01.01.2021
Eplclusa 400 mg-100 mg tablet	Formulary Update, QL deletion	Preferred brand		01.01.2021
Genvoya 150 mg-150 mg-200 mg-10 mg tablet	QL Addition	Preferred brand		01.01.2021
Harvoni 90 mg-400 mg tablet, Harvoni 45 mg-200 mg tablet, Harvoni 45 mg-200 mg pack, Harvoni 33.75 mg-150 mg pack	Formulary Update	Preferred brand		01.01.2021
Isentress 400 mg tablet, Isentress 100 mg pack, Isentress Hd 600 mg tablet	QL Addition	Preferred brand		01.01.2021
Isentress 25 mg chew tablet	QL Addition	Preferred brand		01.01.2021
Isentress 100 mg chew tablet	QL Addition	Preferred brand		01.01.2021
Juluca 50 mg-25 mg tablet	QL Addition	Preferred brand		01.01.2021
Mavyret 100 mg-40 mg tablet	QL Deletion	Preferred brand		01.01.2021
Odefsey 200 mg-25 mg-25 mg tablet	QL Addition	Preferred brand		01.01.2021
Pegasys 180 mcg/mL SC solution, Pegasys 180 mcg/0.5 mL SC solution Pegasys proclick 135 mcg/0.5 mL SC solution Pegasys proclick 180 mcg/0.5 mL SC solution Pegintron 50 mcg/0.5 mL kit	Formulary Update	Non-Preferred brand		01.01.2021

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Pifeltro 100 mg tablet	Formulary Update	NF	efavirenz	01.01.2021
Prezcobix 80 mg-150 mg tablet	Formulary Update	NF	Evotaz	01.01.2021
Rebetol 40 mg/mL oral solution	Formulary Update	Generic		01.01.2021
Stribild 150 mg-150 mg-200 mg-300 mg tablet	Formulary Update	NF	Zidovudine, Stavudine, Lamivudine-zidovudine, Isentress, Tivicay	01.01.2021
Symfi 600 mg-300 mg-300 mg tablet Symfi lo 400 mg-300 mg-300 mg tablet	Formulary Update	NF	Efavirenz-emtricitabine-tenofovir dsoproxil fumarate	01.01.2021
Symtuza 800 mg-150 mg-200 mg-10 mg tablet	QL Addition	Preferred brand		01.01.2021
Tivicay 50 mg tablet	QL Addition	Preferred brand		01.01.2021
Triumeq 600 mg-50 mg-300 mg tablet	QL Addition	Preferred brand		01.01.2021
Trizivir 300 mg-150 mg-300 mg tablet	Formulary Update	NF	Zidovudine, Stavudine, Lamivudine-zidovudine	01.01.2021
Truvada 200 mg-300 mg tablet	Formulary Update; QL Addition	Non-Preferred brand		01.01.2021
Truvada 100 mg-150 mg tablet, Truvada 167 mg-250 mg tablet, Truvada 133 mg-200 mg tablet	QL Update	Preferred brand		01.01.2021
Videx 10 mg/mL (final concentration) solution, Videx Ec 125 mg DR capsule, Videx Ec 200 mg DR capsule, Videx Ec 250 mg DR capsule, Videx Ec 400 mg DR capsule	Formulary Update	NF	Zidovudine, Stavudine, Lamivudine-zidovudine	01.01.2021
Viracept 625 mg tablet, Viracept 250 mg tablet	Formulary Update	NF	tazanavir, fosamprenavir, ritonavir	01.01.2021

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Zepatier 50 mg-100 mg tablet	Formulary Update	Non-Preferred brand		01.01.2021
Zerit 15 mg capsule, Zerit 20 mg capsule, Zerit 30 mg capsule, Zerit 40 mg capsule	Formulary Update	NF	Zidovudine, Stavudine, Lamivudine- zidovudine	01.01.2021
Vosevi 400 mg-100 mg-100 mg tablet	Formulary Update	Preferred brand		01.01.2021
Topicort 0.25% topical ointment, Desoximetasone 0.25% topical ointment, Topicort 0.25% topical cream, Desoximetasone 0.25% topical cream Desoximetasone 0.25% topical spray, Topicort 0.25% topical spray	ST Deletion	Non-Preferred brand, Generic		10.26.2020
Xylocain 4% (40 mg/mL) non oral solution, Lidocaine HCl 4% (40 mg/mL) non oral solution	ST Deletion	Generic		04.01.2020
Odefsey 200 mg-25 mg-25 mg tablet	ST Deletion	Preferred brand		01.01.2020
Symtuza 800 mg-150 mg-200 mg-10 mg tablet	ST Deletion	Preferred brand		01.01.2020

Legend: AL=Age Limit; OTC=Over-The-Counter; PA=Prior Authorization; SP=Specialty; ST=Step Therapy; QL=Quantity Limit; NF=Non-Formulary

New Prior Authorization Policies

- RxA.657.Gavreto
- RxA.658.Kesimpta
- RxA.659.Kynmobi
- RxA.660.Blenrep
- RxA.661.Bafiertam
- RxA.662.Enspryng
- RxA.663.Evrysdi
- RxA.664.vyepti

Updated Prior Authorization Policies

Policy Name	Policy Changes	Effective Date
RxA.127.Farydak	Updated the approval length for Commercial line of business from length of benefit to 6 months for initial and 12 months for continuation therapy.	12.07.2020
RxA.461.Revlimid	Initial and Continued approval criteria's approval duration for Commercial was updated from "Length of benefit" to 6 months and 12 months respectively.	12.07.2020

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RxA.462.Rituxan; Ruxience;Truxima; Rituxan Hycela	<p>Initial Therapy criteria: Added requirement for aggressive mature B-cell lymphoma for pediatric patients.</p> <p>Initial therapy & Continued therapy (For Rituxan® & Truxima®): Allowed by-passing of redirection if state regulations do not allow step therapy in Stage IV or metastatic cancer settings.</p> <p>Added requirement for CD20 positivity for ALL off-label use.</p> <p>For RA; added specific diagnostic criteria for definite RA; baseline CDAI score requirement; and decrease in CDAI score as positive response to therapy.</p>	12.07.2020
RxA. 471.Stendra	<p>Number of tablets was removed when referring to maximum dosing in clinical criteria.</p> <p>Approval duration was updated from Length of benefit to 12 months for Initial and continued approval criteria.</p>	12.07.2020
RxA. 476.Saphris; Secuado	<p>Approval duration was updated for Commercial and deleted HIM.</p>	12.07.2020
RxA. 477.Sensipar	<p>Maximum dose updated from 300mg to 180mg and added HIM coverage duration to 6 months for initial therapy and 12 months for continued therapy.</p>	12.07.2020
RxA. 479.Silenor	<p>Commercial approval duration was updated from Length of benefit; to 6 months for Initial; and to 12 months for continued approval criteria.</p>	12.07.2020
RxA. 482.Soolantra	<p>Approval duration updated as 12 months for initial and continued therapy approval.</p>	12.07.2020
RxA. 483.Sovaldi	<p>HIM approval duration removed & updated.</p>	12.07.2020
RxA. 484.Spravato	<p>Initial approval criteria for approval updated.</p>	12.07.2020
RxA. 485.Stivarga	<p>Initial Approval criteria: Commercial; HIM and Medicaid approval duration were updated from length of benefit to 6 months.</p> <p>Continued Approval criteria: Commercial; HIM and Medicaid approval duration were updated from length of benefit to 12 months.</p> <p>Initial approval criteria is updated for Soft Tissue Sarcoma to include angiosarcoma in criteria.</p> <p>Updated Initial Approval Criteria for Osteosarcoma and Glioblastoma.</p>	12.07.2020

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RxA. 488.Savella	Commercial approval duration was updated from Length of benefit to 12 months for Initial and continued approval criteria.	12.07.2020
RxA. 490.Sirturo	Initial Approval Criteria and continued therapy was updated to include more specific criteria. Approval duration was updated in initial as well clinical approval criteria.	12.07.2020
RxA. 491.Soliris	Initial approval criteria for approval updated. Continued criteria for approval updated.	12.07.2020
RxA. 492.Somatuline Depot	Commercial approval duration was updated from Length of benefit to 6 months for Initial and 12 months for continued approval criteria.	12.07.2020
RxA. 494.Spinraza	Initial Approval criteria: Commercial; Medicaid and HIM approval duration were updated to 6 months. Continued Approval criteria: Commercial; Medicaid and HIM approval duration were updated to 12 months.	12.07.2020
RxA.505.Tecfidera	Initial approval criteria updated to include – “Trial and failure of at least 2 preferred disease modifying therapies; at up to maximally indicated doses; unless contraindicated or clinically significant adverse effects are experienced.” Approval length for commercial line of business from length of benefit to 6 months for initial and 12 months for continuation therapy.	12.07.2020
RxA.508.Tibsovo	Age criteria for Initial approval criteria was updated to ≥ 75 years from ≥ 60 years.	12.07.2020
RxA.509.Torisel	Initial approval criteria I.B.1 updated to specify type of endometrial carcinoma.	12.07.2020
RxA.513.Takhzyro	Clinical policy criteria were updated.	12.07.2020
RxA.521.Tracleer	Initial criteria updated to include: Member must be enrolled in the Bosentan REMS program; Initial and Continued approval duration criteria for Commercial was updated from “Length of benefit” to 6 months and 12 months respectively.	12.07.2020
RxA.526.Tafinlar	Initial approval criteria I.A.5 was updated to reflect current guideline prescribing methods. Initial approval criteria I.B.5 was updated to reflect current guideline prescribing methods. Commercial approval duration was updated from length of benefit to 6 months for initial and continued approval criteria.	12.07.2020
RxA.528.Tecentriq	Criteria added for FDA approved indication HCC and Melanoma.	12.07.2020

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	Initial criteria for FDA approved indication metastatic non-squamous NSCLC: criteria added for administration ; PAclitaxel protein-bound and carboplatin. Initial criteria for NSCLC: added indication as subsequent therapy if no progression on other PD-1/PD-L1 inhibitors.	
RxA.532.Tysabri	Initial approval criteria to include “Trial and failure of at least 2 preferred disease modifying therapies; at up to maximally indicated doses; unless contraindicated or clinically significant adverse effects are experienced.” Approval duration for all lines of business updated.	12.07.2020
RxA.545.Ventavis	Commercial approval duration was updated from length of benefit to 6 months for initial approval and 12 months for continued approval criteria.	12.07.2020
RxA.547.Viagra	Initial Approval criteria: Commercial; Medicaid and HIM approval duration were updated from length of benefit to 12 months. Continued Approval criteria: Commercial; Medicaid and HIM approval duration were updated from length of benefit to 12 months.	12.07.2020
RxA.549.Vidaza	HIM approval duration removed & updated.	12.07.2020
RxA.554.Visudyne	Initial approval criteria I.A.4 updated to include anti-VEGF drug as first-line. Commercial approval duration was updated from “length of benefit” to 3 months for initial and continued approval criteria.	12.07.2020
RxA.559.Votrient	Initial approval criteria updated with “Ovarian cancer info. added”.	12.07.2020
RxA.560.VPRIV	HIM was removed from initial and continued therapy approval.	12.07.2020
RxA.562.Vyleesi	Initial Approval Criteria was updated: Failure of bupropion at up to maximally indicated doses; unless contraindicated or clinically significant adverse effects are experienced; Vyleesi™ is not prescribed concurrently with Addyi™; Initial approval duration was updated to 2 months. Commercial approval duration was updated from Length of benefit to 12 months for continued approval criteria.	12.07.2020

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RxA.567.Xhance	Initial Approval criteria: Commercial approval duration was updated from length of benefit to 6 months. Continued Approval criteria: Commercial approval duration was updated from length of benefit to 12 months	12.07.2020
RxA.568.Xpovio	Initial approval criteria updated with “Diffuse Large B-Cell Lymphoma info. added”.	12.07.2020
RxA.576.Zoladex	Initial approval criteria I.A was updated: added request is for (Stage B2-C) carcinoma of the prostate or palliative treatment of advanced carcinoma of the prostate as per PI.	12.07.2020
RxA.582.Zykadia	Initial Approval Criteria A.5a was updated as "Dose does not exceed 450 mg per day". Continued Therapy Approval Criteria A.3a was updated as “New dose does not exceed 450 mg per day”. Commercial approval duration was updated from Length of benefit to 6 months for initial therapy; and to 12 months for continued approval criteria.	12.07.2020
RxA.588.Ajovy	Initial and continued approval duration criteria was updated to add Medicaid approval duration.	12.07.2020
RxA.600.Nucala	For Severe Asthma: Dose criteria updated based on age for Initial & continued therapy approval criteria. Concurrent therapy criteria added for all indication under both Initial therapy approval & Continued therapy approval criteria .	12.07.2020
RxA.606.Jevtana	Initial approval criteria I.A was updated: updated diagnostic criteria; added corticosteroid concurrent therapy.	12.07.2020
RxA.608.Lumizyme	Initial approval criteria updated “FVC; late-onset Pompe disease and prescribed info added”.	12.07.2020
RxA.613.Oralair	Commercial approval duration was updated for initial and Continued approval criteria.	12.07.2020
RxA.615.Synribo	Commercial approval duration for initial and continued approval criteria was updated to 6 months respectively.	12.07.2020
RxA.161.Harvoni	Added age and weight-based criteria to initial approval criteria. Updated initial approval duration.	12.07.2020
RxA.172.Ingrezza	Approval duration for commercial was updated to 12 months from length of benefit.	12.07.2020
RxA.234.Evzio	Approval duration was updated to 6 months in clinical policy	12.07.2020
RxA.369.Epclusa	Initial therapy age criteria updated to ≥ 6 years and age 6 years or ≥ 17 kg.	12.07.2020

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	Initial therapy Dose Criteria further divided for adult and pediatric members.	
RxA.37.Benlysta	Approval duration was updated (HIM removed).	12.07.2020
RxA.466.Restasis	Approval length for commercial line of business updated to 12 months.	12.07.2020
RxA.468.Rexulti	Initial approval criteria I.B.3 updated to remove requirement of patient having diabetes mellitus and BMI > 30. Approval duration for commercial was updated from “length of benefit” to “12 months” for initial and continued therapy criteria. HIM was removed from initial and continued therapy approval.	12.07.2020
RxA.470.Sprycel	Commercial approval duration was updated for initial and continued therapy criteria and HIM deleted. Adjusted language for initial therapy criteria for GIST per NCCN recommendation	12.07.2020
RxA.472.Sunosi	Commercial approval duration was updated for initial and Continued approval criteria.	12.07.2020
RxA.474.Symlin	Criteria for approval updated (removal insulin pump criteria). Approval length for commercial line of business updated to 6 months. HIM approval duration removed.	12.07.2020
RxA.486.Sutent	Initial Approval Criteria updated: New indications (Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Fusion Genes (FLT3); Alveolar Soft Part Sarcoma; Medullary Carcinoma) were added to section D as per NCCN Guidelines (off-label). Commercial approval duration was updated for initial and Continued approval criteria.	12.07.2020
RxA.502.Tagrisso	Initial Approval criteria: Commercial approval duration was updated from length of benefit to 6 months. Continued Therapy Approval criteria: Commercial approval duration was updated from length of benefit to 12 months.	12.07.2020
RxA.506.Tegsedi	Initial approval criteria were updated: “Recent (dated within the last month) platelet count is 100 x 10 ⁹ /L or more” and “Member’s UPCR is less than 1,000 mg/g” were added. Commercial approval duration was updated from Length of benefit to 6 months for Initial	12.07.2020

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	and to 12 months for continued approval criteria.	
RxA.508.Tibsovo	Age criteria for Initial approval criteria was updated to ≥ 75 years from ≥ 60 years. Added Off-Label Indication Cholangiocarcinoma.	12.07.2020
RxA.508.Tibsovo	Age criteria for Initial approval criteria was updated to ≥ 75 years from ≥ 60 years. Added Off-Label Indication Cholangiocarcinoma.	12.07.2020
RxA.511.Turalio	Initial Approval criteria: Commercial approval duration was updated from member's Length of Benefit to 6 months. Continued Approval criteria: Commercial approval duration were updated to 12 months.	12.07.2020
RxA.514.Talzenna	Initial approval criteria I.A.1 was updated "Diagnosis of locally advanced; or metastatic breast cancer" . Approval duration was updated from Length of benefit to 12 months for Initial and continued approval criteria.	12.07.2020
RxA.525.Tykerb	Approval duration was updated for Commercial and removed HIM . Added initial therapy criteria for colon and rectal cancer	12.07.2020
RxA.534.Valchlor	Initial Approval criteria: Medicaid approval duration was updated from Length of Benefit to 6 months. Continued Approval criteria: Medicaid approval duration was updated from Length of Benefit to 6 months.	12.07.2020
RxA.54.Calquence	Added initial approval criteria for Waldenström Macroglobulinemia / Lymphoplasmacytic Lymphoma per NCCN 2A recommendation.	12.07.2020
RxA.546.Verzenio	Commercial approval duration was updated from length of benefit to 6 months for initial approval criteria and 12 months for continued approval criteria.	12.07.2020
RxA.548.Viberzi	Commercial approval duration was updated for initial and Continued approval criteria from length of benefit to 12 months.	12.07.2020
RxA.555.Vitrakvi	Initial approval criteria I.A.5 was added "Member has not received prior NTRK targeted therapy." Approval duration was updated HIM removed; Commercial approval duration has been updated from length of benefit to 6 months and	12.07.2020

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	12 months for initial and continued therapy approval; respectively.	
RxA.556.Vivlodex	Initial Approval criteria: Commercial and Medicaid approval duration were updated from length of benefit to 6 months. Continued Approval criteria: Commercial and Medicaid approval duration were updated from length of benefit to 6 months.	12.07.2020
RxA.558.Vosevi	Initial approval duration was updated for “12 weeks” to “84 days” for both commercial and Medicaid and Continued approval duration update from “Up to a total treatment duration of 12 weeks” to “84 days” for both commercial and Medicaid.	12.07.2020
RxA.564.Vyxeos	HIM approval duration deleted from initial and continued therapy criteria.	12.07.2020
RxA.569.Iluvien Ozurdex Retisert Yutiq	Wording for age requirements in all initial therapy updated for simplicity. Approval duration section was updated to remove HIM from initial and continued approval criteria.	12.07.2020
RxA.570.Zavesca	Approval duration was updated (HIM removed)	12.07.2020
RxA.571.Zelboraf	Initial Approval criteria updated: Off label indication (Central Nervous System Cancers - Low-Grade (WHO Grade II) Infiltrative Supratentorial Astrocytoma/Oligodendroglioma) and its criteria was added. Colorectal cancer criteria was removed. Commercial approval duration was updated for initial approval criteria from length of benefit to 6 months. Commercial approval duration was updated for Continued approval criteria from length of benefit to 12 months. HIM approval duration removed.	12.07.2020
RxA.572.Zepatier	Initial Approval criteria: Commercial and Medicaid approval duration were updated from up to total of 16 weeks to 112 days. Continued Approval criteria: Commercial and Medicaid approval duration were updated from up to total of 16 weeks to 112 days.	12.07.2020
RxA.573.Zejula	Initial approval criteria I.A.1 was updated to add new diagnosis criteria.	12.07.2020
RxA.574.Zelnorm	Update initial approval duration to 42 days - Discontinue in patients who have not had adequate control of symptoms after 4 to 6 weeks of treatment.	12.07.2020

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RxA.578.Zolanza	Initial Approval criteria: Commercial and Medicaid approval duration were updated from length of benefit to 6 months. Continued Approval criteria: Commercial and Medicaid approval duration were updated from length of benefit to 12 months.	12.07.2020
RxA.579.Zulresso	Initial approval criteria was updated to include definition of postpartum depression.	12.07.2020
RxA.581.Zydelig	HIM removed and approval duration updated.	12.07.2020
RxA.587.Aimovig	Initial Approval criteria: Medicaid approval duration was updated to 3 months. Continued Approval criteria: Medicaid approval duration was updated to 6 months.	12.07.2020
RxA.588.Ajovy	Initial and continued approval duration criteria was updated to add Medicaid approval duration. Initial and continued therapy criteria was updated to add "Member has been evaluated for and found negative for medication overuse headache".	12.07.2020
RxA.589.Apidra	Approval duration for Medicaid was added to initial and continued therapy approval criteria.	12.07.2020
RxA.591.Botox	Initial Approval criteria: Commercial duration were updated from member's renewal date to 6 months and Medicaid approval duration were updated in days. Continued Approval criteria: Commercial duration were updated from member's renewal date to 6 months and Medicaid approval duration were updated in days.	12.07.2020
RxA.592.Biologic DMARDs	Initial therapy criteria I.I; J; K- Criteria added for Xeljanz® Xeljanz® XR/Xeljanz® oral Solution. Initial therapy criteria I.A.- Criteria added for Taltz®. Initial therapy criteria I.H.4- age criteria updated for Taltz®; Stelara®. Initial therapy criteria I.M.4- criteria added for Mayo Score.	12.07.2020
RxA.594.Dupixent	Initial approval criteria I.A.3 was updated to 6 years of age or older. Initial and continued approval criteria was updated to add Medicaid approval duration.	12.07.2020
RxA.605.Exondys 51	Clinical criteria (both initial and continued) were added.	12.07.2020
RxA.610.Luzu	Commercial and Medicaid approval duration rephrased from 4 weeks to 1 month for initial.	12.07.2020

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RxA.615.Synribo	Initial approval criteria I.A.1 was updated to add new request. Commercial approval duration for initial and continued approval criteria was updated to 6 months respectively.	12.07.2020
RxA.616.Tarceva	Commercial approval duration was updated for initial and Continued approval criteria. Removed "HIM"	12.07.2020
RxA.617.Venclexta	Commercial approval duration was updated for initial approval criteria from "length of benefit" to "6 months". Commercial approval duration was updated for continued approval criteria from "length of benefit" to "12 months".	12.07.2020
RxA.618.Vyndamax; Vyndaqel	Criteria for approval updated.	12.07.2020
RxA.37. Benlysta	Approval duration was updated (HIM removed).	12.07.2020
RxA.161.Harvoni	Added age and weight-based criteria to initial approval criteria. Updated initial approval duration. Initial approval criteria I.A.8 was updated to remove criteria for pediatric patients restricted to treatment duration of 8 weeks. Added criteria to reflect use of brand over generic due to rebates available.	12.07.2020
RxA.369.Epclusa	Initial therapy Dose Criteria further divided for adult and pediatric members. Initial approval criteria I.A.3 updated to reflect use of brand over generic due to rebates available.	12.07.2020
RxA.441.Probuphine_ Sublocade	Initial therapy and continued therapy approval duration was added for Medicaid Approval duration changes	12.07.2020
RxA.550.Viekira XR Viekira Pak	Initial approval criteria I.A.6 updated to limit try and fail products to Epclusa and Harvoni and to reflect use of brand over generic due to rebates available.	12.07.2020
RxA.558.Vosevi	Initial approval duration was updated for "12 weeks" to "84 days" for both commercial and Medicaid and Continued approval duration update from "Up to a total treatment duration of 12 weeks" to "84 days" for both commercial and Medicaid. Initial approval criteria I.A.3 updated to prefer Epclusa® and reflect use of brand over generic due to rebates available.	12.07.2020

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	Continued therapy approval criteria II.A.1.b updated to simplify and align with updated initial approval criteria.	
RxA.587.Aimovig	Initial Approval criteria: Medicaid approval duration was updated to 3 months. Continued Approval criteria: Medicaid approval duration was updated to 6 months. Removed the specialist requirement for Initial Approval Criteria. Updated the Continued Therapy approval duration for commercial plan from 6 months to 12 months.	12.07.2020
RxA.588.Ajovy	Initial and continued approval duration criteria was updated to add Medicaid approval duration. Updated the Continued Therapy approval duration for commercial plan from 6 months to 12 months. Removed the specialist requirement.	12.07.2020
RxA.591.Botox	Initial Approval criteria: Commercial duration were updated from member's renewal date to 6 months and Medicaid approval duration were updated in days. Continued Approval criteria: Commercial duration were updated from member's renewal date to 6 months and Medicaid approval duration were updated in days. Added trial/failure of Ajovy; Aimovig or Emgality criteria to the Initial Approval Criteria for chronic migraine.	12.07.2020
RxA.592.Biologic DMARDs	Initial therapy criteria I.I; J; K- Criteria added for Xeljanz® Xeljanz® XR/Xeljanz® oral Solution. Initial therapy criteria I.A.- Criteria added for Taltz®. Initial therapy criteria I.H.4- age criteria updated for Taltz®; Stelara®. Initial therapy criteria I.M.4- criteria added for Mayo Score. Updated the Continued Therapy Approval Duration for indications other than CRS from 6 months to 12 months.	12.07.2020
RxA.595.Emgality	Continued Therapy approval duration for commercial plan was updated from 6 months to 12 months. Removed specialist requirement from the Initial Approval Criteria for both indications. Removed the trial/failure of Aimovig or Ajovy criteria from the Initial Approval Criteria for Migraine.	12.07.2020

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RxA.315.Xiidra	Updated the Initial Approval Criteria I.A.4 from “failure of Restasis or an ophthalmic corticosteroid therapy...” to “failure of an ophthalmic corticosteroid therapy” and “failure of Restasis”.	12.07.2020
RxA.161.Harvoni	Added age and weight-based criteria to initial approval criteria. Updated initial approval duration.	12.07.2020
RxA.172.Ingrezza	Approval duration for commercial was updated to 12 months from length of benefit.	12.07.2020
RxA.315.Xiidra	Updated the Initial Approval Criteria I.A.4 from “failure of Restasis or an ophthalmic corticosteroid therapy...” to “failure of an ophthalmic corticosteroid therapy” and “failure of Restasis”. Updated approval durations for both Initial Approval and Continued Therapy from “length of benefit” to “12 months”.	12.07.2020
RxA.468.Rexulti	Initial approval criteria I.B.3 updated to remove requirement of patient having diabetes mellitus and BMI > 30. Approval duration for commercial was updated from “length of benefit” to “12 months” for initial and continued therapy criteria. HIM was removed from initial and continued therapy approval.	12.07.2020
RxA.472.Sunosi	Initial approval criteria: updated the specialist requirement in Obstructive Sleep Apnea and Narcolepsy Initial approval criteria updated.. Commercial approval duration was updated for initial and Continued approval criteria.	12.07.2020
RxA.502.Tagrisso	Initial Approval criteria: Commercial approval duration was updated from length of benefit to 6 months. Continued Therapy Approval criteria: Commercial approval duration was updated from length of benefit to 12 months. Initial Approval criteria and Continued Therapy Approval criteria updated to include criteria for Leptomeningeal Metastases. Initial Approval criteria and Continued Therapy Approval criteria updated to include criteria for Brain Metastases.	12.07.2020
RxA.506.Tegsedi	Initial approval criteria were updated: “Recent (dated within the last month) platelet count is 100 x 10 ⁹ /L or more” and “Member’s UPCR is less than 1,000 mg/g” were added. “Member has not had a liver transplant” was updated to	12.07.2020

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	“ALT, AST, and total bilirubin should be in normal range (monitored within last month)”. Commercial approval duration was updated from Length of benefit to 6 months for Initial and to 12 months for continued approval criteria.	
RxA.515.Tasigna	Added initial therapy criteria for off label indication: Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Fusion Genes. Commercial approval duration was updated for initial and Continued approval criteria from length of benefit to 6 months and 12 months respectively.	12.07.2020
RxA.541.Vectibix	Added “Member has not had disease progression with cetuximab or panitumumab use” as a part of clinical criteria.	12.07.2020
RxA.546.Verzenio	Commercial approval duration was updated from length of benefit to 6 months for initial approval criteria and 12 months for continued approval criteria. For monotherapy, exclude use in members who progressed on CDK4/6 therapy.	12.07.2020
RxA.570.Zavesca	Approval duration was updated (HIM removed and 12 month duration). Added symptoms to criteria in continued therapy criteria when describing disease improvement. Updated verbiage from “symptomatic” to “disease manifestations” when describing improvement in clinical criteria.	12.07.2020
RxA.572.Zepatier	Initial criteria for approval updated specific to genotype. Initial Approval criteria: Commercial and Medicaid approval duration updated. Continued Approval criteria: Commercial and Medicaid approval duration were updated from up to total of 16 weeks to 112 days.	12.07.2020
RxA.577.Zolgensma	Clarified I.A.10.b.	12.07.2020
RxA.579.Zulresso	Initial approval criteria was updated to include definition of postpartum depression.	12.07.2020
RxA.586.Adakveo	Removed “Hb level \geq 4 g/dL” from the initial approval criteria.	12.07.2020
RxA.587.Aimovig	Initial Approval criteria: Medicaid approval duration was updated to 3 months. Continued Approval criteria: Medicaid approval duration was updated to 6 months.	12.07.2020
RxA.591.Botox	Initial Approval criteria: Commercial duration were updated from member's renewal date to 6	12.07.2020

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	<p>months and Medicaid approval duration were updated in days. Continued Approval criteria: Commercial duration were updated from member's renewal date to 6 months and Medicaid approval duration were updated in days. Updated I.D to include both upper and lower limb spasticity. Updated I.D.3 age criteria. Updated I.F.7 maximum dose from 200 units to 155 units. Added "headache specialist" to I.F.2. Added "and/or lower limb" to II.C.5.a.</p>	
RxA.594.Dupixent	<p>Initial approval criteria I.A.3 was updated to 6 years of age or older. Initial and continued approval criteria was updated to add Medicaid approval duration.</p>	12.07.2020
RxA.597.Growth Hormones	<p>Gastroenterologist" was added to I.B.3 for SBS.</p>	12.07.2020
RxA.616.Tarceva	<p>Commercial approval duration was updated for initial and Continued approval criteria. Removed "HIM"</p>	12.07.2020
RxA.617.Venclexta	<p>Commercial approval duration was updated for initial approval criteria from "length of benefit" to "6 months". Commercial approval duration was updated for continued approval criteria from "length of benefit" to "12 months". Initial Approval criteria I.A.2 added. Off label indication Added: Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN) AML</p>	12.07.2020
RxA.618.Vyndamax, Vyndaqel	<p>Criteria for approval updated.</p>	12.07.2020

New Step Therapy

- Relafen DS 1000 mg oral tablet
- Naproxen multiphase (Naprelan CR 375 mg oral tablet; ER multiphase 24 hr; Naprelan CR 500 mg oral tablet; ER multiphase 24 hr)
Naprelan CR 750 mg oral tablet; ER multiphase 24 hr
- Efavirenz/emtricitabine/tenofovir disoproxil fumarate 600 mg-200 mg-300 mg tablet
- Semglee U-100 insulin
- Amitiza 8 mcg capsule
- Motegrity 2 mg tablet

Updated Step Therapy

Drug Name; Strength(s); &	Step Edit Details	Effective Date
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Dosage Form(s)		
<p>Dexilant 30 mg DR capsule Dexilant 60 mg DR capsule</p>	<p>Update step 1 drugs and ST setup to require 2 alternative PPI products (esomeprazole; pantoprazole; lansoprazole; rabeprazole; omeprazole; omeprazole/sodium bicarbonate) with at least 30 days supply within the last 6 months</p>	<p>01.01.2021</p>
<p>efavirenz-emtricitabin-tenofovir 600-200-300 mg tablet</p>	<p>Update step 1 drugs to efavirenz-lamivudine-tenofovir 600-300-300 mg tablet and 400-300-300 mg tablet.</p>	<p>01.01.2021</p>

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