

- ▶ Summary of Formulary Changes.....1
- ▶ Formulary Changes/QRM Additions...2
- ▶ QRM Updates/Removals.....3
- ▶ Additional Formulary Changes...4
- ▶ Additional Formulary Changes...5
- ▶ Other Updates.....6
- ▶ Summary of 2023 Formulary Changes.... 6-10



# Formulary Update

## At A Glance

### Formulary Additions - Effective 11.9.2022

- Betaseron 0.3 mg SQ Kit
- Lacosamide 50 mg, 100 mg, 150 mg, and 200 mg Tablets and 10 mg/mL Solution
- Pirfenidone 267 and 801 mg Tablets
- Tetrabenazine 12.5 mg and 25 mg Tablets
- Valacyclovir 500 mg and 1000 mg Tablets
- Xulane 150-35 mcg/24hr Transdermal Patch

### Prior Authorization (QRM) Removals

- Auvi-Q 0.1 mg/0.1 mL Solution Auto-injector, Injection
- Tetrabenazine 12.5 mg and 25 mg Tablets

### Prior Authorization (QRM) Additions

- Adderall XR (dextroamphetamine-amphetamine) 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg Tablets
- Cabenuva (cabotegravir and rilpivirine) IM Solution
- Carvykti (ciltacabtagene autoleuce) IV Suspension
- Cibinco (abrocitinib) 50 mg, 100 mg, 200 mg Tablets
- Concerta ER (methylphenidate) 18 mg, 27 mg, 36 mg, 54 mg Tablets
- InPen Smart Insulin Pen
- Jornay PM ER (methylphenidate) 20 mg, 40 mg, 60 mg, 80 mg, 100 mg Capsules
- Kimmtrak (tebentafusp) 100 mcg/0.5 mL IV Solution
- Leqvio (inclisiran) 284 mg/ 1.5 mL SQ Solution
- Livtency (maribavir) 200 mg Tablets
- Mydayis ER (amphetamine-dextroamphetamine) 12.5 mg, 25 mg, 37.5 mg, 50 mg Capsules
- Myfembree (relugolix-E2-NETA) 40-1-0.5 mg Tablets
- Nucala (mepolizumab) 40 mg/0.4 mL SQ Solution
- Omnipod 5 System (Pods and Intro Kit)
- Opdivag (nivolumab-relatlimab) 240-80 mg/20 mL IV Solution
- Quillichew ER (methylphenidate) 20 mg, 30 mg, 40 mg Chewable Tablets
- Rinvoq (upadacitinib) 15 mg, 30 mg, 45 mg Tablets
- Saphnelo (anifrolumab) 300 mg/2 mL IV Solution
- Vocabria (cabotegravir) 30 mg Tablets

### Prior Authorization (QRM) Updates

- Auvi-Q (epinephrine) Solution Auto-injector, Injection
- Benlysta (belimumab) SQ Solution
- Botulinum Toxins
- Cimzia (certolizumab) SQ Solution
- Criteria with Spondyloarthritis Terminology
- Crysvida (burosumab) SQ Solution
- Enbrel (etanercept) SQ Solution
- Imbruvica (ibrutinib) Capsules and Tablets
- Nurtec (rimegepant) Disintegrating Tablets
- Omnipod DASH System
- Orgovyx (relugolix) Oral Tablets
- Qulipta (atogepant) Oral Tablets
- Rinvoq (upadacitinib) Extended-Release Oral Tablets
- Rituximab Products IV Solution
- Simponi (golimumab) SQ Solution
- VMAT2 Inhibitors
- Zeposia (ozanimod) Oral Capsules



A PUBLICATION OF THE GEORGIA PHARMACY AND THERAPEUTICS (P&T) COMMITTEE. The Formulary Update contains information regarding formulary additions, deletions, exclusions, brief descriptions of products, and current drug related news. It also lists items to be discussed at upcoming P&T meetings. Please refer to the web site: <http://kpnet.kp.org:81/ga/healthcare/formularies.html> or <http://providers.kaiserpermanente.org/> for the full KPGA Drug Formulary.

## Commercial/Closed Formulary Additions

The following medications will be added to the Commercial Formulary effective **November 9, 2022**:

**Note:** Commercial Formulary additions may result in tier changes on the QHP (ACA)/Open Formulary.

- **Betaseron 0.3 mg SQ kit:** Indicated for the treatment of multiple sclerosis.
- **Lacosamide 50 mg, 100 mg, 150 mg, and 200 mg tablets and 10 mg/mL solution:** Indicated for focal (partial) seizures and primary generalized tonic-clonic seizures.
- **Pirfenidone 267 and 801 mg tablets:** Indicated for idiopathic pulmonary fibrosis.
- **Tetrabenazine 12.5 mg and 25 mg tablets:** Indicated for chorea associated with Huntington disease.
- **Valacyclovir 500 mg and 1000 mg tablets:** Indicated for symptomatic outbreaks of genital herpes caused by herpes simplex virus type 1 (HSV-1) and type 2 (HSV-2).
- **Xulane 150-35 mcg/24hr transdermal patch:** Indicated for the prevention of pregnancy.

## QHP (ACA)/Open Formulary Tier Changes

The following tier changes will be effective **November 9, 2022**:

- **Lacosamide 50 mg, 100 mg, 150 mg, and 200 mg tablets and 10 mg/mL solution:** down-tier to Tier 2 Preferred Generic.
- **Pirfenidone 267 and 801 mg tablets:** down-tier to Tier 2 Preferred Generic.
- **Valacyclovir 500 mg and 1000 mg tablets:** down-tier to Tier 2 Preferred Generic.
- **Xulane 150-35 mcg/24hr transdermal patch:** down-tier to Tier 2 Preferred Generic.

## Commercial/Closed and QHP (ACA)/Open Formulary QRM Additions (Prior Authorization)

The following QRM additions will be effective **November 9, 2022**:

- **Cabenuva (cabotegravir and rilpivirine):** Complete regimen for the treatment of HIV-1 infection in adults and adolescents 12 years of age and older who are virologically suppressed on a stable antiretroviral regimen.
- **Carvykti (ciltacabtagene autoleucel):** Indicated for the treatment of adult patients with relapsed or refractory multiple myeloma (RRMM) after four or more prior lines of therapy, including a proteasome inhibitor (PI), an immunomodulatory agent (IMiD), and an anti-CD38 monoclonal antibody.
- **Cibinqo (abrocitinib):** Indicated for the treatment of adults with refractory, moderate-to-severe atopic dermatitis (AD) whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable.
- **InPen Smart Insulin Pen:** Indicated for the management of diabetes in persons 7 years of age and older.
- **Kimmtrak (tebentafusp):** Indicated for the treatment of HLA-A\*02:01-positive adult patients with unresectable or metastatic uveal melanoma.
- **Leqvio (inclisiran):** Indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low-density lipoprotein cholesterol.
- **Livtency (maribavir):** Indicated for the treatment of adults and pediatric patients (12 years of age and older and weighing at least 35 kg) with post-transplant cytomegalovirus infection/disease that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir or foscarnet.
- **Myfembree (relugolix-E2-NETA):** Indicated for the management of heavy menstrual bleeding (HMB) associated with uterine leiomyomas (fibroids) in premenopausal women.
- **Nucala (mepolizumab):** Indicated as an add-on therapy for treatment for patients 6 and older with severe eosinophilic asthma.
- **Omnipod 5 System:** Indicated for the treatment of type 1 diabetes mellitus in persons 2 years of age and older.
- **Opdualag (nivolumab-relatlimab):** Indicated for the treatment of adult and pediatric patients 12 years of age or older with unresectable or metastatic melanoma.
- **Rinvoq (upadacitinib):** Indicated for the treatment of adults and pediatric patients 12 years of age and older with refractory, moderate-to-severe AD whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies are inadvisable.
- **Saphnelo (anifrolumab):** Indicated for the treatment of adult patients with moderate to severe systemic lupus erythematosus (SLE), who are receiving standard therapy.
- **Vocabria (cabotegravir):** Oral formulation of cabotegravir used to assess tolerability prior to the initiation of injections and for oral bridging in the event of pre-planned missed injections as part of regimens for HIV-1 treatment and pre-exposure prophylaxis.

The following QRM additions will be effective **January 1, 2024**:

- **Attention deficit hyperactivity disorder (ADHD) Stimulants:**
  - Adderall XR (dextroamphetamine-amphetamine)
  - Concerta (methylphenidate)
  - Jornay PM (methylphenidate)
  - Mydayis (amphetamine-dextroamphetamine)
  - Quillichew (methylphenidate)

## Upcoming Formulary Items



An important aspect of the formulary process is the involvement of all clinicians. Please contact your P&T Committee representative or your Department Chief by November 18 if you wish to comment on any of the medications, class reviews, or other agenda items under consideration. To make formulary addition requests, you must submit a Formulary Additions/Deletions Form and Conflict of Interest Form to Drug Information Services or call (404) 439-4439.

# Questions and Concerns?



If you have any questions or concerns, please contact any of the following P&T Committee members and designated alternates:

## P&T Chair:

Carole Gardner, MD

## P&T Committee Members:

Debbi Baker, PharmD, BCPS  
Clinical Pharmacy

Karen Bolden, RN, BSN  
Clinical Services

Hector Clarke, PharmD, BCOP  
Ambulatory Pharmacy

Halima Daboiko, MD  
Obstetrics and Gynecology

Pierson Gladney, MD  
Hematology/Oncology

Larry Kang, MD  
Adult Primary Care

Craig Kaplan, MD  
Adult Primary Care

Christine Kofman, MD  
Pediatrics

Amy Levine, MD  
Pediatrics

Sophie Lukashok, MD  
Infectious Disease

Chad Madill, PharmD, MBA  
Executive Director of Pharmacy Operations

Jennifer Marrast-Host, MD  
Emergency Medicine/ACC

Felecia Martin, PharmD  
Pharmacy/Geriatrics

Shayne Mixon, PharmD  
Pharmacy Operations

Rachel Robins, MD  
Hospitalist

Jennifer Rodriguez, MD  
Behavioral Health

## Designated Alternates:

Jacqueline Anglade, MD  
Obstetrics and Gynecology

Lesia Jackson, RN  
Clinical Services

Satya Jayanthi, MD  
Hospitalist

## QRM Updates (Prior Authorization)

The following QRM updates will be effective November 9, 2022:

- **Auvi-Q (epinephrine):** Criteria updated to 1) remove Auvi-Q 0.1 mg from criteria and 2) add an approval period of 12 months.
- **Benlysta (belimumab):** Criteria updated to 1) include persons 5 to 17 years old to reflect recent FDA expanded approval for the treatment of children with lupus nephritis, 2) require documentation of hydroxychloroquine, and 3) distinguish which preferred therapies are required prior to Benlysta.
- **Botulinum Toxins:** Criteria updated to align the preferred therapies with current standard of care.
- **Cimzia (certolizumab):** Criteria updated to 1) remove the diagnosis of ulcerative colitis and 2) include “will not be used for induction therapy” to align with the FDA-approved indications for Cimzia.
- **Crysvita (burosumab):** Criteria updated to align with the Interregional Practice Recommendation changes.
- **Enbrel (etanercept):** Criteria updated to include Tremfya, Humira, Stelara, and Skyrizi as additional therapy options prior to Enbrel for plaque psoriasis.
- **Imbruvica (ibrutinib):** Criteria updated to include pediatric patients  $\geq 1$  year to address the expanded indication.
- **Nurtec ODT (rimegepant):** Criteria updated to 1) include a documented trial and failure of Qulipta (atogepant) prior to Nurtec ODT for migraine preventative therapy and 2) include the amount of Calcitonin Gene-Related Peptide (CGRP) injectables a new member must have tried or failed to meet criteria.
- **Omnipod DASH System:** Criteria updated. Update complements existing durable medical equipment (DME) criteria for other continuous glucose monitor devices.
- **Orgovyx (relugolix):** Criteria updated to 1) include medical oncologists and 2) include medications that should not be used concomitantly with Orgovyx.
- **Qulipta (atogepant):** Criteria updated to redefine the amount of preventative migraine therapies and CGRP injectables a new member must have tried or failed to meet criteria.
- **Rinvoq (upadacitinib):** Criteria updated to include criteria for the use of Rinvoq for ankylosing spondylitis and psoriatic arthritis based on the new FDA-approved indication.
- **Rituximab Products:** Criteria updated to note Riabni as the current preferred biosimilar for KPGA.
- **Simponi (golimumab):** Criteria updated to remove the diagnosis of Crohn's disease to align with the FDA-approved indication for Simponi.
- **VMAT2 Inhibitors:** Criteria updated to 1) state tetrabenazine is available on the Commercial/Closed formulary and 2) indicate tetrabenazine as the preferred VMAT2 inhibitor, then Austedo then Ingrezza.
- **Zeposia (ozanimod):** Criteria updated to 1) remove complete blood count and serum liver function tests as these monitoring parameters are standard for all inflammatory bowel disease biologic agents, 2) further define the requirements of antibody test for varicella zoster, 3) add requirements for females of childbearing potential and 3) remove Cimzia as a preferred therapy option prior to Zeposia.
- **Criteria with Spondyloarthritis Terminology:** Criteria updated for multiple medications listed below to clarify the terminology. The “spondyloarthritis” term was changed to “axial spondyloarthritis” to more specifically describe conditions affecting the spine which encompasses ankylosing spondylitis, nonradiographic axial spondyloarthritis and psoriatic arthritis with axial manifestations.
  - **Cimzia (certolizumab pegol)**
  - **Corticotropin Gel**
  - **Cosentyx (secukinumab)**
  - **Enbrel (etanercept)**
  - **Humira/Humira Citrate Free (adalimumab)**
  - **Interleukin (IL) Antagonists**
  - **Simponi (golimumab)**
  - **Infliximab Products**

## QRM Removal (Prior Authorization)

The following QRM removals will be effective November 9, 2022:

- **Auvi-Q (epinephrine) 0.1 mg/0.1 ml auto-injector:** Indicated to treat life-threatening allergic reactions, including anaphylaxis, in people who are at risk for or have a history of serious allergic reactions.
- **Xenazine (tetrabenazine) 12.5 mg and 25 tablets:** Indicated for the treatment of chorea associated with Huntington's disease.



## Interregional Practice Recommendations

The Emerging Therapeutics Strategy Program (ETSP) is a centralized effort that applies our evidence-based model to develop interregional practice recommendations with KP physician specialists, coordinates KP HealthConnect clinical content for decision support, and monitors outcomes to measure uptake of the clinical and strategy recommendations. Through the collaboration of Pharmacy, Permanente physicians, and Federation partners, the ETSP offers a unified approach in the provision and management of specialty drugs, to help ensure that our members derive the greatest value from these products.

The following IR Practice Recommendation additions were recently approved effective November 9, 2022:

- **Anemia in Non-Dialysis Dependent Chronic Kidney Disease (NDD-CKD):** Treatment algorithm for intravenous iron therapy and erythropoiesis-stimulating agents.
- **Direct Oral Anticoagulants for Nonvalvular Atrial Fibrillation (DOAC NVAf):** Treatment algorithm for direct oral anticoagulants.

The following IR Practice Recommendation updates were recently approved effective November 9, 2022:

- **Crysvita (bufosumab):** Indicated for the treatment of X-linked hypophosphatemia in adult and pediatric patients age ≥6 months and for the treatment of fibroblast growth factor 23- related hypophosphatemia in tumor-induced osteomalacia associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized in adult and pediatric patients age ≥2 years.
- **Zolgensma (onasemnogene):** Indicated for the treatment of pediatric patients less than 2 years of age with spinal muscular atrophy with bi-allelic mutations in the survival motor neuron 1 gene.

ETSP recommendations as well as pipeline candidates can be found here: <https://secure.sp.kp.org/teams/emergingts/ SitePages/Home.aspx>. Please note: Newly marketed medications requiring ETSP review will also receive prior authorization (PA) review. These medications will not be eligible for consideration of drug benefit coverage until completion of drug specific ETSP and PA criteria review processes.

## Commercial/Closed and QHP (ACA)/Open Formulary Quantity Limit Additions

Quantity Limits will be added to the following medications effective November 9, 2022:

Medication	Quantity Limit
Olumiant 1 mg and 2 mg Tablets	30 tablets per 30 days
Tyrvaya (varenicline) Nasal Spray	1 box per 30 days

## Commercial/Closed and QHP (ACA)/Open Formulary Quantity Limit Removals

Quantity Limits will be removed from the following medications effective November 9, 2022:

Medication
Desonide 0.05 % Cream and Ointment
Lacosamide 50 mg, 100 mg, 150 mg, 200 mg Tablets AND 10 mg/mL Solution

## QHP (ACA)/Open Formulary Step Therapy Additions

STEP therapy will be added to the following medications effective November 9, 2022:

- **Aspruzo (ranolazine)** 500 mg and 100 mg sprinkle pack
- **Auvi-Q (epinephrine)** 0.1 mg/0.1ml auto-injector
- **Lampit (nifurtimox)** 30 mg and 120 mg tablets
- **Tyrvaya (varenicline)** 0.03 mg/act nasal spray solution

## QHP (ACA)/Open Formulary Step Therapy Removals

STEP therapy will be removed to the following medications effective November 9, 2022:

- **Lacosamide** 50 mg, 100 mg, 150 mg, 200 mg tablets and 10 mg/mL solution
- **Xulane (norelgestromin-ethinyl estradiol)** 150-35 mcg/24 hour patch
- **Valacyclovir** 500 mg and 1 gram tablets

## Upcoming Class Review



December 2022

### Medication Class Review

Alternative Medicines

Antacids

Antidiarrheals/Probiotic agents

Antidotes

Cardiotonics

Chemicals

Compounds

Contraceptives, Oral

Estrogens

Laxatives

Medical Devices

Miscellaneous Therapeutic Classes

Nutrients

Oxytocics

Progestins

Ulcer Drugs

Vaginal Products

## Floor Stock Changes


Department	Change
<b>Addition</b> to ACC/CDU	<ul style="list-style-type: none"> <li>Add Potassium Chloride 20 mEq/L solution to ACC-CDU Floor Stock List</li> <li>Add Fluconazole 200 mg tablets to ACC-CDU Pyxis</li> <li>Add Magnesium Sulfate 4 g bag to ACC-CDU Pyxis</li> <li>Add Morphine Sulfate 100 mg in Sodium Chloride 0.9% solution to ACC-CDU Pyxis</li> </ul>
<b>Addition</b> to Radiology Floorstock List	<ul style="list-style-type: none"> <li>Add Lexiscan 0.4 mg/5 mL solution</li> <li>Add Aminophylline 500 mg/20 mL solution</li> <li>Add Aspirin 325 mg tablet</li> <li>Add Caffeine Citrate 60 mg/3 mL solution</li> <li>Add Glucose 15 gel 40%</li> <li>Add Hydralazine Hydrochloride 20 mg/mL</li> <li>Add Furosemide 40 mg/4 mL injection</li> <li>Add Nitroglycerin 0.4 mg sublingual tablet</li> <li>Add Diphenhydramine 50 mg/mL injection</li> <li>Add Solu-Medrol 125 mg vial</li> <li>Add Albuterol Sulfate HFA 90 mcg inhaler</li> <li>Add Adenosine 6 mg/2 mL injection</li> <li>Add Sodium Chloride 0.9%, 500 mL bag</li> <li>Add Atropine 0.6 mg – 1 mg vial</li> </ul>
<b>Addition</b> of “jump bag medications” to all departments Floorstock Lists (except Rheumatology, Employee Health, and County Employee Clinic)	<ul style="list-style-type: none"> <li>Add Jump bag medications listed below:                             <ul style="list-style-type: none"> <li>Glucose 37.5 g gel</li> <li>Nitroglycerin 0.4 mg sublingual tablet</li> <li>Aspirin 81 mg chewable tablet</li> <li>Diphenhydramine 50 mg/mL vial</li> <li>Epinephrine 0.3 mg kit</li> <li>Epinephrine 0.15 mg kit</li> <li>Naloxone 0.4 mg injection</li> <li>Normal saline 0.9% syringe, 10 mL</li> <li>Albuterol HFA 90 mcg inhaler</li> </ul> </li> </ul>
<b>Addition</b> to Interventional Radiology Floorstock List	<ul style="list-style-type: none"> <li>Add Doxycycline 100 mg injection</li> <li>Add Ethanol Denatured 500 mL liquid</li> </ul>
<b>Removal</b> from Infectious Disease Department Floorstock List	<ul style="list-style-type: none"> <li>Remove Bicillin L-A 600,000-unit syringe</li> <li>Remove Ceftriaxone 250 mg vial</li> <li>Remove Cyanocobalamin 1000 mcg/mL injection</li> <li>Remove Gentamicin Sulfate 40mg/mL injection</li> <li>Remove Lactated Ringer’s 1000 mL bag</li> <li>Remove Rabies vaccine injection</li> <li>Remove Testosterone Cypionate 200 mg/mL vial</li> </ul>
<b>Removal</b> from Otolaryngology Department Floorstock List	<ul style="list-style-type: none"> <li>Remove Ammonia ampule</li> <li>Remove Bacitracin/Neomycin/Polymyxin ointment</li> <li>Remove Lactated Ringer’s 1000 mL injection</li> <li>Remove Levaquin (levofloxacin) 25 mg/mL vial</li> <li>Remove Neomycin/Polymyxin B/Hydrocortisone otic solution</li> <li>Remove Cortisporin (Neomycin/Polymyxin B/Hydrocortisone) otic suspension</li> <li>Remove Sodium Chloride 0.9%, 1000 mL bag</li> <li>Remove Sodium Chloride 0.9%, 500 mL bag</li> </ul>

## New Standing Orders

- Pemfexy (pemetrexed liquid) and Pemetrexed (pemetrexed liquid) are 505(b)(2) generic formulations of brand Alimta (pemetrexed powder) for injection.

Equivalent Products	The dose and directions of this product ↓	Is equivalent to the dose & direction for this product ↓
Alimta (pemetrexed powder) for injection	All treatment plans	Pemfexy (pemetrexed liquid) for injection
Alimta (pemetrexed powder) for injection	All treatment plans	Pemetrexed liquid for injection
Pemfexy (pemetrexed liquid) for injection	All treatment plans	Pemetrexed liquid for injection

- Diltiazem HCL extended-release (Non-Cardizem CD products) are equivalent to Diltiazem HCL extended-release (Cardizem CD products).

EQUIVALENT TO	EQUIVALENT TO
Diltiazem HCL extended-release once-a-day capsules (Non-Cardizem CD products) 120 mg, 180 mg, 240 mg, 300 mg, 360 mg <i>All sigs</i>	 Diltiazem HCL extended-release once-a-day capsules (Cardizem CD equivalent products) 120 mg, 180 mg, 240 mg, 300 mg, 360 mg <i>Same sig</i>



# Medicare Part D Initial Tier Placement

Initial Tier Placements: Recently launched and approved medications

Drug Name	Tier Status	Implementation Date
sodium thiosulfate 125 mg/mL injection (Pedmark)	Specialty Tier 5	9/27/2022
fingolimod 0.5 mg capsules (generic)	Specialty Tier 5	9/23/2022
ranibizumab-eqrn 0.5 mg/0.05 mL injection (Cimerli)	Specialty Tier 5	9/22/2022
pemetrexed disodium 1000 mg injection	Specialty Tier 5	9/14/2022
tadalafil 20 mg/5 mL suspension (Tadliq)	Specialty Tier 5	9/14/2022
deucravacitinib 6 mg tablets (Sotyktu)	Specialty Tier 5	9/13/2022
ibrutinib 70 mg/mL suspension (Imbruvia)**	Specialty Tier 5	9/9/2022
lumacaftor-ivacaftor 75 mg/94 mg granule packets (Orkambi)	Specialty Tier 5	9/8/2022
sapropterin dihydrochloride 100 mg tablets (Javygtor)	Specialty Tier 5	9/7/2022
olipudase alfa—rpcp 20 mg injection (Xenpozyme)	Specialty Tier 5	9/7/2022
lenalidomide 2.5 mg, 20 mg capsules**	Specialty Tier 5	9/7/2022
spesolimab-sbzo 450 mg/7.5 mL injection (Spevigo)	Specialty Tier 5	9/5/2022
sodium phenylbutyrate 483 mg/g oral pellets (Pheburane)	Specialty Tier 5	8/26/2022
doxycycline hyclate 60 mg delayed-release tablets (Doryx MPC)	Specialty Tier 5	8/22/2022

\*\* Protected Class

## In the news...

### CDC and FDA Clear Pfizer-BioNTech's and Moderna's Bivalent Vaccine Boosters Targeting Omicron BA.4/BA.5 Subvariants

The U.S. Centers for Disease Control and Prevention (CDC) and the FDA have cleared Pfizer-BioNTech's and Moderna's bivalent COVID-19 vaccines targeting Omicron BA.4/BA.5 for use as single booster doses. The Pfizer-BioNTech booster dose received emergency use authorization (EUA) for individuals 12 years of age and older, and the Moderna booster dose was cleared for use in individuals 18 years of age and older. They should be administered at least 2 months after completion of primary vaccination or receipt of a booster dose of any authorized or approved monovalent COVID-19 vaccine.

On September 1, 2022, the CDC's Advisory Committee on Immunization Practices (ACIP) voted 13-1 to recommend the use of both the Pfizer-BioNTech and Moderna bivalent vaccines in individuals 12 years of age and older and 18 years of age and older, respectively. The ACIP concluded that inclusion of a second SARS-CoV-2 variant in the vaccines broadens the antibody response, as the effectiveness of the current monovalent vaccines has waned over time as the virus has evolved. Later on September 1, 2022, CDC Director Rochelle Walensky endorsed ACIP's recommendation for use of Pfizer-BioNTech's and Moderna's updated boosters in the specified patient populations.

Most of the data informing ACIP's recommendations were from studies of Pfizer-BioNTech's and Moderna's bivalent vaccines targeting Omicron BA.1. The CDC believes that the BA.4/BA.5-targeting vaccines will have similar reactivity and safety profiles compared with the BA.1-targeting monovalent vaccines. However, some committee members expressed the need for human data on the new vaccines, particularly safety data. In addition, some members were in favor of a 3-month interval between individuals receiving the monovalent and bivalent vaccines, rather than a 2-month interval.

With the clearance of the updated COVID-19 boosters, the monovalent mRNA COVID-19 vaccines are no longer authorized as booster doses for individuals 12 years of age and older, even if the individual has not previously received a monovalent booster dose.

At this time, there are no changes to the vaccine schedules for children 6 months through 11 years of age. In the coming weeks, the CDC and FDA are expected to recommend use of the updated COVID-19 boosters in other pediatric populations, once supporting data are available.

## Information Concerning Coverage Determinations

**Medicare Part D:** Medicare Part D Plan Non Formulary and Prior Authorization criteria and coverage determination are made externally by the Pharmacy Benefit Manager Optum Rx.

Prescriber completes the .NFRequestForm when entering drug order. Your documentation is used by OptumRx to determine whether the prescribed drug is eligible for drug benefit coverage. No documentation = No coverage.

The KP Pharmacy Consult Service will send your documentation to OptumRx for their coverage determination decision. If OptumRx has further questions, you will be contacted for responses. You may phone OptumRx at **1-888-791-7255** to address any patient / drug coverage specific questions To see the MPD Formulary, please visit: MPD Formulary

**Dual Choice:** Dual Choice Plan Non Formulary and Prior Authorization criteria and coverage determination are made externally by the Pharmacy Benefit Manager MedImpact.

Prescriber completes the .NFRequestForm when entering drug order. Your documentation is used by MedImpact to determine whether the prescribed drug is eligible for drug benefit coverage. No documentation = No coverage.

The KP Pharmacy Consult Service will send your documentation to MedImpact for their coverage determination decision. If MedImpact has further questions, you will be contacted to provide responses. Your patient and you will be contacted when MedImpact provides a coverage determination decision. You may phone MedImpact at 1-844-336-2676 to address any patient / drug coverage specific questions. To see the Dual Choice Formulary, please visit: Choice Formulary

# KPGA Formulary Changes Effective 1.1.2023\*

## TIER CHANGES

DRUG NAME	TIER LEVEL	DRUG NAME	TIER LEVEL
ADBRY SOSY 150 MG/ML	5	NARCAN 4 MG/ACTUATION NASAL SPRAY	4
AGGRENEX CP12 25-200 MG	4	NEOMYCIN-POLYMYXIN-HC SOLN 1 %	4
AKYNZEO CAPS 300-0.5 MG	5	NITROFURANTOIN SUSP 25 MG/5ML	5
APREPTANT CAPS 80 & 125 MG PACK	4	OPZELURA CREA 1.5 %	5
ARIMIDEX TABS 1 MG	5	OSBRYTA TBSO 300 MG	5
ASACOL HD TBEC 800 MG	5	OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	5
ASPIRIN-DIPYRIDAMOLE ER CP12 25-200 MG	4	PANCREAZE CPEP 37000-97300 UNIT	4
AZASAN TABS 75 MG	5	PERCOCET TABS 7.5-325 MG	4
BAXDELA TABS 450 MG	5	PLEXION CLEANSER LIQD 9.8-4.8 %	4
BIKTARVY TABS 30-120-15 MG	5	PLEXION CREA 9.8-4.8 %	4
BREXAFEMME TABS 150 MG	4	PLEXION LOTN 9.8-4.8 %	4
BUPROPION HCL XL 450 MG ER TAB	5	PREDNISONE TBP 5 MG (48)	2
CALCIPOTRIENE CREA 0.005 %	4	PRETOMANID TABS 200 MG	4
CALCITONIN (SALMON) SOLN 200 UNIT/ACT	2	PYRUKYND TABS 5 MG, 20 MG, 50 MG	5
CALCIUM ACETATE 667 MG TABS	4	PYRUKYND TAPER PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5
CANASA SUPP 1000 MG	5	QELBREE ER CAP 100 MG, 150 MG, 200 MG	5
CARDIZEM CD CP24 120 MG AND 360 MG	5	QULIPTA TABS 10 MG, 30 MG, 60 MG	5
CASODEX TABS 50 MG	5	QUVIVIQ TABS 25 MG AND 50 MG	4
CEFPODOXIME PROXETIL TABS 100 MG	2	RECORLEV 150 MG TABS	5
CEFPODOXIME PROXETIL TABS 200 MG	2	VANCOMYCIN HCL SOLR 1 GM	1
CHENODAL TABS 250 MG	5	THYMOL CRY	2
CHLORDIAZEPOXIDE HCL CAPS 10 MG	4	RELEUKO SOLN 300 MCG/ML AND 480 MCG/1.6ML	5
CHLORDIAZEPOXIDE HCL CAPS 25 MG	4	RINVOQ TABS 30 MG, 45 MG	5
CHLORDIAZEPOXIDE HCL CAPS 5 MG	4	ROSZET TABS 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4
CHORIONIC GONADOTROPIN SOLR 10000 UNIT	4	RYTHMOL SR CP12 225 MG, 325 MG, 425 MG	5
CLOBETASOL PROPIONATE E CREA 0.05 %	4	SANDIMMUNE 100 MG/ML SOLUTION	4
CORDRAN CREA 0.05 %	5	SCEMBLIX TABS 20 MG AND 40 MG	5
CORDRAN LOTN 0.05 %	5	SELZENTRY TABS 150 MG AND 300 MG	5
CYCLOBENZAPRINE HCL TABS 5 MG	2	SORILUX FOAM 0.005 %	5
DALFAMPRIDINE ER TB12 10 MG	2	STRENSIQ SOLN 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	5
DALIRESP TABS 250 MCG	4	SULFACETAMIDE SODIUM-SULFUR CREA 9.8-4.8 %	4
DESCOVY TABS 120-15 MG	5	SULFACETAMIDE SODIUM-SULFUR LIQD 9.8-4.8 % AND 9-4 %	4
DESOXYN TABS 5 MG	5	SULFACETAMIDE SODIUM-SULFUR LOTN 9.8-4.8 %	4
DEXAMETHASONE SODIUM PHOSPHATE SOLN 4 MG/ML	1	SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 %	4
DOXYCYCLINE HYCLATE CAPS 50 MG AND 100 MG	2	TALZENNA CAPS 0.5 MG AND 0.75 MG	5
DUAKLIR PRESSAIR AEPB 400-12 MCG/ACT	5	TARGRETIN GEL 1 %	5
DULERA AERO 50-5 MCG/ACT, 100-5 MCG/ACT, 200-5 MCG/ACT	4	TAVNEOS CAPS 10 MG	5
DUPIXENT SOPN 200 MG/1.14ML	5	THALITONE 15MG TAB	4
DUPIXENT SOSY 100 MG/0.67ML	5	THEOPHYLLINE SOLN 80 MG/15ML	2
ELYXYB SOLN 120 MG/4.8ML	5	RELEUKO SOSY 300 MCG/0.5ML	5
EPCLUSA PACK 150-37.5 MG AND 200-50 MG	5	THYQUIDITY SOLN 100 MCG/5ML	4
		TIROSINT-SOL SOLN 13 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML	4
EPRONTIA SOLN 25 MG/ML	4	TRUDHESA 0.725/SPRAY	4
ERGOLOID MESYLATES TABS 1 MG	4	TYRVAYA SOLN 0.03 MG/ACT	4
EXEMESTANE TABS 25 MG	2	RELEUKO SOSY 480 MCG/0.8ML	5
EXKIVITY CAPS 40 MG	5	VANOS CREA 0.1 %	5
FLOVENT HFA AERO 44 MCG/ACT	3	VERQUVO TABS 2.5 MG, 5 MG, 10 MG	5
FLUCYTOSINE CAPS 250 MG AND 500 MG	5	VONJO CAPS 100 MG	5
FORFIVO XL TB24 450 MG	5	VOXZOGO SOLR 0.4 MG, 0.56 MG, 1.2 MG	5
GAMMAGARD SOLN 1 GM/10ML	5	XARELTO SUSR 1 MG/ML	5
GAMMAGARD SOLN 2.5 GM/25ML	5	XOFLUZA (40 MG DOSE) TBP 1 X 40 MG AND 1 X 80 MG	4
IBSRELA TABS 50 MG	5	XTAMPZA ER C12A 9 MG, 13.5 MG, 18 MG, 27 MG, 36 MG	5
INDERAL LA CP24 120 MG AND 160 MG	5	ZEGALOGUE SOAJ 0.6 MG/0.6ML	4
INDOCIN SUPP 50 MG	5	ZEGALOGUE SOSY 0.6 MG/0.6ML	4
KLOR-CON PACK 20 MEQ	4	ZUPLENZ FILM 4 MG	5
K-TAB TB 10 MEQ	4	ZYFLO TABS 600 MG	5
LANOXIN SOLN 0.25 MG/ML	5		
LIVMARLI SOLN 9.5 MG/ML	5		
LIVTENCITY TABS 200 MG	5		
LOREEV XR CS24 1 MG, 2 MG, 3 MG	4		
LYBALVI 5-10MG, 10-10MG, 15-10MG, 20-10MG,	5		
MAVYRET PACK 50-20 MG	5		
MAYZENT STARTER PACK TBP 0.25 MG	5		
MAYZENT TABS 1 MG	5		
MEDROXYPROGESTERONE ACETATE SUSP 150 MG/ML	1		
MEPROBAMATE TABS 200 MG AND 400 MG	4		
MESALAMINE SUPP 1000 MG	2		
MESTINON SOLN 60 MG/5ML	4		
METHAMPHETAMINE HCL TABS 5 MG	5		
METHOTREXATE SOLN 1 GM/40ML, 250 MG/10ML, 50 MG/2ML	1		
MIGERGOT SUPP 2-100 MG	5		
MYFEMBREE TABS 40-1-0.5 MG	5		
MYRBETRIQ SRER 8 MG/ML	4		
MYTESI TBEC 125 MG	5		



# KPGA Formulary Changes Effective 1.1.2023\* (Continued)

## STEP THERAPY ADDITIONS

DRUG NAME
ABILIFY MYCITE STARTER KIT TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG
ABIRATERONE ACETATE TABS 500 MG
ABSORICA CAPS 25 MG AND 35 MG
ACCUPRIL TABS 20 MG
ACIPHEX SPRINKLE CPSP 5 MG AND 10 MG
ADDERALL TABS 5 MG AND 12.5 MG
ADDERALL XR TABS 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG
ADHANSIA XR CAPS 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG
AFINITOR DISPERZ TBSO 2 MG, 3 MG, 5 MG
AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG
AGGRENOX CP12 25-200 MG
AKLIEF (TRIFAROTENE) CREAM 0.005%
AKYNZEO CAPS 300-0.5 MG
ALDACTAZIDE TABS 25-25 MG
ALENDRONATE SODIUM SOLN 70 MG/75ML
ALPHAGAN P SOLN 0.15 %
ALUNBRIG TABS 30 MG, 90 MG, 180 MG
ALUNBRIG TBP 90 & 180 MG
AMBIEN CR TBCR 6.25 MG AND 12.5 MG
AMBIEN TABS 5 MG AND 10 MG
ANAFRANIL CAPS 25 MG, 50 MG, 75 MG
ANDROGEL GEL 25 MG/2.5MG (1%)
ANGELIQ TABS 0.25-0.5 MG AND 0.5-1 MG
ANTARA CAPS 30 MG AND 90 MG
ANZEMET TAB 50MG
APAP-CAFF-DIHYDROCODEINE CAPS 320.5-30-16 MG
APREPITANT CAPS 80 & 125 MG PACK
APTENSIO XR CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG
APTIOM TABS 200 MG, 400 MG, 600 MG, 800 MG

DRUG NAME
ARFORMOTEROL TARTRATE NEBU 15 MCG/2ML
ARIMIDEX TABS 1 MG
AROMASIN TABS 25 MG
ARTHROTEC TBEC 50-0.2 MG AND 75-0.2 MG
ASACOL HD TBEC 800 MG
ASTAGRAF XL CP24 0.5 MG, 1 MG, 5 MG
ATELVIA TBEC 35 MG
ATIVAN TABS 0.5 MG, 1 MG, 2 MG
AYVAKIT TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG
AZASAN TABS 75 MG AND 100 MG
AZOR TABS 5-20 MG, 5-40 MG, 10-20 MG, 10-40 MG
BALCOLTRA TABS 0.1-20 MG-MCG(21)
BAXDELA TABS 450 MG
BD INSULIN SYRINGE MISC 25G X 1" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML
BD INSULIN SYRINGE MISC U-100 1 ML
BD INSULIN SYRINGE ULTRAFINE MISC 29G X 1/2" 0.5 ML
BD SAFETYGLIDE INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML
BENZHYDROCODONE-ACETAMINOPHEN TABS 4.08-325 MG, 6.12-325 MG, 8.16-325 MG
BETHKIS NEBU 300 MG/4ML
BEYAZ TABLET
BRAFTOVI CAPS 50 MG AND 75 MG
BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT
BUDESONIDE SUSP 1 MG/2ML
BUPROPION HCL XL 450 MG ER TAB
BUTALBITAL-ACETAMINOPHEN CAPS 50-300 MG
BUTALBITAL-ACETAMINOPHEN TABS 50-300 MG
BUTALBITAL-APAP-CAFF-COD CAPS 50-300-40-30 MG
CABOMETYX TABS 20 MG, 40 MG, 60 MG
CAFERGOT TABS 1-100 MG

DRUG NAME
CALCIUM ACETATE 667 MG TABS
CANASA SUPP 1000 MG
CAPLYTA CAPS 42 MG
CARDIZEM CD CP24 120 MG AND 360 MG
CARDURA TABS 1 MG, 2 MG, 4 MG, 8 MG
CARDURA XL TB24 4 MG AND 8 MG
CASODEX TABS 50 MG
CATAPRES-TTS-1 PTWK 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR
CELLCEPT SUSR 200 MG/ML
CHLORZOXAZONE TABS 250 MG, 375 MG, AND 750 MG
CHORIONIC GONADOTROPIN SOLR 10000 UNIT
CLINDESSE CREA 2 %
CLOBETASOL PROPIONATE E CREA 0.05 %
CLOBEX SHAM 0.05 %
CLOBEX SPRAY LIQD 0.05 %
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG
COMETRIQ (140 MG DAILY DOSE) KIT 3 X 20 MG & 80 MG
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG
COMPLERA TABS 200-25-300 MG
CONCERTA TABS 18 MG, 27 MG, 36 MG, 54 MG
COPIKTRA CAPS 15 MG AND 25 MG
CORDRAN CREA 0.05 %
CORDRAN LOTN 0.05 %
CYCLOBENZAPRINE HCL TABS 7.5 MG
DAURISMO TABS 25 MG AND 100 MG
DAYPRO TABS 600 MG
DAYVIGO 5 MG AND 10 MG TAB EISA
DDAVP PF SOLN 4 MCG/ML

DRUG NAME
DEPAKOTE DR TABLET 125 MG, 250 MG, 500 MG
DEPAKOTE ER TABLET 250MG AND 500 MG
DESCOVY TABS 120-15 MG
DESONIDE GEL 0.05 %
DETROL TABS 1 MG
DIHYDROERGOTAMINE MESYLATE SOLN 1 MG/ML
DILAUDID LIQD 1 MG/ML
DILAUDID TABS 2 MG, 4 MG, 8 MG
DIPROLENE OINT 0.05 %
DUAKLIR PRESSAIR AEPB 400-12 MCG/ACT
DUEXIS TABS 800-26.6 MG
DULERA 50-5 MCG, 100-5 MCG, 200-5 MCG/ACT
DULOXETINE HCL CPEP 40 MG
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR
DUTASTERIDE-TAMSULOSIN HCL
EC-NAPROSYN TBEC 500 MG
EC-NAPROXEN TBEC 500 MG
EDLUAR SUBL 5 MG AND 10 MG
EFFEXOR XR 150 MG CAPS
ELEPSIA XR TB24 1000 MG AND 1500 MG
ELYXYB SOLN 120 MG/4.8ML
ENVARUS XR TB24 0.75 MG, 1 MG, 4 MG
EPRONTIA SOLN 25 MG/ML
ERGOTAMINE-CAFFEINE TABS 1-100 MG
ERIVEDGE CAPS 150 MG
ERLEADA TABS 60 MG
EVEROLIMUS TBSO 2 MG, 3 MG, 5 MG
FEMARA TABS 2.5 MG
FEMCAP DEVI 22 MM, 26 MM, 30 MM
FEMHRT TABS 0.5-2.5 MG-MCG
FENOFIBRATE MICRONIZED CAPS 30 MG
FENOGLIDE TABS 40 MG AND 120 MG
FETZIMA CP24 20 MG, 40 MG, 80 MG, 120 MG

DRUG NAME
FENOGLIDE TABS 40 MG AND 120 MG
FETZIMA CP24 20 MG, 40 MG, 80 MG, 120 MG
FETZIMA TITRATION C4PK 20 & 40 MG
FIASP PENFILL 100 UNITS/ML INJ 5X3 ML
FIBRICOR TABS 35 MG
FIORICET/CODEINE CAPS 50-300-40-30 MG
FLAREX SUSP 0.1 %
FLOMAX 0.4 MG CAPS
FLUOXETINE TAB 10 MG AND 20 MG
FLUOXETINE 20 MG TAB
FLURANDRENOLIDE CREA 0.05 %
FOCALIN TABS 2.5 MG, 5 MG, 10 MG
FORFIVO XL TB24 450 MG
FORMOTEROL FUMARATE NEBU 20 MCG/2ML
FREESTYLE LITE TEST STRIP 100CT AND 50CT
FREESTYLE TEST STRIP 50CT AND 100CT
FYAVOLV TABS 0.5-2.5 MG-MCG
FYAVOLV TABS 1-5 MG-MCG
GELNIQUE GEL 10 %
GEMMILY 1-20 MG-MCG(24) CAPS
GIMOTI SOLN 15 MG/ACT
GLUCOTROL XL TB24 2.5 MG, 5 MG, 10 MG
GRISEFULVIN ULTRAMICROSIZED TABS 125 MG
HALCION TABS 0.25 MG
HYDROCODONE BITARTRATE ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG, 120 MG
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG, 120 MG
IBUPROFEN-FAMOTIDINE TABS 800-26.6 MG
INDERAL LA CP24 120 MG AND 160 MG
INDOCIN SUPP 50 MG
INLYTA TABS 1 MG AND 5 MG
INREBIC CAPS 100 MG
JAKAFI TABS 5 MG, 10 MG, 15 MG, 20 MG, 25 MG
JALYN CAPS

DRUG NAME
JORNAY CAP 20 MG, 40 MG, 60 MG, 80 MG, 100 MG
JULUCA TABS 50-25 MG
KAPVAY TB12 0.1 MG
KENALOG AERS 0.147 MG/GM
KEPPRA 100 MG/ML SOLUTION
KEPPRA TABLET 250 MG, 500 MG, 750 MG, 1000 MG
KEPPRA XR TABLET 500 MG AND 750 MG
KETOPROFEN ER CP24 200 MG
KISQALI (200 MG DOSE) TBP 200 MG
KISQALI (400 MG DOSE) TBP 200 MG
KISQALI (600 MG DOSE) TBP 200 MG
KITABIS PAK NEBU 300 MG/5ML
KLARON LOTN 1 %
KLONOPIN TAB 0.5 MG, 1MG, 2 MG
LAMICTAL ODT 25 MG, 50 MG, 100 MG, 200 MG
LAMICTAL STARTER KIT
LAMICTAL XR KIT
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG
LANOXIN SOLN 0.25 MG/ML
LEXAPRO TABS 5 MG, 10 MG, 20 MG
LOCOID LOTN 0.1 %
LOFENA TABS 25 MG
LOPROX CREA 0.77 %
LORBRENA TABS 100 MG
LORBRENA TABS 25 MG
LOREEV XR CS24 1 MG, 2 MG, 3 MG
LORTAB ELIX 10-300 MG/15ML
LORZONE TABS 375 MG AND 750 MG
LOSEASONIQUE TABS 0.1-0.02 & 0.01 MG
LOTREL CAPS 5-10 MG, 5-20 MG, 10-20 MG, 10-40 MG
LUZU CREA 1 %
LYBALVI 5-10MG, 10-10MG, 15-10MG, 20-10MG
LYRICA CAPS



# KPGA Formulary Changes Effective 1.1.2023\*(Continued)

## STEP THERAPY ADDITIONS (Continued)

DRUG NAME
ME/NAPHOS/MB/HYO1 81.6 MG TABS
MEKINIST TABS 0.5 MG AND 2 MG
MEKTOVI TABS 15 MG
MELOXICAM CAPS 5 MG AND 10 MG
MEPROBAMATE TABS 200 MG AND 400 MG
MERZEE 1-20 MG-MCG(24) CAPS
METHYLIN SOLN 5 MG/5ML AND 10 MG/5ML
METOCLOPRAMIDE HCL TBDP 5 MG AND 10 MG
MICARDIS HCT TABS 40-12.5 MG
MIGERGOT SUPP 2-100 MG
MOXEZA SOLN 0.5 %
MYFORTIC TBEC 180 MG AND 360 MG
MYRBETRIQ SRER 8 MG/ML
NAMZARIC CP24 14-10 MG AND 28-10 MG
NAPRELAN TB24 375 MG AND 500 MG
NAPROXEN SODIUM ER 375 MG, 500 MG, 750 MG
NAPROXEN TBEC 375 MG
NAPROXEN-ESOMEPRAZOLE TBEC 375-20 MG AND 500-20 MG
NARCAN 4 MG/ACTUATION NASAL SPRAY
NATESTO GEL 5.5 MG/ACT
NERLYNX TABS 40 MG
NEURONTIN 400 MG CAPSULE
NEURONTIN CAPS 100 MG AND 300 MG
NEURONTIN SOLN 250 MG/5ML
NEURONTIN TABS 600 MG AND 800 MG
NEXAVAR TABS 200 MG
NITAZOXANIDE TABS 500 MG
NOURIANZ TABS 20 MG AND 40 MG
NOVOFINE MIS 30GX8MM
NUVESSA GEL 1.3 %
OLANZAPINE-FLUOXETINE HCL CAPS 6-25, 6-50 MG, 12-25 MG, 12-50 MG
OMECLAMOX-PAK MISC 500-500-20 MG
ONFI SUSP 2.5 MG/ML
ONFI TABS 10 MG AND 20 MG

DRUG NAME
OSMOPREP TABS 1.102-0.398 GM
OXYCODONE-ACETAMINOPHEN SOLN 10-300 MG/5ML
OXYTROL PTTW 3.9 MG/24HR
PANCREAZE CPEP 37000-97300 UNIT
PAXIL SUSP 10 MG/5ML
PEMAZYRE TABS 4.5 MG, 9 MG, 13.5 MG
PERCOCET TABS 2.5-325 MG AND 7.5-325 MG
PERFOROMIST NEBU 20 MCG/2ML
PHENADOZ SUPP 12.5 MG
PHENYTEK CAPS 200 MG AND 300 MG
PHENYTEK CAPS
PIFELTRO TABS 100 MG
PLEXION CLEANSER LIQD 9.8-4.8 %
PLEXION CREA 9.8-4.8 %
PREFEST TABS 1/1-0.09 MG (15/15)
PREMPHASE TABS 0.625-5 MG
PREMPRO TABS 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG
PREVACID SOLUTAB TBDD 15 MG AND 30 MG
PRILOSEC PACK 2.5 MG AND 10 MG
PRODUCT DESCRIPTION
PROGLYCEM SUSP 50 MG/ML
PROGRAF PACK 1 MG
PROLATE SOLN 10-300 MG/5ML
PROMETRIUM CAPS 100 MG AND 200 MG
PROTONIX TBEC 20 MG AND 40 MG
PROZAC CAPS 10 MG, 20 MG, 40 MG
PULMICORT SUSP 1 MG/2ML
QINLOCK TABS 50 MG
QUARTETTE TABS 42-21-21-7 DAYS
QUDEXY XR 25 MG, 50 MG, 100 MG, 150 MG, 200 MG
QUILLICHEW ER CHW 20 MG, 30 MG, 40 MG
RANEXA TB12 500 MG AND 1000 MG
RAPAMUNE SOLN 1 MG/ML
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG

DRUG NAME
RAYALDEE CPCR 30 MCG
RECORLEV 150 MG TABS
RELTONE CAPS 200 MG AND 400 MG
RENVELA TABS 800 MG
RIDAURA CAPS 3 MG
ROSZET TABS 10-5 MG, 10-10 MG, 10-20 MG, 10-40 MG
RUFINAMIDE SUSP 40 MG/ML
RYTHMOL SR CP12 225 MG, 325 MG, 425 MG
SANDIMMUNE 100 MG/ML SOLUTION
SANDIMMUNE CAP 25 MG AND 100 MG
SEASONIQUE TABS 0.15-0.03 & 0.01 MG
SENSIPAR TABS 30 MG, 60 MG, 90 MG
SEREVENT DISKUS AEPB 50 MCG/DOSE
SEROQUEL XR TB24 50 MG, 200 MG, 300 MG, 400 MG
SEYSARA TABS 60 MG, 100 MG, 150 MG
SORILUX FOAM 0.005 %
SPIRIVA HANDIHALER CAPS 18 MCG
SPRIX SOLN 15.75 MG/SPRAY
STRIBILD TABS 150-150-200-300 MG
SUBOXONE FILM 2-0.5 MG, 4-1 MG, 8-2 MG, 12-3 MG
SULFACETAMIDE SODIUM-SULFUR CREA 9.8-4.8 %
SULFACETAMIDE SODIUM-SULFUR LIQD 9.8-4.8 % AND 9-4 %
SULFACETAMIDE SODIUM-SULFUR LOTN 9.8-4.8 %
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 %
SULFACETAMIDE-SULFUR IN UREA EMUL 10-5 %
SUTENT CAPS 12.5 MG, 25 MG, 37.5 MG, 50 MG
SYMBYAX CAPS 3-25 MG, 6-25 MG
SYMFI LO TABS 400-300-300 MG
SYNDROS SOLN 5 MG/ML
TAFINLAR CAPS 50 MG AND 75 MG
TARCEVA TABS 25 MG, 100 MG, 150 MG
TARGETIN GEL 1 %
TAYTULLA CAPS 1-20 MG-MCG(24)
TAZVERIK TABS 200 MG

DRUG NAME
TEGRETOL 100 MG/5 ML SUSPENSION
TEGRETOL 200 MG TABLET
TEGRETOL XR TABLET 100 MG, 200 MG, 400 MG
THALITONE 15MG TAB
THEO-24 CP24 100 MG, 200 MG, 300 MG, 400 MG
THIOLA EC TBEC 100 MG AND 300 MG
THIOLA TABS 100 MG
THYQUIDITY SOLN 100 MCG/5ML
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG
TILIA FE 1-20/1-30/1-35 MG-MCG TABS
TIROSINT-SOL SOLN 13 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 88 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML
TOBI NEBU 300 MG/5ML
TOBI PODHALER CAPS 28 MG
TOPAMAX TABLET 25 MG, 50 MG, 100 MG, 200 MG
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG
TREZIX CAPS 320.5-30-16 MG
TRIAMCINOLONE ACETONIDE AERS 0.147 MG/GM
TRICOR TABS 145 MG AND 48 MG
TRILEPTAL TABLET 150 MG, 300 MG, 600 MG
TRILEPTAL SUSP 300 MG/5ML
TRILUPIX CPDR 135 MG AND 45 MG
TRIUMEQ TABS 600-50-300 MG
TRUDHESA 0.725/SPRAY

DRUG NAME
TYBOST TABS 150 MG
TYKERB TABS 250 MG
TYRVAYA SOLN 0.03 MG/ACT
UCERIS FOAM 2 MG/ACT
UKONIQ TABS 200 MG
UPTRAVI SOLR 1800 MCG
UPTRAVI TABS 200 MCG 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG
UPTRAVI TBPk 200 & 800 MCG
URELLE 81 MG TABS
URIBEL 118 MG CAPS
UROGESIC-BLUE 81.6 MG TABS
URO-MP 118 MG CAPS
VAGIFEM TABS 10 MCG
VANOS CREA 0.1 %
VASERETIC TABS 10-25 MG
VERZENIO TABS 50 MG, 100 MG, 150 MG, 200 MG
VESICARE TABS 10 MG
VFEND SUSR 40 MG/ML
VFEND TABS 50 MG AND 200 MG
VIMOVO TBEC 375-20 MG AND 500-20 MG
VIZIMPRO TABS 15 MG, 30 MG, 45 MG
VOTRITIC TABS 200 MG
WELLBUTRIN SR 150 MG TABS

DRUG NAME
WELLBUTRIN XL TABS 150 MG AND 300 MG
XADAGO TABLET 50 MG AND 100 MG
XANAX XR TB24 0.5 MG, 1 MG, 2 MG, 3 MG
XARELTO SUSR 1 MG/ML
XATMEP SOLN 2.5 MG/ML
XENLETA TABS 600 MG
XTAMPZA ER C12A 9 MG, 13.5 MG, 18 MG, 27 MG, 36 MG
YASMIN TABS
YAZ TABLET
ZEGALOGUE SOAJ 0.6 MG/0.6ML
ZEGALOGUE SOSY 0.6 MG/0.6ML
ZIPSOR CAPS 25 MG
ZOLOFT CONC 20 MG/ML
ZOLPIDEM TARTRATE SUBL 1.75 MG AND 3.5 MG
ZOLPIMIST SOLN 5 MG/ACT
ZONEGRAN CAPS 25 MG AND 100 MG
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG
ZOVIRAX OINT 5 %
ZYFLO TABS 600 MG
ZYKADIA CAPS 150 MG
ZYTIGA TABS 500 MG
ZYVOX SUSR 100 MG/5ML

**STEP THERAPY REMOVALS**

DRUG NAME
CALCITONIN (SALMON) SOLN 200 UNIT/ACT
DOXYCYCLINE HYCLATE CAPS 50 MG AND 100 MG
ELETRIPTAN HYDROBROMIDE TABS 20 MG AND 40 MG
ZOLMITRIPTAN TABS 2.5 MG AND 5 MG
OXAZEPAM CAPS 10 MG, 15 MG, 30 MG
CLORAZEPATE DIPOTASSIUM TABS 3.75 MG, 7.5 MG, 15 MG

**QRM (PRIOR AUTHORIZATION) ADDITIONS**

DRUG NAME
ADBRY SOSY 150 MG/ML
CALQUENCE CAPS 100 MG
CAYSTON SOLR 75 MG
CHENODAL TABS 250 MG
DESOXYN TABS 5 MG
DUPIXENT SOPN 200 MG/1.14ML AND SOSY 100 MG/0.67ML
EGRIFTA SV SOLR 2 MG
EMFLAZA SUSP 22.75 MG/ML
EPCLUSA PACK 150-37.5 MG AND 200-50 MG
EXKIVITY CAPS 40 MG
IBSRELA TABS 50 MG
IMBRUVICA CAPS 70 MG, 140 MG, 280 MG, 420 MG, 560 MG
LIVMARLI SOLN 9.5 MG/ML
LIVTENCITY TABS 200 MG
MAYVRET PACK 50-20 MG
MAYZENT STARTER PACK TBPK 0.25 MG AND 1 MG TABS
MYFEMBREE TABS 40-1-0.5 MG
NITROFURANTOIN SUSP 25 MG/5ML
OPZELURA CREA 1.5 %
ORTIKOS CP24 6 MG AND 9 MG
OXBRYTA TBSO 300 MG
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML
PYRUKYND TABS 5 MG, 20 MG, 50 MG
PYRUKYND TAPER PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG
QELBREE ER CAP 100 MG, 150 MG, 200 MG
QULIPTA TABS 10 MG, 30 MG,60 MG
QUVIVIQ TABS 25 MG AND 50 MG
RINVOQ TABS 30 MG AND 45 MG
RUKOBIA TB12 600 MG
SAPHNELO SOLN 300 MG/2ML
SCEMBLIX TABS 20 MG AND 40 MG
SIKLOS TABS 100 MG AND 1000 MG
STRENSIQ SOLN 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML
SUCRAID SOLN 8500 UNIT/ML
TALZENNA CAPS 0.5 MG AND 0.75 MG
TAVNEOS CAPS 10 MG
VERQUVO TABS 2.5 MG, 5 MG, 10 MG
VONJO CAPS 100 MG
VOXZOGO SOLR 0.4 MG, 0.56 MG, 1.2 MG
WELIREG TABS 40 MG
ZOKINVY CAPS 50 MG AND 75 MG

**QUANTITY LIMIT ADDITIONS**

DRUG NAME
BIKTARVY TABS 30-120-15 MG
BREXAFEMME TABS 150 MG
QELBREE ER CAP 100 MG, 150 MG, 200 MG
QULIPTA TABS 10 MG, 30 MG, 60 MG
TARGETIN GEL 1 %
XOFLUZA (40 MG DOSE) TBPK 1 x 40 MG
XOFLUZA (80 MG DOSE) TBPK 1 x 80 MG