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Formulary Update

At A Glance

Formulary Addition

- Breyndra (budesonide and formoterol) Aerosol Inhalation

Prior Authorization (QRM) Additions

- Abecma (idecabtagene vicleucel) Intravenous Suspension
- Aduhelm (aducanumab-avwa) Intravenous Solution
- Apretude (cabotegravir) Intramuscular Extended-Release Suspension
- Breyndra (lisocabtagene maraleucel) Intravenous Suspension
- Daybue (trofinetide) Oral Solution
- Lytgobi (futibatinib) Tablet Therapy Pack
- Relyvrio (sodium phenylbutyrate and taurursodiol) Oral Packet
- Rezzayo (rezafungin) Intravenous Solution
- Skysona (elivaldogene autotemcel) Intravenous Suspension
- Voxzogo (vosoritide) Subcutaneous Solution

Prior Authorization (QRM) Updates

- Bylvay (odevixibat) Oral Capsule/Pellets
- Contrave (naltrexone and bupropion) Oral Extended-Release Tablet
- Cosentyx (secukinumab) Intravenous/Subcutaneous Solution
- Elmiron (pentosan polysulfate sodium) Oral Capsule
- Eloctate (antihemophilic factor (recombinant [Fc fusion protein]) Intravenous Solution
- Epclusa (sofosbuvir and velpatasvir) Oral Packet/Tablet
- Evenity (romosozumab-aqqg) Subcutaneous Solution
- Harvoni (ledipasvir and sofosbuvir) Oral Packet/Tablet
- Humira (adalimumab)/Adalimumab Biosimilars
- Myfembree (relugolix, estradiol, and norethindrone) Oral Tablet
- Olumiant (baricitinib) Oral Tablet
- Parathyroid Hormone Analogs
- Prevymis (letermovir) Intravenous Solution/Oral Tablet
- Prolia (denosumab) Subcutaneous Solution
- Sabril (vigabatrin) Oral Packet/Tablet
- VMAT 2 Inhibitors

Commercial HMO/Closed Formulary Addition

(Effective 11.15.2023)

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

- **Breyndra (budesonide and formoterol) Aerosol Inhalation:** Indicated for the treatment of asthma and chronic obstructive pulmonary disease (COPD).



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 pages: [KP Georgia Formulary and Drug Lists](#) OR [Drug Formulary for Practitioners](#) for the full KPGA Drug Formulary.

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 ADDITION was recently approved:

- **Vyjuvek (beremagene geparpavec):** Indicated for the treatment of wounds in patients ≥6 months of age with dystrophic epidermolysis bullosa with mutation(s) in the collagen type VII alpha 1 chain (COL7A1) gene.

The following IR Practice Recommendation UPDATE was recently approved:

- **Leqembi (lecanumab-irmb):** Updated to align with the full FDA approval of Leqembi.

ETSP recommendations as well as pipeline candidates can be found here: [Emerging Therapeutics Strategy Program](#). 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.

Additions to the QRM Prior Authorization Review List of Medications for the Commercial/HMO Closed Formularies & QHP-ACA/Open Formularies

Note: The updates below DO NOT APPLY to Medicare Part D or Dual Choice Prescription Benefit Plans. Optum and MedImpact are the external PBMs for each of these plans, respectively, externally administering all non-formulary or prior authorization criteria and coverage review.

The following QRM additions will be effective November 8, 2023:

- **Abecma (idecabtagene vicleucel):** Indicated for the treatment of adult patients with relapsed or refractory multiple myeloma after four or more prior lines of therapy, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody.
- **Aduhelm (aducanumab-awwa):** Indicated for treatment of Alzheimer disease in patients with mild cognitive impairment or mild dementia stage of disease, with confirmed presence of amyloid beta pathology prior to treatment initiation.
- **Apretude (cabotegravir):** Indicated in at-risk adults and adolescents weighing at least 35 kg for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection.
- **Breyanzi (lisocabtagene maraleucel):** Indicated for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma (PMBCL), and follicular lymphoma grade 3B.
- **Daybue (trofinetide):** Indicated for treatment of Rett syndrome in adults and pediatric patients ≥2 years of age.
- **Lytgobi (futibatinib):** Indicated for the treatment of previously treated, unresectable, locally advanced or metastatic intrahepatic cholangiocarcinoma harboring fibroblast growth factor receptor 2 gene fusions or other rearrangements in adults.
- **Relyvrio (sodium phenylbutyrate and taurursodiol):** Indicated for the treatment of adults with amyotrophic lateral sclerosis.
- **Skysona (elivaldogene autotemcel):** Indicated to slow the progression of neurologic dysfunction in boys 4-17 years of age with early, active cerebral adrenoleukodystrophy (CALD).

The following QRM additions will be effective January 10, 2024:

- **Rezzayo (rezafungin):** Indicated for treatment of candidemia and invasive candidiasis in patients ≥18 years of age.

Upcoming Formulary Items



An important aspect of the formulary process is the involvement of all practitioners. Please contact your P&T Committee representative or your clinical service chief by **November 24** 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) 439-4417 OR (404) 777-3784.

QRM Prior Authorization Review Criteria Updates

Note: The updates below DO NOT APPLY to Medicare Part D or Dual Choice Prescription Benefit Plans. Optum and MedImpact are the external PBMs for each of these plans, respectively, externally administering all non-formulary or prior authorization criteria and coverage review.

- **Bylvay (odevixibat):** Criteria updated to (1) include new indication and dosing for moderate to severe cholestatic pruritus associated with Alagille syndrome and (2) remove requirement for molecular diagnosis for coverage for the diagnosis of progressive familial intrahepatic cholestasis (PFIC) with the presence of moderate to severe pruritis.
- **Contrave (naltrexone and bupropion):** Criteria updated to change the initial approval duration to 4 months and continued approval period to 8 months.
- **Cosentyx (secukinumab):** Criteria updated to include adalimumab in the list of trial agents for rheumatology indications.
- **Elmiron (pentosan polysulfate sodium):** Criteria updated to remove OB/GYN Specialists from the list of authorized prescribers.
- **Eloctate (antihemophilic Factor (Recombinant [Fc Fusion Protein])):** Criteria updated to remove Helixate FS from list of optional trial agents.
- **Epclusa (sofosbuvir and velpatasvir):** Criteria updated to (1) reflect the availability of the KPGA preferred authorized generic for Epclusa and (2) provide criteria for brand Epclusa.
- **Evenity (romosozumab-aqqg):** Criteria updated to require a trial of the KPGA preferred parathyroid hormone analog: generic Forteo, prior to approval.
- **Harvoni (ledipasvir and sofosbuvir):** Criteria updated to (1) reflect the availability of the KPGA preferred authorized generic for Harvoni and (2) provide criteria for brand Harvoni.
- **Humira (adalimumab)/adalimumab biosimilars:** Criteria updated to (1) list non-preferred adalimumab products in order of preference, (2) change "Humira" to "non-preferred adalimumab product" when listed in the criteria, and (3) clarify a trial of Amjevita is required prior to approval of a non-preferred adalimumab product.
- **Myfembree (relugolix, estradiol, and norethindrone):** Criteria updated to include prescribing contraindications to the reasons for non-coverage.
- **Olumiant (baricitinib):** Criteria updated with the addition of adalimumab as an alternative TNF- α biologic trial agent.
- **Parathyroid Hormone Analogs (Forteo (teraparotide), Tymlos (abaloparatide)):** Criteria updated to (1) require a trial of at least 2 oral bisphosphonates and (2) provide criteria for requests for Tymlos.
- **Prevymis (letermovir):** Criteria updated to (1) add criteria for use as prophylaxis of cytomegalovirus (CMV) disease in adult kidney transplant recipients at high risk and (2) include under reasons for non-coverage for all indications, the treatment of CMV and preemptive therapy for CMV reactivation.
- **Prolia (denosumab):** Continued approval criteria for new members initiated on Prolia outside of KPGA updated to state a bisphosphonate trial is not required if there is a high risk for osteoporotic fracture.
- **Sabril (vigabatrin):** Criteria updated to (1) list all vigabatrin products as either preferred or non-preferred, (2) add criteria for the prevention of seizures in tuberous sclerosis, and (3) change the continued approval criteria to only require a documented beneficial effect from therapy.
- **VMAT2 Inhibitors (Austedo/Austedo XR (deutetrabenazine), Ingrezza (valbenazine), Xenazine (tetrabenazine)):** Criteria updated to include quetiapine immediate release tablets as alternative trial agents for tardive dyskinesia.

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 within the labeled time frame (standard: 72 hours; urgent: 24 hours). If not received by the deadline, the PBM will deny the request. 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: [Medicare Part D 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 within the labeled time frame (standard: 72 hours; urgent: 24 hours). If not received by the deadline, the PBM will deny the request. If MedImpact has further questions, you will be contacted to provide responses. You may phone MedImpact at **1-844-336-2676** to address any patient / drug coverage specific questions. The Dual Choice formulary differs from the KPHC formulary (i.e. DOACs, ADHD, asthma). Please visit: [Choice Formulary](#)

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 Committee Voting 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

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Hospitalist

Larry Kang, MD
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Craig Kaplan, MD
Adult Primary Care

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Amy Levine, MD
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Designated Alternates:

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Obstetrics and Gynecology

Lesia Jackson, RN
Clinical Services

Satya Jayanthi, MD
Hospitalist

Commercial HMO/Closed Formulary & QHP-ACA/Open Formulary Dispensing/ Quantity Limit Additions

(Effective 11.8.2023)

Medication	Dispensing/ Quantity Limit
Lytgobi (futibatinib)	30-day supply limits
Zavzpret (zavegepant)	1 package per 30 days

Approved Floor Stock List Changes

Approved Floor Stock List Additions		
Department	Medications/Products	Effective Date
ACC-CDU/Procedure Suites	Intravenous 20% Lipid Emulsion	11.8.2023
Adult Primary Care for Complex Nurse Clinics	<ul style="list-style-type: none"> Acetaminophen 325 mg tablets Famotidine 20 mg intravenous solution Methylprednisolone 125 mg intravenous solution Venofer (Iron Sucrose) 20 mg intravenous solution 	To Be Determined
Cardiology	Lidocaine 1% and epinephrine 1:100,000 injection	11.8.2023
Infectious Disease	Arexvy (Respiratory Syncytial Virus Vaccine (Recombinant [Adjuvanted])) intramuscular suspension	11.8.2023
Internal Medicine	<ul style="list-style-type: none"> Nivestym 300 mcg injection Nivestym 480 mcg injection OneTouch Delica Safety Lancets Shingrix (Zoster Vaccine (Recombinant)) intramuscular suspension 	11.8.2023
Interventional Radiology	Ablysinol (ethyl alcohol) 99% injection	11.8.2023
Approved Floor Stock List Removals		
Internal Medicine	<ul style="list-style-type: none"> Antipyrine, Benzocaine and Glycerin otic solution Diphtheria and Tetanus Toxoids Peds injection Menomune -A/C/Y/W-135 injection OneTouch SureSoft Lancets Zarxio 300 mcg injection Zarxio 480 mcg injection Zostavax (Zoster Vaccine (Live/Attenuated)) subcutaneous suspension 	11.8.2023

Additional Changes for the Commercial HMO/Closed Formulary & QHP-ACA/Open Formulary

Medication	Formulary Change	Effective Date
Extavia 0.3 mg Kit	Remove from Commercial HMO/Closed Formulary	1.1.2025
Naloxone 4 mg/0.1 mL Nasal Spray	Retain on formulary and Preferred Generic Tier 2	TBD by OTC availability

Federal Employee Health Benefit (FEHB) Formulary Changes

(Effective 1.1.2024)

Medication/Product Description	Formulary Change
Ozempic (semaglutide) Subcutaneous Solution	Change to Preferred Brand Tier 3
Medications Used in In-Vitro Fertilization	Coverage allowed under the Infertility Benefit Rider

KP Approved Compounds List Changes

(Effective 11.1.2023)

Approved Outpatient Compounds

- Compounding documents transitioned to new Master Formulation Record (MFR)/ Compounding Record (CR) Template
- Beyond Use Dates (BUDs) updated to align with new USP 795 guidelines
- Omeprazole oral solution/suspension restricted to pediatric use only

KP Approved Compounds List Changes (Continued)

(Effective 11.1.2023)

Approved Outpatient Compounds (continued)

- Existing lansoprazole 3 mg/ml oral solution compounding recipe replaced with the USP-NF lansoprazole 3 mg/ml oral solution compounding recipes using sodium bicarbonate powder or solution
 - Compounding vehicle changed to Ora-Blend
- Amphotericin B 5 mg/ml nasal solution and gentamicin nasal saline 0.3% per USP 795 compounding standards are categorized as non-sterile compounds
- Transitioned compounding documents to link directly to the [National Sterile Compounding SharePoint Site](#) for the following compounds:
 - Amphotericin B 2 mg/ml ophthalmic solution
 - Vancomycin HCL 25 mg/ml ophthalmic solution
 - Vancomycin HCL 50 mg/ml ophthalmic solution
- BUDs and compounding instructions updated to align with USP 797 multi-dose container requirements to discard open containers after 72 hours:
 - Ceftazidime 50 mg/ml ophthalmic solution
 - Tobramycin 13.6 mg/ml ophthalmic solution

Approved Clinic Adminstered Medication (CAM) Compounds

- Transitioned compounding documents to link directly to the [National Sterile Compounding SharePoint Site](#) for the following compounds:
 - Alteplase 25 mcg/0.1 ml intravitreal injection
 - Ceftazidime 2.25 mg/0.1 ml intravitreal injection
 - Ganciclovir 2000 mcg/0.1 ml intravitreal injection
 - Mitomycin 0.2 mg/ml ophthalmic solution
 - Mitomycin 0.4 mg/ml ophthalmic solution
 - Vancomycin HCl 1 mg/0.1 ml intravitreal injection

Red Zone: Glucagon-Like Peptide-1 Receptor Agonist (GLP-1 RA) Shortage

There is a national shortage of all GLP1- RA's, including Ozempic. It is a red level warning based on National Guidance and all KP regions have very limited supply. At this time, resolution is expected early 2024 but considering this shortage has persisted for >1 year, it may take additional time before consistent supply is available.

- Recommendations for Ozempic
 - For Type 2 Diabetes Mellitus (T2DM):
 - Limit new starts and prioritize use for elevated A1C as recommended per KP National guidance for red level warning
 - For Weight Loss:
 - Hold new starts.
 - Consider highly effective oral alternatives (e.g., Qsymia, Contrave)
- All GLP-1 RAs including Ozempic, Victoza, Bydureon have limited availability and have unreliable supply.
 - For T2DM:
 - Explain shortage to patient then titrate/optimize current meds
 - Add/titrate insulin (Note: Glargine-yfqn vial/pen (Lantus biosimilar) is on the commercial formulary)
- Helpful links:
 - Ozempic National Guidance: Clinical Usage Guidance for Low Supply Situations
 - [Ozempic National Guidance: Clinical Usage Guidance for Low Supply Situations of Ozempic \(semaglutide\) Pens | GA Clinical Library \(kp.org\)](#)
 - Member FAQs about the shortage. (Consider copy/paste into smartphrase or AVS)
 - [Semaglutide Injection – KP Drug Shortages](#)
 - Physician Inventory Dashboard to view real-time inventory.
 - [Workbook: GA - Physician Inventory \(kp.org\)](#)

Class Review



December 2023:

Medication Class Reviews
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

Medicare Part D Formulary Changes

Kaiser Permanente has a National Medicare Part D (MPD) Formulary. Each regional P&T Committee reviews drugs and decides on tier status. The National Medicare Part D Pharmacy and Therapeutics Committee is charged with reconciling regional differences in MPD Formulary recommendations through consensus building in order to maintain one National MPD Formulary for Kaiser Permanente.

Medicare Part D Initial Tier Placement

Initial Tier Placements: Recently launched and approved medications

Drug Name	Tier Status	Implementation Date
isavuconazole sulfate 74.5 mg capsules (Cresemba)	Specialty Tier 5	9/13/2023
niraparib tosylate/abiraterone acetate 50 mg-500 mg, 100 mg/500 mg tablets (Akeega)**	Specialty Tier 5	9/11/2023
risperidone 25 mg, 37.5 mg, 50 mg extended-release injection (Rykindo)**	Specialty Tier 5	8/31/2023
palovarotene 1 mg, 1.5 mg, 2.5 mg, 10 mg capsules (Sohonos)	Specialty Tier 5	8/30/2023
nitrofurantoin 50 mg/5 mL suspension (generic)	Specialty Tier 5	8/30/2023
pozelimab-bbfg 400 mg/2 mL injection (Veopoz)	Specialty Tier 5	8/23/2023
elranatamab-bcmm 44 mg/1.1 mL, 76 mg/1.9 mL injection (Elrexfio)	Specialty Tier 5	8/16/2023
talquetamab-tgvs 3 mg/1.5 mL, 40 mg/mL injection (Talvey)**	Specialty Tier 5	8/14/2023
avacincaptad pegol 2 mg/0.1 mL intravitreal solution (Izervay)	Specialty Tier 5	8/10/2023
sulbactam/durlobactam 1 g/1 g injection (Xacduro)	Specialty Tier 5	8/8/2023
adalimumab-aaty 40 mg/0.4 mL prefilled syringe kit (Yuflyma)	Specialty Tier 5	8/3/2023
somatropin-ghla 24 mg/1.2 mL, 60 mg/1.2 mL solution pen-injector (Ngenla)	Specialty Tier 5	8/2/2023
secukinumab 300 mg/2 mL auto-injection (Cosentyx)	Specialty Tier 5	7/28/2023
lotilaner 0.25% ophthalmic solution (Xdemvy)	Specialty Tier 5	7/28/2023
quizartinib 17.7 mg, 26.5 mg tablets (Vanflyta)	Specialty Tier 5	7/26/2023
olipudase alfa-rpcp 4 mg injection (Xenpozyme)	Specialty Tier 5	7/26/2023
cyclophosphamide 500 mg, 1 g, 2 g injection (generic)	Specialty Tier 5	7/24/2023
nadofaragene firadenov-vncg 300000000000 VP/ML intravenous suspension (Adstiladrin)	Specialty Tier 5	7/19/2023
buprenorphine 64 mg/0.18 mL, 96 mg/0.27 mL, 128 mg/0.36 mL, 16 mg/0.32 mL, 24 mg/0.48 mL, 32 mg/0.64 mL extended-release solution (Brixadi)	Specialty Tier 5	7/19/2023
deutetrabenazine 6 mg, 12 mg, 24 mg extended-release tablets titration pack (Austedo XR)	Specialty Tier 5	7/12/2023
plerixafor 24 mg/1.2 mL injection (generic)	Specialty Tier 5	7/12/2023
adalimumab-adaz 40 mg/0.4 mL prefilled injection; 40 mg/0.4 mL auto-injection (Hyrimoz)	Specialty Tier 5	7/6/2023

Medicare Part D Initial Tier Placement (Continued)

Drug Name	Tier Status	Implementation Date
adalimumab-adaz 40 mg/0.4 mL, 80 mg/0.8 mL auto-injection (Hyrimoz); 80 mg/0.8 mL auto-injection (Hyrimoz Crohn's & Ulcerative Colitis Starter Pack); 80 mg/0.8 mL & 40 mg/0.4 mL auto-injection (Hyrimoz Plaque Psoriasis Starter Pack); 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL prefilled injection (Hyrimoz); 80 mg/0.8 mL, 80 mg/0.8 mL & 40 mg/0.4 mL prefilled injection (Hyrimoz Pediatric Crohn's Starter Pack)	Specialty Tier 5	7/6/2023
adalimumab-aaty 40 mg/0.4 mL auto-injection kit (Yuflyma)	Specialty Tier 5	7/3/2023
adalimumab-bwwd 40 mg/0.4 mL, 40 mg/0.8 mL auto-injection (Hadlima Push Touch); 40 mg/0.4 mL, 40 mg/0.8 mL prefilled injection (Hadlima)	Specialty Tier 5	7/3/2023
adalimumab-aqvh 40 mg/0.8 mL pen-injection (Yusimry)	Specialty Tier 5	7/3/2023
palovarotene 5 mg capsules (Sohonos)	Specialty Tier 5	7/1/2023
adalimumab-adbm 40 mg/0.8 mL auto-injection (Cyltezo Pen Crohn's, UC, HS); 40 mg/0.8 mL auto-injection kit (Cyltezo Pen Starter Pack Psoriasis); 40 mg/0.8 mL auto-injection kit (Cyltezo Pen); 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.8 mL prefilled injection kit (Cyltezo PFS)	Specialty Tier 5	6/30/2023
rozanolixizumab-noli 280 mg/2 mL injection (Rystiggo)	Specialty Tier 5	6/30/2023
adalimumab-fkjp 40 mg/0.8 mL auto-injection kit; 20 mg/0.4 mL, 40 mg/0.8 mL prefilled injection	Specialty Tier 5	6/29/2023
adalimumab-fkjp 40 mg/0.8 mL auto-injection kit; 20 mg/0.4 mL, 40 mg/0.8 mL prefilled injection kit (Hulio)	Specialty Tier 5	6/29/2023
vigabatrin 500 mg tablets**	Specialty Tier 5	6/29/2023
rezafungin acetate 200 mg injection (Rezzayo)	Specialty Tier 5	6/28/2023
adalimumab-aacf 40 mg/0.8 mL auto-injection kit (Idacio); 40 mg/0.8 mL (Idacio Starter Pack-Plaque Psoriasis); 40 mg/0.8 mL auto-injection (Idacio Starter Pack- Crohn's & Ulcerative Colitis); 40 mg/0.8 mL prefilled injection (Idacio PFS)	Specialty Tier 5	6/28/2023
glofitamab-gxbm 2.5 mg/2.5 mL, 10 mg/10 mL injection (Columvi)**	Specialty Tier 5	6/26/2023
talazoparib tosylate 0.1 mg, 0.35 mg capsules (Talzenna)**	Specialty Tier 5	6/23/2023
efgartigimod alfa-hyaluronidase-qvfc 180-2000 mg-unit/mL injection (Vyvgart Hytrulo)	Specialty Tier 5	6/22/2023
niraparib tosylate 100 mg, 200 mg, 300 mg tablets (Zejula)**	Specialty Tier 5	6/22/2023
perfluorohexyloctane 1.338 gm/mL ophthalmic solution (Miebo)	Specialty Tier 5	6/20/2023
sodium phenylbutyrate 2 gm, 3 gm, 4 gm, 5 gm, 6 gm, 6.67 gm therapy packs (Olpruva)	Specialty Tier 5	6/14/2023
ozanimod 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg capsule starter kit (Zeposia)	Specialty Tier 5	6/9/2023

Medicare Part D Initial Tier Placement (Continued)

Drug Name	Tier Status	Implementation Date
beremagene geperpavec-svdt 5,000,000,000 pfu/2.5 mL topical gel (Vyjuvek)	Specialty Tier 5	6/1/2023
zavegepant HCl 10 mg/act nasal spray (Zavzpret)	Specialty Tier 5	5/26/2023
epcoritamab-bysp 4 mg/0.8 mL, 48 mg/0.8 mL injection (Epkincy)**	Specialty Tier 5	5/26/2023
pegunigalsidase alfa 20 mg/10 mL injection (Elfabrio)	Specialty Tier 5	5/19/2023
trametinib dimethyl sulfoxide 0.05 mg/mL oral solution (Mekinist)**	Specialty Tier 5	5/18/2023
dabrafenib mesylate 10 mg tablet for oral suspension (Tafinlar)**	Specialty Tier 5	5/18/2023
sildenafil citrate 10 mg/mL oral suspension (Liqrev)	Specialty Tier 5	5/16/2023
somapacitan-beco 5 mg/1.5 mL, 10 mg/1.5 mL, 15 mg/1.5 mL pen injection (Sogroya)	Specialty Tier 5	5/12/2023
risperidone 50 mg/0.14 mL, 75 mg/0.21 mL, 100 mg/0.28 mL, 125 mg/0.35 mL, 150 mg/0.42 mL, 200 mg/0.56 mL, 250 mg/0.7 mL extended-release prefilled injection (Uzedy)**	Specialty Tier 5	5/12/2023
pegfilgrastim-cbqv 6 mg/0.6 mL injection (Udenyca)	Specialty Tier 5	5/10/2023
ivacaftor 13.4 mg granules (Kalydeco)	Specialty Tier 5	5/10/2023
nitisinone 20 mg capsules (generic)	Specialty Tier 5	5/10/2023
sodium oxybate 4.5 gm, 6 gm, 7.5 gm, 9 gm extended-release pack for oral suspension (Lumryz)	Specialty Tier 5	5/9/2023
fecal microbiota spores, live-brpk capsules (Vowst)	Specialty Tier 5	5/5/2023
aripiprazole 720 mg/2.4 mL, 960 mg/3.2 mL extended-release injection (Abilify)**	Specialty Tier 5	5/3/2023
elexacaftor/tezacaftor/ivacaftor & ivacaftor 100 mg/50 mg/75 mg & 75 mg, 80 mg/40 mg/60 mg & 59.5 mg granule therapy packs (Trikafta)	Specialty Tier 5	5/2/2023
gefitinib 250 mg tablets**	Specialty Tier 5	5/2/2023
tofersen 100 mg/15 mL intrathecal solution (Qalsody)	Specialty Tier 5	4/27/2023
leuprolide acet (6 month) 45 mg pediatric kit injection (Lupron Depot)	Specialty Tier 5	4/26/2023
baclofen 25 mg/5 mL suspension (generic)	Specialty Tier 5	4/24/2023
deutetrabenazine 6 mg, 12 mg, 24 mg extended- release tablets (Austedo XR)	Specialty Tier 5	4/24/2023

** Protected Class

KPGA Commercial HMO/Closed Formulary & QHP-ACA/Open Formulary Changes

(Effective 1.1.2024)

Step Therapy Additions

Product Description			
ABSORICA LD CAPS 16 MG	APADAZ TABS 6.12-325 MG	CAPLYTA CAPS 21 MG	CYTOMEL TAB 5MCG
ABSORICA LD CAPS 24 MG	APADAZ TABS 8.16-325 MG	CAPTOPRIL-HYDROCHLOROTHIAZIDE TABS 25-15 MG	CYTOMEL TAB 25MCG
ABSORICA LD CAPS 32 MG	APEXICON E CREA 0.05 %	CAPTOPRIL-HYDROCHLOROTHIAZIDE TABS 25-25 MG	CYTOMEL TAB 50MCG
ABSORICA LD CAPS 8 MG	ARICEPT TABS 23 MG	CAPTOPRIL-HYDROCHLOROTHIAZIDE TABS 50-15 MG	DACOGEN SOLR 50 MG
ACTIVELLA TABS 0.5-0.1 MG	ASHLYNA TABS 0.15-0.03 &0.01 MG	CAPTOPRIL-HYDROCHLOROTHIAZIDE TABS 50-25 MG	DANTRIUM CAPS 25 MG
ACTIVELLA TABS 1-0.5 MG	ATACAND HCT TAB 16-12.5	CARAC CREA 0.5 %	DANTRIUM CAPS 50 MG
ACTOPLUS MET TABS 15-500 MG	ATACAND HCT TAB 32-12.5	CARNITOR SOLN 1 GM/10ML	DANTROLENE SODIUM CAPS 25 MG
ACTOPLUS MET TABS 15-850 MG	ATIVAN TABS 1 MG	CARNITOR TABS 330 MG	DANTROLENE SODIUM CAPS 50 MG
ACUVAIL SOLN 0.45 %	ATRALIN GEL 0.05 %	CASODEX TABS 50 MG	DANTROLENE SODIUM CAPS 100 MG
ALA SCALP LOTN 2 %	AURYXIA TABS 1 GM 210 MG(Fe)	CELLCEPT CAPS 250 MG	DAURISMO TABS 25 MG
ALPHAGAN P SOLN 0.1 %	AZASITE SOLN 1 %	CELLCEPT TABS 500 MG	DAURISMO TABS 100 MG
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	AZOR TAB 10-20MG	CILOXAN OINT 0.3 %	DENAVIR CREA 1 %
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	AZOR TAB 5-40MG	CIPROFLOXACIN HCL SOLN 0.2 %	DEPEN TITRATABS TABS 250 MG
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	BACLOFEN SOLN 5 MG/5ML	CLODAN SHAM 0.05 %	DEXDRINE CAP ER 24HR 10 MG
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	BASAGLAR TEMPO PEN SOPN 100 UNIT/ML	CLOMIPRAMINE HCL CAPS 25 MG	DEXDRINE CAP ER 24HR 15 MG
ALREX SUSP 0.2 %	BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3 %	CLOMIPRAMINE HCL CAPS 50 MG	DORYX MPC TBEC 60 MG
ALUNBRIG TABS 30 MG	BIDIL TABS 20-37.5 MG	CLONIDINE HCL ER TB24 0.17 MG	DROSPIREN-ETH ESTRAD-LEVOMEFOL TABS 3-0.02-0.451 MG
ALUNBRIG TABS 90 MG	BRAFTOVI CAPS 50 MG	CLORAZEPATE DIPOTASSIUM TABS 3.75 MG	DROSPIREN-ETH ESTRAD-LEVOMEFOL TABS 3-0.03-0.451 MG
ALUNBRIG TABS 180 MG	BRAFTOVI CAPS 75 MG	CLORAZEPATE DIPOTASSIUM TABS 7.5 MG	DUETACT TABS 30-2 MG
ALUNBRIG TBP 90 & 180 MG	BRIELLYN TABS 0.4-35 MG-MCG	CLORAZEPATE DIPOTASSIUM TABS 15 MG	DUETACT TABS 30-4 MG
AMABELZ 0.5-0.1 MG TAB	BRIMONIDINE TARTRATE SOLN 0.15 %	COLESTID GRAN 5 GM	DURAGESIC-50 PT72 50 MCG/HR
AMABELZ TABS 1-0.5 MG	BUPRENORPHINE HCL-NALOXONE HCL FILM 2-0.5 MG	COPIKTRA CAPS 15 MG	DYANAVAL XR CHER 5 MG
AMRIX CP24 15 MG	BUPRENORPHINE HCL-NALOXONE HCL FILM 4-1 MG	COPIKTRA CAPS 25 MG	DYANAVAL XR CHER 10 MG
AMRIX CP24 30 MG	BUPRENORPHINE HCL-NALOXONE HCL FILM 8-2 MG	CORTEF TABS 5 MG	DYANAVAL XR CHER 15 MG
ANTIVERT CHEW 25 MG	BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG	COVARYX H.S. TAB 100	DYANAVAL XR CHER 20 MG
ANTIVERT TABS 50 MG	CAPEX SHAM 0.01 %	COVARYX TABS 1.25-2.5 MG	EFFEXOR XR CP24 37.5 MG
APADAZ TABS 4.08-325 MG	CAPLYTA CAPS 10.5 MG	CUPRIMINE CAPS 250 MG	EFFEXOR XR CP24 75 MG

Step Therapy Additions (Continued)

Product Description			
ENVARBUS XR TB24 0.75 MG	EVEROLIMUS TABS 0.5 MG	DANTROLENE SODIUM CAPS 50 MG	ERLEADA TABS 240 MG
ENVARBUS XR TB24 1 MG	EVEROLIMUS TABS 0.75 MG	DANTROLENE SODIUM CAPS 100 MG	ERLEADA TABS 60 MG
EQUETRO CP12 100 MG	EVEROLIMUS TABS 1 MG	DAURISMO TABS 25 MG	ESTRACE TABS 0.5 MG
EQUETRO CP12 200 MG	EXELON PT24 4.6 MG/24HR	DAURISMO TABS 100 MG	ESTRACE TABS 1 MG
EQUETRO CP12 300 MG	EXELON PT24 9.5 MG/24HR	DENAVIR CREA 1 %	ESTRACE TABS 2 MG
ERGOMAR SUBL 2 MG	EXELON PT24 13.3 MG/24HR	DEPEN TITRATABS TABS 250 MG	ESTRADIOL PTTW 0.025 MG/24HR
ERIVEDGE CAPS 150 MG	EXJADE TBSO 125 MG	DEXEDRINE CAP ER 24HR 10 MG	ESTRADIOL PTTW 0.0375 MG/24HR
ERLEADA TABS 240 MG	EXJADE TBSO 250 MG	DEXEDRINE CAP ER 24HR 15 MG	ESTRADIOL PTTW 0.05 MG/24HR
ERLEADA TABS 60 MG	EXJADE TBSO 500 MG	DORYX MPC TBEC 60 MG	ESTRADIOL PTTW 0.075 MG/24HR
ESTRACE TABS 0.5 MG	FARESTON TABS 60 MG	DROSPIREN-ETH ESTRAD-LEVOMEFOL TABS 3-0.02-0.451 MG	ESTRADIOL PTTW 0.1 MG/24HR
ESTRACE TABS 1 MG	FENOFIBRATE TABS 40 MG	DROSPIREN-ETH ESTRAD-LEVOMEFOL TABS 3-0.03-0.451 MG	ESTRADIOL PTWK 0.025 MG/24HR
ESTRACE TABS 2 MG	FENOFIBRATE TABS 120 MG	DUETACT TABS 30-2 MG	ESTRADIOL PTWK 0.0375 MG/24HR
ESTRADIOL PTTW 0.025 MG/24HR	FERRIPROX TABS 500 MG	DUETACT TABS 30-4 MG	ESTRADIOL PTWK 0.05 MG/24HR
ESTRADIOL PTTW 0.0375 MG/24HR	COLESTID GRAN 5 GM	DURAGESIC-50 PT72 50 MCG/HR	ESTRADIOL PTWK 0.06 MG/24HR
ESTRADIOL PTTW 0.05 MG/24HR	COPIKTRA CAPS 15 MG	DYANAVAL XR CHER 5 MG	ESTRADIOL PTWK 0.075 MG/24HR
ESTRADIOL PTTW 0.075 MG/24HR	COPIKTRA CAPS 25 MG	DYANAVAL XR CHER 10 MG	ESTRADIOL PTWK 0.1 MG/24HR
ESTRADIOL PTTW 0.1 MG/24HR	CORTEF TABS 5 MG	DYANAVAL XR CHER 15 MG	ETODOLAC ER TB24 400 MG
ESTRADIOL PTWK 0.025 MG/24HR	COVARYX H.S. TAB 100	DYANAVAL XR CHER 20 MG	ETODOLAC ER TB24 500 MG
ESTRADIOL PTWK 0.0375 MG/24HR	COVARYX TABS 1.25-2.5 MG	EFFEXOR XR CP24 37.5 MG	ETODOLAC ER TB24 600 MG
ESTRADIOL PTWK 0.05 MG/24HR	CUPRIMINE CAPS 250 MG	EFFEXOR XR CP24 75 MG	EVEROLIMUS TABS 0.25 MG
ESTRADIOL PTWK 0.06 MG/24HR	CYTOMEL TAB 5MCG	ENVARBUS XR TB24 0.75 MG	EVEROLIMUS TABS 0.5 MG
ESTRADIOL PTWK 0.075 MG/24HR	CYTOMEL TAB 25MCG	ENVARBUS XR TB24 1 MG	EVEROLIMUS TABS 0.75 MG
ESTRADIOL PTWK 0.1 MG/24HR	CYTOMEL TAB 50MCG	EQUETRO CP12 100 MG	EVEROLIMUS TABS 1 MG
ETODOLAC ER TB24 400 MG	DACOGEN SOLR 50 MG	EQUETRO CP12 200 MG	EXELON PT24 4.6 MG/24HR
ETODOLAC ER TB24 500 MG	DANTRIUM CAPS 25 MG	EQUETRO CP12 300 MG	EXELON PT24 9.5 MG/24HR
ETODOLAC ER TB24 600 MG	DANTRIUM CAPS 50 MG	ERGOMAR SUBL 2 MG	EXELON PT24 13.3 MG/24HR
EVEROLIMUS TABS 0.25 MG	DANTROLENE SODIUM CAPS 25 MG	ERIVEDGE CAPS 150 MG	EXJADE TBSO 125 MG

Step Therapy Additions (Continued)

Product Description			
EXJADE TBSO 250 MG	INLYTA TABS 1 MG	LORBRENA TABS 25 MG	METHYLPHENIDATE HCL ER (CD) CPCR 30 MG
EXJADE TBSO 500 MG	INLYTA TABS 5 MG	LORBRENA TABS 100 MG	METHYLPHENIDATE HCL ER (CD) CPCR 40 MG
FARESTON TABS 60 MG	INNOPRAN XL CP24 80 MG	LYUMJEV TEMPO PEN SOPN 100 UNIT/ML	METHYLPHENIDATE HCL ER (CD) CPCR 50 MG
FENOFIBRATE TABS 40 MG	INREBIC CAPS 100 MG	MACROBID CAPS 100 MG	METHYLPHENIDATE HCL ER (CD) CPCR 60 MG
FENOFIBRATE TABS 120 MG	JADENU SPRINKLE PACK 90 MG	MACRODANTIN CAPS 25 MG	MILLIPRED TABS 5 MG
FERRIPROX TABS 500 MG	JADENU SPRINKLE PACK 180 MG	MACRODANTIN CAPS 100 MG	MIMVEY TABS 1-0.5 MG
FML FORTE SUSP 0.25 %	JADENU SPRINKLE PACK 360 MG	MEDROL TABS 2 MG	MINIPRESS CAPS 1 MG
FOSAMAX PLUS D TABS 70-5600 MG-UNIT	JADENU TABS 90 MG	MEDROL TABS 8 MG	MINIPRESS CAPS 2 MG
FULPHILA SOSY 6 MG/0.6ML	JADENU TABS 180 MG	MEDROL TABS 16 MG	MINIPRESS CAPS 5 MG
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	JADENU TABS 360 MG	MEDROL TABS 32 MG	MOLINDONE HCL TABS 5 MG
GEODON CAPS 20 MG	JAKAFI TABS 5 MG	MEKINIST TABS 0.5 MG	MOLINDONE HCL TABS 10 MG
GEODON CAPS 40 MG	JAKAFI TABS 10 MG	MEKINIST TABS 2 MG	MOLINDONE HCL TABS 25 MG
GEODON CAPS 60 MG	JAKAFI TABS 15 MG	MEKTOVI TABS 15 MG	MOMETASONE FUROATE SUSP 50 MCG/ACT
GEODON CAPS 80 MG	JAKAFI TABS 20 MG	MEMANTINE HCL SOLN 2 MG/ML	NA SULFATE-K SULFATE-MG SULF SOLN 17.5-3.13-1.6 GM/177ML
GLEOSTINE CAPS 40 MG	JAKAFI TABS 25 MG	MEPROBAMATE TAB 200MG	NAMENDA TABS 5 MG
GLEOSTINE CAPS 100 MG	JINTELI TABS 1-5 MG-MCG	MESTINON SOLN 60 MG/5ML	NAMENDA TABS 10 MG
GYNAZOLE-1 CREA 2 %	KETOCONAZOLE FOAM 2 %	METFORMIN HCL SOLN 500 MG/5ML	NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 x 10 MG
HUMALOG TEMPO PEN SOPN 100 UNIT/ML	KISQALI (200 MG DOSE) TBPK 200 MG	METHADOSE TBSO 40 MG	NAMENDA XR CP24 7 MG
HYDROCODONE-ACETAMINOPHEN TABS 10-300 MG	KISQALI (400 MG DOSE) TBPK 200 MG	METHOXSALLEN RAPID CAPS 10 MG	NAMENDA XR CP24 14 MG
HYDROCODONE-IBUPROFEN TABS 5-200 MG	KISQALI (600 MG DOSE) TBPK 200 MG	METHYLIN CHW 2.5MG	NAMENDA XR CP24 21 MG
HYDROCODONE-IBUPROFEN TABS 7.5-200 MG	K-TAB TBCR 8 MEQ	METHYLIN CHW 5MG	NAMENDA XR CP24 28 MG
HYDROCODONE-IBUPROFEN TABS 10-200 MG	K-TAB TBCR 10 MEQ	METHYLIN CHW 10MG	NARCAN LIQD 4 MG/0.1ML
HYDROCORTISONE ACE-PRAMOXINE SUPP 25-18 MG	K-TAB TBCR 20 MEQ	METHYLPHENIDATE HCL CHEW 2.5 MG	NASONEX SUSP 50 MCG/ACT
HYDROMORPHONE HCL LIQD 1 MG/ML	LANOXIN TABS 62.5 MCG	METHYLPHENIDATE HCL CHEW 5 MG	NEORAL CAPS 25 MG
INDERAL LA CAP 120MG	LIDOCAINE-PRILOCAINE KIT 2.5-2.5 %	METHYLPHENIDATE HCL CHEW 10 MG	NEORAL CAPS 100 MG
INDERAL LA CAP 160MG	LOCOID LOTN 0.1 %	METHYLPHENIDATE HCL ER (CD) CPCR 10 MG	NEORAL SOLN 100 MG/ML
INDERAL LA CP24 60 MG	LOPREEZA 1-0.5 MG TAB	METHYLPHENIDATE HCL ER (CD) CPCR 20 MG	NEO-SYNALAR CREA 0.5-0.025 %

Step Therapy Additions (Continued)

Product Description			
NERLYNX TABS 40 MG	PAXIL TABS 10 MG	RELEXXII TBCR 72 MG	SEROQUEL TABS 25 MG
NEULASTA SOSY 6 MG/0.6ML	PAXIL TABS 20 MG	REMERON SOLTAB TBDP 15 MG	SEROQUEL TABS 50 MG
NITRO-DUR PT24 0.3 MG/HR	PAXIL TABS 30 MG	REMERON SOLTAB TBDP 30 MG	SEROQUEL TABS 100 MG
NITRO-DUR PT24 0.8 MG/HR	PAXIL TABS 40 MG	REMERON SOLTAB TBDP 45 MG	SEROQUEL TABS 200 MG
NITYR TABS 2 MG	PEMAZYRE TABS 4.5 MG	REMERON TAB 45MG	SEROQUEL TABS 300 MG
NITYR TABS 5 MG	PEMAZYRE TABS 9 MG	REMERON TABS 15 MG	SEROQUEL TABS 400 MG
NITYR TABS 10 MG	PEMAZYRE TABS 13.5 MG	REMERON TABS 30 MG	SEROQUEL XR TB24 150 MG
NORITATE CREA 1 %	PREDNISOLONE SODIUM PHOSPHATE SOLN 10 MG/5ML	RESTORIL CAPS 7.5 MG	SIMBRINZA SUSP 1-0.2 %
NYVEPRIA SOSY 6 MG/0.6ML	PREDNISOLONE SODIUM PHOSPHATE SOLN 25 MG/5ML	RESTORIL CAPS 22.5 MG	SODIUM POLYSTYRENE SULFONATE SUSP 15 GM/60ML
OCELLA TABS 3-0.03 MG	PREDNISOLONE SODIUM PHOSPHATE SOLN 6.7 (5 Base) MG/5ML	REVLIMID CAPS 10 MG	SOTYLIZE SOLN 5 MG/ML
OLANZAPINE-FLUOXETINE HCL CAPS 3-25 MG	PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG	REVLIMID CAPS 15 MG	SYMBYAX CAPS 6-50 MG
OLANZAPINE-FLUOXETINE HCL CAPS 6-25 MG	PREDNISOLONE SODIUM PHOSPHATE TBDP 15 MG	REVLIMID CAPS 2.5 MG	SYMBYAX CAP 12-25MG
ORAPRED ODT TBDP 10 MG	PREDNISOLONE SODIUM PHOSPHATE TBDP 30 MG	REVLIMID CAPS 20 MG	SYMBYAX CAPS 12-50 MG
ORAPRED ODT TBDP 15 MG	PROCENTRA SOLN 5 MG/5ML	REVLIMID CAPS 25 MG	SYNALAR (CREAM) KIT 0.025 %
ORAPRED ODT TBDP 30 MG	PROGRAF CAPS 0.5 MG	REVLIMID CAPS 5 MG	TAFINLAR CAPS 50 MG
ORENCIA CLICKJECT SOAJ 125 MG/ML	PROGRAF CAPS 1 MG	RISPERDAL 4 MG TAB	TAFINLAR CAPS 75 MG
ORENCIA SOSY 125 MG/ML	PROGRAF CAPS 5 MG	RISPERDAL SOLN 1 MG/ML	TARGETIN CAPS 75 MG
ORPHENADRINE CITRATE ER TB12 100 MG	PROGRAF PACK 0.2 MG	RISPERDAL TABS 0.5 MG	TASMAR TABS 100 MG
OXAYDO TABS 7.5 MG	PROMETHAZINE VC/CODEINE SYP CODEINE	RISPERDAL TABS 1 MG	TAZVERIK TABS 200 MG
OXCARBAZEPINE SUSP 300 MG/5ML	PROMETHAZINE/CODEINE SYP 6.25-10	RISPERDAL TABS 2 MG	TEMAZEPAM CAPS 22.5 MG
OXYCODONE HCL CAPS 5 MG	PROZAC WEEKLY CAP 90MG	RISPERDAL TABS 3 MG	TIAZAC CP24 120 MG
OXYCODONE HCL CONC 100 MG/5ML	QINLOCK TABS 50 MG	RUFINAMIDE SUSP 40 MG/ML	TIAZAC CP24 300 MG
PANDEL CREA 0.1 %	QUILLIVANT SUS 25MG/5ML	RUFINAMIDE TABS 200 MG	TIAZAC CP24 360 MG
PAROXETINE HCL SUSP 10 MG/5ML	RELEUKO SOLN 300 MCG/ML	RUFINAMIDE TABS 400 MG	TIKOSYN CAPS 125 MCG
PAXIL CR TB24 12.5 MG	RELEUKO SOLN 480 MCG/1.6ML	SECUADO PT24 3.8 MG/24HR	TIKOSYN CAPS 250 MCG
PAXIL CR TB24 25 MG	RELEUKO SOSY 300 MCG/0.5ML	SECUADO PT24 5.7 MG/24HR	TIKOSYN CAPS 500 MCG
PAXIL CR TB24 37.5 MG	RELEUKO SOSY 480 MCG/0.8ML	SECUADO PT24 7.6 MG/24HR	TOPIRAMATE ER CS24 25 MG

Step Therapy Additions (Continued)

Product Description			
TOPIRAMATE ER CS24 50 MG	VERKAZIA EMUL 0.1 %	XANAX TABS 1 MG	ZUBSOLV SUBL 5.7-1.4 MG
TOPIRAMATE ER CS24 100 MG	VERSACLOZ SUSP 50 MG/ML	XANAX TABS 1 MG	ZUBSOLV SUBL 8.6-2.1 MG
TOPIRAMATE ER CS24 150 MG	VERZENIO TABS 50 MG	XELJANZ TABS 5 MG	ZUBSOLV SUBL 11.4-2.9 MG
TOPIRAMATE ER CS24 200 MG	VERZENIO TABS 100 MG	XELJANZ XR TB24 11 MG	ZYDELIG TABS 100 MG
TOUJEO MAX SOLOSTAR SOPN 300 UNIT/M	VERZENIO TABS 150 MG	XENLETA TABS 600 MG	ZYDELIG TABS 150 MG
TOUJEO SOLOSTAR SOPN 300 UNIT/ML	VERZENIO TABS 200 MG	XYLOCAINE SOLN 2 %	ZYKADIA TABS 150 MG
TRAZODONE HCL TABS 300 MG	VESICARE TABS 5 MG	ZANAFLEX CAP 4MG	ZYLET SUSP 0.5-0.3 %
TROSPIUM CHLORIDE ER CP24 60 MG	VIZIMPRO TABS 15 MG	ZANAFLEX CAP 6MG	ZYMAXID SOLN 0.5 %
TYBLUME CHEW 0.1-20 MG-MCG	VIZIMPRO TABS 30 MG	ZANAFLEX CAPS 2 MG	ZYPREXA TAB 2.5MG
TYKERB TABS 250 MG	VIZIMPRO TABS 45 MG	ZENZEDI TABS 2.5 MG	ZYPREXA TAB 5MG
VARUBI (180 MG DOSE) TBPk 2 x 90 MG	VOTRIENT TABS 200 MG	ZENZEDI TABS 7.5 MG	ZYPREXA TAB 7.5MG
VCF VAGINAL CONTRACEPTIVE FILM 28 %	WIDE-SEAL DIAPHRAGM 60 DPRH 2 %	ZENZEDI TABS 15 MG	ZYPREXA TAB 10MG
VCF VAGINAL CONTRACEPTIVE FOAM 12.5 %	WIDE-SEAL DIAPHRAGM 65 DPRH 2 %	ZENZEDI TABS 20 MG	ZYPREXA TAB 15MG
VCF VAGINAL CONTRACEPTIVE GEL 4 %	WIDE-SEAL DIAPHRAGM 70 DPRH 2 %	ZENZEDI TABS 30 MG	ZYPREXA TAB 20MG
VELIVET TABS 0.1/0.125/0.15 -0.025 MG	WIDE-SEAL DIAPHRAGM 75 DPRH 2 %	ZIEXTENZO SOSY 6 MG/0.6ML	ZYPREXA ZYDIS TBDP 5 MG
VELPHORO CHEW 500 MG	WIDE-SEAL DIAPHRAGM 80 DPRH 2 %	ZOFRAN TABS 4 MG	ZYPREXA ZYDIS TBDP 10 MG
VENLAFAXINE HCL ER TAB 225MG ER	WIDE-SEAL DIAPHRAGM 85 DPRH 2 %	ZOFRAN TABS 8 MG	ZYPREXA ZYDIS TBDP 15 MG
VENLAFAXINE HCL ER TB24 37.5 MG	WIDE-SEAL DIAPHRAGM 90 DPRH 2 %	ZOLOFT TABS 25 MG	ZYPREXA ZYDIS TBDP 20 MG
VENLAFAXINE HCL ER TB24 75 MG	WIDE-SEAL DIAPHRAGM 95 DPRH 2 %	ZOLOFT TABS 50 MG	ZYTIGA TABS 250 MG
VENLAFAXINE HCL ER TB24 150 MG	WINLEVI 1% CRM 60 GM	ZOLOFT TABS 100 MG	
VENLAFAXINE HCL ER TB24 225 MG	XANAX TABS 0.25 MG	ZUBSOLV SUBL 1.4-0.36 MG	
VERIPRED 20 SOLN 20 MG/5ML	XANAX TABS 0.5 MG	ZUBSOLV SUBL 2.9-0.71 MG	

QRM Prior Authorization Additions

Product Description			
ADDERALL XR CP24 5 MG	INQOVI TABS 35-100 MG	QUILLICHEW ER CHER 30 MG	TASCENSO ODT TBDP 0.5 MG
ADDERALL XR CP24 10 MG	JORNAY PM CP24 20 MG	QUILLICHEW ER CHER 40 MG	TASIGNA CAPS 150 MG
ADDERALL XR CP24 15 MG	JORNAY PM CP24 40 MG	RELYVRIO PACK 3-1 GM	TASIGNA CAPS 200 MG
ADDERALL XR CP24 20 MG	JORNAY PM CP24 60 MG	RETEVMO CAPS 40 MG	TASIGNA CAPS 50 MG
ADDERALL XR CP24 25 MG	JORNAY PM CP24 80 MG	RETEVMO CAPS 80 MG	TIBSOVO TABS 250 MG
ADDERALL XR CP24 30 MG	JORNAY PM CP24 100 MG	REZLIDHIA CAPS 150 MG	TRUSELTIQ (50MG DAILY DOSE) CPPK 25 MG
AUVELITY TBCR 45-105 MG	KOSELUGO CAPS 10 MG	ROZLYTREK CAPS 100 MG	TRUSELTIQ (75MG DAILY DOSE) CPPK 25 MG
BALVERSA TABS 3 MG	KOSELUGO CAPS 25 MG	ROZLYTREK CAPS 200 MG	TRUSELTIQ (100MG DAILY DOSE) CPPK 100 MG
BALVERSA TABS 4 MG	KRAZATI TABS 200 MG	RUBRACA TABS 200 MG	TRUSELTIQ (125MG DAILY DOSE) CPPK 100 & 25 MG
BALVERSA TABS 5 MG	KYZATREX CAPS 100 MG	RUBRACA TABS 250 MG	TUKYSA TABS 50 MG
BEXAROTENE 1% GEL 60 GM	KYZATREX CAPS 150 MG	RUBRACA TABS 300 MG	TUKYSA TABS 150 MG
BOSULIF TABS 100 MG	KYZATREX CAPS 200 MG	SAJAZIR SOLN 30 MG/3ML	TURALIO CAPS 125 MG
BOSULIF TABS 400 MG	METYROSINE CAPS 250 MG	SANDOSTATIN LAR DEPOT KIT 10 MG	VIJOICE TBPK 125 MG
BOSULIF TABS 500 MG	MYALEPT SOLR 11.3 MG	SANDOSTATIN LAR DEPOT KIT 20 MG	VIJOICE TBPK 200 & 50 MG
BREXAFEMME TABS 150 MG	MYDAYIS CP24 12.5 MG	SANDOSTATIN LAR DEPOT KIT 30 MG	VITRAKVI CAPS 25 MG
CONCERTA TBCR 18 MG	MYDAYIS CP24 25 MG	SCSEMBLIX TABS 20 MG	VITRAKVI CAPS 100 MG
CONCERTA TBCR 27 MG	MYDAYIS CP24 37.5 MG	SCSEMBLIX TABS 40 MG	VITRAKVI SOLN 20 MG/ML
CONCERTA TBCR 36 MG	MYDAYIS CP24 50 MG	SIGNIFOR LAR SRER 20 MG	VTAMA CREA 1 %
CONCERTA TBCR 54 MG	NOXAFIL PACK 300 MG	SIGNIFOR LAR SRER 40 MG	WELIREG TABS 40 MG
DEMSEER CAPS 250 MG	NULIBRY SOLR 9.5 MG	SIGNIFOR LAR SRER 60 MG	XERMELO TABS 250 MG
FOTIVDA CAPS 0.89 MG	ONUREG TABS 200 MG	SIKLOS TABS 100 MG	XPOVIO (40 MG ONCE WEEKLY) TBPK 40 MG
FOTIVDA CAPS 1.34 MG	ONUREG TABS 300 MG	SIKLOS TABS 1000 MG	XPOVIO (40 MG TWICE WEEKLY) TBPK 40 MG
GAVRETO CAPS 100 MG	ORFADIN CAPS 10 MG	SOTYKTU TABS 6 MG	XPOVIO (60 MG ONCE WEEKLY) TBPK 20 MG
HYFTOR GEL 0.2 %	ORFADIN CAPS 2 MG	SYNAREL SOLN 2 MG/ML	XPOVIO (60 MG ONCE WEEKLY) TBPK 60 MG
ICLUSIG TABS 10 MG	ORFADIN CAPS 5 MG	TABRECTA TABS 150 MG	XPOVIO (60 MG TWICE WEEKLY) TBPK 20 MG
ICLUSIG TABS 15 MG	ORFADIN SUSP 4 MG/ML	TABRECTA TABS 200 MG	XPOVIO (80 MG ONCE WEEKLY) TBPK 20 MG
ICLUSIG TABS 30 MG	ORGOVYX TABS 120 MG	TALZENNA CAPS 0.25 MG	XPOVIO (80 MG ONCE WEEKLY) TBPK 40 MG
ICLUSIG TABS 45 MG	ORKAMBI PACK 75-94 MG	TALZENNA CAPS 0.5 MG	XPOVIO (80 MG TWICE WEEKLY) TBPK 20 MG
IDHIFA TABS 50 MG	OXBRYTA TABS 300 MG	TALZENNA CAPS 0.75 MG	XPOVIO (100 MG ONCE WEEKLY) TBPK 20 MG
IDHIFA TABS 100 MG	PANRETIN GEL 0.1 %	TALZENNA CAPS 1 MG	XPOVIO (100 MG ONCE WEEKLY) TBPK 50 MG
IMBRUVICA SUSP 70 MG/ML	QUILLICHEW ER CHER 20 MG	TASCENSO ODT TBDP 0.25	ZORYVE CREA 0.3 %

Tier Changes

PRODUCT DESCRIPTION	TIER LEVEL
ACTEMRA INJ 162/0.9	3
AMJEVITA SOAJ 40 MG/0.8ML	3
AMJEVITA SOSY 20 MG/0.4ML	3
AMJEVITA SOSY 40 MG/0.8ML	3
APEXICON E CREA 0.05 %	5
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM	3
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM	3
CELECOXIB CAPS 100 MG	2
CELECOXIB CAPS 200 MG	2
CELECOXIB CAPS 400 MG	2
CELECOXIB CAPS 50 MG	2
CELLCEPT CAPS 250 MG	5
CELLCEPT TABS 500 MG	5
CLOMIPRAMINE HCL CAPS 25 MG	4
CLOMIPRAMINE HCL CAPS 50 MG	4
CLOMIPRAMINE HCL CAPS 75 MG	4
COVARYX TABS 1.25-2.5 MG	4
DACOGEN SOLR 50 MG	5
DALIRESP TABS 500 MCG	4
DEXAMETHASONE SODIUM PHOSPHATE SOLN 4 MG/ML	2
DIMETHYL FUMARATE CPDR 120 MG	2
DIMETHYL FUMARATE CPDR 120 MG	2
EFAVIRENZ-EMTRICITAB-TENOFOVIR TABS 600-200-300 MG	2
ESTRADIOL PTWK 0.025 MG/24HR	4
ESTRADIOL PTWK 0.0375 MG/24HR	4
ESTRADIOL PTWK 0.05 MG/24HR	4
ESTRADIOL PTWK 0.06 MG/24HR	4
ESTRADIOL PTWK 0.075 MG/24HR	4
ESTRADIOL PTWK 0.1 MG/24HR	4
ETODOLAC CAPS 200 MG	2
ETODOLAC CAPS 300 MG	2
ETODOLAC TABS 400 MG	2
ETODOLAC TABS 500 MG	2
EXTAVIA INJ 0.3MG	2
HYDROCODONE-ACETAMINOPHEN SOLN 2.5-108 MG/5ML	4
HYDROCODONE-ACETAMINOPHEN SOLN 2.5-108 MG/5ML	4
HYDROCODONE-ACETAMINOPHEN SOLN 2.5-108 MG/5ML	4
INDERAL LA CP24 60 MG	5
INNOPRAN XL CP24 80 MG	5
LACOSAMIDE SOLN 10 MG/ML	2
LANOXIN TABS 62.5 MCG	5
LIDOCAINE HCL URETHRAL/MUCOSAL PRSY 2 %	2
LIDOCAINE-PRILOCAINE KIT 2.5-2.5 %	4
LOCOID LOTN 0.1 %	5
MEDROXYPROGESTERONE ACETATE INJ 150MG/ML	2
MEPROBAMATE TAB 200MG	4
MEPROBAMATE TABS 400 MG	4
METHADOSE TBSO 40 MG	4
METHOTREXATE SODIUM (PF) SOLN 1 GM/40ML	2
METHOTREXATE SODIUM (PF) SOLN 250 MG/10ML	2
METHOTREXATE SODIUM (PF) SOLN 50 MG/2ML	2
NEO-SYNALAR CREA 0.5-0.025 %	5

Tier Changes (continued)

PRODUCT DESCRIPTION	TIER LEVEL
NITRO-DUR PT24 0.3 MG/HR	5
NITRO-DUR PT24 0.8 MG/HR	5
PANDEL CREA 0.1 %	5
RAYOS TBEC 2 MG	5
RAYOS TBEC 5 MG	5
RUFINAMIDE SUSP 40 MG/ML	4
RUFINAMIDE TABS 200 MG	4
RUFINAMIDE TABS 400 MG	4
SODIUM POLYSTYRENE SULFONATE SUSP 15 GM/60ML	4
VANCOMYCIN HCL SOLR 1 GM	2
VERSACLOZ SUSP 50 MG/ML	5
XELJANZ TABS 10 MG	3
ZOLMITRIPTAN TABS 2.5 MG	2
ZOLMITRIPTAN TABS 5 MG	2

Step Therapy Removals

Product Description			
ADDERALL XR CP24 10 MG	CELECOXIB CAPS 200 MG	JORNAY PM CP24 100 MG	MYDAYIS CP24 25 MG
ADDERALL XR CP24 15 MG	CELECOXIB CAPS 400 MG	JORNAY PM CP24 20 MG	MYDAYIS CP24 37.5 MG
ADDERALL XR CP24 20 MG	CELECOXIB CAPS 50 MG	JORNAY PM CP24 40 MG	MYDAYIS CP24 50 MG
ADDERALL XR CP24 25 MG	CLOMIPRAMINE HCL CAPS 75 MG	JORNAY PM CP24 60 MG	PROTRIPTYLINE TABS 10 MG
ADDERALL XR CP24 30 MG	CONCERTA TBCR 18 MG	JORNAY PM CP24 80 MG	QUILLICHEW ER CHER 20 MG
ADDERALL XR CP24 5 MG	CONCERTA TBCR 27 MG	LACOSAMIDE SOLN 10 MG/ML	QUILLICHEW ER CHER 30 MG
BREXAFEMME TABS 150 MG	CONCERTA TBCR 36 MG	MEPROBAMATE TABS 400 MG	QUILLICHEW ER CHER 40 MG
CELECOXIB CAPS 100 MG	CONCERTA TBCR 54 MG	MYDAYIS CP24 12.5 MG	TRIMIPRAMINE CAPS 100 MG

