

Drug	Status	Limits	Effective Date
Basaglar	Remove from formulary	NF	2/1/21
Loprox (ciclopirox olamine) 0.77% suspension	Remove from formulary	NF	2/1/21
Clotrimazole/betamethasone dipropionate 1% – 0.05% lotion	Remove from formulary	NF	2/1/21
Semglee pens	Add to formulary with QL	F; QL 30/30	12/1/20
Semglee vials	Add to formulary with QL	F; QL 30/30	12/1/20
Vesicare (solifenacin) 5 mg, 10 mg tablet	Add to formulary	F	12/1/20
Bafiertam	Add to specialty tier with PA	SP; PA	12/1/20
Kessimpta	Add to specialty tier with PA	SP; PA	12/1/20
Evrysdi	Add to specialty tier with PA	SP; PA	12/1/20
Enspryng	Add to specialty tier with PA	SP; PA	12/1/20
Uplizna	Add to specialty tier with PA	SP; PA	12/1/20
Tecartus	Add to specialty tier with PA	SP; PA	12/1/20
Viltepro	Add to specialty tier with PA	SP; PA	12/1/20
Hemangeol	Add to specialty tier with PA	SP; PA	12/1/20
Twirla	Remain non-formulary	NF	12/1/20
Phesgo	Add to specialty tier with PA	SP; PA	12/1/20
TissueBlue	Remain non-formulary	NF	12/1/20
Dupixent	Add to specialty tier with PA	SP; PA	12/1/20
Rukobia	Add to specialty tier with PA	SP; PA	12/1/20
Dojolvi	Add to specialty tier with PA	SP; PA	12/1/20
Sirturo	Add to specialty tier with PA	SP; PA	12/1/20
Jelmyto (sterile hydrogel for intra-pyelocalyceal solution)	Add to specialty tier with PA	SP; PA	12/1/20
Ortikos 6 mg capsule, extended release	Remain non-formulary	NF	12/1/20
Ortikos 9 mg capsule, extended release	Remain non-formulary	NF	12/1/20
Tasoprol 0.05% – 4" X 4" topical kit	Remain non-formulary	NF	12/1/20

## 2020 Preferred Drug List Changes

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Zolpak 1% – 6 cm X 7 cm topical kit	Remain non-formulary	NF	12/1/20
AzaDrox topical gel packet	Remain non-formulary	NF	12/1/20
Enbrel 25 mg/0.5 mL subcutaneous solution	Add to specialty tier with PA	SP; PA	12/1/20
Barhemsys	Remain non-formulary	NF	12/1/20
cyclophos-phamide	Add to specialty tier with PA	SP; PA	12/1/20
Breztri Aerosphere	Remain non-formulary	NF	12/1/20
Monjuvi	Add to specialty tier with PA	SP; PA	12/1/20
Inqovi	Add to specialty tier with PA	SP; PA	12/1/20
Mycapssa	Add to specialty tier with PA	SP; PA	12/1/20
Upneeq	Remain non-formulary	NF	12/1/20
Blenrep	Add to specialty tier with PA	SP; PA	12/1/20
Zcort	Remain non-formulary	NF	12/1/20
Air Duo Digihaler	Remain non-formulary	NF	12/1/20
Dicloretx	Remain non-formulary	NF	12/1/20
VistaSeal	Remain non-formulary	NF	12/1/20
Monoferic	Add to specialty tier with PA	SP; PA	12/1/20
Tralement	Add to specialty tier with PA	SP; PA	12/1/20
Ongentys	Remain non-formulary	NF	12/1/20
Akynzeo	Add to specialty tier with PA	SP; PA	12/1/20
Hemady	Remain non-formulary	NF	12/1/20
Onureg	Add to specialty tier with PA	SP; PA	12/1/20
Cystadrops	Add to specialty tier with PA	SP; PA	12/1/20
MenQuadfi	Remain non-formulary	NF	12/1/20
Gimoti	Remain non-formulary	NF	12/1/20
Gavreto	Add to specialty tier with PA	SP; PA	12/1/20
Trulicity	Add to formulary with step	F; ST	12/1/20
Jynneso	Remain non-formulary	NF	12/1/20

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ACAM2000	Remain non-formulary	NF	12/1/20
SevenFact	Add to specialty tier with PA	SP; PA	12/1/20
Lampit	Remain non-formulary	NF	12/1/20
Precedex	Remain non-formulary	NF	12/1/20
Lidomark	Remain non-formulary	NF	12/1/20
ArmonAir Digihaler	Remain non-formulary	NF	12/1/20
Lampit	Remain non-formulary	NF	12/1/20
Conjupri	Remain non-formulary	NF	12/1/20
Xywav	Add to specialty tier with PA	SP; PA	12/1/20
Polivy	Add to specialty tier with PA	SP; PA	12/1/20
testosterone cypionate 100 mg/mL	Increase QL from 2 mL to 4 mL	F; QL (4/30)	12/1/20
AndroGel (testosterone gel) pump 1.62%	Add to formulary with PA	F; PA	12/1/20
zolpidem ER	Add to formulary with ST	F; ST	12/1/20
Acyclovir 5% ointment	Add to formulary	F	12/1/20
Olopatadine 0.2% (Pataday)	Add QL of 5 mL per 30 days	F; QL (5 mL/30)	10/5/20
Pentasa	Remove from formulary	NF	10/5/20
Dipentum	Remove from formulary	NF	10/5/20
Isoniazid 50 mg/5 mL oral solution	Remove from formulary	NF	10/5/20
In-Check Oral Flow Meter	Remove from formulary	NF	10/5/20
In-Check Nasal With Mask	Remove from formulary	NF	10/5/20
Clever Choice Peak Flow Meter	Remove from formulary	NF	10/5/20
Avsola	Add Avsola to Specialty Tier with PA	SP; PA	9/7/20
Nexletol	Add PA	NF; PA	9/7/20
Nexlizet	Add PA	NF; PA	9/7/20
Reblozyl	Add to Specialty with PA	SP; PA	9/7/20
Zeposia	Add to Specialty with PA	SP; PA	9/7/20
Tivicay PD	Add to formulary	F	9/7/20

## 2020 Preferred Drug List Changes

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Ajovy AutoInjector	Add to SP with drug specific PA	SP; PA	9/7/20
Fensolvi	Add to SP with drug specific PA	SP; PA	9/7/20
Sovaldi 150 mg pellet pack	Add to SP with drug specific PA	SP; PA	9/7/20
Sovaldi 200 mg pellet pack	Add to SP with drug specific PA	SP; PA	9/7/20
Harvoni 45 – 200 mg pellet pack	Add to SP with drug specific PA	SP; PA	9/7/20
Harvoni 33.75 – 150 pellet pack	Add to SP with drug specific PA	SP; PA	9/7/20
Avsola 100 mg vial	Add to SP with drug specific PA	SP; PA	9/7/20
Nymalize 30 mg/5 mL	Add to SP with PA	SP; PA	9/7/20
Nymalize 60 mg/10 mL	Add to SP with PA	SP; PA	9/7/20
Hizentra 1 gram/5 mL syringe	Add to SP with drug specific PA	SP; PA	9/7/20
Hizentra 2 gram/10 mL syringe	Add to SP with drug specific PA	SP; PA	9/7/20
Hizentra 4 gram/20 mL syringe	Add to SP with drug specific PA	SP; PA	9/7/20
Isturisa 1 mg tablet	Add to SP with PA	SP; PA	9/7/20
Isturisa 5 mg tablet	Add to SP with PA	SP; PA	9/7/20
Isturisa 10 mg tablet	Add to SP with PA	SP; PA	9/7/20
Ontruzant 150 mg vial	Add to SP with PA	SP; PA	9/7/20
Ontruzant 420 mg vial	Add to SP with PA	SP; PA	9/7/20
Trodelvy 180 mg vial	Add to SP with PA	SP; PA	9/7/20
Jelmyto dose carton (40 mg x 2)	Add to SP with PA	SP; PA	9/7/20
Darzalex faspro 1,800 mg – 30,000 mg	Add to SP with PA	SP; PA	9/7/20
Jynarque 15 mg – 30 mg tablet	Add to SP with PA	SP; PA	9/7/20
Bynfezia 2,500 mcg/mL pen	Add to SP with PA	SP; PA	9/7/20
Uplizna 100 mg/10 mL vial	Add to SP with PA	SP; PA	9/7/20
Zepzelca 4 mg vial	Add to SP with PA	SP; PA	9/7/20
Promacta 25 mg suspension packet	Add to SP with PA	SP; PA	9/7/20
Koselugo 10 mg capsule	Add to SP with PA	SP; PA	9/7/20
Koselugo 25 mg capsule	Add to SP with PA	SP; PA	9/7/20

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Drug	Status	Limits	Effective Date
Tukysa 50 mg tablet	Add to SP with PA	SP; PA	9/7/20
Tukysa 150 mg tablet	Add to SP with PA	SP; PA	9/7/20
Pemazyre 4.5 mg tablet	Add to SP with PA	SP; PA	9/7/20
Pemazyre 9 mg tablet	Add to SP with PA	SP; PA	9/7/20
Pemazyre 13.5 mg tablet	Add to SP with PA	SP; PA	9/7/20
Durysta 10 mcg implant	Add to SP with PA	SP; PA	9/7/20
Tabrecta 150 mg tablet	Add to SP with PA	SP; PA	9/7/20
Tabrecta 200 mg tablet	Add to SP with PA	SP; PA	9/7/20
Retevmo 80 mg capsule	Add to SP with PA	SP; PA	9/7/20
Retevmo 40 mg capsule	Add to SP with PA	SP; PA	9/7/20
Qinlock 50 mg tablet	Add to SP with PA	SP; PA	9/7/20
Kynmobi 10 mg sl film	Add to SP with PA	SP; PA	9/7/20
Kynmobi 15 mg sl film	Add to SP with PA	SP; PA	9/7/20
Kynmobi 20 mg sl film	Add to SP with PA	SP; PA	9/7/20
Kynmobi 25 mg sl film	Add to SP with PA	SP; PA	9/7/20
Kynmobi 30 mg sl film	Add to SP with PA	SP; PA	9/7/20
Xpovio 60 mg twice weekly dose	Add to SP with PA	SP; PA	9/7/20
Xpovio 40 mg twice weekly dose	Add to SP with PA	SP; PA	9/7/20
Xpovio 40 mg once weekly dose	Add to SP with PA	SP; PA	9/7/20
Desipramine	Remove from formulary	NF	8/1/20
Gabapentin 100 mg, 300 mg, 400 mg	Add QL of 9 caps per day	F; QL (9/day)	8/1/20
Gabapentin 600 mg tablets	Add QL of 6 tabs per day	F; QL (6/day)	8/1/20
Gabapentin 800 mg tablets	Add QL of 4 tabs per day	F; QL (4/day)	8/1/20
Gabapentin 250 mg/5 mL solution	Add a QL of 72 mL per day	F; QL (72/day)	8/1/20
Pregabalin 25, 50, 75, 100, 150, 200, 300, 225 mg capsule	Add to formulary and maintain PA	F; PA	8/1/20
Ztlido	Add as non-formulary; Add PA requirement	NF; PA	8/1/20

2020 Preferred Drug List Changes

Drug	Status	Limits	Effective Date
Carisoprodol-aspirin	Add QL of 168 tabs per 21 days and ST of cyclobenzaprine or an NSAID in the previous 90 days	F; ST, QL (168/21)	8/1/20
Teriparatide	Add to specialty tier with PA	SP; PA	6/1/20
Cefpodoxime	Cefpodoxime 100, 200 mg	Add to formulary	6/1/20
Colchicine 0.6 mg capsule	Add to formulary with QL of 2 capsules per day and ST with NSAID/COX-2 inhibitor, preferred oral corticosteroid, allopurinol, probenecid, or probenecid/colchicine for a minimum of 1 week of therapy in the previous 3 months	F; ST; QL (60/30)	6/1/20
Vyepti	Add to specialty tier with PA	SP; PA	6/1/20
Ajovy autoinjector	Add to specialty tier with PA	SP; PA	6/1/20
Nurtec	Add as non-formulary; add PA requirement and QL of 8 units per month	NF; PA; QL (8/30)	6/1/20
Reyvow	Add as non-formulary; add PA requirement and QL of 8 units per month	NF; PA; QL (8/30)	6/1/20
Ubrelyv	Add as non-formulary; add PA requirement and QL of 10 units per month	NF; PA; QL (10/30)	6/1/20
Zirabev	Add to specialty tier with PA	SP; PA	6/1/20
Lucentis	Add to specialty tier with PA	SP; PA	6/1/20
Palforzia	Add as non-formulary; add PA requirement	NF; PA	6/1/20
Vyondys 53	Add to specialty tier with PA	SP; PA	6/1/20
Gamifant	Add to specialty tier with PA	SP; PA	6/1/20
Tepeza	Add to specialty tier with PA	SP; PA	6/1/20
Ruxience	Add to specialty tier with PA	SP; PA	6/1/20
Esperoct	Add to specialty tier with PA	SP; PA	6/1/20
Xeljanz XR	Add to specialty tier with PA	SP; PA	6/1/20
Zirabev	Add to specialty tier with PA	SP; PA	6/1/20
Recarbrio	Add to specialty tier with PA	SP; PA	6/1/20
Ayvakit	Add to specialty tier with PA	SP; PA	6/1/20

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Drug	Status	Limits	Effective Date
Tazverik	Add to specialty tier with PA	SP; PA	6/1/20
Fetroja	Add to specialty tier with PA	SP; PA	6/1/20
Procysbi	Add to specialty tier with PA	SP; PA	6/1/20
Trazimera	Add to specialty tier with PA	SP; PA	6/1/20
Ibrance	Add to specialty tier with PA	SP; PA	6/1/20
Sarclisa	Add to specialty tier with PA	SP; PA	6/1/20
Scenesse	Add to specialty tier with PA	SP; PA	6/1/20
Herzuma	Add to specialty tier with PA	SP; PA	6/1/20
Sumatriptan 6 mg/0.5 mL syringe	Add to formulary with QL (4 syringes [2 mL] per 30 days)	F; QL (4/30)	6/1/20
Promacta 25 mg suspension packet	Add to specialty tier with PA	SP; PA	6/1/20
Doptelet (10 tablet pack and 30 tablet pack)	Add to specialty tier with PA	SP; PA	6/1/20
Linezolid 600 mg	Add as non-formulary; add PA requirement	NF; PA	6/1/20
Linezolid 100 mg/5 mL suspension	Add as non-formulary; add PA requirement	NF; PA	6/1/20
Carisoprodol-asiprin	Add QL of 168 tablets per 21 days and ST of cyclobenzaprine or an NSAID in the previous 90 days	F; ST; QL (168/21)	8/1/20
Evekeo	Add AL	NF; AL (≥3)	6/1/20
Evekeo ODT	Add AL	NF; AL (≥6)	6/1/20
Adzenys ER/Adzenys XR ODT	Add AL	NF; AL (≥6)	6/1/20
Dyanavel	Add AL	NF; AL (≥6)	6/1/20
Aptensio	Add AL	NF; AL (≥6)	6/1/20
Adhansia XR	Add AL	NF; AL (≥6)	6/1/20
Cotempla XR	Add AL	NF; AL (≥6)	6/1/20
Jornay PM	Add AL	NF; AL (≥6)	6/1/20
Quillichew ER	Add AL	NF; AL (≥6)	6/1/20
Dextroamphetamine 5 mg/5 mL	Add AL	NF; AL (≥3)	6/1/20
Dextroamphetamine ER	Add AL	NF; AL (≥6)	6/1/20

2020 Preferred Drug List Changes

Drug	Status	Limits	Effective Date
Caplyta	Add AL	NF; AL (≥18)	6/1/20
Secuado	Add AL	NF; AL (≥18)	6/1/20
Tolsura	Add PA	NF; PA	6/1/20
Onmel	Add PA	NF; PA	6/1/20
Daliresp 250, 500 mg	Documented trial and failure or intolerance with a preferred inhaled LABA/ICS combination, LABA/LAMA combination, or LABA/LAMA/ICS combination for a minimum of 4 weeks of therapy in the previous 60 days	F; ST	6/1/20
Paroxetine ER	Documented trial and failure or intolerance with paroxetine immediate release for a minimum of 4 weeks of therapy in the previous 90 days	F; ST	6/1/20
Ziextenzo	Add to specialty tier	SP; PA	3/16/20
Vumerity	Add to specialty tier	SP; PA	3/16/20
Removal of Humalog 75 – 25 KwikPen and vial	Removal of Humalog 75-25 mix from the formulary	NF	5/1/20
Trulicity Victoza Ozempic Alogliptin Alogliptin/metformin Alogliptin/pioglitazone Pioglitazone Pioglitazone/metformin Steglatro Segluromet	Require 21 days of metformin in previous 60 days	F; ST	3/16/20
Januvia Janumet Janumet XR	Require 21 days of metformin in previous 60 days <b>and</b> 21 days of alogliptin in previous 60 days; <b>or</b> 21 days of alogliptin/metformin combination in previous 60 days	F; ST	3/16/20



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Drug	Status	Limits	Effective Date
Nexium/Nexium 24-hour OTC (esomeprazole magnesium) capsule Prevacid/Prevacid 24-hour OTC (lansoprazole) capsule Zegrid OTC (omeprazole/sodium bicarbonate) capsule Aciphex (rabeprazole) tablet	Require 21 days of the following in the previous 60 days: <ul style="list-style-type: none"> <li>• Prilosec (omeprazole) capsule</li> <li>• Protonix (pantoprazole) tablet</li> <li>• Prilosec DR (omeprazole) packet for oral suspension (for members &lt; 8 years old only)</li> </ul>	F; ST	3/16/20
Aciphex Sprinkle (rabeprazole) Dexilant (dexlansoprazole) Prevacid (lansoprazole) orally disintegrating tablet Esomeprazole strontium capsule Nexium (esomeprazole magnesium) packet for oral suspension Nexium 24 hour (esomeprazole magnesium) tablet Omeprazole tablet (generic OTC) Omeprazole magnesium capsule (generic OTC) Prilosec OTC (omeprazole magnesium) Protonix (pantoprazole) packet for oral suspension Zegrid (omeprazole/sodium bicarbonate capsule, packet for oral suspension	Remove from formulary and any ST requirements	NF; ST	3/16/20
Dovato	Add to formulary	F	3/16/20
Methscopolamine 2.5 and 5 mg oral tablet	Remove from formulary	NF	5/1/20
Hyosyne (hyoscyamine) 0.125 mg/mL oral drops	Remove from formulary	NF	5/1/20
Proantheline 15 mg oral tablet	Remove from formulary	NF	5/1/20
Librax (chlordiazepoxide/clidinium ER) 2.5 – 5 mg oral capsule	Remove from formulary	NF	5/1/20
Dicyclomine 10 mg/5 mL oral solution	Remove from formulary	NF	5/1/20
Incruse Ellipta	Add to formulary	F	5/1/20
Spiriva Respimat	Add PA requirement	F; PA	5/1/20
Nitro-Dur (nitroglycerin) 0.3 mg/hour, 0.8 mg/hour transdermal 24 hour patch	Remove from formulary	NF	5/1/20
Isordil Tembids (sorsorbide dinitrate) 40 mg XR tablet	Remove from formulary	NF	5/1/20
Nucala autoinjector and syringe	Add to specialty tier with PA	SP; PA	3/16/20

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Fasenra autoinjector and syringe	Add to specialty tier with PA	SP; PA	3/16/20
Ruzurgi	Add to specialty tier with PA	SP; PA	3/16/20
Baqsimi	Add to formulary with a QL of 2 devices per 30 days and minimum age limit of 4 years	F; QL (2/30); AL (min 4)	3/16/20
Nourianz	Add to specialty tier with PA	SP; PA	3/16/20
Inbrija	Add to specialty tier with PA	SP; PA	3/16/20
Onpattro	Add to specialty tier with PA	SP; PA	3/16/20
Tegsedi	Add to specialty tier with PA	SP; PA	3/16/20
Vynaqel/Vyndamax	Add to specialty tier with PA	SP; PA	3/16/20
Wakix	Add to specialty tier with PA requirement	SP; PA	3/16/20
Nourianz	Add to specialty tier with PA requirement	SP; PA	3/16/20
Xembify	Add to specialty tier with PA requirement	SP; PA	3/16/20
Fasenra Pen	Add to specialty tier with PA requirement	SP; PA	3/16/20
Vumerity	Add to specialty tier with PA requirement	SP; PA	3/16/20
Trikafta	Add to specialty tier with PA requirement	SP; PA	3/16/20
Olumiant	Add to specialty tier with PA requirement	SP; PA	3/16/20
Ziextenzo	Add to specialty tier with PA requirement	SP; PA	3/16/20
Nplate	Add to specialty tier with PA requirement	SP; PA	3/16/20
Asceniv	Add to specialty tier with PA requirement	SP; PA	3/16/20
Asparlas	Add to specialty tier with PA requirement	SP; PA	3/16/20
Beovu	Add to specialty tier with PA requirement	SP; PA	3/16/20
Kanjinti	Add to specialty tier with PA requirement	SP; PA	3/16/20
Ogivri	Add to specialty tier with PA requirement	SP; PA	3/16/20
Truxima	Add to specialty tier with PA requirement	SP; PA	3/16/20
Reblozyl	Add to specialty tier with PA requirement	SP; PA	3/16/20
Adakveo	Add to specialty tier with PA requirement	SP; PA	3/16/20
Brukinsa	Add to specialty tier with PA requirement	SP; PA	3/16/20

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Givlaari	Add to specialty tier with PA requirement	SP; PA	3/16/20
Oxbryta	Add to specialty tier with PA requirement	SP; PA	3/16/20
Eylea	Add to specialty tier with PA requirement	SP; PA	3/16/20
Egrifta SV	Add to specialty tier with PA requirement	SP; PA	3/16/20
Vyondys 53	Add to specialty tier with PA requirement	SP; PA	3/16/20
Padcev	Add to specialty tier with PA requirement	SP; PA	3/16/20
Enhertu	Add to specialty tier with PA requirement	SP; PA	3/16/20
Levalbuterol HFA 45	Requires 21 days of albuterol HFA in previous 60 days	F; ST	3/16/20
Triluron	Add to Specialty tier with PA	SP; PA	3/16/20
Ezetimibe 10 mg	Add to formulary (MAC = .1466 [EAC] - 0.22 [NADAC])	F; QL (30/30)	3/16/20
Fexofenadine (all)	Add to formulary with ST	F; ST	3/16/20
Loratadine 5 mg ODT and chew tablet	Add to formulary with ST	F; ST (requires trial and failure or intolerance to loratadine tablets, cetirizine tablets, cetirizine oral solution, or levocetirizine tablets)	3/16/20
Desloratadine	Add to formulary with ST	F; ST (requires trial and failure or intolerance to loratadine tablets, cetirizine tablets, cetirizine oral solution, or levocetirizine tablets)	3/16/20
Generic Allegra-D	Add to formulary with ST	F; ST (requires trial and failure or intolerance to loratadine tablets, cetirizine tablets, cetirizine oral solution, or levocetirizine tablets)	3/16/20
Generic Claritin-D	Add to formulary with ST	F; ST (requires trial and failure or intolerance to loratadine tablets, cetirizine tablets, cetirizine oral solution, or levocetirizine tablets)	3/16/20
Tramadol ER	Add to formulary	F	3/16/20

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Kymriah	Add to specialty with PA	SP; PA	3/16/20
Yescarta	Add to specialty with PA	SP; PA	3/16/20
Benlysta	Add to specialty with PA	SP; PA	3/16/20
Blincyto		SP; PA	3/16/20
<b>AL</b> =Age Limit <b>F</b> =Formulary <b>GL</b> =Gender Limit <b>NF</b> =Non-Formulary <b>PA</b> = Prior Authorization <b>QL</b> =Quantity Limit <b>SP</b> =Specialty <b>ST</b> =Step Therapy			