

Drug	Change	New Formulary Status	Effective Date
Daxxify (daxibotulinumtoxinA-lanm) 100-unit vial	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Lantidra	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Adalimumab-adaz Subcutaneous Solution Auto-injector 40 mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Adalimumab-adaz Subcutaneous Solution Prefilled Syringe 40 mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Adalimumab-adbm Subcutaneous Auto-injector Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Adalimumab-adbm Subcutaneous Prefilled Syringe Kit 10 mg/0.2ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Adalimumab-adbm Subcutaneous Prefilled Syringe Kit 20 mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Adalimumab-adbm Subcutaneous Prefilled Syringe Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Adstiladrin	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Akeega	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Aphexda	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Austedo XR	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Cosentyx	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Cyltezo Subcutaneous Auto-injector Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23

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Cyltezo Subcutaneous Prefilled Syringe Kit 10 mg/0.2ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Cyltezo Subcutaneous Prefilled Syringe Kit 20 mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Cyltezo Subcutaneous Prefilled Syringe Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Cyltezo-CD/UC/HS Starter Subcutaneous Auto-injector Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Cyltezo-Psoriasis Starter Subcutaneous Auto-injector Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Elevidys	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Elrexio	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Eylea HD	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hulio Subcutaneous Auto-injector Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hulio Subcutaneous Prefilled Syringe Kit 20 mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hulio Subcutaneous Prefilled Syringe Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hyrimoz Subcutaneous Solution Auto-injector 40 mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hyrimoz Subcutaneous Solution Auto-injector 80 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hyrimoz Subcutaneous Solution Prefilled Syringe 10 mg/0.1 ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23

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Hyrimoz Subcutaneous Solution Prefilled Syringe 20 mg/0.2ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hyrimoz Subcutaneous Solution Prefilled Syringe 40 mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hyrimoz-Crohn's/UC Starter Pack Subcutaneous Solution Auto-injector 80 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hyrimoz-Ped. Crohn's Starter Subcutaneous Solution Prefilled Syringe 80 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hyrimoz-Ped. Crohn's Starter Subcutaneous Solution Prefilled Syringe 80 mg/0.8ml & 40mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Hyrimoz-Plaque Psoriasis Start Subcutaneous Solution Auto-injector 80 mg/0.8ml & 40mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Idacio for Crohn's Disease/UC Subcutaneous Auto-injector Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Idacio for Plaque Psoriasis Subcutaneous Auto-injector Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Idacio Subcutaneous Auto-injector Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Idacio Subcutaneous Prefilled Syringe Kit 40 mg/0.8ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Insulin Lispro Pens (Humalog) U-100	Add as preferred with a QL.	P-QL (30ml/30 days)	12/15/23
Insulin Lispro Vials (Humalog) U-100	Add as preferred with a QL.	P-QL (30ml/30 days)	12/15/23

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Izervay	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Litfulo	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Ngenla	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Ojjaara	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Rezvoglar KwikPen (Insulin Glargine-aglr) U-100	Add as preferred with a QL.	P-QL (30ml/30 days)	12/15/23
Roctavian	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Rystiggo	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Sohonos	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Talvey	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Vanflyta	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Vanflyta	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Veopoz	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Vyjuvek	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Xenpozyme	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Yuflyma 2-Syringe Kit Subcutaneous Prefilled Syringe Kit 40 mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Yuflyma Subcutaneous Auto-injector Kit 40 mg/0.4ml	Add to the Specialty Tier with a PA.	SP-PA	12/15/23
Yusimry	Add to the Specialty Tier with a PA.	SP-PA	12/15/23

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Multiple Vitamin Tablet	Remove from the formulary.	Unlisted	12/30/23
One Daily Essential Tablet	Remove from the formulary.	Unlisted	12/30/23
Admelog Pens (Insulin Lispro) U-100	Remove from the formulary.	Unlisted	12/30/23
Admelog Vials (Insulin Lispro) U-100	Remove from the formulary.	Unlisted	12/30/23
Insulin Glargine-yfgn (Semglee) Pens U-100	Remove from the formulary.	Unlisted	12/30/23
Insulin Glargine-yfgn (Semglee) Vials U-100	Remove from the formulary.	Unlisted	12/30/23
Lantus (Insulin Glargine) Vial U-100	Add as preferred with a QL.	P-QL (30ml/30 days)	12/30/23
Lantus Solostar Pen (Insulin Glargine) U-100	Add as preferred with a QL.	P-QL (30ml/30 days)	12/30/23
AL = Age Limit NP = Non-Preferred P = Preferred PA = Prior Authorization QL = Quantity Limit SP = Specialty ST = Step Therapy			