

Quartz Medicare Advantage (HMO)

2024 Formulary & criteria changes



The chart below shows the changes in the Quartz Medicare Advantage (HMO) formulary (covered drug list) and prior authorization criteria since December 31, 2023. For Medicare Part B drug changes, see the table beginning on page 31.

Last updated 12/1/2024

Drug name	Change	Effective date
ADAPALENE 0.1 % GEL (GRAM)	Remove from formulary	1/1/2024
ADVAIR DISKUS 100-50 MCG	Remove from formulary	1/1/2024
ADVAIR DISKUS 250-50 MCG	Remove from formulary	1/1/2024
ADVAIR DISKUS 500-50 MCG	Remove from formulary	1/1/2024
AFIRMELLE 0.1-0.02MG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
ALPRAZOLAM 0.25 MG TABLET	Remove QL	1/1/2024
ALPRAZOLAM 0.5 MG TABLET	Remove QL	1/1/2024
ALPRAZOLAM 1 MG TABLET	Remove QL	1/1/2024
ALPRAZOLAM 2 MG TABLET	Remove QL	1/1/2024
ALPRAZOLAM ER 0.5 MG TAB ER 24H	Remove QL	1/1/2024
ALPRAZOLAM ER 1 MG TAB ER 24H	Remove QL	1/1/2024
ALPRAZOLAM ER 2 MG TAB ER 24H	Remove QL	1/1/2024
ALPRAZOLAM ER 3 MG TAB ER 24H	Remove QL	1/1/2024
ALPRAZOLAM INTENSOL 1 MG/ML CONC	Remove QL	1/1/2024
ALPRAZOLAM ODT 0.25 MG TAB RAPDIS	Remove QL	1/1/2024
ALPRAZOLAM ODT 0.5 MG TAB RAPDIS	Remove QL	1/1/2024
ALPRAZOLAM ODT 1 MG TAB RAPDIS	Remove QL	1/1/2024
ALPRAZOLAM ODT 2 MG TAB RAPDIS	Remove QL	1/1/2024

Drug name	Change	Effective date
AMCINONIDE 0.1 % LOTION	Remove from formulary	1/1/2024
AMETHYST 90-20 MCG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
AMINOSYN II 10 % IV SOLN	Remove from formulary	1/1/2024
AMINOSYN-PF 10 % IV SOLN	Remove from formulary	1/1/2024
ANORO ELLIPTA 62.5-25MCG BLST W/DEV	Add to Tier 3 (Preferred Brand)	1/1/2024
ARANESP 60 MCG/0.3 SYRINGE	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
AREXVY 120MCG/0.5 KIT	Remove from formulary	1/1/2024
ASTAGRAF XL 0.5 MG CAP ER 24H	Add to Tier 4 (Nonpreferred Drug)	1/1/2024
ASTAGRAF XL 1 MG CAP ER 24H	Add to Tier 4 (Nonpreferred Drug)	1/1/2024
ASTAGRAF XL 5 MG CAP ER 24H	Add to Tier 4 (Nonpreferred Drug)	1/1/2024
AUROVELA 1.5-0.03MG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
AUROVELA 1MG-20MCG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
AUROVELA 24 FE 1MG-20(24) TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
AUROVELA FE 1.5-30(21) TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
AUROVELA FE 1MG-20(21) TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
AUVELITY 45MG-105MG TABLET	Change to Tier 4 (Nonpreferred Drug), Remove PA, Add ST	1/1/2024
AYUNA 0.15-0.03 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
AZELASTINE HCL 205.5 MCG SPRAY	Remove from formulary	1/1/2024
BESREMI 500 MCG/ML SYRINGE	Add to Tier 5 (Specialty), PA	1/1/2024
BLEPH-10 10 % DROPS	Remove from formulary	1/1/2024
BREYNA 160-4.5MCG HFA AER AD	Add to Tier 2 (Generic)	1/1/2024
BREYNA 80-4.5 MCG HFA AER AD	Add to Tier 2 (Generic)	1/1/2024
BREZTRI AEROSPHERE 160-9-4.8 HFA	Add to Tier 3 (Preferred Brand)	1/1/2024

Drug name	Change	Effective date
BRIELLYN 0.4-0.035 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
BRONCHITOL 40 MG CAP W/DEV	Add to Tier 5 (Specialty), PA	1/1/2024
BUDESONIDE 2 MG FOAM/APPL	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
BUDESONIDE-FORMOTEROL 160-4.5 MCG HFA	Add to Tier 2 (Generic)	1/1/2024
BUDESONIDE-FORMOTEROL 80-4.5 MCG HFA	Add to Tier 2 (Generic)	1/1/2024
BYDUREON BCISE 2MG/0.85ML	Add PA	1/1/2024
BYETTA 10MCG/0.04 PEN INJCTR	Add PA	1/1/2024
BYETTA 5MCG/0.02 PEN INJCTR	Add PA	1/1/2024
CALCIUM CHLORIDE 100 MG/ML SYRINGE	Add to Tier 2 (Generic)	1/1/2024
CALCIUM CHLORIDE 100 MG/ML VIAL	Add to Tier 2 (Generic)	1/1/2024
CALQUENCE 100 MG CAPSULE	Remove from formulary	1/1/2024
CALSODORE 0.005 % CREAM (G)	Remove from formulary	1/1/2024
CAMZYOS 10 MG CAPSULE	Add PA	1/1/2024
CAMZYOS 15 MG CAPSULE	Add PA	1/1/2024
CAMZYOS 2.5 MG CAPSULE	Add PA	1/1/2024
CAMZYOS 5 MG CAPSULE	Add PA	1/1/2024
CEFAZOLIN SODIUM 2 G VIAL	Add to Tier 2 (Generic)	1/1/2024
CEFAZOLIN SODIUM 2 G VIAL	Add to Tier 2 (Generic)	1/1/2024
CEFAZOLIN SODIUM-DEXTROSE 1 G/50ML	Remove from formulary	1/1/2024
CEFOXITIN SODIUM 1 G/50 ML PB	Remove from formulary	1/1/2024
CEFOXITIN SODIUM 2 G/50 ML PB	Remove from formulary	1/1/2024
CEFTAZIDIME 1 G/50 ML PIGGYBACK	Remove from formulary	1/1/2024
CEFTAZIDIME 2 G/50 ML PIGGYBACK	Remove from formulary	1/1/2024

Drug name	Change	Effective date
CEFTRIAXONE 1 G/50 ML FROZ.PIGGY	Remove from formulary	1/1/2024
CEFTRIAXONE 1 G/50 ML PIGGYBACK	Remove from formulary	1/1/2024
CEFTRIAXONE 2 G/50 ML FROZ.PIGGY	Remove from formulary	1/1/2024
CEFTRIAXONE 2 G/50 ML PIGGYBACK	Remove from formulary	1/1/2024
CELONTIN 300 MG CAPSULE	Remove from formulary	1/1/2024
CHATEAL 0.15-0.03 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
CHATEAL EQ 0.15-0.03 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
CICLOPIROX 8 % SOLUTION	Remove from formulary	1/1/2024
CLINDAMYCIN PHOSPHATE 150 MG/ML VL	Change to Tier 2 (Generic)	1/1/2024
CLINDAMYCIN-0.9% NACL 300MG/50ML PB	Remove from formulary	1/1/2024
CLINDAMYCIN-0.9% NACL 600MG/50ML PB	Remove from formulary	1/1/2024
CLINDAMYCIN-0.9% NACL 900MG/50ML PB	Remove from formulary	1/1/2024
C-NATE DHA 28-1-200MG CAPSULE	Remove from formulary	1/1/2024
COLESTIPOL HCL 5 G GRANULES	Remove from formulary	1/1/2024
COLISTIMETHATE 150 MG VIAL	Remove PA	1/1/2024
COMPLETENATE 29 MG-1 MG TAB CHEW	Remove from formulary	1/1/2024
CORTIFOAM 10 % FOAM/APPL	Remove from formulary	1/1/2024
CYCLAFEM 1 MG-35MCG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
CYCLAFEM 7 DAYS X 3 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
CYCLOPENTOLATE HCL 0.5 % DROPS	Change to Tier 2 (Generic)	1/1/2024
CYCLOPHOSPHAMIDE 200 MG/ML VIAL	Remove from formulary	1/1/2024
DAPSONE 7.5 % GEL W/PUMP	Remove ST	1/1/2024

Drug name	Change	Effective date
DASETTA 1 MG-35MCG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
DASETTA 7 DAYS X 3 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
DAYSEE 150-30(84) TBDSPK 3MO	Add to Tier 1 (Preferred Generic)	1/1/2024
DEFERASIROX 125 MG TAB DISPER	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
DENGVAXIA 10EXP4.5-6 VIAL	Remove from formulary	1/1/2024
DERMALID 5 % COMBO. PKG	Remove from formulary	1/1/2024
DESMOPRESSIN ACETATE 4 MCG/ML VL	Add to Tier 4 (Nonpreferred Drug)	1/1/2024
DEXTROSE 5%-0.225% NAACL 5 %-0.2 % IV	Add to Tier 2 (Generic)	1/1/2024
DEXTROSE IN WATER PGGYBK PRT	Add PA	1/1/2024
DEXTROSE IN WATER PGY VL PRT	Add PA	1/1/2024
DEXTROSE IN WATER 30 % IV SOLN	Remove from formulary	1/1/2024
DEXTROSE IN WATER 40 % IV SOLN	Remove from formulary	1/1/2024
DEXTROSE IN WATER 5 % IV SOLN	Add PA	1/1/2024
DIAZEPAM 10 MG TABLET	Remove QL	1/1/2024
DIAZEPAM 2 MG TABLET	Remove QL	1/1/2024
DIAZEPAM 5 MG TABLET	Remove QL	1/1/2024
DIAZEPAM 5 MG/5 ML SOLUTION	Remove QL	1/1/2024
DIAZEPAM 5 MG/ML ORAL CONC	Remove QL	1/1/2024
DIAZOXIDE 50 MG/ML ORAL SUSP	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
DICHLORPHENAMIDE 50 MG TABLET	Add PA	1/1/2024
DICLOFENAC SODIUM 3 % GEL (GRAM)	Remove QL	1/1/2024
DIHYDROERGOTAMINE MESYLATE 0.5MG/SPRY SPRAY	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
DILANTIN 100 MG CAPSULE	Change to Tier 3 (Preferred Brand)	1/1/2024

Drug name	Change	Effective date
DILANTIN 50 MG TAB CHEW	Change to Tier 3 (Preferred Brand)	1/1/2024
DILTIAZEM 24HR ER (CD) 360 MG CAP 24H	Remove QL	1/1/2024
DILTIAZEM HCL 5 MG/ML VIAL	Add to Tier 2 (Generic)	1/1/2024
DIVIGEL 0.25/0.25G GEL PACKET	Remove from formulary	1/1/2024
DIVIGEL 0.5MG/0.5G GEL PACKET	Remove from formulary	1/1/2024
DIVIGEL 0.75/0.75G GEL PACKET	Remove from formulary	1/1/2024
DIVIGEL 1 MG/GRAM GEL PACKET	Remove from formulary	1/1/2024
DIVIGEL 1.25/1.25G GEL PACKET	Remove from formulary	1/1/2024
DONEPEZIL HCL 23 MG TABLET	Change to Tier 2 (Generic)	1/1/2024
DOXERCALCIFEROL 4MCG/2ML VIAL	Add to Tier 4 (Nonpreferred Drug)	1/1/2024
DRIZALMA SPRINKLE 20 MG CAP DR SPR	Remove from formulary	1/1/2024
DRIZALMA SPRINKLE 30 MG CAP DR SPR	Remove from formulary	1/1/2024
DRIZALMA SPRINKLE 40 MG CAP DR SPR	Remove from formulary	1/1/2024
DRIZALMA SPRINKLE 60 MG CAP DR SPR	Remove from formulary	1/1/2024
EASY TOUCH FLIPLOCK SYRINGES 27GX1/2" DISP SYRIN	Remove from formulary	1/1/2024
EASY TOUCH LUER LOCK INSULIN SYRIN	Remove from formulary	1/1/2024
EASY TOUCH UNI-SLIP DISP SYRIN	Remove from formulary	1/1/2024
ECLIPSE SYRINGE 30GX1/2" DISP SYRIN	Remove from formulary	1/1/2024
EFAVIRENZ-EMTRIC-TENOFOV DISOP 600-200MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
ELIGARD 22.5 MG SYRINGE	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2024
ELIGARD 30 MG SYRINGE	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2024
ELIGARD 45 MG SYRINGE	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2024
ELIGARD 7.5 MG SYRINGE	Add PA	1/1/2024

Drug name	Change	Effective date
ELINEST 0.3-0.03MG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
EMTRICITABINE-TENOFOVIR DISOP 100-150 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
EMTRICITABINE-TENOFOVIR DISOP 200-300 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
ENALAPRILAT 1.25 MG/ML VIAL	Add to Tier 4 (Nonpreferred Drug)	1/1/2024
ENBREL 25 MG VIAL	Remove from formulary	1/1/2024
ENVARSUS XR 0.75 MG TAB ER 24H	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2024
ENVARSUS XR 1 MG TAB ER 24H	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2024
ENVARSUS XR 4 MG TAB ER 24H	Add to Tier 5 (Specialty), PA	1/1/2024
EPIVIR HBV 25 MG/5 ML SOLUTION	Remove from formulary	1/1/2024
ERLEADA 240 MG TABLET	Add PA	1/1/2024
ERLEADA 60 MG TABLET	Add PA	1/1/2024
ERLOTINIB HCL 100 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
ERLOTINIB HCL 25 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
ESBRIET 267 MG CAPSULE	Add to Tier 5 (Specialty)	1/1/2024
ESTAZOLAM 1 MG TABLET	Remove QL	1/1/2024
ESTAZOLAM 2 MG TABLET	Remove QL	1/1/2024
ETRAVIRINE 100 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
FAMOTIDINE 40MG/5ML SUSP RECON	Add PA	1/1/2024
FANAPT 4 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
FERRIPROX (3 TIMES A DAY) 1000 MG TABLET	Remove from formulary	1/1/2024
FERRIPROX 1000 MG TABLET	Remove from formulary	1/1/2024
FIRVANQ 25 MG/ML SOLN RECON	Remove from formulary	1/1/2024

Drug name	Change	Effective date
FLOVENT DISKUS 100 MCG	Remove from formulary	1/1/2024
FLOVENT DISKUS 250 MCG	Remove from formulary	1/1/2024
FLOVENT DISKUS 50 MCG	Remove from formulary	1/1/2024
FLOVENT HFA 110 MCG AER	Remove from formulary	1/1/2024
FLOVENT HFA 220 MCG AER	Remove from formulary	1/1/2024
FLOVENT HFA 44 MCG AER	Remove from formulary	1/1/2024
FLUCONAZOLE-NACL 100MG/50ML PB	Remove PA	1/1/2024
FLUCONAZOLE-NACL 200MG/0.1L PB	Remove PA	1/1/2024
FLUCONAZOLE-NACL 400MG/0.2L PB	Remove PA	1/1/2024
FLUTAMIDE 125 MG CAPSULE	Remove from formulary	1/1/2024
FLUTICASONE PROP. HFA 110 MCG	Add to Tier 2 (Generic)	1/1/2024
FLUTICASONE PROP. HFA 220 MCG	Add to Tier 2 (Generic)	1/1/2024
FLUTICASONE PROP. HFA 44 MCG	Add to Tier 2 (Generic)	1/1/2024
FLUTICASONE-SALMETEROL 100-50 MCG	Add to Tier 2 (Generic)	1/1/2024
FLUTICASONE-SALMETEROL 250-50 MCG	Add to Tier 2 (Generic)	1/1/2024
FLUTICASONE-SALMETEROL 500-50 MCG	Add to Tier 2 (Generic)	1/1/2024
FOLIVANE-OB 85 MG-1 MG CAPSULE	Remove from formulary	1/1/2024
FORTEO 20MCG/DOSE PEN INJCTR	Remove from formulary	1/1/2024
FYCOMPA 0.5 MG/ML ORAL SUSP	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
GEMMILY IMG-20(24) CAPSULE	Add to Tier 1 (Preferred Generic)	1/1/2024
GLEOSTINE 10 MG CAPSULE	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
GLEOSTINE 40 MG CAPSULE	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
HAILEY 1.5-0.03MG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
HAILEY FE 1.5-30(21) TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024

Drug name	Change	Effective date
HAILEY FE 1MG-20(21) TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
HEATHER 0.35 MG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
HEPARIN SODIUM 5000/0.5ML SYRINGE	Remove from formulary	1/1/2024
HYDROCORTISONE 1 % CRM/PE APP	Remove from formulary	1/1/2024
HYDROMORPHONE HCL 1 MG/ML CART	Add to Tier 2 (Generic)	1/1/2024
HYDROMORPHONE HCL 2 MG/ML CART	Add to Tier 2 (Generic)	1/1/2024
HYDROMORPHONE HCL 2 MG/ML SYR	Add to Tier 2 (Generic)	1/1/2024
ICAR-C PLUS 100-250-1 TABLET	Remove from formulary	1/1/2024
ICLEVIA 0.15-0.03 TBDSPK 3MO	Add to Tier 1 (Preferred Generic)	1/1/2024
INTRON A 10MM UNIT VIAL	Remove from formulary	1/1/2024
INTRON A 18MM UNIT VIAL	Remove from formulary	1/1/2024
INTRON A 50MM UNIT VIAL	Remove from formulary	1/1/2024
IRESSA 250 MG TABLET	Remove from formulary	1/1/2024
ISOLYTE S IV SOLN	Remove from formulary	1/1/2024
ISTURISA 1 MG TABLET	Add to Tier 5 (Specialty), PA	1/1/2024
ISTURISA 10 MG TABLET	Add to Tier 5 (Specialty), PA	1/1/2024
ISTURISA 5 MG TABLET	Add to Tier 5 (Specialty), PA	1/1/2024
JOYEAUX 0.1-0.02MG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
KALLIGA 0.15-0.03 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
KCL-D5W-0.2% NACL 20 MEQ/L IV SOLN	Add PA	1/1/2024
KCL-D5W-0.225% NACL 20 MEQ/L IV SOLN	Add PA	1/1/2024
KCL-D5W-0.9% NACL 20 MEQ/L IV SOLN	Add PA	1/1/2024
KCL-D5W-0.9% NACL 40 MEQ/L IV SOLN	Add PA	1/1/2024

Drug name	Change	Effective date
KETOROLAC TROM 15 MG/ML SYRINGE	Add to Tier 4 (Nonpreferred Drug)	1/1/2024
KETOROLAC TROM 30 MG/ML SYRINGE	Add to Tier 4 (Nonpreferred Drug)	1/1/2024
KETOROLAC TROM 60 MG/2 ML SYRINGE	Add to Tier 4 (Nonpreferred Drug)	1/1/2024
KEVEYIS 50 MG TABLET	Remove from formulary	1/1/2024
LABETALOL HCL 10 MG/2 ML SYRINGE	Remove from formulary	1/1/2024
LABETALOL HCL 20 MG/4 ML SYRINGE	Remove from formulary	1/1/2024
LABETALOL HCL 5 MG/ML VIAL	Add to Tier 2 (Generic)	1/1/2024
LACOSAMIDE 10 MG/ML SOLUTION	Add ST	1/1/2024
LANOXIN 62.5 MCG TABLET	Remove from formulary	1/1/2024
LANSOPRAZOLE 15 MG TAB RAP DR	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2024
LANSOPRAZOLE 30 MG TAB RAP DR	Add PA	1/1/2024
LARIN 24 FE IMG-20(24) TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
LEUPROLIDE ACETATE 1 MG/0.2ML KIT	Add PA	1/1/2024
LEUPROLIDE DEPOT 22.5 MG VIAL	Add PA	1/1/2024
LEVOFLOXACIN 0.5 % DROPS	Remove from formulary	1/1/2024
LIDOCAINE HCL 20 MG/ML VIAL	Remove from formulary	1/1/2024
LIDOCAINE HCL 4 % SOLUTION	Change to Tier 2 (Generic)	1/1/2024
LILLOW 0.15-0.03 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
LINDANE 1 % SHAMPOO	Remove from formulary	1/1/2024
LINEZOLID-0.9% NAACL 600MG/300 PB	Remove from formulary	1/1/2024
LIVTENCITY 200 MG TABLET	Remove QL	1/1/2024
LOJAIMIESS 100-20(84) TBDSPK 3MO	Add to Tier 1 (Preferred Generic)	1/1/2024
LORAZEPAM 0.5 MG TABLET	Remove QL	1/1/2024
LORAZEPAM 1 MG TABLET	Remove QL	1/1/2024

Drug name	Change	Effective date
LORAZEPAM 2 MG TABLET	Remove QL	1/1/2024
LO-ZUMANDIMINE 0.02-3(28) TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
LUPRON DEPOT 11.25 MG SYRINGEKIT	Add PA	1/1/2024
LUPRON DEPOT 22.5 MG SYRINGEKIT	Add PA	1/1/2024
LUPRON DEPOT 3.75 MG SYRINGEKIT	Add PA	1/1/2024
LUPRON DEPOT 30 MG SYRINGEKIT	Add PA	1/1/2024
LUPRON DEPOT 45 MG SYRINGEKIT	Add PA	1/1/2024
LUPRON DEPOT 7.5 MG SYRINGEKIT	Add PA	1/1/2024
LUPRON DEPOT-PED 11.25 MG KIT	Add PA	1/1/2024
LUPRON DEPOT-PED 11.25 MG SYRINGEKIT	Add PA	1/1/2024
LUPRON DEPOT-PED 15 MG KIT	Add PA	1/1/2024
LUPRON DEPOT-PED 30 MG SYRINGEKIT	Add PA	1/1/2024
LUPRON DEPOT-PED 45 MG SYRINGEKIT	Add PA	1/1/2024
LUPRON DEPOT-PED 7.5 MG KIT	Add PA	1/1/2024
LURASIDONE HCL 120 MG TABLET	Remove ST	1/1/2024
LURASIDONE HCL 20 MG TABLET	Remove ST	1/1/2024
LURASIDONE HCL 40 MG TABLET	Remove ST	1/1/2024
LURASIDONE HCL 60 MG TABLET	Remove ST	1/1/2024
LURASIDONE HCL 80 MG TABLET	Remove ST	1/1/2024
MELOXICAM 7.5 MG/5ML ORAL SUSP	Remove from formulary	1/1/2024
MENTAX 1 % CREAM (G)	Remove from formulary	1/1/2024
MENVEO A-C-Y-W-135-DIP 10-5/0.5ML VIAL	Remove from formulary	1/1/2024
MEROPENEM-0.9% NAACL 1 G/50 ML PB	Remove from formulary	1/1/2024

Drug name	Change	Effective date
MEROPENEM-0.9% NACL 500MG/50ML PB	Remove from formulary	1/1/2024
MESALAMINE 4 G/60 ML ENEMA KIT	Remove from formulary	1/1/2024
METHADONE HCL 40 MG TABLET SOL	Remove from formulary	1/1/2024
METHADOSE 40 MG TABLET SOL	Remove from formulary	1/1/2024
METHYLDOPA 250 MG TABLET	Remove from formulary	1/1/2024
METHYLDOPA 500 MG TABLET	Remove from formulary	1/1/2024
MICAFUNGIN 100 MG VIAL	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
MIDAZOLAM HCL 10 MG/5 ML SYRUP	Remove QL	1/1/2024
MIDAZOLAM HCL 2 MG/ML SYRUP	Remove QL	1/1/2024
MIDAZOLAM HCL 5 MG/2.5ML SYRUP	Remove QL	1/1/2024
MIRVASO 0.33 % GEL W/PUMP	Remove from formulary	1/1/2024
MONO-LINYAH 0.25-0.035 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
MORPHINE SULFATE 10 MG/ML CART	Add to Tier 2 (Generic)	1/1/2024
MORPHINE SULFATE 10 MG/ML SYRINGE	Change to Tier 2 (Generic)	1/1/2024
MORPHINE SULFATE 2 MG/ML CART	Add to Tier 2 (Generic)	1/1/2024
MORPHINE SULFATE 2 MG/ML VIAL	Change to Tier 2 (Generic)	1/1/2024
MORPHINE SULFATE 4 MG/ML CART	Add to Tier 2 (Generic)	1/1/2024
MOXIFLOXACIN 400MG/.25L PB	Remove from formulary	1/1/2024
NAFCILLIN 1 G/50 ML FROZ.PB	Remove from formulary	1/1/2024
NAFCILLIN 2 G/100 ML FROZ.PB	Remove from formulary	1/1/2024
NAGLAZYME 5 MG/5 ML VIAL	Add PA	1/1/2024
NEBIVOLOL HCL 10 MG TABLET	Remove ST	1/1/2024
NEBIVOLOL HCL 2.5 MG TABLET	Remove ST	1/1/2024
NEBIVOLOL HCL 20 MG TABLET	Remove ST	1/1/2024

Drug name	Change	Effective date
NEBIVOLOL HCL 5 MG TABLET	Remove ST	1/1/2024
NEO-POLYCIN 3.5MG-400 OINT. (G)	Remove from formulary	1/1/2024
NEO-POLYCIN HC 3.5-10K-1 OINT. (G)	Remove from formulary	1/1/2024
NEUAC 1.2(1)%-5% CMB CR GEL	Remove from formulary	1/1/2024
NITISINONE 20 MG CAPSULE	Add to Tier 5 (Specialty)	1/1/2024
NIVA-PLUS 27 MG-1 MG TABLET	Remove from formulary	1/1/2024
NIZATIDINE 150MG/10ML SOLUTION	Remove from formulary	1/1/2024
NORMOSOL-M AND DEXTROSE 5 % IV	Remove from formulary	1/1/2024
NORMOSOL-R IV	Remove from formulary	1/1/2024
NORMOSOL-R AND DEXTROSE 5 % IV	Remove from formulary	1/1/2024
NORVIR 80 MG/ML SOLUTION	Remove from formulary	1/1/2024
NOXAFIL 300MG/16.7 VIAL	Remove from formulary	1/1/2024
NUBEQA 300 MG TABLET	Add PA	1/1/2024
NYLIA 7 DAYS X 3 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
NYMYO 0.25-0.035 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
OBSTETRIX DHA 29 MG-1700	Remove from formulary	1/1/2024
OBSTETRIX DHA 29-1-50 MG CMBPKGDRCP	Remove from formulary	1/1/2024
OLMESARTAN 20 MG TABLET	Remove QL	1/1/2024
OLMESARTAN 40 MG TABLET	Remove QL	1/1/2024
OLMESARTAN 5 MG TABLET	Remove QL	1/1/2024
OLMESARTAN-HCTZ 20-12.5 MG TABLET	Remove QL	1/1/2024
OLMESARTAN-HCTZ 40 MG-25MG TABLET	Remove QL	1/1/2024
OLMESARTAN-HCTZ 40-12.5 MG TABLET	Remove QL	1/1/2024

Drug name	Change	Effective date
OLOPATADINE HCL 0.2 % DROPS	Remove from formulary	1/1/2024
OXANDROLONE 10 MG TABLET	Remove from formulary	1/1/2024
OXANDROLONE 2.5 MG TABLET	Remove from formulary	1/1/2024
OXAZEPAM 10 MG CAPSULE	Remove QL	1/1/2024
OXAZEPAM 15 MG CAPSULE	Remove QL	1/1/2024
OXAZEPAM 30 MG CAPSULE	Remove QL	1/1/2024
PARICALCITOL 2 MCG/ML VIAL	Add to Tier 4 (Nonpreferred Drug)	1/1/2024
PASER 4 G GRANPKT DR	Remove from formulary	1/1/2024
PENTASA 250 MG CAPSULE ER	Remove QL	1/1/2024
PFIZERPEN 20MM UNIT VIAL	Remove from formulary	1/1/2024
PFIZERPEN 5MM UNIT VIAL	Remove from formulary	1/1/2024
PHILITH 0.4-0.035 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
PIRMELLA 7 DAYS X 3 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
POSACONAZOLE 100 MG TABLET DR	Change to Tier 2 (Generic)	1/1/2024
POTASSIUM CHLORIDE-0.45% NAACL 20 MEQ/L IV SOLN	Add PA	1/1/2024
PRED-G 0.3%-1% DROPS SUSP	Remove from formulary	1/1/2024
PREDNICARBATE 0.1 % OINT. (G)	Remove from formulary	1/1/2024
PRENAI CHEW 1.4 MG TAB CH BPH	Remove from formulary	1/1/2024
PRENAI TRUE 30-1.4-300 COMBO. PKG	Remove from formulary	1/1/2024
PRENAISSANCE 29-1.25-55 CAPSULE	Remove from formulary	1/1/2024
PRENAISSANCE PLUS 28-1-50 MG CAP	Remove from formulary	1/1/2024
PRENATABS FA 29 MG-1 MG TABLET	Remove from formulary	1/1/2024
PRENATABS RX 29 MG-1 MG TABLET	Remove from formulary	1/1/2024

Drug name	Change	Effective date
PRENATAL PLUS-DHA 27-1-250MG COMBO. PKG	Add to Tier 2 (Generic)	1/1/2024
PRENATAL-U 106.5-1MG CAPSULE	Remove from formulary	1/1/2024
PRETAB 29 MG-1 MG TABLET	Remove from formulary	1/1/2024
PREZISTA 150 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
PROCALAMINE 3 % IV SOLN	Remove from formulary	1/1/2024
PROLASTIN C 1000 MG/20 VIAL	Remove from formulary	1/1/2024
PROLEUKIN 22MM UNIT VIAL	Remove from formulary	1/1/2024
PROXIVOL 2 % GEL (GRAM)	Remove from formulary	1/1/2024
RADICAVA ORS 105 MG/5ML ORAL SUSP	Remove QL	1/1/2024
READYSHARP DEXAMETHASONE 10 MG/ML KIT	Remove from formulary	1/1/2024
RELYVRIO 3 G-1 G POWD PACK	Remove from formulary	1/1/2024
RIABNI 10 MG/ML VIAL	Add to Tier 5 (Specialty), PA	1/1/2024
RUXIENCE 10 MG/ML VIAL	Add to Tier 5 (Specialty), PA	1/1/2024
SAFETYGLIDE SYRINGE 27GX5/8" DISP	Remove from formulary	1/1/2024
SELECT-OB 29 MG-1 MG TAB CHEW	Remove from formulary	1/1/2024
SE-NATAL 19 29 MG-1 MG TAB CHEW	Remove from formulary	1/1/2024
SEVELAMER CARBONATE 0.8 G POWD PK	Remove ST, Add PA	1/1/2024
SEVELAMER CARBONATE 2.4 G POWD PK	Remove ST, Add PA	1/1/2024
SILDENAFIL CITRATE 10 MG/ML SUSP	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
SILDENAFIL CITRATE 20 MG TABLET	Remove QL	1/1/2024
SIMLIYA 21-5 (28) TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
SIMPESSE 150-30(84) TBDSPK 3MO	Add to Tier 1 (Preferred Generic)	1/1/2024
SIROLIMUS 1 MG/ML SOLUTION	Change to Tier 4 (Nonpreferred Drug)	1/1/2024

Drug name	Change	Effective date
SOD SULF-POTASS SULF-MAG SULF 17.5-3.13G SOLN RECON	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
SODIUM FLUORIDE 0.5 MG/ML DROPS	Remove from formulary	1/1/2024
SPIRIVA RESPIMAT 1.25 MCG MIST INHAL	Remove from formulary	1/1/2024
SUCRALFATE 1 G/10 ML ORAL SUSP	Remove from formulary	1/1/2024
SUMATRIPTAN 4 MG/0.5ML CARTRIDGE	Remove from formulary	1/1/2024
SUMATRIPTAN 6 MG/0.5ML CARTRIDGE	Remove from formulary	1/1/2024
SUPREP 17.5-3.13G SOLN RECON	Remove from formulary	1/1/2024
SYMBICORT 160-4.5MCG HFA AER AD	Remove from formulary	1/1/2024
SYMBICORT 80-4.5 MCG HFA AER AD	Remove from formulary	1/1/2024
TARON-C DHA 35-1-200MG CAPSULE	Remove from formulary	1/1/2024
TARON-PREX PRENATAL 30-1.2-55 CAP	Remove from formulary	1/1/2024
TAYSOFY IMG-20(24) CAPSULE	Remove from formulary	1/1/2024
TEMAZEPAM 15 MG CAPSULE	Remove QL	1/1/2024
TEMAZEPAM 30 MG CAPSULE	Remove QL	1/1/2024
TENOFOVIR DISOPROXIL FUMARATE 300 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
TESTOSTERONE CYPIONATE 200 MG/ML VIAL	Remove from formulary	1/1/2024
TETRABENAZINE 12.5 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
TETRABENAZINE 25 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
THYQUIDITY 100MCG/5ML SOLUTION	Add PA	1/1/2024
TIGECYCLINE 50 MG VIAL	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
TILIA FE 5-7-9-7 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
TOBRAMYCIN SULFATE 1.2 G VIAL	Remove from formulary	1/1/2024

Drug name	Change	Effective date
TRELSTAR 11.25 MG VIAL	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
TRELSTAR 22.5 MG VIAL	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
TRELSTAR 3.75 MG VIAL	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
TRESIBA 100/ML VIAL	Add to Tier 3 (Preferred Brand)	1/1/2024
TRESIBA FLEXTOUCH U-100 INSULN PEN	Add to Tier 3 (Preferred Brand)	1/1/2024
TRESIBA FLEXTOUCH U-200 INSULN PEN	Add to Tier 3 (Preferred Brand)	1/1/2024
TRI FEMYNOR 7DAYSX3 28 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
TRIASIL 0.1%-4"X4" KIT	Remove from formulary	1/1/2024
TRIAZOLAM 0.125 MG TABLET	Remove QL	1/1/2024
TRIAZOLAM 0.25 MG TABLET	Remove QL	1/1/2024
TRI-LINYAH 7DAYSX3 28 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
TRI-LO-MARZIA 7DAYSX3 LO TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
TRI-LO-MILI 7DAYSX3 LO TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
TRINATE 28 MG-1 MG TABLET	Remove from formulary	1/1/2024
TRI-PREVIFEM 7DAYSX3 28 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
TROPICAMIDE 0.5 % DROPS	Remove from formulary	1/1/2024
TROPICAMIDE 1 % DROPS	Remove from formulary	1/1/2024
TRULICITY 0.75MG/0.5 PEN INJCTR	Add PA	1/1/2024
TRULICITY 1.5 MG/0.5 PEN INJCTR	Add PA	1/1/2024
TRULICITY 3 MG/0.5ML PEN INJCTR	Add PA	1/1/2024
TRULICITY 4.5 MG/0.5 PEN INJCTR	Add PA	1/1/2024
TRUSELTIQ 100 MG/DAY CAPSULE	Remove PA, Remove QL	1/1/2024
TRUSELTIQ 125 MG/DAY CAPSULE	Remove PA, Remove QL	1/1/2024
TRUSELTIQ 50 MG/DAY CAPSULE	Remove PA, Remove QL	1/1/2024

Drug name	Change	Effective date
TRUSELTIQ 75 MG/DAY CAPSULE	Remove PA, Remove QL	1/1/2024
TRUXIMA 10 MG/ML VIAL	Add to Tier 5 (Specialty), PA	1/1/2024
TULANA 0.35 MG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
VELTASSA 16.8 GRAM POWD PACK	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
VELTASSA 25.2 GRAM POWD PACK	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
VELTASSA 8.4 GRAM POWD PACK	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
VENLAFAXINE BESYLATE ER 112.5 MG TAB	Remove PA, Add ST	1/1/2024
VERAPAMIL HCL 2.5 MG/ML AMPUL	Add to Tier 2 (Generic)	1/1/2024
VERAPAMIL HCL 2.5 MG/ML VIAL	Add to Tier 2 (Generic)	1/1/2024
VIIBRYD 10 MG-20MG TAB DS PK	Remove from formulary	1/1/2024
VINATE CARE 40 MG-1 MG TAB CHEW	Remove from formulary	1/1/2024
VINATE ONE 60 MG-1 MG TABLET	Remove from formulary	1/1/2024
VIORELE 21-5 (28) TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
VIRT-NATE DHA 28-1-200MG CAPSULE	Remove from formulary	1/1/2024
VITAFOL GUMMIES 3.33-.33MG TAB CHEW	Remove from formulary	1/1/2024
VITAFOL-OB+DHA 65-1-250MG COMBO.	Remove from formulary	1/1/2024
VOLNEA 21-5 (28) TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
VYVANSE 10 MG CAPSULE	Remove from formulary	1/1/2024
VYVANSE 10 MG TAB CHEW	Remove from formulary	1/1/2024
VYVANSE 20 MG CAPSULE	Remove from formulary	1/1/2024
VYVANSE 20 MG TAB CHEW	Remove from formulary	1/1/2024
VYVANSE 30 MG CAPSULE	Remove from formulary	1/1/2024
VYVANSE 30 MG TAB CHEW	Remove from formulary	1/1/2024
VYVANSE 40 MG CAPSULE	Remove from formulary	1/1/2024

Drug name	Change	Effective date
VYVANSE 40 MG TAB CHEW	Remove from formulary	1/1/2024
VYVANSE 50 MG CAPSULE	Remove from formulary	1/1/2024
VYVANSE 50 MG TAB CHEW	Remove from formulary	1/1/2024
VYVANSE 60 MG CAPSULE	Remove from formulary	1/1/2024
VYVANSE 60 MG TAB CHEW	Remove from formulary	1/1/2024
VYVANSE 70 MG CAPSULE	Remove from formulary	1/1/2024
WERA 0.5-0.035 TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
WIXELA INHUB 100-50 MCG	Add to Tier 2 (Generic)	1/1/2024
WIXELA INHUB 250-50 MCG	Add to Tier 2 (Generic)	1/1/2024
WIXELA INHUB 500-50 MCG	Add to Tier 2 (Generic)	1/1/2024
XIFAXAN 200 MG TABLET	Change to Tier 4 (Nonpreferred Drug)	1/1/2024
XTANDI 40 MG CAPSULE	Add PA	1/1/2024
XTANDI 40 MG TABLET	Add PA	1/1/2024
XTANDI 80 MG TABLET	Add PA	1/1/2024
ZARAH 0.03MG-3MG TABLET	Add to Tier 1 (Preferred Generic)	1/1/2024
ZATEAN-PN DHA 27-1-300MG CAPSULE	Remove from formulary	1/1/2024
ZATEAN-PN PLUS 28-1-300MG CAPSULE	Remove from formulary	1/1/2024
ZEJULA 100 MG TABLET	Remove from formulary	1/1/2024
ROZLYTREK PAK 50MG	Add to Tier 5 (Specialty), PA, QL	1/1/2024
ANTINEOPLASTICS (IV) PA CRITERIA (PART D)	added prescriber restriction of oncologist, hematologist, neurologist, urologist, or transplant specialist	1/1/2024
APREMILAST (OTEZLA) PA CRITERIA (PART D)	Updated criteria for Plaque psoriasis (PsO) (mild) to remove acitretin and cyclosporine from the list of conventional systemic agents	1/1/2024

Drug name	Change	Effective date
DUPILUMAB (DUPIXENT) PA CRITERIA (PART D)	Updated criteria for atopic dermatitis to require two of the following: topical corticosteroid, topical calcineurin inhibitor, topical phosphodiesterase 4 (PDE-4) inhibitor, topical janus kinase (JAK) inhibitor, or phototherapy. For indication of eosinophilic esophagitis, updated to require confirmation via biopsy.	1/1/2024
FINERENONE (KERENDIA) PA CRITERIA (PART D)	Updated criteria to require urine albumin creatinine ratio (UACR) greater than or equal to 30 mg/g and estimated glomerular filtration rate (eGFR) greater than or equal to 25 mL/min/1.73 m ² .	1/1/2024
GROWTH HORMONE (SEROSTIM, HUMATROPE, NUTROPIN, ZORBTIVE) PA CRITERIA (PART D)	Renamed to GROWTH HORMONE (NONPREFERRED) and Zorbtive will be removed (as it is no longer available), and its indications will be removed from the criteria	1/1/2024
IMMUNOMODULATORS (1) – PREFERRED PA CRITERIA (PART D) & IMMUNOMODULATORS (2) – NONPREFERRED PA CRITERIA (PART D)	Criteria was deleted and the medications moved to their own criteria: ABATACEPT (ORENCIA), ADALIMUMAB, APREMILAST (OTEZLA), CERTOLIZUMAB (CIMZIA), ETANERCEPT, GUSELKUMAB (TREMIFYA), RISANKIZUMAB (SKYRIZI), SECUKINUMAB (COSENTYX), TOCILIZUMAB (ACTEMRA), TOFACITINIB (XELJANZ), UPADACITINIB (RINVOQ), USTEKINUMAB (STELARA)	1/1/2024
INOTERSEN (TEGSEDI) PA CRITERIA (PART D)	Added requirements: Drug is not being used in combination another TTR-lowering agent (inotersen, patisiran, vutrisiran). Drug is not being used in combination with a TTR-stabilizing agent (diflunisal, tafamidis, tafamidis meglumine).	1/1/2024

Drug name	Change	Effective date
LANADELUMAB (TAKHZYRO) PA CRITERIA (PART D)	Removed the following language: Will be approved for a quantity of 4 ml (600 mg) per 28 days for the first 6 months. (Reauth): If no attacks in the preceding 6 months, coverage will be limited to 2 ml (300 mg) per 28 days. Otherwise, coverage will be approved for 4 ml (600 mg) per 28 days.	1/1/2024
LETERMOVIR (PREVYMIS) PA CRITERIA (PART D)	Update criteria to add use for high risk recipient (donor CMV seropositive/recipient CMV seronegative) of kidney transplant. Medication is initiated within the first 7 days post kidney transplant. Change coverage duration to day 200 post transplant	1/1/2024
MIGRAINE (ORAL) PA CRITERIA (PART D)	Criteria was deleted, and the medications moved to their own criteria: ATOGEPANT (QULIPTA), LASMIDITAN (REYVOW), RIMEGEPANT (NURTEC), UBROGEPANT (UBRELVY)	1/1/2024
MIGRAINE (SELF-INJECTABLE) (1) – PREFERRED PA CRITERIA (PART D) & MIGRAINE (SELF-INJECTABLE) (2) – NONPREFERRED PA CRITERIA (PART D)	Criteria was deleted and the medications moved to their own criteria: ERENUMAB (AIMOVIG), FREMANEZUMAB (AJOVY), GALCANEZUMAB (EMGALITY)	1/1/2024
NATALIZUMAB (TYSABRI) PA CRITERIA (PART D)	Updated for diagnosis of crohn’s disease to trial and failure, contraindication or intolerance to two of the following: adalimumab, risankizumab, infliximab (Part B). Also added requirement that patient is not receiving in combination with a biologic disease modifying anti-rheumatic drug (DMARD) (eg, TNF antagonist, IL-12/23 inhibitor, etc).	1/1/2024
PRUCALOPRIDE (MOTEGRITY) PA CRITERIA (PART D)	Updated to require trial and failure, contraindication, or intolerance to lubiprostone and linaclotide	1/1/2024

Drug name	Change	Effective date
SODIUM OXYBATE (XYREM) PA CRITERIA (PART D)	updated to remove the required trial and failure, contraindication or intolerance to a conventional stimulant (e.g., amphetamine salts, dextroamphetamine, methylphenidate).	1/1/2024
SOLRIAMFETOL (SUNOSI) PA CRITERIA (PART D)	updated to remove the required trial and failure, contraindication or intolerance to a conventional stimulant (e.g., amphetamine salts, dextroamphetamine, methylphenidate).	1/1/2024
TOFACITINIB (XELJANZ) PA CRITERIA (PART D)	Updated criteria for diagnosis of moderately to severely active UC to remove requirement that patient is a high-risk individual (extensive colitis, deep ulcers, age less than 40 years, High CRP and ESR, steroid-requiring disease, history of hospitalization, C difficile infection, CMV infection, etc)	1/1/2024
USTEKINUMAB (STELARA) PA CRITERIA (PART D)	For diagnosis of active PsA, removed requirement that it be moderate to severe. Added Simponi Aria (Part B) as an option to count towards the requirement of trial and failure, contraindication, or intolerance to 2 preferred agents. Updated criteria for diagnosis of moderately to severely active UC to remove requirement that patient is a high-risk individual (extensive colitis, deep ulcers, age less than 40 years, High CRP and ESR, steroid-requiring disease, history of hospitalization, C difficile infection, CMV infection, etc)	1/1/2024
CAP 40MG	Add to Tier 5 (Specialty), PA, QL	2/1/2024
BOSULIF CAPSULES 50MG & 100MG	Add to Tier 5 (Specialty), PA	2/1/2024

Drug name	Change	Effective date
BROMFENAC DRO 0.07% OP	Add to Tier 4 (Nonpreferred Drug)	2/1/2024
IWILFIN TAB 192MG	Add to Tier 5 (Specialty), PA	2/1/2024
IXCHIQ INJ	Add to Tier 6 (Vaccines)	2/1/2024
LITHIUM CITRATE 60 MG/ML SOLUTION	Add to Tier 2 (Generic)	2/1/2024
LOQTORZI INJ 240/6ML	Add to Tier 5 (Specialty), PA	2/1/2024
MEROPENEM INJ 2GM	Add to Tier 4 (Nonpreferred Drug)	2/1/2024
OGSIVEO TAB 50MG	Add to Tier 5 (Specialty), PA, QL	2/1/2024
PENBRAYA INJ	Add to Tier 6 (Vaccines)	2/1/2024
RELYVRIO 3 G-1 G POWD PACK	Add to Tier 5 (Specialty), PA, QL	2/1/2024
RISPERIDONE INJ 12.5MG & 25MG ER	Add to Tier 4 (Nonpreferred Drug), QL	2/1/2024
RISPERIDONE INJ 37.5MG, 50MG ER	Add to Tier 5 (Specialty), QL	2/1/2024
TRUQAP TAB 160MG, 200MG	Add to Tier 5 (Specialty), PA, QL	2/1/2024
TURQOZ 28 DAY	Add to Tier 1 (Preferred Generic)	2/1/2024
VANFLYTA ORAL TABLET 17.7MG	Add to Tier 5 (Specialty), PA	2/1/2024
VANFLYTA ORAL TABLET 26.5MG	Add to Tier 5 (Specialty), PA	2/1/2024
XALKORI CAP 20MG, 50MG, 150MG	Add to Tier 5 (Specialty), PA, QL	2/1/2024
ZORYVE 0.3% FOAM		
ZURZUVAE CAP 20MG, 25MG, 30MG	Add to Tier 5 (Specialty), PA, QL	2/1/2024
LETERMOVIR (PREVYMIS) PA CRITERIA (PART D)	Updated criteria to include indication to allow for use in high risk recipient of kidney transplant	2/1/2024
MULTIPLE SCLEROSIS (2)- NONPREFERRED PA CRITERIA (PART D)	Update criteria to only require trial and failure to fingolimod OR dimethyl fumarate	2/1/2024
SECUKINUMAB (COSENTYX) PA CRITERIA (PART D)	Update criteria to include indication of hidradenitis suppurativa	2/1/2024
LOTEPREDNOL EYE SUS 0.2%	Add to Tier 4 (Nonpreferred Drug)	3/1/2024

Drug name	Change	Effective date
OMNIPOD 5 G7	Add to Tier 3 (Preferred Brand), PA, QL	3/1/2024
VYVANSE CAPSULES (10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG)	Add to Tier 4 (Nonpreferred Drug), QL	3/1/2024
VYVANSE CHEWABLE (10MG, 20MG, 30MG, 40MG, 50MG, 60MG)	Add to Tier 4 (Nonpreferred Drug), QL	3/1/2024
LETERMOVIR (PREVYMIS) PA CRITERIA (PART D)	Updated coverage duration to 200 days post-transplant for all indications	3/1/2024
SECUKINUMAB (COSENTYX) PA CRITERIA (PART D)	Updated criteria for diagnosis of hidradenitis suppurativa to specify that approvals will allow 300mg weekly for the first 5 weeks, then will allow a quantity of 300mg every 14 days thereafter.	3/1/2024
CEFAZOLIN SODIUM INJ 3 GM	Add to Tier 2 (Generic)	4/1/2024
PROLENSA SOL 0.07%	Remove from formulary (generic available)	4/1/2024
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG	Remove from formulary (generic available)	4/1/2024
NITROGLYCERIN OINT 0.4%	Add to Tier 3 (Preferred Brand), QL	4/1/2024
TIOPRONIN DR TAB 100MG & 300MG	Add to Tier 5 (Specialty)	4/1/2024
DILTIAZEM CAP 300MG ER	Remove QL	4/1/2024
KORLYM 300MG TABLET	Remove from formulary (generic available)	5/1/2024
OGSIVEO 100MG TABLET	Add to Tier 5 (Specialty), PA, QL	5/1/2024
OGSIVEO 150MG TABLET	Add to Tier 5 (Specialty), PA, QL	5/1/2024
XCOPRI TAB 25MG	Add to Tier 4 (Nonpreferred Drug), PA, QL	5/1/2024
CYCLOPHOSPH INJ 500MG, 1000MG, 2000MG	Add to Tier 4 (Nonpreferred Drug), PA	5/1/2024
RECTIV OIN 0.4%	Remove from formulary (generic available)	6/1/2024
THEOPHYLLINE 100MG ER	Add to Tier 2 (Generic)	6/1/2024

Drug name	Change	Effective date
THEOPHYLLINE 200MG ER	Add to Tier 2 (Generic)	6/1/2024
KABIVEN EMU	Add to Tier 4 (Nonpreferred Drug), PA	6/1/2024
LIBERVANT MIS 5MG, 7.5MG, 10MG, 12.5MG, 15MG	Add to Tier 4 (Nonpreferred Drug), QL	6/1/2024
OJEMDA TAB 100MG	Add to Tier 5 (Specialty), PA	6/1/2024
OJEMDA SUS 25MG/ML	Add to Tier 5 (Specialty), PA	6/1/2024
FASENRA INJ 10MG/0.5	Add to Tier 5 (Specialty), PA, QL	6/1/2024
INGREZZA CAP 40MG, 60MG, 80MG	Add to Tier 5 (Specialty), PA, QL	6/1/2024
MICAFUNGIN INJ NACL	Add to Tier 4 (Nonpreferred Drug)	6/1/2024
AUSTEDO XR 30MG, 36MG, 42MG, 48MG	Add to Tier 5 (Specialty), PA, QL	6/22/2024
RINVOQ LQ SOL 1MG/ML	Add to Tier 5 (Specialty), PA, QL	6/28/2024
JYLAMVO 2MG/ML	Add To Tier 4 (Nonpreferred Drug)	7/1/2024
ADALIMUMAB-ADAZ INJ 40/0.4ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
ADALIMUMAB-ADB INJ 10/0.2ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
ADALIMUMAB-ADB INJ 20/0.4ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
ADALIMUMAB-ADB INJ 40/0.4ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
ADALIMUMAB-ADB INJ 40/0.8ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
ADALIMUMAB-ADB INJ STARTER PACK FOR PSORIASIS/UVEITIS	Add to Tier 5 (Specialty), PA, QL	8/1/2024
CYLTEZO INJ 10/0.2ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
CYLTEZO INJ 20/0.4ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
CYLTEZO KIT 40/0.4ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
CYLTEZO INJ 40/0.8ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
CYLTEZO INJ CROHNS	Add to Tier 5 (Specialty), PA, QL	8/1/2024
CYLTEZO INJ PSORIASIS KIT	Add to Tier 5 (Specialty), PA, QL	8/1/2024

Drug name	Change	Effective date
CYLTEZO STARTER PACK FOR CROHNS/UC/HS	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HADLIMA INJ 40/0.4ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HADLIMA INJ 40/0.8ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HADLIMA PUSH INJ 40/0.4ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HADLIMA PUSH INJ 40/0.8ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HYRIMOZ INJ 10/0.1ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HYRIMOZ INJ 20/0.2ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HYRIMOZ INJ 40/0.4ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HYRIMOZ INJ 40/0.8ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HYRIMOZ INJ 80/0.8ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HYRIMOZ SENS INJ 80/0.8ML	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HYRIMOZ-CROHNS INJ UC SP	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HYRIMOZ-PED INJ CROHNS	Add to Tier 5 (Specialty), PA, QL	8/1/2024
HYRIMOZ-PLAQUE PSORIASIS	Add to Tier 5 (Specialty), PA, QL	8/1/2024
LIRAGLUTIDE INJ 18MG/3 ML	Add to Tier 3 (Preferred Brand), QL	8/1/2024
MOUNJARO INJ 10MG/0.5ML	Add to Tier 3 (Preferred Brand), QL	8/1/2024
MOUNJARO INJ 12.5/0.5 ML	Add to Tier 3 (Preferred Brand), QL	8/1/2024
MOUNJARO INJ 15MG/0.5 ML	Add to Tier 3 (Preferred Brand), QL	8/1/2024
MOUNJARO INJ 2.5/0.5 ML	Add to Tier 3 (Preferred Brand), QL	8/1/2024
MOUNJARO INJ 5MG/0.5 ML	Add to Tier 3 (Preferred Brand), QL	8/1/2024
MOUNJARO INJ 7.5/0.5 ML	Add to Tier 3 (Preferred Brand), QL	8/1/2024
ENTRESTO SPRINKLE 15-16MG CAP	Add to Tier 3 (Preferred Brand), QL	8/1/2024
ENTRESTO SPRINKLE 6-6MG CAP	Add to Tier 3 (Preferred Brand), QL	8/1/2024

Drug name	Change	Effective date
NA FL/K NITR GEL 1.1-5%	Add to Tier 2 (Generic)	8/1/2024
SCEMBLIX TAB 100MG	Add to Tier 5 (Specialty), PA	8/1/2024
ISTURISA TAB 5MG	Update QL to 360/30	8/15/2024
AUSTEDO XR 18MG	Add to Tier 5 (Specialty), PA, QL	9/1/2024
AUSTEDO XR TITRATION PACK	Add to Tier 5 (Specialty), PA, QL	9/1/2024
IVABRADINE TAB 5MG, 7.5MG	Add to Tier 4 (Nonpreferred Drug), PA, QL	9/1/2024
L-GLUTAMINE POW 5GM	Add to Tier 5 (Specialty), QL	9/1/2024
CYCLOPHOSPH INJ 1GM/2ML	Add to Tier 4 (Nonpreferred Drug)	9/1/2024
CYCLOPHOSPH INJ 2GM/4ML	Add to Tier 4 (Nonpreferred Drug)	9/1/2024
LIVMARLI SOL 19MG/ML	Add to Tier 5 (Specialty), PA, QL	9/1/2024
OTEZLA TAB 10/20	Add to Tier 5 (Specialty), PA, QL	9/1/2024
OTEZLA TAB 20MG	Add to Tier 5 (Specialty), PA, QL	9/1/2024
VANCOMYCIN INJ 1.75GM	Add to Tier 2 (Generic)	9/1/2024
VANCOMYCIN INJ 2GM	Add to Tier 2 (Generic)	9/1/2024
CORLANOR TAB 5MG	Remove from formulary (generic added)	10/1/2024
CORLANOR TAB 7.5MG	Remove from formulary(generic added)	10/1/2024
ENDARI POW 5GM	Remove from formulary (generic added)	10/1/2024
THIOLA EC TAB 100MG	Remove from formulary (generic added)	10/1/2024
THIOLA EC TAB 300MG	Remove from formulary (generic added)	10/1/2024
ENOXAPARIN (ALL STRENGTHS)	Removal of QL	10/1/2024
FONDAPARINUX (ALL STRENGTHS)	Removal of QL	10/1/2024
VORANIGO TAB 10MG	Add to Tier 5 (Specialty), PA, QL	10/1/2024
VORANIGO TAB 40MG	Add to Tier 5 (Specialty), PA	10/1/2024
VIGAFYDE SOL 100MG/ML	Add to Tier 5 (Specialty), PA	10/1/2024

Drug name		Change	Effective date
RETEVMO	TAB 160MG	Add to Tier 5 (Specialty), PA	10/1/2024
RETEVMO	TAB 120MG	Add to Tier 5 (Specialty), PA	10/1/2024
RETEVMO	TAB 80MG	Add to Tier 5 (Specialty), PA, QL	10/1/2024
RETEVMO	TAB 40MG	Add to Tier 5 (Specialty), PA, QL	10/1/2024
MRESVIA	INJ 50MCG	Add to Tier 6 (Vaccines)	10/1/2024
OMNIPOD 5 LIBRE2 PLUS G6 PODS		Add to Tier 3 (Preferred Brand), PA, QL	10/1/2024
OMNIPOD 5 LIBRE2 PLUS G6		Add to Tier 3 (Preferred Brand), PA, QL	10/1/2024
LAZCLUZE	TAB 80MG	Add to Tier 5 (Specialty), PA, QL	10/1/2024
LAZCLUZE	TAB 240MG	Add to Tier 5 (Specialty), PA	10/1/2024
DASATINIB	TAB 20MG	Add to Tier 5 (Specialty), PA, QL	10/1/2024
DASATINIB	TAB 50MG	Add to Tier 5 (Specialty), PA, QL	10/1/2024
DASATINIB	TAB 70MG	Add to Tier 5 (Specialty), PA, QL	10/1/2024
DASATINIB	TAB 80MG	Add to Tier 5 (Specialty), PA, QL	10/1/2024
DASATINIB	TAB 100MG	Add to Tier 5 (Specialty), PA, QL	10/1/2024
DASATINIB	TAB 140MG	Add to Tier 5 (Specialty), PA, QL	10/1/2024
OXCARBAZEPIN TAB 150MG ER		Add to Tier 2 (Generic), ST	10/1/2024
OXCARBAZEPIN TAB 300MG ER		Add to Tier 2 (Generic), ST	10/1/2024
OXCARBAZEPIN TAB 600MG ER		Add to Tier 2 (Generic), ST	10/1/2024
TEVIMBRA	INJ 100/10ML	Add to Tier 5 (Specialty), PA	10/1/2024
RINVOQ PA Criteria (Part D)		Updated criteria to include Rinvoq LQ	10/1/2024
VELTASSA	POW 1GM	Add to Tier 4 (Nonpreferred Drug)	11/1/2024
POT CHLORIDE TAB 15MEQ ER		Add to Tier 2 (Generic)	11/1/2024
TREMFYA IV SOLN 200/20ML		Add to Tier 5 (Specialty), PA	11/1/2024
TREMFYA AUTO-INJECTOR INJ 200/2ML		Add to Tier 5 (Specialty), PA, QL	11/1/2024

Drug name	Change	Effective date
TREMFYA PREFILLED SYRINGE 200/2ML	Add to Tier 5 (Specialty), PA, QL	11/1/2024
HYDRO SOD SU INJ 100MG	Add to Tier 2 (Generic)	11/1/2024
OCTREOTIDE KIT 20MG	Add to Tier 5 (Specialty)	11/1/2024
OCTREOTIDE KIT 30MG	Add to Tier 5 (Specialty)	11/1/2024
TRUQAP PAK 160MG	Add to Tier 5 (Specialty), PA	11/1/2024
TRUQAP PAK 200MG	Add to Tier 5 (Specialty), PA	11/1/2024
TRUQAP PAK 200MG	Add to Tier 5 (Specialty), PA	11/1/2024
SKYRIZI PA Criteria (Part D)	Updated criteria to include ulcerative colitis indication	11/1/2024
SPRYCEL TAB 20MG	Remove from formulary; generic version on formulary	12/1/2024
SPRYCEL TAB 50MG	Remove from formulary; generic version on formulary	12/1/2024
SPRYCEL TAB 70MG	Remove from formulary; generic version on formulary	12/1/2024
SPRYCEL TAB 80MG	Remove from formulary; generic version on formulary	12/1/2024
SPRYCEL TAB 100MG	Remove from formulary; generic version on formulary	12/1/2024
SPRYCEL TAB 140MG	Remove from formulary; generic version on formulary	12/1/2024
OXTELLAR XR TAB 150MG	Remove from formulary; generic version on formulary	12/1/2024
OXTELLAR XR TAB 300MG	Remove from formulary; generic version on formulary	12/1/2024
OXTELLAR XR TAB 600MG	Remove from formulary; generic version on formulary	12/1/2024
TAZORAC CRE 0.05%	Remove from formulary; generic version on formulary	12/1/2024
AUGTYRO CAP 160MG	Add to Tier 5 (Specialty), PA, QL	12/1/2024

Drug name	Change	Effective date
LUMAKRAS TAB 240MG	Add to Tier 5 (Specialty), PA, QL	12/1/2024
ITOVEBI TAB 3MG	Add to Tier 5 (Specialty), PA, QL	12/1/2024
ITOVEBI TAB 9MG	Add to Tier 5 (Specialty), PA	12/1/2024
PACLITAXEL INJ 100MG	Add to Tier 5 (Specialty), PA	12/1/2024

Part B Criteria updates



Drug name	Change	Effective date
Actemra (tocilizumab) [J3262] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Adakveo (crizanlizumab) [J0791] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Aralast NP, Prolastin C, Zemaira (alpha-1 proteinase inhibitors, NOS) [J0256] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Benlysta (belimumab) [J0490] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Berinert (c1 esterase inhibitor) [J0597] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Cimzia (certolizumab) [J0717] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Cinqair (reslizumab) [J2786] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Cinryze (c1 esterase inhibitor) [J0598] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Cosela (trilaciclib) [J1448] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Cyramza (ramucirumab) [J9308] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Empaveli (pegcetacoplan) PA Criteria (Part B)	Update PA Criteria	1/1/2024
Entyvio (vedolizumab) [J3380] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Evenity (romosozumab-aqqg) [J3111] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Fabrazyme (agalsidase beta) [J0180] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Fasenra (benralizumab) [J0517] PA Criteria (Part B)	Update PA Criteria	1/1/2024

Drug name	Change	Effective date
Glassia (alpha-1 proteinase inhibitor) [J0257] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Hemlibra (emicizumab) [J7170] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Ilaris (canakinumab) [J0638] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Ilumya (tildrakizumab) [J3245] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Kanuma (sebelipase alfa) [J2840] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Kepivance (palifermin) [J2425] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Keytruda (pembrolizumab) [J9271] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Krystexxa (pegloticase) [J2507] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Lemtrada (alemtuzumab) [J0202] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Lumizyme (alglucosidase alfa) [J0221] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Luxturna (voretigene neparvovec-rzyl) [J3398] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Naglazyme (galsulfase) [J1458] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Nplate (romiplostim) [J2796] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Nucala (mepolizumab) [J2182] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Ocrevus (ocrelizumab) [J2350] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Opdivo (nivolumab) [J9299] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Orencia (abatacept IV) [J0129] PA	Update PA Criteria	1/1/2024

Drug name	Change	Effective date
Criteria (Part B)		
Ruconest (c1 esterase inhibitor) [J0596] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Simponi IV (golimumab IV) [J1602] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Spinraza (nusinersen) [J2326] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Stelara IV infusion (ustekinumab IV infusion) [J3358] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Tecentriq (atezolizumab) [J9022] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Tezspire (tezepelumab-ekko) [J2356] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Tysabri (natalizumab) [J2323] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Ultomiris (ravulizumab) [J1303] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Vyepti (eptinezumab) [J3032] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Yervoy (ipilimumab) [J9228] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Zolgensma (onasemnogene abeparvovec) [J3399] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Zulresso (Brexanolone) [J1632] PA Criteria (Part B)	Update PA Criteria	1/1/2024
Acthar HP (corticotropin) [J0800] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Alferon A (interferon alfa N3) [J9215] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Amondys 45 (casimersen) [J1426] PA Criteria (Part B)	Removed PA restriction	1/1/2024

Drug name	Change	Effective date
Amvuttra (vutrisiran) [J0225] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Apretude (cabotegravir injection) [J0739] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Arcalyst (rilonacept) [J2793] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Asparlas (calaspargase) [J9118] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Aveed (testosterone undecanoate) [J3145] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Azedra (iobenguane iodine) [A9590] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Bavencio (avelumab) [J9023] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Blenrep (belantamab mafodotin-BLMF) [J9037] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Brineura (cerliponase alfa) [J0567] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Cablivi (caplacizumab) [C9047] PA Criteria (Part B)	Removed PA restriction	1/1/2024
compounded drug, NOS [J7999] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Crysvita (burosumab-twza) [J0584] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Danyelza (naxitamab) [J9348] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Darzalex (daratumumab) [J9145] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Darzalex Faspro (daratumumab and hyaluronidase-FIHJ) [J9144] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Elahere (mirvetuximab soravtansine-gynx) [J9063] PA Criteria (Part B)	Removed PA restriction	1/1/2024

Drug name	Change	Effective date
Empliciti (elotuzumab) [J9176] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Enjaymo (sutimlimab) [J1302] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Evkeeza (evinacumab-dgnb) [J1305] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Exondys 51 (etepirisen) [J1428] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Fyarro (sirolimus protein-bound) [J9331] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Gamifant (emapalumab) [J9210] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Givlaari (givosiran) [J0223] PA Criteria (Part B)	Removed PA restriction	1/1/2024
human chorionic gonadotropin (HCG) (Novarel, Pregnyl) (human chorionic gonadotropin) [J0725] PA Criteria (Part B)	Removed PA restriction	1/1/2024
hydroxyprogesterone, nos [J1729] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Imfinzi (durvalumab) [J9173] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Imjudo (tremelimumab-actl) [J9347] PA Criteria (Part B)	Removed PA restriction	1/1/2024
immunosuppressive drug, NOS [J7599] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Intron A (interferon alfa-2b) [J9214] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Jemperli (dostarlimab-GXLY) [J9272] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Kyprolis (carfilzomib) [J9047] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Libtayo (cemiplimab-rwlc) [J9119] PA Criteria (Part B)	Removed PA restriction	1/1/2024

Drug name	Change	Effective date
Lumoxiti (moxetumomab pasudotox-tdfk) [J9313] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Lunsumio (mosunetuzumab-axgb) [J9350] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Lutathera (lutetium Lu 177 dotatate) [A9513] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Makena (hydroxyprogesterone) [J1726] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Margenza (margetuximab) [J9353] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Monjuvi (tafasitamab) [J9349] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Nulibry (fosdenopterin hydrobromide) PA Criteria (Part B)	Removed PA restriction	1/1/2024
Onpattro (patisiran) [J0222] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Oxlumo (lumasiran) [J0224] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Pedmark (sodium thiosulfate) [J0208] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Pepaxto (melphalan flufenamide) [J9247] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Pluvicto (lu-177 vipivotide tetraxetan) [A9607] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Polivy (polatuzumab vedotin) [J9309] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Portrazza (necitumumab) [J9295] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Poteligeo (mogamulizumab) [J9204] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Prescription drug, oral chemo	Removed PA restriction	1/1/2024

Drug name	Change	Effective date
(prescription drug, oral chemo) [J8999] PA Criteria (Part B)		
Prevymis IV (letermovir) PA Criteria (Part B)	Removed PA restriction	1/1/2024
Qalsody (tofersen) [C9157] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Radicava (edaravone) [J1301] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Reblozyl (luspatercept) [J0896] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Remodulin (treprostinil) [J3285] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Revcovi (elapegademase) PA Criteria (Part B)	Removed PA restriction	1/1/2024
Rybrevant (amivantamab-vmjw) [J9061] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Saphnelo (anifrolumab-fnia) [J0491] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Sarclisa (isatuximab) [J9227] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Scenesse (afamelanotide acetate) [J7352] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Sylvant (siltuximab) [J2860] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Synagis (palivizumab) [90378] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Tecvayli (teclistamab-cqyv) [J9380] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Tegsedi (inotersen) PA Criteria (Part B)	Removed PA restriction	1/1/2024
Tepezza (teprotumumab) [J3241] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Testopel (testosterone implant) [S0189] PA Criteria (Part B)	Removed PA restriction	1/1/2024

Drug name	Change	Effective date
Tivdak (tisotumab vedotin-tftv) [J9273] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Trodelvy (sacituzumab) [J9317] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Tzield (teplizumab-mzwv) [J9381] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Uplizna (inebilizumab-CDON) [J1823] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Uptravi (selexipag) PA Criteria (Part B)	Removed PA restriction	1/1/2024
Viltepso (viltolarsen) [J1427] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Vyvgart (efgartigimod alfa) [J9332] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Vyvondys 53 (golodirsen) [J1429] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Xofigo (radium 223 Dichloride) [A9606] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Yondelis (trabectedin) [J9352] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Zepzelca (lurbinectedin) [J9223] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Zinplava (bezlotoxumab) [J0565] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Zynlonta (loncastuximab tesirine) [J9359] PA Criteria (Part B)	Removed PA restriction	1/1/2024
Aduhelm (aducanumab-avwa) [J0172] (Part B)	Removed PA restriction	3/1/2024
Ziextenzo (pegfilgrastim-bmez) [Q5120] (Part B)	Add Part B Step Therapy restriction	7/1/2024
Ryzneuta (efbemalenograstim alfa) [J9361] (Part B)	Add Part B Step Therapy restriction	7/1/2024
Leqvio (inclisiran) [J1306] (Part B)	Remove Part B PA restriction, add Part B Step Therapy restriction	7/1/2024

Drug name	Change	Effective date
Fulphila (pegfilgrastim-jmdb) [Q5108] (Part B)	Removed Part B Step Therapy restriction	7/1/2024
Nyvepria (pegfilgrastim-apgf) [Q5122] (Part B)	Removed Part B Step Therapy restriction	7/1/2024
Udenyca (pegfilgrastim-cbqv) [Q5111] (Part B)	Removed Part B Step Therapy restriction	7/1/2024
Adzyna (ADAMTS13, recombinant-krhn) [C9167] (Part B)	Add PA restriction	8/1/2024
Vyjuvek (beremagene geperpavec-svdt) [J3401] (Part B)	Add PA restriction	8/1/2024
Lantidra (donislecel-jujn) (Part B)	Add PA restriction	8/1/2024
Casgevvy (exagamglogene autotemcel) (Part B)	Add PA restriction	8/1/2024
Lyfgenia (lovotibeglogene autotemcel) [J3394] (Part B)	Add PA restriction	8/1/2024
OmvoH (mirikizumab-mrkz) [J2267] (Part B)	Add PA restriction	8/1/2024
Elfabrio (pegunigalsidase alfa-ixj) [J2508] (Part B)	Add PA restriction	8/1/2024
Veopoz (pozelimab-bbfg) [J9376] (Part B)	Add PA restriction	8/1/2024
Cosentyx IV (secukinumab IV) [J3247] (Part B)	Add PA restriction	8/1/2024
Roctavian (valoctocogene roxaparvovec-rvox) [J1412] (Part B)	Add PA restriction	8/1/2024
Lamzede (velmanase alfa-tycv) [J0217] (Part B)	Add PA restriction	8/1/2024
Pombiliti (cipaglucosidase alfa-atga) [J1203] (Part B)	Add PA restriction	8/1/2024
Skysona (elivaldogene autotemcel) Part B	Add PA restriction	8/1/2024
Zynteglo (betibeglogene autotemcel) Part B	Add PA restriction	8/1/2024

Drug name	Change	Effective date
Talvey (Talquetamab-tgvs) [C9163] Part B	Add PA restriction	8/1/2024
Elrexio (Elranatamab-bcmm) [C9165] Part B	Add PA restriction	8/1/2024
Columvi (Gofitamab-gxbm) [J9286] Part B	Add PA restriction	8/1/2024
Epkinly (Epcoritama-bysp) [J9321] (Part B)	Add PA restriction	8/1/2024
Adstiladrin (nadofaragene firadenovec-vncg) [J9029] (Part B)	Add PA restriction	8/1/2024
Amtagvi (lifileucel) Part B	Add PA restriction	8/1/2024
Unituxin (dinutuximab) Part B	Add PA restriction; added to Infused Oncology Agents criteria	10/1/2024
Amtagvi (lifileucel) Part B	Update to drug specific criteria	10/1/2024
Beqvez (fidanacogene elaparovvec-dzkt iv susp) Part B	Update to drug specific criteria	10/1/2024
Renflexis (infliximab-abda) Part B	Add Part B Step Therapy restriction	10/1/2024
Casgevy (exagamglogene autotemcel) (Part B)	Add Beta Thalassemia indication to criteria	10/1/2024

We're here for you

If you have any questions, please contact a Quartz Champion at (800) 394-5566 (TTY: 711), Monday through Friday, from 8 a.m. to 8 p.m. From October 1 through March 31, seven days a week from 8 a.m. to 8 p.m. You may also reach us by email at CustomerService@QuartzBenefits.com or visit our website at QuartzBenefits.com/MedicareAdvantage.

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Quartz Medicare Advantage Dual Eligible with Rx is a D-SNP HMO plan that has a contract with Medicare and with a State Medicaid program. Enrollment in these plans depends on contract renewal. This information is not a complete description of benefits. Other pharmacies/physicians/providers are available in our network.

Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310, TTY 711 or toll free (800) 877-8973. Hmong – LUS

CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310, TTY 711 or toll free (800) 877-8973.