

Formulary Updates



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Following is the update to the Highmark Drug Formularies and pharmaceutical management procedures for October 2022. The formularies and pharmaceutical management procedures are updated on a bi-monthly basis, and the following changes reflect the decisions made in October by our Pharmacy and Therapeutics Committee. These updates are effective on the dates noted throughout this document.

Please reference the guide below to navigate this communication:

Section I. Highmark Commercial and Healthcare Reform Formularies

- A. Changes to the Highmark Comprehensive Formulary and the Highmark Healthcare Reform Comprehensive Formulary
- B. Changes to the Highmark Healthcare Reform Essential Formulary
- C. Changes to the Highmark Core Formulary
- D. Changes to the Highmark National Select Formulary
- E. Updates to the Pharmacy Utilization Management Programs
 1. Prior Authorization Program
 2. Managed Prescription Drug Coverage (MRxC) Program
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Section II. Highmark Medicare Part D Formularies

- A. Changes to the Highmark Medicare Part D 5-Tier Incentive Formulary
- B. Changes to the Highmark Medicare Part D 5-Tier Closed Formularies
- C. Additions to the Specialty Tier
- D. Updates to the Pharmacy Utilization Management Programs
 1. Prior Authorization Program
 2. Step Therapy
 3. Quantity Level Limit (QLL) Program

As an added convenience, you can also search our drug formularies and view utilization management policies on the Provider Resource Center (accessible via NaviNet[®] or our website). Click the **PHARMACY PROGRAM/FORMULARIES** link from the menu on the left.

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Important Drug Safety Updates

[Propofol Injectable Emulsion \(Containing Benzyl Alcohol\) by Hospira, Inc., a Pfizer Company: Recall – Presence of visible particulates](#)

On August 22, 2022, Hospira issues a voluntary Nationwide recall for the above medication. The recall was due to the potential presence of visible particulates.

Patients receiving the impacted product have a remote probability of experiencing potential adverse events, such as blockage of blood vessels, including decreased blood flow to the brain, heart attack, pulmonary embolus, and tissue necrosis. Hypersensitivity reactions and transmission of infectious disease can also occur. To date, Pfizer has not received reports of any adverse events associated with this issue for this lot.

[Atenolol 25 mg and Clopidogrel 75 mg by Golden State Medical Supply, Inc.: Recall – Label Mix-up](#)

On September 29, 2022, Golden State Medical Supply, Inc. issues a voluntary Nationwide recall of Atenolol 25 mg Tablets and Clopidogrel 75 mg Tablets. The recall was due to a label mix-up.

Patients who suddenly stop taking atenolol, as would happen if clopidogrel were misplaced in the atenolol-labeled bottle, are at increased risk for ischemic (angina, myocardial infarction), hypertensive and arrhythmic adverse events relating to rapid withdrawal of beta antagonism. Further, patients who are on atenolol are frequently on concomitant anticoagulant and antiplatelet medications and would be at increased risk for bleeding if clopidogrel were added to the regimen. To date, GSMS, Inc. has not received any reports of adverse events related to the use of the products as part of this recall.

[Sodium Bicarbonate Injection USP, 8.4%, 50 mEq/50 mL Vial by Exela Pharma Sciences, LLC: Recall – Vial Breakage](#)

On October 12, 2022, Exela Pharma Sciences, LLC issues Voluntary Nationwide Recall of Sodium Bicarbonate Injection, USP, 8.4%, 50 mEq/50 mL Vial, 20-Count Carton. The recall is due to vial breakage.

The product poses a potential safety concern with vial breakage and flying glass when pressurized while preparing the product for administration. Exela has received five (5) reports of flying glass injuring skin, eye, and/or other parts. There have been no reports of sterility failures.

Highmark Formulary Update – October 2022

SECTION I. Highmark Commercial and Healthcare Reform Formularies

A. Changes to the Highmark Comprehensive Formulary and the Highmark Healthcare Reform Comprehensive Formulary

The Highmark Pharmacy and Therapeutics Committee has reviewed the medications listed in the tables below. Please note that the Highmark Comprehensive Closed/Incentive Formulary is a complete subset of the Open Formulary; therefore, all medications added to the Comprehensive Closed/Incentive Formulary are also added to the Open Formulary. These updates are effective on the dates noted throughout this document. For your convenience, you can search the following formularies online:

- [Highmark Comprehensive Formulary](#)
- [Highmark Healthcare Reform Comprehensive Formulary](#)

Highmark is happy to inform you that Table 1 includes products that have been added to the formulary. Adding products to the formulary may mean lower copays or coinsurance rates for members. By adding products to the formulary, Highmark hopes to promote adherence to medication protocols and improve the overall health of our members.

Table 1. Products Added

All products added to the formulary effective November 2022, unless otherwise noted.

No changes at this time.

Table 2. Products Not Added**

Brand Name	Generic Name	Preferred Alternatives
Auvelity	dextromethorphan hydrobromide, bupropion hydrochloride	bupropion SR, bupropion HCL tablet, sertraline HCL tablet
Doryx MPC 60 mg	doxycycline 60 mg	doxycycline hyclate tablet 20 mg, doxycycline hyclate capsule 50 mg
Kyzatrex	testosterone undecanoate	testosterone cypionate vial, testosterone gel in metered-dose pump 20.25/1.25g, testosterone 25 Mg (1%) gel in packet (gram)
Orkambi 75 mg/94 mg oral granules	lumacaftor, ivacaftor 75 mg/94 mg oral granules	Kalydeco Granules In Packet (EA)
Sotyktu	deucravacitinib	Humira, Skyrizi Pen, Otezla Tablet
Stimufend*	pegfilgrastim-fpgk	Neulasta Syringe (ML), Fulphila, Ziextenzo
Tadliq	tadalafil oral suspension	Alyq, tadalafil 20 mg, sildenafil citrate 20 mg
Tascenso ODT	fingolimod	dimethyl fumarate capsule, delayed release (enteric coated); glatiramer acetate

Brand Name	Generic Name	Preferred Alternatives
Zonisade oral solution	zonisamide oral solution	carbamazepine tablet, chewable, carbamazepine suspension, oral (final dose form) 100 mg/5ML, lacosamide solution, oral [^]
Zoryve	roflumilast	calcipotriene cream (gram); betamethasone dipropionate cream (gram); triamcinolone acetonide ointment (gram) 0.5 %
Calquence tablets	acalabrutinib tablets	Prescriber discretion
Imbruvica oral suspension	ibrutinib oral suspension	Prescriber discretion
Ultomiris SC on-body injector*	ravulizumab-cwvz SC on-body injector	Prescriber discretion

Coverage may be contingent upon plan benefits.

*Effective date to be determined.

**Physicians may request coverage of these products using the [Prescription Drug Medication Request Form](#).

[^]Alternative applies to Commercial Comprehensive only.

Table 3. Additions to the Specialty Tier Copay Option

Note: The specialty tier does not apply to Highmark Delaware Healthcare Reform members; see Highmark Delaware's online Provider Resource Center and access the **Pharmacy Program/Formularies** link for details on the formularies and formulary options that apply to Highmark Delaware Healthcare Reform members.

Effective upon completion of internal review and implementation unless otherwise noted.

Brand Name	Generic Name
Calquence tablets	acalabrutinib tablets
Imbruvica oral suspension	ibrutinib oral suspension
Orkambi 75 mg/94 mg oral granules	lumacaftor, ivacaftor 75 mg/94 mg oral granules
Sotyktu	deucravacitinib
Stimufend	pegfilgrastim-fpgk
Tadliq	tadalafil oral suspension
Tascenso ODT	fangolimod
Ultomiris SC on-body injector	ravulizumab-cwvz SC on-body injector
Zoryve	roflumilast

Table 4. Products to Be Removed or Shifted to Higher Tier – Effective January 2023

Brand name	Generic Name	Preferred Alternatives
Only Commercial Comprehensive products		
Basaglar 100 UNIT/ML Kwikpen	insulin glargine, hum.rec.anlog	Insulin Glargine Solostar, Lantus Solostar
fenofibrate 120 mg tablet	fenofibrate	fenofibrate 134 mg cap, fenofibrate 145 mg tab

Brand name	Generic Name	Preferred Alternatives
fenofibrate 40 mg tablet	fenofibrate	fenofibrate 48 mg tablet
flurandrenolide 0.05% cream	flurandrenolide	triamcinolone acetonide cream, betamethasone valerate cream
flurandrenolide 0.05% lotion	flurandrenolide	triamcinolone acetonide cream, betamethasone valerate cream
naftifine HCL 1% cream	naftifine HCL	ketoconazole cream, econazole nitrate cream
Nolix 0.05% cream	flurandrenolide	triamcinolone acetonide cream, betamethasone valerate cream
Nolix 0.05% lotion	flurandrenolide	triamcinolone acetonide cream, betamethasone valerate cream
Viibryd 10 mg tablet	vilazodone HCL	vilazodone HCL
Viibryd 20 mg tablet	vilazodone HCL	vilazodone HCL
Viibryd 40 mg tablet	vilazodone HCL	vilazodone HCL
Viibryd 10-20 mg starter pack	vilazodone HCL	vilazodone HCL
Vimpat 10 mg/ml solution	lacosamide	lacosamide
Vimpat 100 mg tablet	lacosamide	lacosamide
Vimpat 150 mg tablet	lacosamide	lacosamide
Vimpat 200 mg tablet	lacosamide	lacosamide
Vimpat 50 mg tablet	lacosamide	lacosamide
Only Healthcare Reform Comprehensive products		
metoclopramide HCL 10 mg ODT	metoclopramide HCL	metoclopramide HCL tablet
All Commercial & Healthcare Reform Comprehensive products		
acitretin 10 mg capsule	acitretin	methotrexate tablet
acitretin 17.5 mg capsule	acitretin	methotrexate tablet
acitretin 25 mg capsule	acitretin	methotrexate tablet
alprazolam ODT 0.25 mg tab	alprazolam	alprazolam tablet, lorazepam concentrate
alprazolam ODT 0.5 mg tab	alprazolam	alprazolam tablet, lorazepam concentrate
alprazolam ODT 1 mg tab	alprazolam	alprazolam tablet, lorazepam concentrate
alprazolam ODT 2 mg tab	alprazolam	alprazolam tablet, lorazepam concentrate
Amethyst 90-20 Mcg Tablet	levonorgestrel/ethin.estradiol	Aviane, Falmina
amlodipine-olmesartan 10-20 mg	amlodipine bes/olmesartan med	olmesartan medoxomil, amlodipine besylate tablet

Brand name	Generic Name	Preferred Alternatives
amlodipine-olmesartan 10-40 mg	amlodipine bes/olmesartan med	olmesartan medoxomil, amlodipine besylate tablet
amlodipine-olmesartan 5-20 mg	amlodipine bes/olmesartan med	olmesartan medoxomil, amlodipine besylate tablet
amlodipine-olmesartan 5-40 mg	amlodipine bes/olmesartan med	olmesartan medoxomil, amlodipine besylate tablet
amoxapine 100 mg tablet	amoxapine	amitriptyline HCL tablet, nortriptyline HCL capsule
amoxapine 150 mg tablet	amoxapine	amitriptyline HCL tablet, nortriptyline HCL capsule
amoxapine 25 mg tablet	amoxapine	amitriptyline HCL tablet, nortriptyline HCL capsule
amoxapine 50 mg tablet	amoxapine	amitriptyline HCL tablet, nortriptyline HCL capsule
Apexicon E 0.05% cream	diflorasone diacet/emollient	triamcinolone acetonide cream, betamethasone dipropionate cream
Belladonna-Phenobarbital Tab	phenobarb/hyoscy/atropine/scop	hyoscyamine sulfate tablet, sublingual
betamethasone valer 0.12% foam	betamethasone valerate	betamethasone valerate cream, betamethasone valerate lotion
brimonidine tartrate 0.15% drops	brimonidine tartrate	brimonidine tartrate 0.2% drops
calcipotriene-betameth dp ointment	calcipotriene/betamethasone	calcipotriene ointment, betamethasone dipropionate ointment
captopril 100 mg tablet	captopril	lisinopril tablet, benazepril HCL tablet
captopril 12.5 mg tablet	captopril	lisinopril tablet, benazepril HCL tablet
captopril 25 mg tablet	captopril	lisinopril tablet, benazepril HCL tablet
captopril 50 mg tablet	captopril	lisinopril tablet, benazepril HCL tablet
cefixime 100 mg/5 ml susp	cefixime	cefdinir suspension, cefpodoxime proxetil suspension
cefixime 200 mg/5 ml susp	cefixime	cefdinir suspension, cefpodoxime proxetil suspension
Cellcept 200 mg/ml oral susp	mycophenolate mofetil	mycophenolate mofetil suspension

Brand name	Generic Name	Preferred Alternatives
clindamycin phosphate 1% foam	clindamycin phosphate	clindamycin phosphate solution, clindamycin phosphate gel
clobetasol 0.05% topical lotion	clobetasol propionate	clobetasol propionate solution, triamcinolone acetonide 0.5% cream
clobetasol emollient 0.05% foam	clobetasol propionate/emoll	clobetasol propionate solution, triamcinolone acetonide 0.5% cream
clobetasol emulsion 0.05% foam	clobetasol propionate/emoll	clobetasol propionate solution, triamcinolone acetonide 0.5% cream
clomipramine 25 mg capsule	clomipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
clomipramine 50 mg capsule	clomipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
clomipramine 75 mg capsule	clomipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
clorazepate 15 mg tablet	clorazepate dipotassium	alprazolam tablet, diazepam tablet
clorazepate 3.75 mg tablet	clorazepate dipotassium	alprazolam tablet, diazepam tablet
clorazepate 7.5 mg tablet	clorazepate dipotassium	alprazolam tablet, diazepam tablet
cyclobenzaprine 7.5 mg tablet	cyclobenzaprine HCL	cyclobenzaprine 5 mg tablet
Daily-Vite Tablet	multivitamin with folic acid	Daily Vite
desipramine 10 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desipramine 100 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desipramine 150 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desipramine 25 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desipramine 50 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desipramine 75 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desonide 0.05% lotion	desonide	desonide cream, desonide ointment
desoximetasone 0.05% cream	desoximetasone	triamcinolone acetonide cream, betamethasone valerate cream

Brand name	Generic Name	Preferred Alternatives
desoximetasone 0.05% gel	desoximetasone	desoximetasone 0.25% cream, triamcinolone acetonide cream
desoximetasone 0.05% ointment	desoximetasone	triamcinolone acetonide cream, betamethasone valerate cream
Desrx 0.05% gel	desonide	desonide cream, desonide ointment
dextroamphetamine 5 mg/5 ml	dextroamphetamine sulfate	dextroamphetamine-amphetamine, Vyvanse tablet, chewable
dextroamphetamine er 10 mg cap	dextroamphetamine sulfate	dextroamphetamine-amphet er
dextroamphetamine er 15 mg cap	dextroamphetamine sulfate	dextroamphetamine-amphet er
dextroamphetamine er 5 mg cap	dextroamphetamine sulfate	dextroamphetamine-amphet er
diclofenac 1.5% topical solution	diclofenac sodium	diclofenac sodium 1% gel
Dilantin 100 mg capsule	phenytoin sodium extended	phenytoin sodium capsule
Dilantin 100 mg Kapseal	phenytoin sodium extended	phenytoin sodium capsule
Dilantin 50 mg Infatab	phenytoin	phenytoin tablet, chewable
diltiazem 12hr er 120 mg cap	diltiazem HCL	diltiazem er capsule, extended release 24hr
diltiazem 12hr er 60 mg cap	diltiazem HCL	diltiazem er capsule, extended release 24hr
diltiazem 12hr er 90 mg cap	diltiazem HCL	diltiazem er capsule, extended release 24hr
diltiazem 24h er(la) 180 mg tb	diltiazem HCL	diltiazem er capsule, extended release 24hr
diltiazem 24h er(la) 240 mg tb	diltiazem HCL	diltiazem er capsule, extended release 24hr
diltiazem 24h er(la) 300 mg tb	diltiazem HCL	diltiazem er capsule, extended release 24hr
diltiazem 24h er(la) 360 mg tb	diltiazem HCL	diltiazem er capsule, extended release 24hr
diltiazem 24h er(la) 420 mg tb	diltiazem HCL	diltiazem er capsule, extended release 24hr
doxycycline 50 mg tablet	doxycycline hyclate	doxycycline hyclate capsule
ethacrynic acid 25 mg tablet	ethacrynic acid	furosemide tablet, bumetanide tablet
ezetimibe-simvastatin 10-10 mg	ezetimibe/simvastatin	ezetimibe, simvastatin tablet

Brand name	Generic Name	Preferred Alternatives
ezetimibe-simvastatin 10-20 mg	ezetimibe/simvastatin	ezetimibe, simvastatin tablet
ezetimibe-simvastatin 10-40 mg	ezetimibe/simvastatin	ezetimibe, simvastatin tablet
ezetimibe-simvastatin 10-80 mg	ezetimibe/simvastatin	ezetimibe, simvastatin tablet
felbamate 400 mg tablet	felbamate	lamotrigine tablet, topiramate tablet
felbamate 600 mg tablet	felbamate	lamotrigine tablet, topiramate tablet
felbamate 600 mg/5 ml susp	felbamate	lamotrigine tablet, chewable dispersible, topiramate capsule, sprinkle
fenofibrate 130 mg capsule	fenofibrate, micronized	fenofibrate 134 mg capsule
flucytosine 250 mg capsule	flucytosine	fluconazole tablet, ketoconazole tablet
flucytosine 500 mg capsule	flucytosine	fluconazole tablet, ketoconazole tablet
fluoxetine DR 90 mg capsule	fluoxetine HCL	fluoxetine HCL capsule
fluoxetine HCL 10 mg tablet	fluoxetine HCL	fluoxetine HCL capsule
fluoxetine HCL 20 mg tablet	fluoxetine HCL	fluoxetine HCL capsule
hydrocort-pramoxine 2.5%-1% cm	hydrocortisone/pramoxine	pramoxine HCL w/hydrocortisone
itraconazole 10 mg/ml solution	itraconazole	fluconazole suspension
itraconazole 100 mg capsule	itraconazole	fluconazole tablet, ketoconazole tablet
itraconazole 100 mg/10 ml cup	itraconazole	fluconazole suspension
ketoconazole 2% foam	ketoconazole	ketoconazole cream, econazole nitrate cream
Ketodan 2% foam	ketoconazole	ketoconazole cream, econazole nitrate cream
Klor-con 20 MeQ packet	potassium chloride	potassium chloride tab, er, particles/crystals, potassium chloride capsule, extended release
Lamictal 100 mg tablet	lamotrigine	lamotrigine tablet
Lamictal 150 mg tablet	lamotrigine	lamotrigine tablet

Brand name	Generic Name	Preferred Alternatives
Lamictal 200 mg tablet	lamotrigine	lamotrigine tablet
Lamictal 25 mg dispersible tablet	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
Lamictal 25 mg tablet	lamotrigine	lamotrigine tablet
Lamictal 5 mg dispersible tablet	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
Lamictal ODT 100 mg tablet	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
Lamictal ODT 200 mg tablet	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
Lamictal ODT 25 mg tablet	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
Lamictal ODT 50 mg tablet	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
Lamictal ODT start kit (blue)	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
Lamictal ODT start kit (green)	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
Lamictal ODT start kt (orange)	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
Lamictal tab start kit (blue)	lamotrigine	lamotrigine tablet
Lamictal tab start kit (green)	lamotrigine	lamotrigine tablet
Lamictal tb start kit (orange)	lamotrigine	lamotrigine tablet
lamotrigine ODT 100 mg tablet	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
lamotrigine ODT 200 mg tablet	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
lamotrigine ODT 25 mg tablet	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
lamotrigine ODT 50 mg tablet	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
lamotrigine ODT kit (blue)	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
lamotrigine ODT kit (green)	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
lamotrigine ODT kit (orange)	lamotrigine	lamotrigine tab, lamotrigine tab, chewable dispersible
lamotrigine tab start kit-blue	lamotrigine	lamotrigine tablet
lamotrigine tab start kt-green	lamotrigine	lamotrigine tablet

Brand name	Generic Name	Preferred Alternatives
lamotrigine tab start kt-orang	lamotrigine	lamotrigine tablet
lansoprazol-amoxicil-clarithro	lansoprazole/amoxiciln/clarith	lansoprazole 30 mg cap, DR (EC), amoxicillin cap
Lithobid ER 300 mg tablet	lithium carbonate	lithium carbonate tablet, extended release
Matzim LA 180 Mg Tablet	diltiazem HCL	diltiazem er capsule, extended release 24hr
Matzim LA 240 Mg Tablet	diltiazem HCL	diltiazem er capsule, extended release 24hr
Matzim LA 300 Mg Tablet	diltiazem HCL	diltiazem er capsule, extended release 24hr
Matzim LA 360 Mg Tablet	diltiazem HCL	diltiazem er capsule, extended release 24hr
Matzim LA 420 Mg Tablet	diltiazem HCL	diltiazem er capsule, extended release 24hr
Merzee 1 Mg-20 Mcg Capsule	norethindrone-e.estradiol-iron	Junel FE, Larin FE
methamphetamine 5 mg tablet	methamphetamine HCL	dextroamphetamine-amphetamine
methoxsalen 10 mg capsule	methoxsalen	methotrexate tablet
methoxsalen 10 mg softgel	methoxsalen	methotrexate tablet
methylphenidate er(la) 20mg cp	methylphenidate HCL	methylphenidate er capsule, extended-release biphasic 30-70
methylphenidate er(la) 30mg cp	methylphenidate HCL	methylphenidate er capsule, extended-release biphasic 30-70
methylphenidate er(la) 40mg cp	methylphenidate HCL	methylphenidate er capsule, extended-release biphasic 30-70
methylphenidate la 20 mg cap	methylphenidate HCL	methylphenidate er capsule, extended-release biphasic 30-70
methylphenidate la 30 mg cap	methylphenidate HCL	methylphenidate er capsule, extended-release biphasic 30-70
methylphenidate la 40 mg cap	methylphenidate HCL	methylphenidate er capsule, extended-release biphasic 30-70
methylphenidate la 60 mg cap	methylphenidate HCL	methylphenidate er capsule, extended-release biphasic 30-70

Brand name	Generic Name	Preferred Alternatives
metronidazole 375 mg capsule	metronidazole	metronidazole tablet
miglitol 100 mg tablet	miglitol	acarbose
miglitol 25 mg tablet	miglitol	acarbose
miglitol 50 mg tablet	miglitol	acarbose
minocycline HCL 100 mg tablet	minocycline HCL	minocycline HCL capsule
minocycline HCL 50 mg tablet	minocycline HCL	minocycline HCL capsule
minocycline HCL 75 mg tablet	minocycline HCL	minocycline HCL capsule
morphine sulfate er 10 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
morphine sulfate er 100 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
morphine sulfate er 120 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
morphine sulfate er 20 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
morphine sulfate er 30 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
morphine sulfate er 45 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
morphine sulfate er 50 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
morphine sulfate er 60 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
morphine sulfate er 75 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
morphine sulfate er 80 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
morphine sulfate er 90 mg cap	morphine sulfate	morphine sulfate er tablet, extended release
Narcan 4 Mg Nasal Spray	naloxone HCL	naloxone HCL spray, non-aerosol (ea)
nefazodone HCL 100 mg tablet	nefazodone HCL	trazodone HCL 50mg tablet
nefazodone HCL 150 mg tablet	nefazodone HCL	trazodone HCL 50mg tablet
nefazodone HCL 200 mg tablet	nefazodone HCL	trazodone HCL 50mg tablet
nefazodone HCL 250 mg tablet	nefazodone HCL	trazodone HCL 50mg tablet
nefazodone HCL 50 mg tablet	nefazodone HCL	trazodone HCL 50mg tablet

Brand name	Generic Name	Preferred Alternatives
Neupogen 300 mcg/0.5 ml syringe	filgrastim	Nivestym, Zarxio
Neupogen 300 mcg/ml vial	filgrastim	Nivestym, Zarxio
Neupogen 480 mcg/0.8 ml syringe	filgrastim	Nivestym, Zarxio
Neupogen 480 mcg/1.6 ml vial	filgrastim	Nivestym, Zarxio
Nexavar 200 mg tablet	sorafenib tosylate	sorafenib
nitro-dur 0.1 mg/hr patch	nitroglycerin	nitroglycerin patch, transdermal 24 hours
nitro-dur 0.2 mg/hr patch	nitroglycerin	nitroglycerin patch, transdermal 24 hours
nitro-dur 0.3 mg/hr patch	nitroglycerin	nitroglycerin patch, transdermal 24 hours
nitro-dur 0.4 mg/hr patch	nitroglycerin	nitroglycerin patch, transdermal 24 hours
nitro-dur 0.6 mg/hr patch	nitroglycerin	nitroglycerin patch, transdermal 24 hours
nitro-dur 0.8 mg/hr patch	nitroglycerin	nitroglycerin patch, transdermal 24 hours
olmesartan-hctz 20-12.5 mg tab	olmesartan/hydrochlorothiazide	olmesartan medoxomil, hydrochlorothiazide tab
olmesartan-hctz 40-12.5 mg tab	olmesartan/hydrochlorothiazide	olmesartan medoxomil, hydrochlorothiazide tab
olmesartan-hctz 40-25 mg tab	olmesartan/hydrochlorothiazide	olmesartan medoxomil, hydrochlorothiazide tab
olmsrtn-amldpn-hctz 20-5-12.5	olmesartan/amlodipin/hcthiazyd	olmesartan medoxomil, amlodipine besylate tablet
olmsrtn-amldpn-hctz 40-10-12.5	olmesartan/amlodipin/hcthiazyd	olmesartan medoxomil, amlodipine besylate tablet
olmsrtn-amldpn-hctz 40-10-25mg	olmesartan/amlodipin/hcthiazyd	olmesartan medoxomil, amlodipine besylate tablet
olmsrtn-amldpn-hctz 40-5-12.5	olmesartan/amlodipin/hcthiazyd	olmesartan medoxomil, amlodipine besylate tablet
olmsrtn-amldpn-hctz 40-5-25 mg	olmesartan/amlodipin/hcthiazyd	olmesartan medoxomil, amlodipine besylate tablet
oxymorphone HCL er 10 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL er 15 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL er 20 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release

Brand name	Generic Name	Preferred Alternatives
oxymorphone HCL er 30 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL er 40 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL er 5 mg tablet	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL er 7.5 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
perindopril erbumine 2 mg tab	perindopril erbumine	lisinopril tablet, benazepril HCL tablet
perindopril erbumine 4 mg tab	perindopril erbumine	lisinopril tablet, benazepril HCL tablet
perindopril erbumine 8 mg tab	perindopril erbumine	lisinopril tablet, benazepril HCL tablet
phenobarb-hyo-atrop-scop elixir	phenobarb/hyoscy/atropine/scop	hyoscyamine sulfate tablet, sublingual
phenobarb-hyosc-atrop-scop tab	phenobarb/hyoscy/atropine/scop	hyoscyamine sulfate tablet, sublingual
phenobarbital-belladonna elixir	phenobarb/hyoscy/atropine/scop	hyoscyamine sulfate tablet, sublingual
phenohydro 32.4 mg/10ml elixir	phenobarb/hyoscy/atropine/scop	hyoscyamine sulfate tablet, sublingual
phenohydro elixir	phenobarb/hyoscy/atropine/scop	hyoscyamine sulfate tablet, sublingual
phenohydro tablet	phenobarb/hyoscy/atropine/scop	hyoscyamine sulfate tablet, sublingual
pindolol 10 mg tablet	pindolol	atenolol tablet, propranolol HCL tablet
pindolol 5 mg tablet	pindolol	atenolol tablet, propranolol HCL tablet
pioglitazone-glimepiride 30-2	pioglitazone HCL/glimepiride	pioglitazone HCL, glimepiride
pioglitazone-glimepiride 30-4	pioglitazone HCL/glimepiride	pioglitazone HCL, glimepiride
pioglitazone-metformin 15-500	pioglitazone HCL/metformin HCL	pioglitazone HCL, metformin HCL
pioglitazone-metformin 15-850	pioglitazone HCL/metformin HCL	pioglitazone HCL, metformin HCL
pnv-select tablet	prenatal, calc.40/iron/folate 1	prenatal plus
potassium cl 10% (20 meq/15ml)	potassium chloride	potassium chloride tablet, er, particles/crystals, potassium chloride capsule, extended release
potassium cl 10% (40 meq/30ml)	potassium chloride	potassium chloride tablet, er, particles/crystals, potassium

Brand name	Generic Name	Preferred Alternatives
		chloride capsule, extended release
potassium cl 20 meq packet	potassium chloride	potassium chloride tablet, er particles/crystals, potassium chloride capsule, extended release
prednisolone 10 mg/5 ml solution	prednisolone sodium phosphate	prednisolone sodium phosphate 15 mg/5 ml solution
prednisolone 20 mg/5 ml solution	prednisolone sodium phosphate	prednisolone sodium phosphate 15 mg/5 ml solution
prednisone intensol 5 mg/ml	prednisone	prednisone solution, prednisolone sodium phosphate 15 mg/5 ml solution
protriptyline HCL 10 mg tablet	protriptyline HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
protriptyline HCL 5 mg tablet	protriptyline HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
risedronate sod DR 35 mg tab	risedronate sodium	risedronate sodium 35 mg tablet
risedronate sodium 30 mg tab	risedronate sodium	risedronate sodium 35 mg tablet
risperidone 0.25 mg ODT	risperidone	risperidone tablet, risperidone solution, oral
risperidone 0.5 mg ODT	risperidone	risperidone tablet, risperidone solution, oral
risperidone 1 mg ODT	risperidone	risperidone tablet, risperidone solution, oral
risperidone 2 mg ODT	risperidone	risperidone tablet, risperidone solution, oral
risperidone 3 mg ODT	risperidone	risperidone tablet, risperidone solution, oral
risperidone 4 mg ODT	risperidone	risperidone tablet, risperidone solution, oral
selenium sulfide 2.3% shampoo	selenium sulfide	selenium sulfide 2.25% shampoo
sod sulfacetam 10% cleansing gel	sulfacetamide sodium	sodium sulfacetamide cleanser
solifenacin 10 mg tablet	solifenacin succinate	oxybutynin chloride er, tolterodine tartrate er
solifenacin 5 mg tablet	solifenacin succinate	oxybutynin chloride er, tolterodine tartrate er
Subvenite tab start kit (blue)	lamotrigine	lamotrigine tablet
Subvenite tab start kit(green)	lamotrigine	lamotrigine tablet

Brand name	Generic Name	Preferred Alternatives
Subvenite tab start kt(orange)	lamotrigine	lamotrigine tablet
sucralfate 1 gm/10 ml susp	sucralfate	sucralfate tablet
Suprep Bowel Prep Kit	sodium, potassium, mag sulfates	sod sulf-potass sulf-mag sulf
Taysofy 1 Mg-20 Mcg Capsule	norethindrone-e.estradiol-iron	Junel FE, Larin FE
temazepam 22.5 mg capsule	temazepam	temazepam 15 mg cap, temazepam 30 mg cap
temazepam 7.5 mg capsule	temazepam	temazepam 15 mg capsule
tetracycline 250 mg capsule	tetracycline HCL	doxycycline hyclate cap, minocycline HCL cap
tetracycline 500 mg capsule	tetracycline HCL	doxycycline hyclate cap, minocycline HCL cap
tiagabine HCL 12 mg tablet	tiagabine HCL	lamotrigine tablet, topiramate tablet
tiagabine HCL 16 mg tablet	tiagabine HCL	lamotrigine tablet, topiramate tablet
tiagabine HCL 2 mg tablet	tiagabine HCL	lamotrigine tablet, topiramate tablet
tiagabine HCL 4 mg tablet	tiagabine HCL	lamotrigine tablet, topiramate tablet
timolol 0.25% gel-solution	timolol maleate	timolol maleate drops
timolol 0.25% gfs gel-solution	timolol maleate	timolol maleate drops
timolol 0.5% eye drop	timolol maleate	timolol maleate drops
timolol 0.5% gel-solution	timolol maleate	timolol maleate drops
timolol 0.5% gfs gel-solution	timolol maleate	timolol maleate drops
timolol maleate 0.5% eye drop	timolol maleate/pf	timolol maleate drops
timolol maleate 10 mg tablet	timolol maleate	atenolol tablet, propranolol HCL tablet
timolol maleate 20 mg tablet	timolol maleate	atenolol tablet, propranolol HCL tablet
timolol maleate 5 mg tablet	timolol maleate	atenolol tablet, propranolol HCL tablet
Tovet emollient 0.05% foam	clobetasol propionate/emoll	clobetasol propionate solution, triamcinolone acetonide 0.5% cream

Brand name	Generic Name	Preferred Alternatives
Toviaz er 4 mg tablet	fesoterodine fumarate	oxybutynin chloride er, fesoterodine fumarate er
Toviaz er 8 mg tablet	fesoterodine fumarate	oxybutynin chloride er, fesoterodine fumarate er
tranylcypromine sulf 10 mg tab	tranylcypromine sulfate	phenelzine sulfate tablet
trazodone 300 mg tablet	trazodone HCL	trazodone HCL 150mg tablet
tretinoin gel micro 0.04% pump	tretinoin microspheres	tretinoin cream
tretinoin gel micro 0.04% tube	tretinoin microspheres	tretinoin cream
tretinoin gel micro 0.1% pump	tretinoin microspheres	tretinoin cream
tretinoin gel micro 0.1% tube	tretinoin microspheres	tretinoin cream
triamcinolone 0.147 mg/g spray	triamcinolone acetonide	triamcinolone acetonide cream
triamterene 100 mg capsule	triamterene	spironolactone tablet
triamterene 50 mg capsule	triamterene	spironolactone tablet
Trianex 0.05% ointment	triamcinolone acetonide	triamcinolone acetonide cream
trimipramine maleate 100 mg cp	trimipramine maleate	amitriptyline HCL tablet, nortriptyline HCL capsule
trimipramine maleate 25 mg cap	trimipramine maleate	amitriptyline HCL tablet, nortriptyline HCL capsule
trimipramine maleate 50 mg cap	trimipramine maleate	amitriptyline HCL tablet, nortriptyline HCL capsule
Tritocin 0.05% ointment	triamcinolone acetonide	triamcinolone acetonide cream
verapamil er pm 100 mg capsule	verapamil HCL	verapamil er tablet, extended release
verapamil er pm 200 mg capsule	verapamil HCL	verapamil er tablet, extended release
verapamil er pm 300 mg capsule	verapamil HCL	verapamil er tablet, extended release
Veripred 20 20 mg/5 ml solution	prednisolone sodium phosphate	prednisolone sodium phosphate 15 mg/5 ml solution
voriconazole 200 mg tablet	voriconazole	fluconazole tablet
voriconazole 40 mg/ml susp	voriconazole	fluconazole suspension

Brand name	Generic Name	Preferred Alternatives
voriconazole 50 mg tablet	voriconazole	fluconazole tablet

B. Changes to the Highmark Healthcare Reform Essential Formulary

The Essential Formulary is a closed formulary for select Healthcare Reform (HCR) Individual plans. A list of drugs included on the Essential Formulary, listed by therapeutic class, is available [here](#).

Table 1. Formulary Updates

All formulary changes effective November 2022, unless otherwise noted.

Brand Name	Generic Name	Tier	Comments/Preferred Alternatives
Items listed below were added to the formulary			
Orkambi 75 mg/94 mg oral granules	lumacaftor, ivacaftor 75 mg/94 mg oral granules	4	
Items listed below were not added to the formulary			
Auvelity	dextromethorphan hydrobromide, bupropion hydrochloride	NF	bupropion SR, bupropion HCL tablet, sertraline HCL tablet
Doryx MPC 60 mg	doxycycline 60 mg	NF	doxycycline hyclate tablet 20 mg, doxycycline hyclate capsule 50 mg
Kyzatrex	testosterone undecanoate	NF	testosterone cypionate vial, testosterone enanthate vial, testosterone gel in packet (gram) 25mg (1%)
Sotyktu	deucravacitinib	NF	Humira, Skyrizi Pen, Otezla Tablet
Stimufend*	pegfilgrastim-fpgk	NF	Zarxio, Nivestym
Tadliq	tadalafil oral suspension	NF	Alyq, sildenafil citrate 20 mg, tadalafil 20 mg
Tascenso ODT	fingolimod	NF	dimethyl fumarate capsule, delayed release (enteric coated); glatiramer acetate
Zonisade oral solution	zonisamide oral solution	NF	carbamazepine suspension, oral (final dose form) 100 mg/5ML, carbamazepine tablet, chewable, oxcarbazepine suspension, oral (final dose form)
Zoryve	roflumilast	NF	calcipotriene cream (gram); betamethasone dipropionate cream (gram); triamcinolone acetonide ointment (gram) 0.5 %
Calquence tablets	acalabrutinib tablets	NF	Prescriber discretion
Imbruvica oral suspension	ibrutinib oral suspension	NF	Prescriber discretion
Ultomiris SC on-body injector*	ravulizumab-cwvz SC on-body injector	NF	Prescriber discretion

Formulary options: **Tier 1:** Generic drugs; **Tier 2:** Generic and Brand drugs; **Tier 3:** Generic and Brand drugs; **Tier 4:** Generic and Brand drugs; **Non-formulary (NF).**

*Effective date to be determined.

Table 2. Products to Be Removed or Shifted to Higher Tier – Effective January 2023

Brand Name	Generic Name	Preferred Alternatives
All Healthcare Reform Essential Products		
alose tron hcl 0.5 mg tablet	alose tron hcl	dicyclomine hcl capsule, amitriptyline hcl tablet
Banzel 200 mg tablet	rufinamide	lamotrigine tablet, topiramate tablet
Baraclude 0.05 mg/ml solution	entecavir	Provider discretion
betamethasone dp aug 0.05% oint	betamethasone/propylene glyc	betamethasone dp aug 0.05% crm, halobetasol prop 0.05% oint
betamethasone dp 0.05% oint	betamethasone dipropionate	triamcinolone 0.5% oint, betamethasone valer 0.1% oint
Canasa 1,000 mg suppository	mesalamine	mesalamine 4 gm/60 ml enema
clobetasol 0.05% topical lotion	clobetasol propionate	clobetasol propionate solution, triamcinolone acetonide 0.5% cream
Clobex 0.05% topical lotion	clobetasol propionate	clobetasol propionate soln, triamcinolone 0.5% crm
Combigan 0.2%-0.5% eye drops	brimonidine tartrate/timolol	brimonidine tartrate-timolol
Cromolyn 20 mg/2 ml neb soln	cromolyn sodium	Provider discretion
Denavir 1% cream	penciclovir	acyclovir tablet, famciclovir tablet
Duopa 4.63 mg-20 mg/ml suspens	carbidopa/levodopa	carbidopa-levodopa tablet
E.E.S. 400 MG TABLET	erythromycin ethylsuccinate	azithromycin tablet, clarithromycin tablet
Ergomar 2 mg tablet SL	ergotamine tartrate	sumatriptan tablet, zolmitriptan tablet
Ery-tab dr 250 mg tablet	erythromycin base	azithromycin tablet, clarithromycin tablet
erythrocin 250 mg tablet	erythromycin stearate	azithromycin tablet, clarithromycin tablet
Esbriet 267 mg capsule	pirfenidone	pirfenidone 267 mg tablet
Evrysdi 60 mg/80 ml(0.75mg/ml)	risdiplam	Provider discretion
felbamate 600 mg/5 ml susp	felbamate	felbamate tablet, levetiracetam solution
fenofibrate 120 mg tablet	fenofibrate	fenofibrate 134 mg capsule, fenofibrate 145 mg tab

fenofibric acid 105 mg tablet	fenofibric acid	fenofibrate 134 mg capsule, fenofibrate 67 mg cap
fenofibric acid 35 mg tablet	fenofibric acid	fenofibrate 48 mg tablet, fenofibrate 54 mg tablet
formoterol 20 mcg/2 ml neb VL	formoterol fumarate	Serevent Diskus
halobetasol prop 0.05% foam	halobetasol propionate	clobetasol propionate foam, fluocinonide solution
ketoconazole 2% foam	ketoconazole	ketoconazole cream, econazole nitrate cream
Ketodan 2% foam	ketoconazole	ketoconazole cream, econazole nitrate cream
Korlym 300 mg tablet	mifepristone	Provider discretion
Kristalose 10 gm packet	lactulose	lactulose 10 gm/15 ml solution
Kristalose 20 gm packet	lactulose	lactulose 10 gm/15 ml solution
metaxalone 400 mg tablet	metaxalone	cyclobenzaprine 5 mg tablet, tizanidine HCL tablet
Metoclopramide HCL 10 mg ODT	Metoclopramide HCL	Metoclopramide HCL 10 mg tablet
Millipred 5 mg tablet	prednisolone	prednisolone sodium phosphate 15 mg/5 ml solution
Millipred dp 5 mg 12-day pack	prednisolone	prednisolone sodium phosphate 15 mg/5 ml solution
Millipred dp 5 mg 6-day pack	prednisolone	prednisolone sodium phosphate 15 mg/5 ml solution
Miralax Powder Packet	polyethylene glycol 3350	polyethylene glycol 17g powder in packet0
naproxen 125 mg/5 ml suspension	naproxen	naproxen tablet
Narcan 4 mg nasal spray	naloxone HCL	naloxone HCL spray, non-aerosol (ea)
Nexavar 200 mg tablet	sorafenib tosylate	sorafenib
nicardipine 20 mg capsule	nicardipine HCL	amlodipine besylate tablet, felodipine ER tablet
nisoldipine er 17 mg tablet	nisoldipine	amlodipine tablet, felodipine er
nisoldipine er 20 mg tablet	nisoldipine	amlodipine tablet, felodipine er
nisoldipine er 25.5 mg tablet	nisoldipine	amlodipine tablet, felodipine er
nisoldipine er 30 mg tablet	nisoldipine	amlodipine tablet, felodipine er
nisoldipine er 34 mg tablet	nisoldipine	amlodipine tablet, felodipine er
nisoldipine er 40 mg tablet	nisoldipine	amlodipine tablet, felodipine er

nisoldipine er 8.5 mg tablet	nisoldipine	amlodipine tablet, felodipine er
Nitro-dur 0.3 mg/hr patch	nitroglycerin	nitroglycerin patch
Nitro-dur 0.8 mg/hr patch	nitroglycerin	nitroglycerin patch
protriptyline HCL 10 MG tablet	protriptyline HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
prednisolone 10 mg/5 ml solution	prednisolone sodium phosphate	prednisolone sodium phosphate 15 mg/5 ml solution
prednisolone 20 mg/5 ml solution	prednisolone sodium phosphate	prednisolone sodium phosphate 15 mg/5 ml solution
Reyvow 100 MG tablet	lasmiditan succinate	sumatriptan succinate tablet, rizatriptan tablet
Suprep bowel prep kit	sodium, potassium, mag sulfates	sod sulf-potass sulf-mag sulf
Targretin 1% gel	bexarotene	bexarotene gel
terbutaline sulfate 2.5 mg tab	terbutaline sulfate	terbutaline sulfate 5 mg tab
theophylline ER 300 MG tablet	theophylline anhydrous	theophylline ER 400 MG tablet
Toviaz ER 4 MG tablet	fesoterodine fumarate	oxybutynin chloride ER, fesoterodine fumarate ER
Toviaz ER 8 MG tablet	fesoterodine fumarate	oxybutynin chloride ER, fesoterodine fumarate ER
verapamil SR 360 MG capsule	verapamil HCL	verapamil ER 180 MG capsule
verapamil er pm 100 mg capsule	verapamil HCL	verapamil er 120 mg tablet
verapamil er pm 200 mg capsule	verapamil HCL	verapamil er 180 mg tablet
verapamil er pm 300 mg capsule	verapamil HCL	verapamil er 240 mg tablet
Viibryd 10 mg tablet	vilazodone HCL	vilazodone HCL
Viibryd 20 mg tablet	vilazodone HCL	vilazodone HCL
Viibryd 40 mg tablet	vilazodone HCL	vilazodone HCL
Viibryd 10-20 mg starter pack	vilazodone HCL	vilazodone HCL
Vimpat 10 mg/ml solution	lacosamide	lacosamide
Vimpat 50 mg tablet	lacosamide	lacosamide
Vimpat 100 mg tablet	lacosamide	lacosamide
Vimpat 150 mg tablet	lacosamide	lacosamide
Vimpat 200 mg tablet	lacosamide	lacosamide

C. Changes to the Highmark Core Formulary

The Core Formulary is a closed formulary for select Commercial Individual plans. A list of drugs included on the Core Formulary, listed by therapeutic class, is available [here](#).

Table 1. Formulary Updates

All formulary changes effective November 2022 unless otherwise noted.

Brand Name	Generic Name	Tier	Comments/Preferred Alternatives
Items listed below were added to the formulary			
Orkambi 75 mg/94 mg oral granules	lumacaftor, ivacaftor 75 mg/94 mg oral granules	4	Cystic fibrosis
Items listed below were not added to the formulary			
Auvelity	dextromethorphan hydrobromide, bupropion hydrochloride	NF	bupropion SR, bupropion HCL tablet, sertraline HCL tablet
Doryx MPC 60 mg	doxycycline 60 mg	NF	doxycycline hyclate tablet 20 mg, doxycycline hyclate capsule 50 mg
Kyzatrex	testosterone undecanoate	NF	testosterone cypionate vial, testosterone enanthate vial, testosterone gel in metered-dose pump 20.25/1.25g
Sotyktu	deucravacitinib	NF	Humira, Skyrizi Pen, Otezla Tablet
Stimufend*	pegfilgrastim-fpgk	NF	Nivestym
Tadliq	tadalafil oral suspension	NF	Alyq, sildenafil citrate 20 mg, tadalafil 20 mg
Tascenso ODT	fingolimod	NF	dimethyl fumarate capsule, delayed release (enteric coated); glatiramer acetate
Zonisade oral solution	zonisamide oral solution	NF	carbamazepine suspension, oral (final dose form) 100 mg/5ml, carbamazepine tablet, chewable, oxcarbazepine suspension, oral (final dose form)
Zoryve	roflumilast	NF	calcipotriene cream (gram); betamethasone dipropionate cream (gram); triamcinolone acetonide ointment (gram) 0.5 %
Calquence tablets	acalabrutinib tablets	NF	Prescriber discretion
Imbruvica oral suspension	ibrutinib oral suspension	NF	Prescriber discretion
Ultomiris SC on-body injector*	ravulizumab-cwvz SC on-body injector	NF	Prescriber discretion

Formulary options: **Tier 1:** Generic drugs; **Tier 2:** Generic and Brand drugs; **Tier 3:** Generic and Brand drugs; **Tier 4:** Generic and Brand drugs; **Non-formulary (NF).**

*Effective date to be determined.

Table 2. Products to Be Removed or Shifted to Higher Tier – Effective January 2023

Brand Name	Generic Name	Preferred Alternatives
All Core Products		
acitretin 10 mg capsule	acitretin	methotrexate tablet

acitretin 17.5 mg capsule	acitretin	methotrexate tablet
acitretin 25 mg capsule	acitretin	methotrexate tablet
alprazolam ODT 0.25 mg tab	alprazolam	alprazolam tablet, lorazepam concentrate
alprazolam ODT 0.5 mg tab	alprazolam	alprazolam tablet, lorazepam concentrate
alprazolam ODT 1 mg tab	alprazolam	alprazolam tablet, lorazepam concentrate
alprazolam ODT 2 mg tab	alprazolam	alprazolam tablet, lorazepam concentrate
Amethyst 90-20 Mcg Tablet	levonorgestrel/ethin.estra diol	Aviane, Falmina
amoxapine 100 mg tablet	amoxapine	amitriptyline HCL tablet, nortriptyline HCL capsule
amoxapine 150 mg tablet	amoxapine	amitriptyline HCL tablet, nortriptyline HCL capsule
amoxapine 25 mg tablet	amoxapine	amitriptyline HCL tablet, nortriptyline HCL capsule
amoxapine 50 mg tablet	amoxapine	amitriptyline HCL tablet, nortriptyline HCL capsule
phenobarbital-belladonna elixir	phenobarb/hyoscy/atropin e/scop	hyoscyamine sulfate tablet, sublingual
betamethasone valer 0.12% foam	betamethasone valerate	betamethasone valerate cream, betamethasone valerate lotion
calcipotriene-betameth dp ointment	calcipotriene/betamethasone	calcipotriene ointment, betamethasone dipropionate ointment
clorazepate 15 mg tablet	clorazepate dipotassium	alprazolam tablet, diazepam tablet
clorazepate 3.75 mg tablet	clorazepate dipotassium	alprazolam tablet, diazepam tablet
clorazepate 7.5 mg tablet	clorazepate dipotassium	alprazolam tablet, diazepam tablet
desipramine 10 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desipramine 100 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desipramine 150 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desipramine 25 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desipramine 50 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desipramine 75 mg tablet	desipramine HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
desonide 0.05% lotion	desonide	desonide cream, desonide ointment
desoximetasone 0.05% gel	desoximetasone	desoximetasone 0.25% cream, triamcinolone acetonide cream
desoximetasone 0.05% cream	desoximetasone	triamcinolone acetonide cream, betamethasone valerate cream

desoximetasone 0.05% ointment	desoximetasone	triamcinolone acetonide cream, betamethasone valerate cream
Desrx 0.05% gel	desonide	desonide cream, desonide ointment
dextroamphetamine er 10 mg cap	dextroamphetamine sulfate	dextroamphetamine-amphet er
dextroamphetamine er 15 mg cap	dextroamphetamine sulfate	dextroamphetamine-amphet er
dextroamphetamine er 5 mg cap	dextroamphetamine sulfate	dextroamphetamine-amphet er
diltiazem 12hr er 120 mg cap	diltiazem HCL	diltiazem er capsule, extended release 24hr
diltiazem 12hr er 60 mg cap	diltiazem HCL	diltiazem er capsule, extended release 24hr
diltiazem 12hr er 90 mg cap	diltiazem HCL	diltiazem er capsule, extended release 24hr
Dolishale 90-20 Mcg Tablet	levonorgestrel/ethin.estra diol	Aviane, Falmina
Esbriet 267 mg tablet	pirfenidone	pirfenidone 267 mg tablet
Esbriet 801 mg tablet	pirfenidone	pirfenidone 801 mg tablet
Esbriet 267 mg capsule	pirfenidone	pirfenidone 267 mg tablet
flucytosine 250 mg capsule	flucytosine	fluconazole tablet, ketoconazole tablet
flucytosine 500 mg capsule	flucytosine	fluconazole tablet, ketoconazole tablet
fluoxetineHCL 10 mg tablet	fluoxetine HCL	fluoxetine HCL capsule
Gyne-lotrimin 3-day 2% cream	clotrimazole	clotrimazole cream with applicator
Gyne-lotrimin-7 1% cream	clotrimazole	clotrimazole cream with applicator
hydrocort-pramoxine 2.5%-1% cm	hydrocortisone/pramoxine	pramoxine HCL w/hydrocortisone
itraconazole 100 mg capsule	itraconazole	fluconazole tablet, ketoconazole tablet
Ketodan 2% Foam	ketoconazole	ketoconazole cream, econazole nitrate cream
levonor-eth estra 0.09-0.02 mg	levonorgestrel/ethin.estra diol	Aviane, Falmina
Merzee 1 Mg-20 Mcg Capsule	norethindrone-e.estradiol-iron	Junel FE, Larin FE
methoxsalen 10 mg capsule	methoxsalen	methotrexate tablet
methoxsalen 10 mg softgel	methoxsalen	methotrexate tablet
Miralax powder packet	polyethylene glycol 3350	polyethylene glycol 17g powder in packet
Monistat 3 combo pack	miconazole nitrate	miconazole 3 combo pack, prefilled appl. & cream

Monistat 7 cream	miconazole nitrate	miconazole 7 cream with applicator
Narcan 4 mg nasal spray	naloxone HCL	naloxone HCL spray, non-aerosol (ea)
nefazodone HCL 100 mg tablet	nefazodone HCL	trazodone HCL 50mg tablet
nefazodone HCL 150 mg tablet	nefazodone HCL	trazodone HCL 50mg tablet
nefazodone HCL 200 mg tablet	nefazodone HCL	trazodone HCL 50mg tablet
nefazodone HCL 250 mg tablet	nefazodone HCL	trazodone HCL 50mg tablet
nefazodone HCL 50 mg tablet	nefazodone HCL	trazodone HCL 50mg tablet
Nexavar 200 Mg Tablet	sorafenib tosylate	sorafenib
oxymorphone HCL ER 10 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL ER 15 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL ER 20 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL ER 30 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL ER 40 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL ER 5 mg tablet	oxymorphone HCL	morphine sulfate er tablet, extended release
oxymorphone HCL ER 7.5 mg tab	oxymorphone HCL	morphine sulfate er tablet, extended release
phenobarb-hyo-atrop-scop elixir	phenobarb/hyoscy/atropin e/scop	hyoscyamine sulfate tablet, sublingual
phenobarb-hyosc-atrop-scop tab	phenobarb/hyoscy/atropin e/scop	hyoscyamine sulfate tablet, sublingual
phenohydro elixir	phenobarb/hyoscy/atropin e/scop	hyoscyamine sulfate tablet, sublingual
prenatal vitamin tablet	prenatal vit no.124/iron/folic	Prenatal Plus
Prevacid 24hr Dr 15 Mg Capsule	lansoprazole	lansoprazole 30 mg cap, DR (enteric coated)
protriptyline HCL 10 mg tablet	protriptyline HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
protriptyline HCL 5 mg tablet	protriptyline HCL	amitriptyline HCL tablet, nortriptyline HCL capsule
Suprep Bowel Prep Kit	sodium, potassium, mag sulfates	sod sulf-potass sulf-mag sulf
Targretin 1% gel	bexarotene	Bexarotene gel

Taysofy 1 mg-20 mcg capsule	norethindrone-e.estradiol-iron	Junel Fe, Larin Fe
tetracycline 250 mg capsule	tetracycline HCL	doxycycline hyclate cap, minocycline HCL cap
tetracycline 500 mg capsule	tetracycline HCL	doxycycline hyclate cap, minocycline HCL cap
timolol maleate 5 mg tablet	timolol maleate	atenolol tab, propranolol HCL tab
timolol 0.25% gel-solution	timolol maleate	timolol maleate drops
timolol 0.25% gfs gel-solution	timolol maleate	timolol maleate drops
timolol 0.5% eye drop	timolol maleate	timolol maleate drops
timolol 0.5% gel-solution	timolol maleate	timolol maleate drops
timolol 0.5% gfs gel-solution	timolol maleate	timolol maleate drops
Tovet emollient 0.05% foam	clobetasol propionate/emoll	clobetasol propionate solution
Tritocin 0.05% ointment	triamcinolone acetonide	triamcinolone acetonide cream
verapamil er pm 100 mg capsule	verapamil HCL	verapamil er tablet, extended release
verapamil er pm 200 mg capsule	verapamil HCL	verapamil er tablet, extended release
verapamil er pm 300 mg capsule	verapamil HCL	verapamil er tablet, extended release
voriconazole 200 mg tablet	voriconazole	fluconazole tablet
voriconazole 40 mg/ml susp	voriconazole	fluconazole suspension
voriconazole 50 mg tablet	voriconazole	fluconazole tablet

D. Changes to the Highmark National Select Formulary

The National Select Formulary is an incentive formulary with a non-formulary drug list to manage products in therapeutic categories for which preferred alternatives are available. The National Select Formulary is available for select Commercial self-funded (ASO) plans. A list of drugs included on the National Select Formulary, listed by therapeutic class, is available [here](#).

Table 1. Formulary Updates

Brand Name	Generic Name	Tier	Comments/Preferred Alternatives
Items listed below were added to the formulary (Preferred)			
Calquence tablets	acalabrutinib tablets	2	CLL, SLL, MCL

Brand Name	Generic Name	Tier	Comments/Preferred Alternatives
Imbruvica oral suspension	ibrutinib oral suspension	2	MCL, CLL/SLL, WM, MZL, cGVHD
Orkambi 75 mg/94 mg oral granules	lumacaftor, ivacaftor 75 mg/94 mg oral granules	2	Cystic fibrosis in patients 1 year and older
Items listed below were added to the formulary (Non-Preferred)			
Auvelity*	dextromethorphan hydrobromide, bupropion hydrochloride	3	bupropion SR, bupropion HCL tablet, sertraline HCL tablet
Kyzatrex*	testosterone undecanoate	3	testosterone cypionate, testosterone gel in metered-dose pump 20.25/1.25g, testosterone gel in packet (gram)
Sotyktu*	deucravacitinib	3	Prescriber discretion
Stimufend*	pegfilgrastim-fpgk	3	Prescriber discretion
Tadliq*	tadalafil oral suspension	3	sildenafil citrate 20 mg
Tascenso ODT*	fingolimod	3	dimethyl fumarate capsule, delayed release (enteric coated); glatiramer acetate
Ultomiris SC on-body injector*	ravulizumab-cwvz SC on-body injector	3	Prescriber discretion
Zonisade oral solution*	zonisamide oral solution	3	carbamazepine tablet, chewable, carbamazepine suspension, oral (final dose form) 100 mg/5ml, lacosamide solution, oral
Zoryve*	roflumilast	3	calcipotriene cream (gram); betamethasone dipropionate cream (gram); triamcinolone acetonide ointment (gram) 0.5 %
Items listed below were not added to the formulary			
Doryx MPC 60 mg	doxycycline 60 mg	NF	doxycycline hyclate, doxycycline monohydrate

Formulary options: **Tier 1:** Generic drugs; **Tier 2:** Preferred Brand drugs; **Tier 3:** Non-Preferred Brand drugs; **Non-formulary (NF).**

*Effective date and final formulary position to be determined.

Table 2. Additions to the Specialty Tier Copay Option

Effective upon completion of internal review and implementation unless otherwise noted.

Brand Name	Generic Name
Calquence tablets	acalabrutinib tablets
Imbruvica oral suspension	ibrutinib oral suspension
Orkambi 75 mg/94 mg oral granules	lumacaftor, ivacaftor 75 mg/94 mg oral granules
Sotyktu	deucravacitinib
Stimufend	pegfilgrastim-fpgk
Tadliq	tadalafil oral suspension
Tascenso ODT	fingolimod

Ultomiris SC on-body injector	ravulizumab-cwvz SC on-body injector
Zoryve	roflumilast

Table 3. Products to Be Removed or Shifted to Higher Tier – Effective January 2023

Brand Name	Generic Name	Preferred Alternatives
All National Select Products		
Abraxane 100 mg vial	paclitaxel protein-bound	paclitaxel protein-bound
Banzel 200 mg tablet	rufinamide	rufinamide
Banzel 400 mg tablet	rufinamide	rufinamide
Banzel 40 mg/ml suspension	rufinamide	rufinamide
Condylox 0.5% gel	podofilox	podofilox, imiquimod
Conzip 100 mg capsule	tramadol HCL	tramadol HCL ER tablet
Conzip 200 mg capsule	tramadol HCL	tramadol HCL ER tablet
Conzip 300 mg capsule	tramadol HCL	tramadol HCL ER tablet
Cuvposa 1 mg/5 ml solution	glycopyrrolate	glycopyrrolate
Cystadane 1 gram/scoop powder	betaine	betaine anhydrous
Esbriet 267 mg tablet	pirfenidone	pirfenidone
Esbriet 801 mg tablet	pirfenidone	pirfenidone
Esbriet 267 mg capsule	pirfenidone	pirfenidone
Evekeo 5 mg tablet	amphetamine sulfate	amphetamine sulfate
Evekeo 10 mg tablet	amphetamine sulfate	amphetamine sulfate
Fenofibrate 50 mg capsule	fenofibrate	fenofibrate 54 mg
Fenofibrate 150 mg capsule	fenofibrate	fenofibrate 145 mg
Fenofibrate 30 mg capsule	fenofibrate, micronized	fenofibrate 48 mg
Fenofibrate 90 mg capsule	fenofibrate, micronized	fenofibrate 67 mg, fenofibrate 134 mg
Feraheme 510 mg/17 ml vial	ferumoxytol	ferumoxytol
Glucagen 1 mg hypokit	glucagon	Baqsimi, Gvoke
Glucagon 1 mg emergency kit	glucagon HCL	Baqsimi, Gvoke
Incruse Ellipta 62.5 mcg inh	umeclidinium bromide	Spiriva, Spiriva Respimat
Non-preferred pen needles (Novo Nordisk, Trividia, all others)	pen needle, diabetic	BD ultra-fine pen needle, BD nano pen needle
Non-preferred insulin syringes (Novo Nordisk, Trividia, all others)	insulin syringes, diabetic	BD insulin syringe

Klonopin 1 mg tablet	clonazepam	clonazepam
Klonopin 0.5 mg tablet	clonazepam	clonazepam
Klonopin 2 mg tablet	clonazepam	clonazepam
Lipofen 50 mg capsule	fenofibrate	fenofibrate 54 mg
Lipofen 150 mg capsule	fenofibrate	fenofibrate 145 mg
Lovaza 1 gm capsule	omega-3 acid ethyl esters	omega-3 acid ethyl esters
Miconazole-zinc-petro 0.25-15%	miconazole nitrate/zinc ox/pet	clotrimazole, ketoconazole
Motegrity 1 mg tablet	prucalopride succinate	Linzess, Trulance
Motegrity 2 mg tablet	prucalopride succinate	Linzess, Trulance
Norpace 100 mg capsule	disopyramide phosphate	disopyramide phosphate, amiodarone HCL
Norpace 150 mg capsule	disopyramide phosphate	disopyramide phosphate, amiodarone HCL
Norpace CR 100 mg capsule	disopyramide phosphate	disopyramide phosphate, amiodarone HCL
Norpace CR 150 mg capsule	disopyramide phosphate	disopyramide phosphate, amiodarone HCL
Onfi 2.5 mg/ml suspension	clobazam	clobazam
Onfi 10 mg tablet	clobazam	clobazam
Onfi 20 mg tablet	clobazam	clobazam
Oxistat 1% cream	oxiconazole nitrate	oxiconazole nitrate, ketoconazole
Oxistat 1% lotion	oxiconazole nitrate	oxiconazole nitrate, ketoconazole
Perforomist 20 mcg/2 ml solution	formoterol fumarate	formoterol fumarate
Pyridium 100 mg tablet	phenazopyridine HCL	phenazopyridine HCL
Pyridium 200 mg tablet	phenazopyridine HCL	phenazopyridine HCL
Ritalin 5 mg tablet	methylphenidate HCL	methylphenidate HCL
Ritalin 10 mg tablet	methylphenidate HCL	methylphenidate HCL
Ritalin 20 mg tablet	methylphenidate HCL	methylphenidate HCL
Ritalin LA 20 mg capsule	methylphenidate HCL	methylphenidate er
Ritalin LA 30 mg capsule	methylphenidate HCL	methylphenidate er
Ritalin LA 40 mg capsule	methylphenidate HCL	methylphenidate er
Ritalin LA 10 mg capsule	methylphenidate HCL	methylphenidate er
Sabril 500 mg tablet	vigabatrin	vigabatrin
Sabril 500 mg powder packet	vigabatrin	vigabatrin
Samsca 15 mg tablet	tolvaptan	tolvaptan
Samsca 30 mg tablet	tolvaptan	tolvaptan
Thiola 100 mg tablet	tiopronin	tiopronin
tramadol HCL 100 mg tablet	tramadol HCL	tramadol 50 mg
TramadolHCL ER 100 mg capsule	tramadol HCL	tramadol HCL ER tablet

TramadolHCL ER 200 mg capsule	tramadol HCL	tramadol HCL ER tablet
TramadolHCL ER 300 mg capsule	tramadol HCL	tramadol HCL ER tablet
TramadolHCL ER 150 mg capsule	tramadol HCL	tramadol HCL ER tablet
Vimpat 200 mg/20 ml vial	lacosamide	lacosamide
Vimpat 50 mg tablet	lacosamide	lacosamide
Vimpat 100 mg tablet	lacosamide	lacosamide
Vimpat 150 mg tablet	lacosamide	lacosamide
Vimpat 200 mg tablet	lacosamide	lacosamide
Vimpat 10 mg/ml solution	lacosamide	lacosamide
Vusion ointment	miconazole nitrate/zinc ox/pet	clotrimazole, ketoconazole
Zegalogue 0.6 mg/0.6ml autoinj	dasiglucagon HCL	Baqsimi, Gvoke
Zegalogue 0.6 mg/0.6 ml syringe	dasiglucagon HCL	Baqsimi, Gvoke
Zelnorm 6 mg tablet	tegaserod hydrogen maleate	Linzess, Trulance

E. Updates to the Pharmacy Utilization Management Programs

1. Prior Authorization Program

Policy Name*	Policy Effective Date**	Updates and/or Approval Criteria
Androgen Receptor Inhibitors – Commercial and Healthcare Reform	10/17/2022	Policy revised for Nubeqa (darolutamide) for use in members 18 years of age or older with metastatic hormone-sensitive prostate cancer (HSPC) in combination with docetaxel.
Anti-Angiogenesis and VEGF Kinase Inhibitors – Commercial and Healthcare Reform	10/17/2022	Policy revised for Lenvima (lenvatinib) requiring age, diagnosis based on FDA-approved expanded indication, supported by companion diagnostic test.
BTK Inhibitors – Commercial and Healthcare Reform	10/17/2022	Policy revised for Imbruvica (ibrutinib) requiring age and diagnosis based on FDA-approved expanded indication; if the request is for Imbruvica oral suspension in chronic graft versus host disease (cGVHD), the member has an inability to swallow plan-preferred oral tablets or oral capsules.
Bylvay (odevixibat) – Commercial and Healthcare Reform	10/10/2022	Policy revised for Bylvay (odevixibat) to require genetic testing confirmed by progressive familial intrahepatic cholestasis (PFIC) type 1 or PFIC type 2 with bile salt export pump protein (BSEP-3) function.

Policy Name*	Policy Effective Date**	Updates and/or Approval Criteria
CFTR Modulators – Commercial and Healthcare Reform	10/17/2022	Policy revised for Orkambi (lumacaftor/ivacaftor) tablets and granules to expand age to 1 year or older and Kalydeco (ivacaftor) tablets and granules to expand age to 4 months or older.
CGRP Inhibitors – Commercial and Healthcare Reform	01/01/2023	Policy revised to update Nurtec ODT, Quilipta, & Ubrelvy prior authorization to apply to the HCR Essential Formulary.
Chronic Inflammatory Diseases – Commercial and Healthcare Reform	10/17/2022	Policy revised for Stelara (ustekinumab) in psoriatic arthritis to update age to 6 years or older. Policy revised to add new product Sotyktu (deucravacitinib) to require age; diagnosis based on FDA-approved indication; trial/failure to phototherapy, systemic therapy, or contraindication to all; and trial/failure of two (2) step 1 or 2 preferred products for plaque psoriasis: Cosentyx (secukinumab), Humira (adalimumab), Otezla (apremilast), Skyrizi (risankizumab) subcutaneous (SC), Stelara (ustekinumab) SC, Tremfya (guselkumab), or Enbrel (etanercept). Reauthorization for positive clinical response to therapy. Authorization duration of 12 months.
Chronic Inflammatory Diseases – Commercial National Select Formulary	10/17/2022	Policy revised for Stelara (ustekinumab) in psoriatic arthritis to update age to 6 years or older. Policy revised to add new product Sotyktu (deucravacitinib) to require age; diagnosis based on FDA-approved indication; trial/failure to phototherapy, systemic therapy, or contraindication to all; and trial/failure of two (2) step 1 or 2 preferred products for plaque psoriasis: Taltz (ixekizumab), Humira (adalimumab), Otezla (apremilast), Skyrizi (risankizumab) subcutaneous (SC), Stelara (ustekinumab) SC, Tremfya (guselkumab), or Enbrel (etanercept). Reauthorization for positive clinical response to therapy. Authorization duration of 12 months.
Clotting Factor Products – Commercial and Healthcare Reform	11/22/2022	Policy revised to update the additional authorized quantities for the loading dose of Hemlibra (emicizumab-kxwh) to 4 vials (1.6 mL) for the 60 mg/0.4 mL strength, 4 vials (2.8 mL) for the 105 mg/0.7 mL strength, and 6 vials (6 mL) for the 150 mg/1 mL strength. The total combined quantity limits including the coded limits and the additional single-dose vial limits were added to the policy.

Policy Name*	Policy Effective Date**	Updates and/or Approval Criteria
Colony-Stimulating Factors – Commercial and Healthcare Reform	01/01/2023	New policy for Neupogen (filgrastim), Releuko (filgrastim-ayow), and Granix (tbo-filgrastim) to require diagnosis based on FDA-approved indication, and trial/failure to Nivestym (filgrastim-aafi) and Zarxio (filgrastim-sndz) except when Neupogen (filgrastim) is being used for Hematopoietic Acute Radiation Syndrome. Colony-stimulating factor agents are required to not be used in combination with each other. Reauthorization criteria requires diagnosis based on FDA-approved indication and colony-stimulating factor agents to not be used in combination with each other.
Cystadane (betaine anhydrous) – Commercial and Healthcare Reform	01/01/2023	New policy created for Cystadane (betaine anhydrous for oral solution) requiring diagnosis based on FDA-approved indication and trial/failure to generic betaine anhydrous powder if the request is for brand Cystadane. Reauthorization to require reduction in total homocysteine plasma concentrations from baseline and trial/failure to generic betaine anhydrous if the request is for brand Cystadane (betaine anhydrous for oral solution).
Cystadrops and Cystaran (cysteamine ophthalmic solution) – Commercial and Healthcare Reform	10/10/2022	Policy revised to add reauthorization criteria requiring the prescriber to attest that the member has experienced positive clinical response to therapy.
Drugs for Chagas Disease – Commercial and Healthcare Reform	10/17/2022	Policy revised for Lampit (nifurtimox) to remove age limitation. Policy revised for benznidazole to allow for ages 2 years or older.
Enspryng (satralizumab-mwge) – Commercial and Healthcare Reform	10/10/2022	Policy revised for Enspryng (satralizumab-mwge) to require trial/failure to one immunosuppressant or contraindication to all. Limitations of coverage updated to remove contraindications. Initial authorization duration updated to 6 months, and reauthorization to 12 months.
Fertility – Commercial and Healthcare Reform – New York	10/17/2022	Criteria changed from requiring a diagnosis of infertility to requiring that the member is using the product for infertility for all products in the policy.
Fertility – Commercial and Select Healthcare Reform Plans	10/17/2022	Criteria changed from requiring a diagnosis of infertility to requiring that the member is using the product for infertility for all products in the policy.
FGFR Kinase Inhibitors – Commercial and Healthcare Reform	10/17/2022	Policy revised for Pemazyre (pemigatinib) requiring age, diagnosis based on FDA-approved expanded indication.

Policy Name*	Policy Effective Date**	Updates and/or Approval Criteria
Fingolimod – Commercial and Healthcare Reform	10/17/2022	Policy revised to include Tascenso ODT (fingolimod) to require age, weight, and diagnosis based on FDA-approved indication therapeutic failure to fingolimod capsules or inability to swallow capsules. Reauthorization requiring disease stability, improvement, or delayed disease progression.
Gonadotropin-Releasing Hormone (GnRH) Agonists – Commercial and Healthcare Reform	01/01/2023	Policy revised to add leuprolide acetate and require diagnosis of FDA-approved indication and trial/failure/contraindication to Eligard (leuprolide acetate).
Interleukin (IL)-5 Antagonists – Commercial and Healthcare Reform	TBD	Policy revised for Nucala (mepolizumab) in Eosinophilic Granulomatosis with Polyangiitis (EGPA), re-auth updated requiring one of the following: reduction in the frequency/severity of relapses, reduction or discontinuation of doses of corticosteroids/immunosuppressant, disease remission, or reduction in severity or frequency of EGPA-related symptoms. For Nucala (mepolizumab) in Hypereosinophilic Syndrome (HES), re-auth updated requiring one of the following: reduction in HES flares, or maintenance or reduction in background HES therapy.
Kuvan and Javygtor (sapropterin dihydrochloride) – Commercial and Healthcare Reform	10/17/2022	Policy revised for Javygtor (sapropterin dihydrochloride) to require age, diagnosis based on FDA-approved indication supported by baseline phenylalanine (Phe) levels greater than 6 mg/dL, trial/failure to generic sapropterin dihydrochloride, and documentation supporting compliance to a Phe-restrictive diet; documentation of the member's current weight; the dose does not exceed 20 mg/kg/day; and the member is not concomitantly utilizing Palynziq (pegvaliase-pqpz) injection. Reauthorization to require either 30% or greater decrease in blood Phe levels from baseline or Phe levels within targeted Phe levels; member is not concomitantly utilizing Palynziq (pegvaliase-pqpz) injection; clinical documentation of the member's current weight; and the dose does not exceed 20 mg/kg/day. Reauthorization revised for Javygtor (sapropterin dihydrochloride) and Kuvan (sapropterin dihydrochloride) to require documentation supporting compliance to a Phe-

Policy Name*	Policy Effective Date**	Updates and/or Approval Criteria
		restrictive diet. Initial authorization duration 3 months; reauthorization duration 12 months.
Market Watch Programs – Delaware	11/15/2022	Policy revised to add for venlafaxine besylate the therapeutic alternative of venlafaxine hydrochloride extended-release capsules.
Market Watch Programs – New York, Pennsylvania and West Virginia	11/15/2022	Policy revised to add for venlafaxine besylate the therapeutic alternative of venlafaxine hydrochloride extended-release capsules.
NTRK Inhibitors – Commercial and Healthcare Reform	TBD	Policy revised for Rozlytrek (entrectinib) to require an FDA-approved genetic test for the corresponding genetic abnormality.
Opzelura (ruxolitinib) – Commercial and Healthcare Reform	10/17/2022	Policy revised for Opzelura (ruxolitinib) for expanded indication in vitiligo to require age, diagnosis based on FDA approved indication, percentage of body surface area does not exceed 10%, trial/failure to one generic formulary, high or ultrahigh potency topical corticosteroid, or facial or anogenital involvement. Reauthorization of meaningful repigmentation of affected areas. Initial authorization duration of 24 weeks.
Oxervate (cenegermin-bkbj) – Commercial and Healthcare Reform	10/17/2022	Policy revised for Oxervate (cenegermin-bkbj) to remove the requirement that the member is two (2) years of age or older from the reauthorization criteria.
PARP Inhibitors – Commercial and Healthcare Reform	10/17/2022	Policy revised for Lynparza (olaparib) to remove criteria for FDA withdrawn indication for advanced ovarian cancer; and to require FDA-approved companion diagnostic for prostate cancer indication. Policy revised for Zejula (niraparib) to remove criteria for FDA withdrawn indication for advanced ovarian, fallopian tube, or primary peritoneal cancer in patients who have been treated with three or more prior chemotherapy regimens and whose cancer is associated with homologous recombination deficiency (HRD)-positive status.
Pulmonary Hypertension – Commercial and Healthcare Reform	11/15/2022	Policy revised to include Tadiq (tadalafil) requiring FDA-approved indication, inability to swallow tablets, and failure, contraindication, or intolerance to sildenafil or tadalafil/Alyq.
Spinraza (nusinersen) – Commercial and Healthcare Reform	10/10/2022	Policy revised to add one criterion in addition to the criteria already in place: member will not be receiving Evrysdi (risdiplam) concomitantly with Spinraza (nusinersen).

Policy Name*	Policy Effective Date**	Updates and/or Approval Criteria
Testosterone (Androgens) – Commercial and Healthcare Reform	11/15/2022	Policy revised to add new product Kyzatrex (testosterone undecanoate) to require that the member is male; has a diagnosis of hypogonadism; has tried and failed one generic topical testosterone product; has documented low testosterone levels supported by one of the following: at least two documented low total testosterone levels or attestation the member is not producing testosterone; and meets one of the following: 1) has testicular failure, 2) has multiple symptoms including at least 1 documented specific symptom, 3) has hypopituitarism, 4) is experiencing weight loss due to HIV-infection, or 5) is on chronic steroid treatment. For a diagnosis of double orchidectomy, the member is male; has a diagnosis of primary or secondary hypogonadism with testicular failure; and has tried and failed one generic topical testosterone product. For a diagnosis of gender dysphoria, the member has a diagnosis of gender dysphoria; and if the member is 15 years of age or younger, the drug is prescribed by a clinician competent in the evaluation and induction of pubertal development. For reauthorization, prescriber attestation that the member has experienced a positive clinical response and requires continued therapy with testosterone
Ultomiris (ravulizumab-cwvz) Subcutaneous	TBD	Policy revised to add Ultomiris (ravulizumab-cwvz) subcutaneous, a new dosage form. For treatment of paroxysmal nocturnal hemoglobinuria (PNH), the member must be 18 years of age or older, the member has a diagnosis of PNH verified by flow cytometry, the member has clinical findings attributed to the PNH, the member will have had a weight-based intravenous (IV) loading dose of Ultomiris (ravulizumab-cwvz) prior to starting the SC therapy. For both diagnoses, the physician must attest that Ultomiris SC (ravulizumab-cwvz) will not be used in combination with another complement inhibitor (e.g., Soliris [eculizumab] or Empaveli [pegcetacoplan]). Reauthorization requires that the physician attests to the member meeting specified clinical criteria related to response from therapy. For treatment of Atypical Hemolytic Uremic Syndrome (aHUS), the member must be 18 years of age or older, the member has

Policy Name*	Policy Effective Date**	Updates and/or Approval Criteria
		a diagnosis of aHUS verified by specified criteria, and the member will have had a weight-based IV loading dose of Ultomiris (ravulizumab-cwvz) prior to starting the SC therapy. Reauthorization requires that the physician attests to the member meeting specified clinical criteria related to response to therapy.
Elagolix and Relugolix-Containing Products – Commercial and Healthcare Reform	10/17/2022	Policy revised for Myfembree (relugolix, estradiol, norethindrone acetate) to include expanded indication of endometriosis; and to combine Orilissa (elagolix) into this policy. For Orilissa (elagolix) and Myfembree (relugolix, estradiol, norethindrone acetate), members must experience trial/failure/contraindication to two (2) of the following: generic nonsteroidal anti-inflammatory drug (NSAID), combined hormonal contraceptive, progestin, or gonadotropin-releasing hormone receptor (GnRH) agonist. For all products in the policy, the member must be a premenopausal woman without a diagnosis of osteoporosis, and the prescriber must attest that the member is not pregnant. The total combined treatment duration of Oriahnn (elagolix, estradiol, and norethindrone acetate capsules; elagolix capsules), Orilissa (elagolix), and Myfembree (relugolix, estradiol, norethindrone acetate) must not exceed 24 months. Reauthorization criteria ensures that the member has experienced a reduction in pain and the benefit of treatment exceeds the risk of bone loss.
Vtama (tapinarof) and Zoryve (roflumilast) – Commercial and Healthcare Reform	11/15/2022	Policy revised to add Zoryve (roflumilast) requiring age, diagnosis based on FDA-approved indication, trial/failure of one generic formulary medium, high, or ultrahigh potency corticosteroid or involvement of facial or intertriginous areas, and trial/failure of one generic formulary vitamin D analog. Reauthorization for positive clinical response to therapy. Initial authorization duration of 4 months and reauthorization duration of 12 months.
Xuriden (uridine triacetate) – Commercial and Healthcare Reform	10/10/2022	Policy revised for Xuriden (uridine triacetate) to remove demonstration of megaloblastic anemia unresponsive to iron, folic acid, or vitamin B12 and to require genetic testing confirming mutation of the uridine monophosphate synthetase gene or

Policy Name*	Policy Effective Date**	Updates and/or Approval Criteria
		elevated orotic acid levels in the urine. Reauthorization revised to add option of stabilization or improvement of hematologic parameters from baseline.
Xyrem (sodium oxybate) and Xywav (calcium, magnesium, potassium and sodium oxybates) – Commercial and Healthcare Reform	10/17/2022	Policy revised to allow approval of Xyrem (sodium oxybate) for idiopathic hypersomnia (IH). Xywav (calcium, magnesium, potassium, and sodium oxybates) now requires step through Xyrem or sensitivity to sodium intake for treatment of IH.

*For Commercial and Healthcare Reform policies, an exception to some or all the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

**All effective dates are tentative and subject to delay pending internal review or approval.

2. Managed Prescription Drug Coverage (MRxC) Program

Policy Name*	Policy Effective Date**	Updates and Automatic Approval Criteria
Acute Migraine Therapies – Commercial	11/14/2022	Policy revised to remove statement from Additional Restrictions: Excluding members with the HCR Essential Formulary for Prior Authorization (Step Therapy for Non-Preferred Medications).
Antiviral Therapy – Healthcare Reform	10/10/2022	Policy revised for Sitavig (acyclovir) buccal tablets, Denavir (penciclovir) 1% cream, Xerese (acyclovir 5%/hydrocortisone 1%) topical cream, and Zovirax (acyclovir) topical cream to remove automatic authorization criteria. Reauthorization criteria revised to require for Xerese (acyclovir 5%/hydrocortisone 1%), the member has experienced therapeutic failure or intolerance to plan-preferred acyclovir 5% ointment in combination with hydrocortisone 1% cream simultaneously.
Antiviral Therapy (Sitavig & Denavir) – Commercial	10/10/2022	Policy revised for Sitavig (acyclovir) buccal tablets and Denavir (penciclovir) 1% cream to remove automatic authorization criteria.
Atypical Antipsychotics – Commercial	10/25/2022	Policy revised to add aripiprazole oral solution to the target drug products. In addition, the targets Abilify and Seroquel XR were revised to require prior authorization for "brand" products only.
Atypical Antipsychotics – Healthcare Reform	10/25/2022	Policy revised to add aripiprazole oral solution to the target drug products. In addition, the target Abilify was revised to require prior authorization for "brand" products only.

Policy Name*	Policy Effective Date**	Updates and Automatic Approval Criteria
Auvelity (dextromethorphan hydrobromide and bupropion hydrochloride) – Commercial and Healthcare Reform	TBD	New policy for Auvelity (dextromethorphan hydrobromide and bupropion hydrochloride) requiring age, diagnosis based on FDA-approved indication, and trial/failure/contraindication to one other generic antidepressant and generic bupropion hydrochloride tablets. Reauthorization to require positive response to therapy.
Cyclobenzaprine and Metaxalone Products- Commercial and Healthcare Reform	10/10/2022	Policy revised to add criteria for Amrix (cyclobenzaprine HCl, extended-release). Generic baclofen, an anti-spasticity agent, was replaced as an alternative with generic orphenadrine tablets. Reauthorization criteria were revised to require that the provider attests that the member is experiencing a new episode of mild to moderate pain of an acute musculoskeletal disorder(s). Length of authorization decreased to a 3-month authorization period.
Direct Oral Anticoagulants (DOACs) – Commercial and Healthcare Reform	01/01/2023	Policy revised to add brand Pradaxa (dabigatran etexilate) capsules and Savaysa (edoxaban) to require diagnosis based on FDA-approved indication, trial/failure/contraindication to Eliquis (apixaban), Xarelto (rivaroxaban) tablets, and generic dabigatran etexilate capsules depending on age. Reauthorization revised to require positive response to therapy and the same step therapy above.
Direct Oral Anticoagulants (DOACs) – Commercial and Healthcare Reform	TBD	Policy revised for Pradaxa (dabigatran etexilate) oral pellets to require if member is 8 years of age or older the member has an inability to swallow generic dabigatran etexilate capsules. For reauthorization, member continues to have an inability to swallow generic dabigatran etexilate.
Duexis (ibuprofen/famotidine) – Commercial and Healthcare Reform	TBD	Policy revised for Duexis (Ibuprofen/famotidine) to add trial/failure/contraindication to generic product. Reauthorization revised to require trial/failure/contraindication to generic.
Non-Preferred Basal Insulins – Commercial	01/01/2023	Policy created for insulin degludec, insulin glargine-yfgn, and Semglee (insulin glargine) based on FDA-approved indication, trial and failure of metformin or using with metformin if member has type 2 diabetes, and trial and failure through all of the following: insulin glargine, Lantus (insulin glargine), Levemir (insulin detemir), Toujeo (insulin glargine), and Tresiba (insulin degludec).

Policy Name*	Policy Effective Date**	Updates and Automatic Approval Criteria
Non-Preferred Basal Insulins – Commercial	TBD	Policy revised to add Rezvoglar (insulin glargine-aglr) to require diagnosis of diabetes, trial and failure of metformin or using with metformin if member has type 2 diabetes, and trial and failure through all of the following: insulin glargine, Lantus (insulin glargine), Levemir (insulin detemir), Toujeo (insulin glargine), and Tresiba (insulin degludec).
Non-Preferred Basal Insulins – Commercial and Healthcare Reform	10/17/2022	Policy revised to add insulin degludec to require diagnosis based on FDA-approved indication, trial and failure of metformin or using with metformin if member has type 2 diabetes, and trial and failure through all of the following: Basaglar (insulin glargine), Lantus (insulin glargine), Levemir (insulin detemir), Toujeo (insulin glargine), and Tresiba (insulin degludec).
Non-Preferred Basal Insulins – Healthcare Reform	01/01/2023	Policy revised to only target Healthcare Reform.
Non-Preferred Basal Insulins – Healthcare Reform	TBD	Policy revised to add Rezvoglar (insulin glargine-aglr) to require diagnosis of diabetes, trial and failure of metformin or using with metformin if member has type 2 diabetes, and trial and failure through all of the following: Basaglar (insulin glargine), Lantus (insulin glargine), Levemir (insulin detemir), Toujeo (insulin glargine), and Tresiba (insulin degludec).
Non-Preferred Bupropion Products – Commercial and Healthcare Reform	10/10/2022	Policy revised to add Auvelity (dextromethorphan hydrobromide and bupropion hydrochloride) requiring diagnosis based on FDA-approved indication, and trial/failure/contraindication to one other generic antidepressant and generic bupropion hydrochloride tablets. Reauthorization to require positive response to therapy.
Non-Preferred Liquid Dosage Form Drugs – Commercial and Healthcare Reform	TBD	New policy created for select non-preferred liquid dosage form drugs requiring that the drug is used for an FDA-approved indication and that the member has an inability to swallow solid oral dosage forms. Reauthorization criteria requires positive clinical response to therapy and that the member has an inability to swallow solid oral dosage forms.
Omega-3 Fatty Acid Products – Commercial and Healthcare Reform	TBD	Policy revised for Vascepa (icosapent ethyl) to remove coverage of the generic for cardiovascular disease as generic is not indicated for it. Reauthorization for cardiovascular disease added

Policy Name*	Policy Effective Date**	Updates and Automatic Approval Criteria
		that the member will continue to use brand Vascepa adjunct to maximally tolerated statin therapy, unless the member is statin intolerant.
Pancreatic Enzymes – Commercial	01/01/2023	New policy created for Pancreaze (pancrelipase) and Pertzye (pancrelipase) requiring diagnosis based on FDA-approved indication, and trial/failure of Creon (pancrelipase) and Zenpep (pancrelipase)
Phospholine Iodide (echothiophate iodide) – Commercial and Healthcare Reform	10/10/2022	New policy for Phospholine Iodide (echothiophate iodide) requiring FDA-approved indication. For intraocular pressure, trial/failure to generic latanoprost and one other generic ophthalmic alternative is required. Reauthorization added to require positive response to therapy.
Saphris (asenapine) – Commercial	04/01/2023	New policy for Saphris (asenapine) requiring age, diagnosis based on FDA-approved indication, and trial/failure through generic asenapine sublingual tablets if the request is for Brand Saphris (asenapine); and two of the following or all are contraindicated: generic olanzapine, generic quetiapine, or generic risperidone. Reauthorization criteria requires positive clinical response to therapy and trial/failure to generic asenapine sublingual tablets if the request is for Brand Saphris (asenapine).
Saphris (asenapine) – Healthcare Reform	04/01/2023	New policy for Saphris (asenapine) requiring age, diagnosis based on FDA-approved indication, and trial/failure through generic asenapine sublingual tablets and two of the following or all are contraindicated: generic olanzapine, generic quetiapine, or generic risperidone. Reauthorization criteria requires positive clinical response to therapy and trial/failure to generic asenapine sublingual tablets.
Secuado (asenapine) – Commercial and Healthcare Reform	11/22/2022	Policy revised for Secuado (asenapine) to require therapeutic failure or intolerance to generic asenapine sublingual tablets for initial authorization and reauthorization.
Tudorza Pressair (aclidinium bromide) – Commercial and Healthcare Reform	01/01/2023	New policy for Tudorza Pressair (aclidinium bromide) to require age, diagnosis based on FDA-approved indication, and trial/failure/contraindication to Spiriva Handihaler (tiotropium bromide) or Spiriva Respimat (tiotropium bromide) and Incruse Ellipta (umeclidinium). Reauthorization to require attestation of reduction in symptoms of chronic obstructive pulmonary disease

Policy Name*	Policy Effective Date**	Updates and Automatic Approval Criteria
		(COPD), improvement in exercise tolerance, delayed disease progression, or reduction in number of COPD exacerbations.
Vimovo (naproxen and esomeprazole magnesium) – Commercial and Healthcare Reform	TBD	Policy revised to add if request is for Vimovo (naproxen and esomeprazole magnesium), member must experience therapeutic failure or intolerance to generic naproxen/esomeprazole delayed-release tablet.
Vimovo (naproxen and esomeprazole magnesium) – Commercial National Select	TBD	Policy revised to add if request is for Vimovo (naproxen and esomeprazole magnesium), member must experience therapeutic failure or intolerance to generic naproxen/esomeprazole delayed-release tablet.
Xeloda (capecitabine) – Commercial and Healthcare Reform	10/10/2022	Policy revised for Xeloda (capecitabine) to require upon reauthorization for brand Xeloda documentation that the AB-rated generic is ineffective or not tolerated.
Zonisade (zonisamide) – Commercial and Healthcare Reform	11/22/2022	New policy for Zonisade (zonisamide oral suspension) requiring FDA-approved indication and age, use of Zonisade as adjunctive therapy, inability to swallow capsules, and failure/intolerance to two (2) of the following or contraindication to all of the following: carbamazepine suspension/chewable tablet/extended-release capsule, lacosamide solution, or oxcarbazepine suspension. Authorization duration of 12 months. Reauthorization requiring reduction in seizure frequency from baseline and continued inability to swallow capsules.

*For Commercial and Healthcare Reform policies, an exception to some or all the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

**All effective dates are tentative and subject to delay pending internal review or approval.

Standard prior authorization criteria will apply for members who do not meet the automatic approval criteria.

3. Formulary Program

No changes at this time.

4. Quantity Level Limit (QLL) Programs*

Effective immediately upon completion of internal review and implementation, unless otherwise noted.

Table 1. Quantity Level Limits – Quantity per Duration for Commercial and Healthcare Reform Plans

Drug Name	Retail Edit Limit	Mail Edit Limit
Amerge (naratriptan)	22.5 mg per 25 days	67.5 mg per 75 days
COVID-19 Vaccines	6 doses per 720 days	6 doses per 720 days
Hemlibra (emicizumab-kxwh) injection 150 mg/mL	6 vials (6 mL) per 21 days	18 vials (18 mL) per 62 days
Hemlibra (emicizumab-kxwh) injection 30 mg/mL	4 vials (4 mL) per 21 days	12 vials (12 mL) per 62 days
Hemlibra (emicizumab-kxwh) injection 60 mg/ 0.4 mL	12 vials (4.8 mL) per 21 days	36 vials (14.4 mL) per 62 days
Imbruvica (ibrutinib) oral suspension	One 108 mL bottle per 18 days	Five (5) 108 mL bottles per 90 days
Phospholine Iodide (echothiophate iodide for ophthalmic solution)	5 ml (1 bottle) per 25 days	15 mL (3 bottles) per 75 days
Tadliq (tadalafil) oral suspension	Two 150 mL bottles per 30 days	Six 150 mL bottles per 90 days
Ultomiris (ravulizumab-cwvz) SC on-body injector	8 prefilled cartridges per 28 days	24 prefilled cartridges per 84 days
Xolair (omalizumab)	2 mL per 21 days	6 mL per 63 days
Zonisade (zonisamide) oral solution	Six 150 mL bottles per 21 days	Eighteen 150 mL bottles per 63 days

*Effective date to be determined.

Table 2. Quantity Level Limits – Quantity per Dispensing Event – Commercial and Healthcare Reform Plans

Drug Name	Retail Edit Limit	Mail Edit Limit
Zoryve (roflumilast)	1 tube (60g)	3 tubes (180g)

*Effective date to be determined.

Quantity per dispensing event limits the quantity of medication that can be dispensed per each fill. If the submitted day supply on a claim is 34 days or less, the retail limit will apply. If the submitted day supply on a claim is greater than 34 days, the mail limit will apply.

Table 3. Maximum Daily Quantity Limits – Commercial and Healthcare Reform Plans

Drug Name	Daily Limit
Auvelity (dextromethorphan hydrobromide, bupropion hydrochloride)	2 tablets per day
Calquence (acalabrutinib) tablets	2 tablets per day
Esbriet (pirfenidone) 267 mg tablets and capsules	3 tablets/capsules per day
Kyzatrex (testosterone undecanoate)	100 mg: 2 capsules per day; 150 mg: 4 capsules per day; 200 mg: 4 capsules per day.
Orkambi (lumacaftor, ivacaftor) 75 mg/94 mg oral granules	2 packets per day
pirfenidone 534 mg tablets	3 tablets per day

Drug Name	Daily Limit
Quetiapine 150 mg	2 tablets/day
Sotyktu (deucravacitinib)	1 tablet per day
Tascenso ODT (fingolimod)	1 tablet per day

*Quantity per Duration (QD) rule also applies to this medication (refer to Table 1).

Members can receive up to the maximum day supply according to their benefits, but the daily limit must not be exceeded for each individual day.

Requests for coverage of select medications exceeding the defined quantity level limits may be submitted for clinical review. Maximum-day supply on certain medications may vary depending on member's benefit design.

SECTION II. Highmark Medicare Part D Formularies

A. Changes to the Highmark Medicare Part D 5-Tier Incentive Formulary

The Highmark Pharmacy and Therapeutics Committee has reviewed the medications listed in the tables below. For your convenience, you can search the Highmark Medicare Part D Formularies online at:

[Incentive Formulary](#)

Table 1. Preferred Products

Effective immediately pending Centers for Medicare and Medicaid Services (CMS) approval and upon completion of internal review and implementation.

Brand Name	Generic Name	Comments
Quetiapine 150 mg	Quetiapine 150 mg	Schizophrenia; bipolar I manic episodes; bipolar depressive episodes

Table 2. Non-Preferred Products

Effective immediately pending CMS approval and upon completion of internal review and implementation.

Brand Name	Generic Name	Preferred Alternatives
Kyzatrex	testosterone undecanoate	testosterone cypionate, testosterone gel in metered-dose pump, testosterone gel in packet
Auvelity	dextromethorphan hydrobromide, bupropion hydrochloride	Prescriber discretion
Midazolam autoinjector	Midazolam autoinjector	Prescriber discretion

B. Changes to the Highmark Medicare Part D 5-Tier Closed Formulary

The Highmark Pharmacy and Therapeutics Committee has reviewed the medications listed in the tables below. For your convenience, you can search the Highmark Medicare Part D Formularies online at:

- [Performance Formulary](#)
- [Venture Formulary](#)

Table 1. Preferred Products

Effective immediately pending CMS approval and upon completion of internal review and implementation.

Brand Name	Generic Name	Comments
Quetiapine 150 mg	Quetiapine 150 mg	Schizophrenia; bipolar I manic episodes; bipolar depressive episodes

Table 2. Non-Preferred Products

Effective immediately pending CMS approval and upon completion of internal review and implementation.

Brand Name	Generic Name	Preferred Alternatives
Auvelity	dextromethorphan hydrobromide, bupropion hydrochloride	Prescriber discretion
Midazolam autoinjector	Midazolam autoinjector	Prescriber discretion

Table 3. Products Not Added*

Effective immediately pending CMS approval and upon completion of internal review and implementation.

Brand Name	Generic Name	Preferred Alternatives
Doryx MPC 60 mg	doxycycline 60 mg	doxycycline hyclate 100 mg capsule, doxycycline hyclate 100 mg tablet, doxycycline hyclate 100 mg tablet, delayed release (DR/EC)
Kyzatrex	testosterone undecanoate	testosterone cypionate, testosterone gel in metered-dose pump, testosterone gel in packet
Sotyktu	deucravacitinib	Otezla, Humira (CF), Skyrizi pen injector
Zoryve	roflumilast	calcipotriene 0.005%; fluticasone propionate topical cream 0.05%; betamethasone dipropionate topical cream 0.05%
Spevigo	spesolimab-sbzo	Provider discretion

*Physicians may request coverage of these products using the [Prescription Drug Medication Request Form](#).

C. Additions to the Specialty Tier

Effective immediately pending CMS approval and upon completion of internal review and implementation.

Brand Name	Generic Name
Calquence tablets	acalabrutinib tablets
Cimerli	ranibizumab-eqrn
Doryx MPC 60 mg*	doxycycline 60 mg
Imbruvica oral suspension	ibrutinib oral suspension
Orkambi 75 mg/94 mg oral granules	lumacaftor, ivacaftor 75 mg/94 mg oral granules
Sotyktu*	deucravacitinib
Spevigo*	spesolimab-sbzo
Stimufend	pegfilgrastim-fpgk
Tadliq	tadalafil oral suspension
Tascenso ODT	fingolimod
Ultomiris SC on-body injector	ravulizumab-cwvz SC on-body injector

Xenpozyme	olipudase alfa
Zonisade oral solution	zonisamide oral solution
Zoryve*	roflumilast

*Incentive Formulary Only

D. Updates to the Pharmacy Utilization Management Programs

1. Prior Authorization Program

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Adalimumab BIOSIMILARS – Medicare	TBD	Policy revised for Hyrimoz (adalimumab-adaz), Hulio (adalimuamb-fkjp), Abrilada (adalimumab-afzb), and Amjevita (adalimumab-atto) to allow for expanded indications in members 2 years of age or older with juvenile idiopathic arthritis (JIA) and 6 years of age or older for Crohn's disease (CD).
Administrative Prior Authorizations for Medicare Part D Plans – Medicare	01/01/2023	Policy revised to add Medrol (methylprednisolone), Millipred (prednisolone) and Orapred ODT (prednisolone sodium phosphate) to require BvD criteria for immunosuppressants. Pliaglis (lidocaine-tetracaine) added to verify use for a medically accepted indication. Myobloc (rimabotulinumtoxin B) added to verify use for a medically accepted indication excluding cosmetic use. Clomiphene added to verify use for a medically accepted indication excluding infertility. Lidocaine topical products added as target for BvD Dialysis review per CMS guidelines.
Androgen Receptor Inhibitors – Medicare	10/17/2022	Policy revised for Nubeqa (darolutamide) for use in members with metastatic hormone-sensitive prostate cancer (HSPC) in combination with docetaxel.
Anti-Angiogenesis and VEGF Kinase Inhibitors – Medicare	10/17/2022	Policy revised for Lenvima (lenvatinib) requiring age, diagnosis based on FDA-approved expanded indication, supported by companion diagnostic test.
Benlysta (belimumab) – Medicare	10/17/2022	Policy revised for Benlysta (belimumab) to add age expansion of 5 years and older for intravenous formulation in lupus nephritis.
BTK Inhibitors – Medicare	10/17/2022	Policy revised for Imbruvica (ibrutinib) requiring diagnosis based on FDA-approved expanded indication; if the request is for Imbruvica oral suspension in chronic graft versus host disease (cGVHD), the member has an inability to swallow

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
		oral tablets or oral capsules; age of 18 years and older removed for Imbruvica (ibrutinib).
Chronic Inflammatory Diseases – Medicare	11/14/2022	Policy revised for Stelara (ustekinumab) subcutaneous in psoriatic arthritis to update age to 6 years or older. Policy revised to add new product Sotyktu (deucravacitinib) to require age; diagnosis based on FDA-approved indication; trial/failure to phototherapy, systemic therapy, or contraindication to all; and trial/failure of two (2) preferred products for plaque psoriasis: Cosentyx (secukinumab), Humira (adalimumab), Otezla (apremilast), Skyrizi (risankizumab) subcutaneous (SC), Stelara (ustekinumab) SC, or Enbrel (etanercept). Authorization duration of 12 months.
Daytrana (methylphenidate patch) – Medicare	10/10/2022	Policy revised to split into criteria for methylphenidate patch and criteria for Daytrana (methylphenidate) patch. The methylphenidate patch will require the following: member is between 6 and 17 years of age, diagnosis of ADHD, and therapeutic failure, contraindication, or intolerance to two (2) of the following: methylphenidate, atomoxetine, or dextroamphetamine/amphetamine. Coverage of Daytrana patch requires member is between 6 and 17 years of age, diagnosis of ADHD, and therapeutic failure or contraindication to the methylphenidate patch.
Drugs for Chagas Disease – Medicare	10/17/2022	Policy revised for Lampit (nifurtimox) to remove age limitation. Policy revised for benznidazole to allow for ages 2 years or older.
Enzyme Replacement Therapy for Gaucher Disease – Medicare	10/17/2022	Policy revised for Cerezyme (imiglucerase), Eleyso (taliglucerase alfa), and Vpriv (velaglucerase alfa) to require deficiency in glucocerebrosidase activity in peripheral leukocytes.
Epidiolex (cannabidiol oral solution) – Medicare	10/17/2022	Policy revised to remove age requirement for all indications.
Fetzima (levomilnacipran) – Medicare	TBD	Policy revised for Fetzima (levomilnacipran) to change the current trial and failure requirement of two antidepressants to a trial and failure of two generic antidepressants.
FGFR Kinase Inhibitors – Medicare	10/17/2022	Policy revised for Pemazyre (pemigatinib) requiring diagnosis based on FDA-approved expanded indication.

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Fingolimod – Medicare	10/17/2022	Policy revised to include Tascenso ODT (fingolimod) to require age, weight, and diagnosis based on FDA-approved indication.
Fintepla (fenfluramine) – Medicare	01/01/2023	Policy revised to remove reauthorization criteria. Medication is a protected indication drug.
Interleukin (IL)-5 Antagonists – Medicare	TBD	Policy revised for Nucala (mepolizumab) and Fasentra (benralizumab) to remove age requirements for all indications.
Interleukin (IL)-5 Antagonists – Medicare	10/17/2022	Policy revised for Nucala (mepolizumab) and Fasentra (benralizumab) to add reauthorization for severe asthma requiring one of the following: decreased rescue medication or oral corticosteroid use, frequency of severe exacerbations, increase in pulmonary function, or reduced asthma-related symptoms. For Nucala (mepolizumab) in Eosinophilic Granulomatosis with Polyangiitis (EGPA), re-auth added requiring one of the following: reduction in the frequency/severity of relapses, reduction or discontinuation of doses of corticosteroids/immunosuppressant, disease remission, or reduction in severity or frequency of EGPA-related symptoms. For Nucala (mepolizumab) in Hypereosinophilic Syndrome (HES), re-auth added requiring one of the following: reduction in HES flares, or maintenance or reduction in background HES therapy. For Nucala (mepolizumab) in Chronic rhinosinusitis with nasal polyps (CRSwNP), re-auth added requiring one of the following: decrease in nasal polyp or nasal congestion/obstruction severity score.
Krystexxa (pegloticase) – Medicare	01/01/2023	Policy revised for Krystexxa (pegloticase) to require concomitant methotrexate therapy or contraindication; elevated serum uric acid levels above 6 mg/dL; and member does not have G6PD deficiency. Reauthorization criteria revised to require reduction in uric acid levels to less than 6 mg/dL.
Kuvan and Javygtor (sapropterin dihydrochloride) – Medicare	10/10/2022	Policy revised for Javygtor (sapropterin dihydrochloride) to require diagnosis based on FDA-approved indication supported by baseline phenylalanine (Phe) levels greater than 6 mg/dL, trial/failure to generic sapropterin dihydrochloride, documentation of the member's current weight,

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
		and the dose does not exceed 20 mg/kg/day. Reauthorization to require either decrease in blood Phe levels from baseline or Phe levels within targeted Phe levels; clinical documentation of the member's current weight; and the dose does not exceed 20 mg/kg/day. Initial authorization duration 3 months; reauthorization duration 12 months.
Opzelura (ruxolitinib) – Medicare	10/17/2022	Policy revised for Opzelura (ruxolitinib) for expanded indication in vitiligo to require age, diagnosis based on FDA approved indication, percentage of body surface area does not exceed 10%, trial/failure to one generic formulary, high or ultrahigh potency topical corticosteroid, or facial or anogenital involvement. Reauthorization of meaningful repigmentation of affected areas. Initial authorization duration of 24 weeks.
Orkambi (lumacaftor/ivacaftor) – Medicare	10/17/2022	Policy revised for Orkambi (lumacaftor/ivacaftor) to remove age limitations.
Parathyroid Hormone Analogs – Medicare	TBD	Policy revised for Bonsity (teriparatide) to trial/failure/contraindication to generic teriparatide.
Parathyroid Hormone Analogs – Medicare	01/01/2023	Policy revised for brand Forteo (teriparatide) and Tymlos (abaloparatide) trial/failure/contraindication to generic teriparatide.
PARP Inhibitors - Medicare	10/17/2022	Policy revised for Lynparza (olaparib) to remove criteria for FDA withdrawn indication for advanced ovarian cancer. Policy revised for Zejula (niraparib) to remove criteria for FDA withdrawn indication for advanced ovarian, fallopian tube, or primary peritoneal cancer in patients who have been treated with three or more prior chemotherapy regimens and whose cancer is associated with homologous recombination deficiency (HRD)-positive status.
Phospholine Iodide (echothiophate iodide) – Medicare	10/10/2022	New policy for Phospholine Iodide (echothiophate iodide) requiring FDA-approved indication. For intraocular pressure, trial/failure to generic latanoprost and one other generic ophthalmic alternative is required.

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Programmed Death Receptor Therapies – Medicare	10/17/2022	Policy revised for Keytruda (pembrolizumab) and Imfinzi (durvalumab) requiring diagnosis based on FDA-approved indication.
Pulmonary Hypertension – Medicare	11/21/2022	Policy revised to include Tadalafil (tadalafil) requiring FDA-approved indication, inability to swallow tablets, and failure or intolerance tadalafil/Alyq.
Spevigo (spesolimab-sbzo) – Medicare	10/10/2022	New policy for Spevigo (spesolimab-sbzo) requiring FDA-approved indication.
Testosterone (Androgens) – Medicare	10/10/2022	Policy revised to add new product Kyzatrex (testosterone undecanoate) to require that the member is male; has a diagnosis of hypogonadism; meets one of the following: has primary or secondary hypogonadism with testosterone deficiency, is experiencing weight loss due to HIV-infection, or is on chronic steroid treatment; and the member has low testosterone levels per the laboratory reference range. For a diagnosis of double orchidectomy, the member is male and has a diagnosis of primary or secondary hypogonadism with testicular failure. For a diagnosis of gender dysphoria, the member has a diagnosis of gender dysphoria or gender identity disorder.
Ultomiris (ravulizumab-cwvz)	TBD	Policy revised to add Ultomiris (ravulizumab-cwvz) subcutaneous, a new dosage form. For treatment of paroxysmal nocturnal hemoglobinuria (PNH), the member must be 18 years of age or older, the member has a diagnosis of PNH verified by flow cytometry, the member has clinical findings attributed to the PNH, the member will have had a weight-based intravenous (IV) loading dose of Ultomiris (ravulizumab-cwvz) prior to starting the SC therapy. Reauthorization requires that the physician attests to the member meeting specified clinical criteria related to response from therapy. For treatment of Atypical Hemolytic Uremic Syndrome (aHUS), the member must be 18 years of age or older, the member has a diagnosis of aHUS verified by specified criteria, and the member will have had a weight-based IV loading dose of Ultomiris (ravulizumab-cwvz) prior to starting the SC therapy. Reauthorization requires that the physician attests to the member

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
		meeting specified clinical criteria related to response to therapy.
Uterine leiomyomas – Medicare	10/17/2022	Policy revised for Myfembree (relugolix, estradiol, norethindrone acetate) to include expanded indication of endometriosis. For Myfembree (relugolix, estradiol, norethindrone acetate), members must experience trial/failure/contraindication to two (2) of the following: generic nonsteroidal anti-inflammatory drug (NSAID), combined hormonal contraceptive, progestin, or gonadotropin-releasing hormone (GnRH) agonist. The member must be a premenopausal woman and the prescriber must attest that the member is not pregnant. The total combined treatment duration of Oriahnn (elagolix, estradiol, and norethindrone acetate capsules; elagolix capsules), and Myfembree (relugolix, estradiol, norethindrone acetate) must not exceed 24 months. Reauthorization criteria ensures that the member has experienced a reduction in pain.
Uterine leiomyomas Elagolix and Relugolix-Containing Products – Medicare	TBD	Policy revised to combine Orilissa (elagolix) into this policy requiring members to experience trial/failure/contraindication to two (2) of the following: generic nonsteroidal anti-inflammatory drug (NSAID), combined hormonal contraceptive, progestin, or GnRH agonist. For all products in the policy, the member must be a premenopausal woman and the prescriber must attest that the member is not pregnant. The total combined treatment duration of Oriahnn (elagolix, estradiol, and norethindrone acetate capsules; elagolix capsules), Orilissa (elagolix), and Myfembree (relugolix, estradiol, norethindrone acetate) must not exceed 24 months. Reauthorization criteria ensures that the member has experienced a reduction in pain.
Vimovo (naproxen and esomeprazole magnesium) – Medicare	10/17/2022	Policy revised for Vimovo (naproxen and esomeprazole magnesium) to remove age requirement.
Xenpozyme (olipudase alfa-rpcp) – Medicare	10/10/2022	New policy for Xenpozyme (olipudase alfa-rpcp) requiring FDA-approved indication. Authorization duration of 12 months.

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Zeposia (ozanimod) – Medicare	10/17/2022	Policy revised for Zeposia (ozanimod) to add Rinvoq (upadacatinib) as a step therapy option in ulcerative colitis.
Zonisade (zonisamide) – Medicare	10/10/2022	New policy for Zonisade (zonisamide oral suspension) requiring FDA-approved indication and age, use of Zonisade as adjunctive therapy, inability to swallow capsules, and failure/intolerance to two (2) of the following or contraindication to all of the following: carbamazepine suspension/chewable tablet/extended-release capsule, lacosamide solution, or oxcarbazepine suspension. Authorization duration of 12 months.
Zoryve (roflumilast) – Medicare	TBD	New policy created for Zoryve (roflumilast) requiring diagnosis based on FDA-approved indication, trial/failure of one generic formulary medium, high, or ultrahigh potency corticosteroid or involvement of facial or intertriginous areas, and trial/failure of one generic formulary vitamin D analog. Authorization duration of 12 months.

*All effective dates are tentative and subject to delay pending internal review or approval.

2. Updates to Step Therapy

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Auvelity (dextromethorphan hydrobromide and bupropion hydrochloride) – Medicare	10/18/2022	New policy for Auvelity (dextromethorphan hydrobromide and bupropion hydrochloride) requiring diagnosis based on FDA-approved indication and trial/failure/contraindication to one other generic antidepressant and generic bupropion hydrochloride tablets.
Gonadotropin-Releasing Hormone (GnRH) Agonists – Medicare	01/01/2023	Policy revised to add leuprolide acetate and require diagnosis of FDA-approved indication and trial/failure/contraindication to Eligard (leuprolide acetate).
Intravitreal Injections – Medicare	10/17/2022	Policy revised to add Cimerli (ranibizumab-eqrn) and require diagnosis based on FDA-approved indication and trial/failure/contraindication to Avastin (bevacizumab) if diagnosis is neovascular age-related macular degeneration.
Non-Preferred Dipeptidyl Peptidase IV (DPP-IV) and Sodium-Glucose Co-Transporter 2 (SGLT2)	10/10/2022	New policy for Steglujan (ertugliflozin and sitagliptin) requiring diagnosis based on FDA-approved indication and trial/failure/contraindication to two of the

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Inhibitors – Medicare Compass		following: Glyxambi (empagliflozin/linagliptin), Qtern (dapagliflozin and saxagliptin), or Trijardy XR (empagliflozin/linagliptin/metformin) extended-release.
Non-Preferred Glucagon-Like Peptide-1 Receptor Agonists (GLP-1 RAs) – Medicare	01/01/2023	Policy revised to clarify that Bydureon BCise (exenatide extended-release) and Byetta (exenatide) step only applies to Medicare incentive formularies.

*All effective dates are tentative and subject to delay pending internal review or approval.

3. Quantity Level Limit (QLL) Program

Effective date pending CMS approval, completion of internal review and implementation, unless otherwise noted.

Drug Name	Retail Quantity Limit (31 days)	Mail Order Quantity Limit (90 days)
Amerge (naratriptan)	2.5 mg strength only = 9 tablets per 28 days	2.5 mg strength only = 27 tablets per 84 days
Auvelity (dextromethorphan hydrobromide, bupropion hydrochloride)	2 tablets per day	2 tablets per day
Calquence (acalabrutinib) tablets	2 tablets per day	2 tablets per day
Cimerli (ranibizumab-eqrn)	2 single-dose vials (0.1 mL) per 28 days	2 single-dose vials (0.1 mL) per 28 days
COVID-19 Vaccines	6 doses per 720 days	6 doses per 720 days
Esbriet (pirfenidone) 267 mg tablets and capsules	3 tablets/capsules per day	3 tablets/capsules per day
Imbruvica (ibrutinib) oral suspension	Two (2) 108 mL bottles per 25 days	Two (2) 108 mL bottles per 25 days
Kyzatrex (testosterone undecanoate)	100 mg: 2 capsules per day; 150 mg: 4 capsules per day; 200 mg: 4 capsules per day.	100 mg: 2 capsules per day; 150 mg: 4 capsules per day; 200 mg: 4 capsules per day.
Orkambi (lumacaftor, ivacaftor) 75 mg/94 mg oral granules	2 packets per day	2 packets per day
Phospholine Iodide (echothiophate iodide for ophthalmic solution)	5 ml (1 bottle) per 25 days	15 mL (3 bottles) per 75 days
pirfenidone 534 mg tablets	3 tablets per day	3 tablets per day
Quetiapine 150 mg	2 tablets per day	2 tablets per day
Sotyktu (deucravacitinib)	1 tablet (6 mg) per day	1 tablet (6 mg) per day
Spevigo (spesolimab-sbzo)	90 mL per 365 days	90 mL per 365 days
Tadliq (tadalafil) oral suspension	40 mg (10 mL) per day	40 mg (10 mL) per day
Tascenso ODT (fingolimod)	1 tablet per day	1 tablet per day

Drug Name	Retail Quantity Limit (31 days)	Mail Order Quantity Limit (90 days)
Ultomiris (ravulizumab-cwvz) SC on-body injector	1 mL per day	1 mL per day
Zonisade (zonisamide) oral solution	600 mg (30 mL) per day	600 mg (30 mL) per day
Zoryve (roflumilast)	1 tube (60 grams) per 28 days	3 tubes (180 grams) per 84 days

All effective dates are tentative and subject to delay, pending CMS approval, internal review, and implementation.