

FORMULARY UPDATES

Key			
AL = Age Limit	S T= Step Therapy	OTC = Over the Counter	PA = Prior Authorization
PA, QL = Quantity Limit is applied after Prior Authorization approval	QL = Quantity Limit	SP = Specialty Drugs; these drugs must be obtained through a specialty pharmacy	QVT = Quantity allowed per fill or over a period of time

Date Effective	Product Name	Change	Notes
1/1/2022	ENOXAPARIN	Update QL	Remove max 14-day supply limit
1/1/2022	FAMOTIDINE SUSP	Update AL	Update age limit from age 12 to age 6
1/1/2022	SHINGRIX	Update AL	Update age min from 50 to 18
1/1/2022	PREVNAR 20 (pneumococcal 20-valent conjugate vaccine), VAXNEUVANCE (Pneumococcal 15-valent Conjugate Vaccine)	Add to Formulary	Add to formulary with QL 1 injection/lifetime
1/1/2022	Vaccines – TETANUS, DIPHTHERIA, PERTUSSIS	Update restrictions	Remove pregnancy restriction
1/1/2022	IVERMECTIN TABLETS	Add QL	Add QL #16/ 30 QVT with max day supply =2
1/1/2022	MOXIFLOXACIN	Add to Formulary	
1/1/2022	INSULIN PENS	Update AL	Remove age limit on insulin pens
1/1/2022	VELTASSA (patiomer), LOKELMA (zirconium cyclosilicate)	Add to Formulary	Add Veltassa (QL 1/day) and Lokelma (QL 3/day)
1/1/2022	FASENRA	Add to Formulary	Add to formulary with PA
1/1/2022	ALVESCO	Add to Formulary	Add to formulary with QL
1/1/2022	ARNUIITY ELLIPTA	Remove from Formulary	
1/1/2022	COSENTYX	Add to Formulary	Add to formulary with PA
1/1/2022	ENVARUSUS XR	Add to Formulary	
1/1/2022	SANDIMMUNE (Brand)	Remove from Formulary	
1/1/2022	EXTAVIA	Add to Formulary	Add to formulary with PA
1/1/2022	PLEGRIDY	Remove from Formulary	
1/1/2022	VRAYLAR	Add to Formulary	Add to formulary with PA
1/1/2022	BARACLUDGE (Brand)	Remove from Formulary	
1/1/2022	VEMLIDY	Add to Formulary	Add to formulary with PA

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1/1/2022	VIKACE	Add to Formulary	
1/1/2022	UDENYCA	Remove from Formulary	
1/1/2022	PROLASTIN-C	Add to Formulary	Add to formulary with PA
1/1/2022	LEUKINE	Remove from Formulary	
1/1/2022	NIVESTYM	Remove from Formulary	