

Formulary Changes Effective 1/1/2023

Formulary Coding Changes:

Therapeutic category	Medication	Action
Stimulants	Concerta	Brand up tiering to Non-Preferred Tier (3)
Amphetamines	Adderall XR	Brand up tiering to Non-Preferred Tier (3)
Amphetamines	Mydayis	Down tiering to Preferred Tier (2)
CGRP (Migraine)	Aimovig	Down tiering to Preferred Tier (2); no PA
CGRP (Migraine)	Emgality	Down tiering to Preferred Tier (2); no PA
CGRP (Migraine)	Ajovy	Down tiering to Preferred Tier (2); no PA
Atopic Dermatitis	Dupixent	Down tiering to Preferred Specialty Tier
Antineoplastic	Gavreto	Down tiering to Preferred Specialty Tier
Antineoplastic	Retevmo	Down tiering to Preferred Specialty Tier

Additions to Formulary:

Therapeutic category	Medication	Action
Stimulants	Amphetamine/Dextroamphetamine XR	Adding to Tier 1
Stimulants	Methylphenidate HCL (OSM) ER	Adding to Tier 1
CGRP (Migraine)	Ubrelvy	Adding to Preferred Specialty Tier
CGRP (Migraine)	Qulipta	Adding to Preferred Specialty Tier

Medications Removed from Formulary:

Therapeutic category	Medication	Status	Preferred Medication
Kinase Inhibitors	Sutent	Excluded	Nexavar
Kinase Inhibitors	Votrient	Excluded	Nexavar
PARP Inhibitors	Rubraca	Excluded	Lynparza
PARP Inhibitors	Talzenna	Excluded	Lynparza
Nasal Steroids	Budesonide Nasal Spray	Excluded	Fluticasone (RX) Nasal Spray
Nasal Steroids	Triamcinolone Nasal Spray	Excluded	Fluticasone (RX) Nasal Spray
Acne Products	Benzoyl Peroxide 10% Topical Wash	Excluded	OTC medication exclusion – recommend OTC products outside of Rx benefit

*For patients that have an active prior authorization for any of the above excluded medications, that authorization will remain in place through the end of the prior authorization period on the authorization letter. Note that providers may submit a prior authorization coverage request for excluded medications for medical necessity review to the PHP Pharmacy Department.