Formulary Changes Effective 7/1/2022

Formulary Coding Changes:

Therapeutic category	Medication	Action	
Rheumatology agents	Otezla	Medication now requires prior authorization	
Rheumatology agents	Cosentyx	Medication now requires prior authorization	

Medications Removed from Formulary:

Therapeutic category	Medication	Status	Preferred Medication
Prenatal Vitamins	EnBrace HR	Excluded	Generic Prenatal Vitamins
Immunosupressive Agents	Zortress	Excluded	Everolimus
Immunosupressive Agents	Afinitor	Excluded	Everolimus

^{*}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.

