COMMON TRADE NAME	GENERIC NAME	INDICATIONS
CLINICAL EDITS FOR IMPLEMENTATION		
Amondys-45 100mg/2ml Vial	Casimersen	Indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 45 skipping. **Duchenne Muscular Dystrophy (DMD) Clinical Edit**
Breyanzi Vial Breyznzi CD4 Component Vial Breyanzi CD8 Component Vial	Lisocabtagene Maraleucel	Indicated for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma grade 3B. **CAR T-Cell Clinical Edit**
Gamifant 100mg/20ml Vial	Emapalumab-Lzsg	Indicated for the treatment of adult and pediatric (newborn and older) patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent or progressive disease or intolerance with conventional HLH therapy. **Gamifant Clinical Edit**
Imcivree 10mg/ml Vial	Setmelanotide Acetate	Indicated for chronic weight management in adult and pediatric patients 6 years of age and older with obesity due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency confirmed by genetic testing demonstrating variants in POMC, PCSK1, or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS). **Imcivree Proposed Clinical Edit**
Verquvo 2.5mg Tablet Verquvo 5mg Tablet Verquvo 10mg Tablet	Vericiguat	indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure or need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%.
Zokinvy 50mg Capsule Zokinvy 75mg Capsule	Lonafarnib	Indicated in patients 12 months of age and older with a body surface area of 0.39 m2 and above: • To reduce risk of mortality in Hutchinson-Gilford Progeria Syndrome • For treatment of processing-deficient Progeroid Laminopathies with either: o Heterozygous LMNA mutation with progerin-like protein accumulation o Homozygous or compound heterozygous ZMPSTE24 mutations

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
FISCAL EDIT		
Dermacinrx Prenatrix 27mg-1mg Caplet	Prenatal Vit No.170/Iron/Folic	Indicated to provide vitamins and minerals to women throughout pregnancy and during the postnatal period for both lactating and non-lactating mothers, and throughout the childbearing years. **High Cost Kits Fiscal Edit**
OPEN ACCESS		
Etesevimab 700mg/20ml	Etesevimab	The Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for emergency use of bamlanivimab and etesevimab administered together for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.
Glyrx-PF 1mg/5ml Syringe Glyrx-PF 0.6mg/3ml Syring	Glycopyrrolate/PF	Indicated: in anesthesia (adult and pediatric patients) - for reduction of airway or gastric secretions, and volume and acidity of gastric secretions, and blockade of cardiac inhibitory reflexes during induction of anesthesia and intubation, - intraoperatively to counteract surgically or drug-induced or vagal reflexassociated arrhythmias, and - for protection against peripheral muscarinic effects of cholinergic agents. in peptic ulcer (adults) - as adjunctive therapy for the treatment of peptic ulcer when rapid anticholinergic effect is desired or oral medication is not tolerated.
Olinvyk 1mg/ml Vial Olinvyk 2mg/2ml Vial Olinvyk 30mg/30ml Vial	Oliceridine Fumarate	Indicated in adults for the management of acute pain severe enough to require an intravenous opioid analgesic and for whom alternative treatments are inadequate.
Ongentys 25mg Capsule	Opicapone	Indicated as adjunctive treatment to levodopa/carbidopa in patients with Parkinson's disease (PD) experiencing "off" episodes.
Orgovyx 120mg Tablet	Relugolix	Indicated for the treatment of adult patients with advanced prostate cancer.

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
OPEN ACCESS CONTINUED		
Regen-Cov 1200mg-1200mg Vial Regen-Cov 1200mg-1332mg Vial Regen-Cov 1332mg-1200mg Vial Regen-Cov 1332mg-1332mg Vial	Casirivimab/Imdevimab	REGEN-COV received Emergency Use Authorization (EUA) from the FDA for the treatment of mild to moderate COVID-19 in adults, as well as in pediatric patients at least 12 years of age and weighing at least 40 kg, who have received positive results of direct SARS-CoV-2 viral testing and are at high risk for progressing to severe COVID-19 and/or hospitalization.
Tyblume 0.1mg-0.02mg Tablet	Levonorgestrel/Ethin.Estradiol	Indicated for use by females of reproductive potential to prevent pregnancy.
PDL EDITS FOR IMPLEMENTATION		
Cosela 300mg Vial	Trilaciclib Dihydrochloride	Indicated to decrease the incidence of chemotherapy-induced myelosuppression in adult patients when administered prior to a platinum/etoposide-containing regimen or topotecan-containing regimen for extensive-stage small cell lung cancer.
Evkeeza 345mg/2.3ml Vial Evkeeza 1200mg/8ml Vial	Evinacumab-Dgnb	Indicated as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 12 years and older, with homozygous familial hypercholesterolemia (HoFH). **Homozygous Familial Hypercholesterolemia (HFHC) Products PDL - Non-Preferred**
Gimoti 15mg Nasal Spray	Metoclopramide HCl	Indicated for the relief of symptoms in adults with acute and recurrent diabetic gastroparesis. **Antiemetics, Oral PDL - Non-Preferred**
Hetlioz LQ 4mg/ml Suspension	Tasimelteon	Indicated for the treatment of: • Nighttime sleep disturbances in SMS in pediatric patients 3 years to 15 years of age **Sedative Hypnotics PDL - Non-Preferred**
Ozempic 1mg/0.75ml Pen	Semaglutide	Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. **GLP-1 Receptor Agonists PDL - Non-Preferred**
Plegridy 125mcg/0.5ml Syringe	Peginterferon Beta-1a	indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. **Multiple Sclerosis, Injectable Agents PDL - Non-Preferred**

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
PDL EDITS FOR IMPLEMENTATION CONTINUED		
Ponvory 14-Day Starter Pack Ponvory 20mg Tablet	Ponesimod	Indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. **Multiple Sclerosis, Oral Agents PDL - Non-Preferred**
Reditrex 7.5mg/0.3ml Syringe Reditrex 10mg/0.4ml Syringe Reditrex 12.5mg/0.5ml Syringe Reditrex 15mg/0.6ml Syringe Reditrex 17.5mg/0.7ml Syringe Reditrex 20mg/0.8ml Syringe Reditrex 22.5mg/0.9ml Syringe Reditrex 25mg/ml Syringe	Methotrexate/PF	Indicated for the: • Management of patients with severe, active rheumatoid arthritis (RA) and polyarticular juvenile idiopathic arthritis (pJIA), who are intolerant of or had an inadequate response to first-line therapy. • Symptomatic control of severe, recalcitrant, disabling psoriasis in adults who are not adequately responsive to other forms of therapy. **Methotrexate Products PDL - Non-Preferred**
Vesicare LS 1mg/ml Suspension	Solifenacin Succinate	Indicated for the treatment of neurogenic detrusor overactivity in pediatric patients aged 2 years and older. **Urinary Tract Antispasmodics PDL - Non-Preferred**
Xeljanz 1mg/ml Solution	Tofacitinib Citrate	Indicated for the treatment of active polyarticular course juvenile idiopathic arthritis (pcJIA) in patients 2 years of age and older. **TIMS, JAK Inhibitors PDL - Non-Preferred**
Xtandi 40mg Tablet Xtandi 80mt Tablet	Enzalutamide	Inhibitor indicated for the treatment of patients with: • castration-resistant prostate cancer • metastatic castration-sensitive prostate cancer **Antiandrogenic Agents PDL - Non-Preferred**
PRIOR AUTHORIZATION		
Bronchitol 40mg Inhalation Capsule	Mannitol	Indicated as add-on maintenance therapy to improve pulmonary function in adult patients 18 years of age and older with cystic fibrosis. **Approval Criteria:** **o Patient ≥18 years AND** **o Trial/failure of Hypertonic Saline AND** **o Trial/failure of Dornase alfa**
Lupkynis 7.9mg Capsule	Voclosporin	Indicated in combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis (LN). **Requires T/F of cyclosporine**

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
PRIOR AUTHORIZATION CONTINUED		
Thyquidity 100mcg/5ml Solution	Levothyroxine Sodium	Indicated for: • Hypothyroidism: As replacement therapy in primary (thyroidal), secondary (pituitary), and tertiary (hypothalamic) congenital or acquired hypothyroidism. • Pituitary Thyrotropin (Thyroid-Stimulating Hormone, TSH) Suppression: As an adjunct to surgery and radioiodine therapy in the management of thyrotropin-dependent well-differentiated thyroid cancer.
Vocabria 30mg Tablet	Cabotegravir Sodium	Indicated in combination with EDURANT (rilpivirine) for short-term treatment of HIV-1 infection in adults who are virologically suppressed (HIV-1 RNA less than 50 copies/mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine, for use as: • oral lead-in to assess the tolerability of cabotegravir prior to administration of CABENUVA (cabotegravir; rilpivirine) extended-release injectable suspensions. • oral therapy for patients who will miss planned injection dosing with CABENUVA. **Must meet Cabenuva criteria and have Cabenuva approval**
REFERENCE PRODUCT		
Abilify Mycite 2mg Starter Kit Abilify Mycite 2mg Maint Kit Abilify Mycite 5mg Starter Kit Abilify Mycite 5mg Maint Kit Abilify Mycite 10mg Starter Kit Abilify Mycite 10mg Maint Kit Abilify Mycite 15mg Starter Kit Abilify Mycite 15mg Maint Kit Abilify Mycite 20mg Starter Kit Abilify Mycite 20mg Maint Kit Abilify Mycite 30mg Starter Kit Abilify Mycite 30mg Maint Kit	Aripiprazole	Indicated for the: • Treatment of adults with schizophrenia • Treatment of bipolar I disorder o Acute treatment of adults with manic and mixed episodes as monotherapy and as adjunct to lithium or valproate o Maintenance treatment of adults as monotherapy and as adjunct to lithium or valproate • Adjunctive treatment of adults with major depressive disorder (MDD) **Antipsychotics - 2nd Generation (Atypical) Clinical Edit and Reference List**

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
REFERENCE PRODUCT CONTINUED		
Cabenuva 400mg/600mg Kit Cabenuva 600mg/900mg Kit	Cabotegravir/Rilpivirine	Indicated as a complete regimen for the treatment of HIV-1 infection in adults to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine. **Initial Therapy Approval:** **• Prescribed by or in consultation with an HIV specialist, infectious disease specialist or other specialist in the treated disease state AND** **• Patients ≥ 18 years of age AND** **• Virologically suppressed (HIV-1 RNA < 50 copies/mL) on a stable antiretroviral regimen for at least 3 months AND** **• Other antiretrovirals will not be co-administered with Cabenuva AND** **• No prior virologic failures AND** **• Must receive approval of Cabenuva prior to participant starting Vocabria** **• Initial approval of authorization: Initiation injection kit – 1 month, continuation injection kit – 11 months** **Continuation of Therapy beyond initial 12 month approval:** **• Documented adherence to Cabenuva therapy** **• Documented continued virologic suppression** **• Continued authorization: Continuation injection kit – 12 months** **Denial Criteria: Participants who miss 2 or more doses in 12 months will be defined as non-adherent and no longer be eligible for continued Cabenuva**