

30-Day Change Notice

Effective Date: July 1, 2026

Date of Notice: June 1, 2026

New Preferred Drugs (no prior authorization required)

Therapeutic Class	Drug name
Cardiovascular Agents: Angina, Hypertension and Heart Failure	prazosin
Central Nervous System (CNS) Agents: Anticonvulsants* LEGACY CATEGORY	brivaracetam tab [NDC 72205, 73473]
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute	eletriptan tab zolmitriptan tab
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	Jornay PM (methylphenidate ER cap)
Endocrine Agents: Diabetes – Insulin	Novolog (insulin aspart) U-100
Endocrine Agents: Diabetes – Non-Insulin	liraglutide
Respiratory Agents: Inhaled Agents	beclomethasone dipropionate [generic QVAR]

New Preferred Drugs (clinical prior authorization required)

Therapeutic Class	Drug name
Infectious Disease Agents: Antivirals – Hepatitis C Agents	ribavirin tab
Metabolic Modifiers	Wegovy (semaglutide) tab

New Non-Preferred Drugs (prior authorization required)

Therapeutic Class	Drug name
Analgesic Agents: NSAIDs	ibuprofen tab 300mg Vyscoxa (celecoxib susp) tolmetin
Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	Nyprozi (filgrastim-txid)

Cardiovascular Agents: Angina, Hypertension, and Heart Failure	Arbli (losartan susp) Javadin (clonidine soln)
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute	Ergomar (ergotamine) Zembrace SYMTOUCH (sumatriptan auto-inj)
Central Nervous System (CNS) Agents: Anticonvulsants* LEGACY CATEGORY	Subvenite (lamotrigine) susp
Central Nervous System (CNS) Agents: Fibromyalgia Agents	Tonmya (cyclobenzaprine ODT)
Central Nervous System (CNS) Agents: Multiple Sclerosis* LEGACY CATEGORY	cladribine tab
Dermatologic Agents: Topical Acne Products	sulfacetamide sodium/sulfur lotion 9.8-4.8%
Endocrine Agents: Osteoporosis – Bone Ossification Enhancers	Bosaya (denosumab-kyqq) Enoby (denosumab-qbde)
Immunomodulator Agents: Monoclonal Antibody Biologics/Small-Molecule Kinase Inhibitors	Exdensur (depemokimab)
Immunomodulator Agents: Systemic Inflammatory Disease	Avtozma (tocilizumab-anoh) Starjemza (ustekinumab-hmny) ustekinumab-aaaz [generic Otulfi]
Ophthalmic Agents: Antibiotic and Antibiotic-Steroid Combination Drops and Ointments	besifloxacin loteprednol etabonate/tobramycin
Respiratory Agents: Inhaled Agents	Ohtuvayre (ensifentrine)
Respiratory Agents: Pulmonary Fibrosis	Jascayd (nerandomilast)

Drugs Removed from the UPDL

Therapeutic Class	Drug name
Analgesic Agents: Opioids	fentanyl buccal tab
Central Nervous System (CNS) Agents: Alzheimer's Agents* LEGACY CATEGORY	Adlarity (donepezil patch)
Central Nervous System (CNS) Agents: Parkinson's Agents	tolcapone
Central Nervous System (CNS) Agents: Sedative-Hypnotics, Non-Barbiturate	Zolpimist (zolpidem oral spray)
Endocrine Agents: Diabetes – Insulin	insulin glargine
Endocrine Agents: Diabetes – Non-Insulin	Bydureon BCise (exenatide extended release) Kombiglyze XR (saxagliptin/metformin) Qtern (dapagliflozin/saxagliptin)



Infectious Disease Agents: Antifungals	Brexafemme (ibrexafungerp)
Infectious Disease Agents: Antiretrovirals (ARVs) – HIV Treatment and Prevention* LEGACY CATEGORY	Fuzeon (enfuvirtide) Symfi Lo (efavirenz/lamivudine/tenofovir disoproxil fumarate)
Ophthalmic Agents: Antibiotic and Antibiotic-Steroid Combination Drops and Ointments	sulfacetamide sodium oint 10%
Respiratory Agents: Inhaled Agents	Armonair Digihaler (fluticasone propionate) Proair Digihaler (albuterol) QVAR (beclomethasone dipropionate inhaled aerosol)
Respiratory Agents: Nasal Preparations	Beconase AQ (beclomethasone dipropionate)

Brand Preferred over Generic Additions

Therapeutic Class	Drug name
Cardiovascular Agents: Angina, Hypertension, and Heart Failure	Edarbi (azilsartan)
Central Nervous System (CNS) Agents: Fibromyalgia Agents	Savella (milnacipran)
Infectious Disease Agents: Antiretrovirals (ARVs) – HIV Treatment and Prevention* LEGACY CATEGORY	Edurant (rilpivirine) tab
Ophthalmic Agents: Glaucoma Agents	Lumigan (bimatoprost)
Otic Agents: Antibacterial and Antibacterial/Steroid Combinations	Cipro HC (ciprofloxacin/hydrocortisone)
Respiratory Agents: Inhaled Agents	Atrovent (ipratropium) Incruse (umeclidinium)
Respiratory Agents: Pulmonary Fibrosis	Ofev (nintedanib)

Brand Preferred over Generic Removals

Therapeutic Class	Drug name
Central Nervous System (CNS) Agents: Anticonvulsants* LEGACY CATEGORY	Briviact (brivaracetam)
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	Vyvanse (lisdexamfetamine) chewable tab
Endocrine Agents: Diabetes – Insulin	Lantus (insulin glargine) pen, vial
Endocrine Agents: Diabetes – Non-Insulin	Victoza (liraglutide)

Summary of Criteria Changes Made to UPDL Categories

Analgesic Agents: NSAIDs

Additional Vyscoxa (celecoxib susp) Criteria:

- Must have had an inadequate clinical response of at least 30 days with naproxen susp (this may count as 1 of the 2 preferred trials listed above)

Cardiovascular Agents: Angina, Hypertension, and Heart Failure

Non-Preferred Kerendia (finerenone) Criteria:

- ~~Must be prescribed by or in consultation with a cardiologist or nephrologist (or applicable specialist)-[Removed as of 7/1/2026]~~
- For **Heart Failure with Preserved Ejection Fraction (HFpEF) with LVEF >40%**:
 - Must currently be on a SGLT2 inhibitor **OR**
 - Must provide documentation of an inadequate clinical response to a SGLT2 inhibitor **OR** provide documentation of medical necessity beyond convenience for why the patient cannot try a SGLT2 inhibitor
- For **Chronic Kidney Disease associated with Type 2 Diabetes:**
 - Must currently be on a SGLT2 inhibitor **OR**
 - **Must provide documentation of an inadequate clinical response to a SGLT2 inhibitor **OR** provide documentation of medical necessity beyond convenience for why the patient cannot try a SGLT2 inhibitor **AND****
 - Must be on a maximally tolerated dose of an angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) **OR** have an allergy, contraindication, or intolerance to ACEI and ARB

Additional Camzyos (mavacamten) Criteria:

- Must be prescribed by or in consultation with a cardiologist **AND**
- Must provide documentation (chart notes) of NYHA Class II-III symptoms and left ventricular ejection fraction $\geq 55\%$ **AND**
- Must provide documentation of previous trial and therapy failure at maximally tolerated dose, or intolerance, or contraindication to at least 2 of the following:
 - Non-vasodilating beta blocker (e.g., atenolol, metoprolol, bisoprolol, propranolol);
 - Non-dihydropyridine calcium channel blocker (e.g., verapamil, diltiazem);
 - Combination therapy with disopyramide plus beta blocker or disopyramide plus a non-dihydro calcium channel blocker

Additional Inpefa (sotagliflozin) Criteria:

- Must have had an ~~provide documentation of an~~ inadequate clinical response to at least 2 SGLT2 inhibitors (refer to Endocrine Agents: Diabetes – Non-Insulin class for complete list)

Additional Qbrelis (lisinopril soln) Criteria:

- Must have had an inadequate clinical response of at least **30 days** with enalapril soln

Additional Verquvo (vericiguat) Criteria:

- Must provide documentation (**chart notes**) of ejection fraction **< 45%**
- Must have been hospitalized for the treatment of heart failure in the previous 180 days or needs treatment with an outpatient intravenous diuretic in the previous 90 days
- Must be treated with an agent from **ALL** the following unless contraindicated:
 - Angiotensin-converting enzyme inhibitor, angiotensin II receptor blocker, **OR** an angiotensin receptor neprilysin inhibitor
 - Beta-blocker
 - Aldosterone antagonist and/or SGLT2 inhibitor as appropriate for renal function

Central Nervous System (CNS) Agents: Anticonvulsants* LEGACY CATEGORY

Diacomit (stiripentol) Criteria:

- Exempt from Legacy rules
- Must be prescribed by or in consultation with a neurologist
- Must be concurrently taking **Onfi** (clobazam)
- Must provide documentation (**chart notes**) of addressed comorbidities and baseline hematologic testing (CBC)
 - Patients with phenylketonuria (PKU) must provide evidence of total daily amount of phenylalanine
 - Prescribers must include management plans for patients with neutrophil counts **< 1,500 cells/mm³** or platelet count **< 150,000/ μ L**
- Must provide documentation of patient's weight
- Maximum daily dose does not exceed: **50 mg/kg/day** or **3,000mg/day**

Additional Fintepla (fenfluramine) Criteria:

- Prescribed by or in consultation with a neurologist
- ~~When prescribed fFor~~ Lennox-Gastaut syndrome: **must have had a Required** trial of valproic acid (or a derivative) in combination with lamotrigine for at least 30 days
- ~~When prescribed fFor~~ Dravet syndrome: **must have had a Required** trial of valproic acid (or a derivative) in combination with **1** other preferred agent from this UPDL category for at least 30 days

AR – a PA is required for patients 12 years and older: Briviact (brivaracetam) soln, topiramate soln

~~AR – topiramate soln: a PA is required for patients 12 years and older~~

AR – a PA is required for patients 2 years and older: vigabatrin powder, Vigafyde (vigabatrin soln)

~~AR – VIGAFYDE SOLN: a PA is required for patients 2 years and older~~

Central Nervous System (CNS) Agents: Fibromyalgia Agents

All products are covered without a PA

Length of Authorization: 365 days

Non-Preferred Criteria:

- Must have had an inadequate clinical response of at least 30 days with at least 2 preferred drugs in this UPDL category and indicated for diagnosis

Endocrine Agents: Diabetes – Non-Insulin

Non-Preferred Criteria:

- Must have had an inadequate clinical response of at least 120 days with at least 3 preferred drugs in this UPDL category and indicated for diagnosis, if available
 - An inadequate clinical response is defined as the ability to reach A1C goal after at least 120 days of current regimen, with the use of 2 or more drugs concurrently per ADA guidelines, documented adherence, and appropriate dose escalation (must achieve maximum recommended dose or document that maximum recommended dose is not tolerated or is clinically inappropriate)

Immunomodulator Agents: Monoclonal Antibody Biologics/Small-Molecule Kinase Inhibitors

Clinical PA Criteria:

- For **Chronic Obstructive Pulmonary Disease (COPD)**:
 - The patient must have an eosinophilic count of greater than or equal to 150 cells/per mL within 12 months prior to initiation of therapy **AND**
 - The patient must have had ~~has a~~ history of uncontrolled disease, as indicated by greater than or equal to 1 COPD exacerbation resulting in a hospitalization despite being on standard of care, defined as triple therapy (LAMA+LABA+ICS) for at least 3 months prior to request, and at a stable dose for at least 1 month prior.

Additional Exensur (depemokimab) Criteria:

- Must have had an inadequate clinical response of at least 90 days with at least 1 additional preferred drug in this UPDL category and indicated for diagnosis



Respiratory Agents: Inhaled Agents

Additional Ohtuvayre (ensirfentrine) Criteria:

- Must have a diagnosis of moderate to severe refractory COPD, defined as a Forced Expiratory Volume (FEV₁)/Forced Vital Capacity (FVC) ratio of less than 0.70 **AND** persistent symptoms of everyday dyspnea despite optimized standard therapy **AND**
- Must have had an inadequate clinical response of at least 90 days of concurrent treatment with at least 1 LABA **AND** 1 LAMA either as individual or combination therapy **OR** triple therapy (ICS/LAMA/LABA) in this UPDL category and indicated for diagnosis, if available

Respiratory Agents: Pulmonary Fibrosis

Additional Jascayd (nerandomilast) Criteria:

- **Monotherapy:**
 - Must have had an inadequate clinical response of at least 90 days with at least 2 preferred drugs in this UPDL category and indicated for diagnosis
- **Add-on Therapy:**
 - Must provide documentation (chart notes) demonstrating that the patient has been on a stable dose of **Ofev** (nintedanib) for at least 90 days **AND** will be concomitantly taking **Ofev** (nintedanib)
 - Must provide documentation (chart notes) that demonstrates physiological or radiologic evidence of disease progression, such as:
 - Worsening respiratory symptoms **OR**
 - Decline in Forced Vital Capacity (FVC) **OR**
 - Decline in Diffusing Capacity of the Lungs for Carbon Monoxide (DLCO)