



These additions and changes apply to Exchange and Medicaid formularies and are effective 2/10/23 unless specified below.

Additions:

Sotyktu (deucravacitinib) – Pharmacy Benefit, Non-Preferred brand, PA and QL of 1 per day.

Vtama (tapinarof)– Pharmacy Benefit, Non-Preferred brand, PA and QL of 60g per 30 days.

Vivjoa (oteseconazole) – Pharmacy Benefit, Non-Preferred brand, PA and QL of 18 caps per 3 months

Spevigo (spesolimab-sbzo) – Medical Benefit, PA

Xenpozyme (olipudase alfa) – Medical Benefit, PA

Changes:

Enbrel (etanercept) – Pharmacy Benefit, update to PA criteria (Only applies to exchange)

Actemra (tocilizumab) – Pharmacy Benefit, update to PA criteria (Only applies to exchange)

Orencia (abatacept) – Pharmacy Benefit, update to PA criteria (Only applies to exchange)

Taltz (ixekizumab) – Pharmacy Benefit, update to PA criteria (Only applies to exchange)

Cosentyx (secukinumab) – Pharmacy Benefit, update to PA criteria (Only applies to exchange)

Ilumya (tildrakizumab-asmn) – Pharmacy Benefit, update to PA criteria (Only applies to exchange)

Siliq (brodalumab) – Pharmacy Benefit, update to PA criteria (Only applies to exchange)

CGMs – Freestyle Libre and Dexcom G6– Pharmacy Benefit, update to PA criteria (Only applies to exchange)