



### Pharmacy Formulary Updates:

There are many formulary changes and updates that are occurring in September and October:

- The Maryland Department of Health has mandated that Wegovy (generic name: semaglutide) will be covered for **NON**-diabetic patients for the prevention of cardiovascular disease. The prior authorization criteria will be established by MDH and has not been published at this time. Coverage is expected to take effect beginning on September 1, 2024. Criteria will be published upon receipt from the Maryland Department of Health.
- Coverage of medications to treat HIV has been significantly updated.
  - Medications without utilization in the previous 12 months and Brand-name versions of drugs that have generic equivalents have been removed from the formulary.
  - Drugs that are no longer considered clinically appropriate have been removed.
  - There will be Prior Authorization requirements in place for all HIV-drugs remaining on the formulary beginning on October 1, 2024.
    - Required information includes:
      - Opportunistic infection(s) diagnosis date(s) OR
      - CD4 laboratory test results; AND
      - One of the following:
        - HIV RNA/DNA quantitative (if detectable)
        - HIV RNA/DNA qualitative
        - HIV P24 antigen
        - HIV Western blot
        - HIV genotype
  - The approval will continue in perpetuity unless the patient has a gap in therapy greater than 90 days.
  - Patients for whom HIV-status has already been verified by the plan will be exempted from the need to obtain the initial prior authorization.

### FORMULARY CHANGES:

Formulary Additions Effective August 1, 2024:	
Candesartan/HCTZ tablets	Riluzole 50 mg tablets
Clobetasol 0.05% gel	Sodium Fluoride 1.1% toothpaste
Difluprednate Ophthalmic Solution	Tazarotene 0.1% cream; 0.05% gel
Fulphila & Fynetra (pegfligrastim) injection	Urea 20% cream
Hydrocortisone 1% cream (Rx)	Zoryve (roflumilast) 0.15%, 0.3% cream
Metronidazole 1% topical gel	Zoryve (roflumilast) 0.3% foam
Formulary Removals Effective August 1, 2024	
Cimetidine Solution	Kevzara IV
Collanex powder	Loteprednol 0.5% ophthalmic suspension
Diclofenac 3% gel	Micromatrix powder

Hydromet Syrup	Rocklatan ophthalmic drops
Jentaduo tablets	Sucralfate suspension

<b>Formulary Additions with Prior Authorization Requirement Effective September 1, 2024:</b>	
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Iclusig 15, 30 and 45 mg tablets	Imcivree (setmelanotide)
Lupron Depo Pediatric Strength Kits	

<b>HIV Clean Up: Formulary Removals Effective October 1, 2024:</b>	
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Abacavir Solution 20 mg/ml	Lopinavir/Ritonavir 100/5 mg tablets
Abacavir 300 mg tablets	Lopinavir/Ritonavir 200/50 mg tablets
Abacavir 600 mg/Lamivudine 300 mg	Nevirapine 200 mg, 400 mg and 50 mg/5 ml
Aptivus 250 mg capsules	Prezista 75 mg, 100 tablets & suspension
Atazanavir 150 mg and 200 mg capsules	Selzentry brand-name products
Biktarvy 30/120/15 strength only	Symfi and generics
Cabneuva 400/600	Symfi LO and generics
Efaviranz 600 mg tablets	Tivicay PD 5 mg tablets
Emtricitabine 200 mg capsules	Triumeq PD 60/5/300 mg tablets
Emtriva solution 10 mg/ml	Trogarzo 200 mg/1.33 ml Solution
Etravirine 100 mg and 200 mg tablets	Truvada generics: 100/150, 133/200 and 167/250 mg strengths only
Evotaz 300/150 mg tablets	Tybost 150 mg tablets
Fosamprenavir 700 mg tablets	Viread 150 mg, 200 mg or 250 mg tablets
Isentress 25 mg, 25 mg chewable, 100 mg	Viread powder 40 gm
Lamivudine solution 10 mg/ml	Zidovudine 100 mg capsules
Lamivudine 150 mg and 300 mg tablets	Zidovudine 300 mg tablets
Lopinavir/Ritonavir Solution 400/100 mg/5 ml	Zidovudine 50 mg/5 ml syrup

<b>HIV Clean-Up: Formulary Addition of Prior Authorization Requirements</b>	
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Atazanavir 300 mg capsules	Isentress 400 mg and 600 mg HD tablets
Biktarvy 50/200/25 mg tablets	Juluca 50/25 mg tablets
Cabenuva 600/900 mg injection	Maraviroc 150 mg and 300 mg tablets
Cimduo 300/300 mg tablets	Odefsey tablets
Darunavir 600 mg and 800 mg tablets	Pifeltro 100 mg tablets
Destrigo tablets	Prezcobix 800/150 mg tablets
Dovato 50/300 mg tablets	Ritonavir 100 mg tablets
Edurant 25 mg tablets	Rukobia 600 mg tablets
Generic Truvada 600/200/300 mg tablets	Stribild tablets
Emtricitabine/Tenofovir DF 200/300 mg tabs	Symtuza tablets
Genvoya tablets	Tonofovir 300 mg tablets
Tivicay 50 mg tablets	Triumeq 600/50/300 mg tablets

<b>New Utilization Management Limits added Effective September 1, 2024</b>	
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Oral contraceptives with high cost, branded-generics. Specific manufacturers will be blocked. Point-of-sale messaging will direct pharmacies to alternate manufacturer of the same ingredient.
All butalbital combination products are limited to 18 tablets/capsules per 30 days
Eucrisa (crisaborole) cream is limited to 60 grams per 25 days
Nitroglycerin rectal ointment is limited to 30 grams per 60-day supply

