

Drug/Class	Effective Date	Overview
CORLANOR SOLN	7/1/2025	Updating PA form for members age 9 years and older
RINVOQ ER TAB	7/1/2025	New indication for GCA reviewed and added to criteria
CABOMETYX TAB	7/1/2025	Added neuroendocrine tumor indication; reviewed for clinical appropriateness
ISTURISA TAB	7/1/2025	Updated indication language to Cushing syndrome due to indication expansion.
RIFATER TAB	7/1/2025	Removing PA
ALYFTREK TAB	7/1/2025	Adding to formulary with PA
AQNEURSA PACKET FOR SUSPENSION	7/1/2025	Adding to formulary with PA