

Drug/Class	Effective Date	Overview
ZORYVE FOAM	10/1/2025	Adding to formulary with PA
DUPIXENT PEN INJ	10/1/2025	Adding new indication (bullous pemphigoid)
nitisinone cap	10/1/2025	Adding to formulary with PA
lubiprostone cap	10/1/2025	Removing PA
MOTEGRITY TAB	12/1/2025	Update to PA criteria (Removed step through Trulance; added lubiprostone step; added age criteria; updated guidelines and verified clinical appropriateness)
ALHEMO INJ	10/1/2025	Adding to formulary with PA