

Wellmark Formulary & Utilization Management

CHANGES FOR JAN. 1, 2023

Wellmark and a statewide committee of pharmacists and physicians review the Wellmark Drug List several times a year. This review enables us to identify drugs that are the safest and most effective, while reducing costs and ensuring members have access to the drugs they need.

DRUG	FORMULARY CHANGE/UM
Vyvanse®	MOVING FROM TIER 4 to TIER 2; Remove prior authorization (no change to BlueSimplicity SM)
Kesimpta® Zeposia®	MOVING FROM SPECIALTY NON-PREFERRED TO SPECIALTY PREFERRED (no change to BlueSimplicity SM)
Lo Loestrin Fe® Natazia®	MOVING FROM TIER 4 to TIER 2 (no change to BlueSimplicity SM)
Restasis® (single dose vials)	MOVING FROM TIER 2 to TIER 1 (no change to BlueSimplicity SM)
Dexcom G6® Freestyle Libre® Freestyle Libre 2®	ADDING TO THE FORMULARY (pharmacy durable medical equipment [RxDME] tier)
Apexicon E® cream 0.05% Calcipotriene® aerosol 0.005% Desonide® gel 0.05% Impoyz® cream 0.025% Sorilux® aerosol 0.005% Tazorac® gel 0.1% & 0.5% Ultravate® lotion 0.05%	MOVING TO NON-FORMULARY (grandfather existing utilizers)
Gattex®	MOVING TO SPECIALTY NON-FORMULARY (previously medical benefit only)
Nuplazid®, Procysbi®, Purixan®, Stimate®	MOVING TO SPECIALTY NON-PREFERRED (SP-NP) TIER (no change to BlueSimplicity SM – but will be considered Specialty)
Cystagon® Ribavirin®	MOVING TO SPECIALTY PREFERRED (SP-P) TIER (no change to BlueSimplicity SM – but will be considered Specialty)
Keytruda®	ADDING PRIOR AUTHORIZATION (grandfather existing utilizers)
Adbry®, Aimovig®, Avonex®, Bafiertam®, Bronchitol®, Cibinqo®, Cimzia®, Extavia®, Fintepla®, Forteo®, Genotropin®, Granix®, Humatrope®, Isturisa®, Kynmobi®, Leqvio®, Leukine®, Mycapps®, Neulasta®, Neupogen®, Nourianz®, Nutropin®, Olumiant®, Omnitrope®, Plegridy®, Saizin®, Siliq®, Simponi®, Skytrofa®, Sovaldi®, Tymlos®, Viekira Pak®, Wakix®, Xywav®, Zepatier®, Zomacton®	MOVING TO SPECIALTY NON-FORMULARY