

Provider Manual Title: Pharmacy  
Revision Date: TBD

**Appendix D: Preferred Drug List / Common Core Formulary Changes,  
90 Day Supply List Changes, and Drug Utilization Review Board  
Service Authorization Changes**

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PREFERRED DRUG LIST / COMMON CORE FORMULARY CHANGES, 90 DAY  
SUPPLY LIST CHANGES, AND DRUG UTILIZATION REVIEW BOARD SERVICE  
AUTHORIZATION CHANGES

The following new drugs and service authorization criteria were recently reviewed and approved by the Drug Utilization Review Board on June 8, 2023 and September 14, 2023. These changes, along with a complete listing of preferred drugs and service authorization requirements, are posted on the Virginia Medicaid Pharmacy Services Portal at:

<https://www.virginiamedicaidpharmacyservices.com/provider>

**Effective immediately**, the following drugs require a service authorization (SA). SA forms can be found at:

<https://www.virginiamedicaidpharmacyservices.com/provider/authorizations>

- Jaypirca™
- Joenja®
- Krazati™
- Orserdu™
- Tezspire® Pen
- Cuvrior™
- Daybue™
- Furoscix®
- Skyclarys™
- Veozah™

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**On January 1, 2024**, the following changes and additions to the Preferred Drug List (PDL) will be effective.

<b>Virginia Preferred Drug List Changes Effective January 1, 2024</b>		
<b>Drug Class</b>	<b>Preferred</b>	<b>Non-Preferred (requires SA)</b>
HIV/AIDS (existing closed class)		Combivir Epzicom Trizivir efavirenz/lamivudine/tenofovir Atripla Sustiva efavirenz Retrovir syrup stavudine didanosine Epivir Ziagen Viread Norvir Lexiva Viracept Reyataz Aptivus darunavir Kaletra solution Kaletra tablet
Growth Hormone	Nutropin AQ Pen	
Immunomodulator, Atopic Dermatitis	Adbry	
COPD Agents	roflumilast	
Glucagon Agents	glucagon emergency kit (Amphastar)	
Antiemetic/Antivertigo Agents	Diclegis	
Anticonvulsants	Tiagabine	
Antipsychotics	Uzedy Abilify Asimtufii	
Glucocorticoids, Inhaled	Arnuity Ellipta fluticasone HFA Trelegy Ellipta	
HAE Treatments	Icatibant	

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Ophthalmic Antibiotic- Steroid Combinations	tobramycin/ dexamethasone suspension	
Lipotropics, Other	Vascepa	
GI Motility, Chronic	lupiprostone	
Bronchodilators, Beta Agonist	ProAir Respiclick	
Antidepressants, Other	vilazodone	Viibryd

Classes in red designate Common Core Formulary “closed classes”

**NEW CLOSED CLASSES (none for 1/1/24)**

AG = authorized generic

**SA criteria can be found on the updated Preferred Drugs List (PDL/Common Core Formulary) at:**

<https://www.virginiamedicaidpharmacyservices.com/provider/preferred-drug-list>.

**SA forms for specific drugs or drug classes can be found at:**

<https://www.virginiamedicaidpharmacyservices.com/provider/authorizations>

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<b>Virginia 90 day list changes Effective January 1, 2024</b>		
<b>Drug Class</b>	<b>Added</b>	<b>Removed</b>
Antidepressants, other	vilazodone	Viibryd
<b>HIV/AIDS (existing closed class)</b>		Combivir Epzicom Trizivir efavirenz/lamivudine/tenofovir Atripla Sustiva efavirenz Retrovir syrup stavudine didanosine Eпивir Ziagen Viread Norvir Lexiva Viracept Reyataz Aptivus darunavir Kaletra solution Kaletra tablet
<b>Anticonvulsants</b>	Tiagabine	
GI Motility, Chronic	lupiprostone	
NSAIDs	diclofenac 75mg tab	
Bronchodilators, Beta Agonist	ProAir Respiclick	
<b>Glucocorticoids, Inhaled</b>	Arnuity Ellipta fluticasone HFA Trelegy Ellipta budesonide nebs	Pulmicort Respules