

2023 COOPERATIVE ADVANTAGE Updates

January, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>cyclosporine modified</i>	<i>cyclosporine modified (for microemulsion)</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>erleada</i>	<i>apalutamide</i>	UM AUTO RULE: AUTHORIZATION		ERLEADA
01/01/2023	<i>retacrit</i>	<i>epoetin alfa-epbx</i>	UM AUTO RULE: AUTHORIZATION		EPOETIN ALFA
01/01/2023	<i>vizimpro</i>	<i>dacomitinib</i>	UM AUTO RULE: AUTHORIZATION		VIZIMPRO
01/01/2023	<i>azithromycin</i>	<i>azithromycin</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>methotrexate sodium (pf)</i>	<i>methotrexate sodium</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>vumerity (starter)</i>	<i>diroximel fumarate</i>	UM AUTO RULE: AUTHORIZATION		VUMERITY
01/01/2023	<i>methotrexate</i>	<i>methotrexate sodium</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>omnitrope</i>	<i>somatropin</i>	UM AUTO RULE: AUTHORIZATION		growth hormones
01/01/2023	<i>xolair</i>	<i>omalizumab</i>	UM AUTO RULE: AUTHORIZATION		xolair
01/01/2023	<i>rubraca</i>	<i>rucaparib camsylate</i>	UM AUTO RULE: AUTHORIZATION		rubraca
01/01/2023	<i>cresemba</i>	<i>isavuconazonium sulfate</i>	UM AUTO RULE: AUTHORIZATION		CRESEMBA (ORAL)
01/01/2023	<i>scemblix</i>	<i>asciminib hcl</i>	UM AUTO RULE: AUTHORIZATION		SCSEMBLIX
01/01/2023	<i>ipratropium bromide</i>	<i>ipratropium bromide</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>qinlock</i>	<i>ripretinib</i>	UM AUTO RULE: AUTHORIZATION		QINLOCK
01/01/2023	<i>privigen</i>	<i>immune globulin (human) iv</i>	UM AUTO RULE: AUTHORIZATION		ivig
01/01/2023	<i>dronabinol</i>	<i>dronabinol</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>orencia</i>	<i>abatacept</i>	UM AUTO RULE: AUTHORIZATION		orencia
01/01/2023	<i>arcalyst</i>	<i>rilonacept</i>	UM AUTO RULE: AUTHORIZATION		arcalyst
01/01/2023	<i>rybelsus</i>	<i>semaglutide</i>	UM AUTO RULE: AUTHORIZATION		glucagon-like peptide-1 agonists
01/01/2023	<i>lupron depot (4-month)</i>	<i>leuprolide acetate (4 month)</i>	UM AUTO RULE: AUTHORIZATION		GONADOTROPI N-RELEASING HORMONE AGONISTS - INJECTABLE LONG ACTING
01/01/2023	<i>cefoxitin sodium</i>	<i>cefoxitin sodium</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>humira</i>	<i>adalimumab</i>	UM AUTO RULE: AUTHORIZATION		humira
01/01/2023	<i>amikacin sulfate</i>	<i>amikacin sulfate</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>gralise</i>	<i>gabapentin (once-daily)</i>	UM AUTO RULE: AUTHORIZATION		GRALISE/HORIZ ANT/LYRICA CR
01/01/2023	<i>tafinlar</i>	<i>dabrafenib mesylate</i>	UM AUTO RULE: AUTHORIZATION		tafinlar
01/01/2023	<i>ozempic (0.25 or 0.5 mg/dose)</i>	<i>semaglutide</i>	UM AUTO RULE: AUTHORIZATION		glucagon-like peptide-1 agonists

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01/01/2023	<i>ubrelvy</i>	<i>ubrogepant</i>	UM AUTO RULE: AUTHORIZATION		UBRELVY
01/01/2023	<i>kalydeco</i>	<i>ivacaftor</i>	UM AUTO RULE: AUTHORIZATION		KALYDECO
01/01/2023	<i>venclerxa starting pack</i>	<i>venetoclax</i>	UM AUTO RULE: AUTHORIZATION		VENCLEXTA
01/01/2023	<i>granisetron hcl</i>	<i>granisetron hcl</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>revlimid</i>	<i>lenalidomide</i>	UM AUTO RULE: AUTHORIZATION		revlimid
01/01/2023	<i>tibsovo</i>	<i>ivosidenib</i>	UM AUTO RULE: AUTHORIZATION		TIBSOVO
01/01/2023	<i>synarel</i>	<i>nafarelin acetate</i>	UM AUTO RULE: AUTHORIZATION		SYNAREL
01/01/2023	<i>panretin</i>	<i>alitretinoin</i>	UM AUTO RULE: AUTHORIZATION		PANRETIN
01/01/2023	<i>plegridy</i>	<i>peginterferon beta-1a</i>	UM AUTO RULE: AUTHORIZATION		PLEGRIDY
01/01/2023	<i>inrebic</i>	<i>fedratinib hcl</i>	UM AUTO RULE: AUTHORIZATION		INREBIC
01/01/2023	<i>ipratropium-albuterol</i>	<i>ipratropium-albuterol</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>methadone hcl</i>	<i>methadone hcl</i>	UM AUTO RULE: AUTHORIZATION		LONG ACTING OPIOIDS
01/01/2023	<i>lupron depot (6-month)</i>	<i>leuprolide acetate (6 month)</i>	UM AUTO RULE: AUTHORIZATION		GONADOTROPIN-RELEASING HORMONE AGONISTS - INJECTABLE LONG ACTING

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>valchlor</i>	<i>mechlorethamine hcl (topical)</i>	UM AUTO RULE: AUTHORIZATION		VALCHLOR
01/01/2023	<i>enbrel mini</i>	<i>etanercept</i>	UM AUTO RULE: AUTHORIZATION		enbrel
01/01/2023	<i>lorazepam</i>	<i>lorazepam</i>	UM AUTO RULE: AUTHORIZATION		high risk medications - benzodiazepines
01/01/2023	<i>rufinamide</i>	<i>rufinamide</i>	UM AUTO RULE: AUTHORIZATION		RUFINAMIDE
01/01/2023	<i>truselq (75mg daily dose)</i>	<i>infigratinib phosphate</i>	UM AUTO RULE: AUTHORIZATION		TRUSELTIQ
01/01/2023	<i>synribo</i>	<i>omacetaxine mepesuccinate</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>norethindrone-eth estradiol</i>	<i>norethindrone acetate-ethinyl estradiol</i>	UM AUTO RULE: AUTHORIZATION		high risk medications-estrogens
01/01/2023	<i>arformoterol tartrate</i>	<i>arformoterol tartrate</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>riluzole</i>	<i>riluzole</i>	UM AUTO RULE: AUTHORIZATION		RILUZOLE
01/01/2023	<i>jakafi</i>	<i>ruxolitinib phosphate</i>	UM AUTO RULE: AUTHORIZATION		jakafi
01/01/2023	<i>vumerity</i>	<i>diroximel fumarate</i>	UM AUTO RULE: AUTHORIZATION		VUMERITY
01/01/2023	<i>gengraf</i>	<i>cyclosporine modified (for microemulsion)</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>nuedexta</i>	<i>dextromethorphan hbr-quinidine sulfate</i>	UM AUTO RULE: AUTHORIZATION		NUEDEXTA
01/01/2023	<i>lenvima (14 mg daily dose)</i>	<i>lenvatinib mesylate</i>	UM AUTO RULE: AUTHORIZATION		LENVIMA

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01/01/2023	<i>nubeqa</i>	<i>darolutamide</i>	UM AUTO RULE: AUTHORIZATION		NUBEQA
01/01/2023	<i>balversa</i>	<i>erdafitinib</i>	UM AUTO RULE: AUTHORIZATION		BALVERSA
01/01/2023	<i>iressa</i>	<i>gefitinib</i>	UM AUTO RULE: AUTHORIZATION		IRESSA
01/01/2023	<i>revcovi</i>	<i>elapegademase-lvlr</i>	UM AUTO RULE: AUTHORIZATION		REVCOVI
01/01/2023	<i>acyclovir</i>	<i>acyclovir topical</i>	UM AUTO RULE: AUTHORIZATION		ACYCLOVIR (Topical)
01/01/2023	<i>belbuca</i>	<i>buprenorphine hcl</i>	UM AUTO RULE: AUTHORIZATION		LONG ACTING OPIOIDS
01/01/2023	<i>tazarotene</i>	<i>tazarotene</i>	UM AUTO RULE: AUTHORIZATION		TAZAROTENE
01/01/2023	<i>sympazan</i>	<i>clobazam</i>	UM AUTO RULE: AUTHORIZATION		CLOBAZAM
01/01/2023	<i>penicillin g procaine</i>	<i>penicillin g procaine</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>doxy 100</i>	<i>doxycycline hyclate</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>ocaliva</i>	<i>obeticholic acid</i>	UM AUTO RULE: AUTHORIZATION		ocaliva
01/01/2023	<i>vonjo</i>	<i>pacritinib citrate</i>	UM AUTO RULE: AUTHORIZATION		VONJO
01/01/2023	<i>kisqali (200 mg dose)</i>	<i>ribociclib succinate</i>	UM AUTO RULE: AUTHORIZATION		KISQALI
01/01/2023	<i>cyclosporine</i>	<i>cyclosporine</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>talzenna</i>	<i>talazoparib tosylate</i>	UM AUTO RULE: AUTHORIZATION		TALZENNA

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01/01/2023	<i>valtoco 5 mg dose</i>	<i>diazepam (anticonvulsant)</i>	UM AUTO RULE: AUTHORIZATION		VALTOCO
01/01/2023	<i>xpovio (80 mg twice weekly)</i>	<i>selinexor</i>	UM AUTO RULE: AUTHORIZATION		XPOVIO
01/01/2023	<i>verzenio</i>	<i>abemaciclib</i>	UM AUTO RULE: AUTHORIZATION		VERZENIO
01/01/2023	<i>fintepla</i>	<i>fenfluramine hcl (anticonvulsant)</i>	UM AUTO RULE: AUTHORIZATION		FINTEPLA
01/01/2023	<i>besremi</i>	<i>ropeginterferon alfa-2b-njft</i>	UM AUTO RULE: AUTHORIZATION		BESREMI
01/01/2023	<i>lenalidomide</i>	<i>lenalidomide</i>	UM AUTO RULE: AUTHORIZATION		revlimid
01/01/2023	<i>hydroxychloroquine sulfate</i>	<i>hydroxychloroquine sulfate</i>	UM AUTO RULE: AUTHORIZATION		HYDROXYCHLOROQUINE
01/01/2023	<i>xpovio (60 mg twice weekly)</i>	<i>selinexor</i>	UM AUTO RULE: AUTHORIZATION		XPOVIO
01/01/2023	<i>moxifloxacin hcl in nacl</i>	<i>moxifloxacin hcl in sodium chloride</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>diclofenac sodium</i>	<i>diclofenac sodium (actinic keratoses)</i>	UM AUTO RULE: AUTHORIZATION		solaraze
01/01/2023	<i>jinteli</i>	<i>norethindrone acetate-ethinyl estradiol</i>	UM AUTO RULE: AUTHORIZATION		high risk medications-estrogens
01/01/2023	<i>valtoco 10 mg dose</i>	<i>diazepam (anticonvulsant)</i>	UM AUTO RULE: AUTHORIZATION		VALTOCO
01/01/2023	<i>imipenem-cilastatin</i>	<i>imipenem-cilastatin</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>penicillin g pot in dextrose</i>	<i>penicillin g pot in dextrose</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>kisqali (400 mg dose)</i>	<i>ribociclib succinate</i>	UM AUTO RULE: AUTHORIZATION		KISQALI

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01/01/2023	<i>deferasirox</i>	<i>deferasirox</i>	UM AUTO RULE: AUTHORIZATION		DEFERASIROX
01/01/2023	<i>bosulif</i>	<i>bosutinib</i>	UM AUTO RULE: AUTHORIZATION		bosulif
01/01/2023	<i>colistimethate sodium (cba)</i>	<i>colistimethate sodium</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>clobazam</i>	<i>clobazam</i>	UM AUTO RULE: AUTHORIZATION		CLOBAZAM
01/01/2023	<i>avonex prefilled</i>	<i>interferon beta-1a</i>	UM AUTO RULE: AUTHORIZATION		avonex
01/01/2023	<i>venclexta</i>	<i>venetoclax</i>	UM AUTO RULE: AUTHORIZATION		VENCLEXTA
01/01/2023	<i>mycophenolate mofetil</i>	<i>mycophenolate mofetil</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>tacrolimus</i>	<i>tacrolimus</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>myalept</i>	<i>metreleptin</i>	UM AUTO RULE: AUTHORIZATION		myalept
01/01/2023	<i>pemazyre</i>	<i>pemigatinib</i>	UM AUTO RULE: AUTHORIZATION		PEMAZYRE
01/01/2023	<i>ceftazidime</i>	<i>ceftazidime</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>xermelo</i>	<i>telotristat etiprate</i>	UM AUTO RULE: AUTHORIZATION		XERMELO
01/01/2023	<i>ozempic (2 mg/dose)</i>	<i>semaglutide</i>	UM AUTO RULE: AUTHORIZATION		glucagon-like peptide-1 agonists
01/01/2023	<i>clindamycin phosphate</i>	<i>clindamycin phosphate</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>daliresp</i>	<i>roflumilast</i>	UM AUTO RULE: AUTHORIZATION		daliresp

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01/01/2023	<i>nilutamide</i>	<i>nilutamide</i>	UM AUTO RULE: AUTHORIZATION		NILUTAMIDE
01/01/2023	<i>prolia</i>	<i>denosumab</i>	UM AUTO RULE: AUTHORIZATION		prolia
01/01/2023	<i>morphine sulfate er</i>	<i>morphine sulfate</i>	UM AUTO RULE: AUTHORIZATION		LONG ACTING OPIOIDS
01/01/2023	<i>adempas</i>	<i>riociguat</i>	UM AUTO RULE: AUTHORIZATION		adempas
01/01/2023	<i>humira pen</i>	<i>adalimumab</i>	UM AUTO RULE: AUTHORIZATION		humira
01/01/2023	<i>glatopa</i>	<i>glatiramer acetate</i>	UM AUTO RULE: AUTHORIZATION		GLATIRAMER
01/01/2023	<i>uptravi</i>	<i>selexipag</i>	UM AUTO RULE: AUTHORIZATION		UPTRAVI
01/01/2023	<i>tazverik</i>	<i>tazemetostat hbr</i>	UM AUTO RULE: AUTHORIZATION		TAZVERIK
01/01/2023	<i>cholbam</i>	<i>cholic acid</i>	UM AUTO RULE: AUTHORIZATION		CHOLBAM
01/01/2023	<i>victoza</i>	<i>liraglutide</i>	UM AUTO RULE: AUTHORIZATION		glucagon-like peptide-1 agonists
01/01/2023	<i>skyrizi (150 mg dose)</i>	<i>risankizumab-rzaa</i>	UM AUTO RULE: AUTHORIZATION		SKYRIZI
01/01/2023	<i>truselq (50mg daily dose)</i>	<i>infigratinib phosphate</i>	UM AUTO RULE: AUTHORIZATION		TRUSELTIQ
01/01/2023	<i>juxtapid</i>	<i>lomitapide mesylate</i>	UM AUTO RULE: AUTHORIZATION		juxtapid
01/01/2023	<i>humira pen- cd/uc/hs starter</i>	<i>adalimumab</i>	UM AUTO RULE: AUTHORIZATION		humira
01/01/2023	<i>valtoco 20 mg dose</i>	<i>diazepam (anticonvulsant)</i>	UM AUTO RULE: AUTHORIZATION		VALTOCO

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01/01/2023	<i>daurismo</i>	<i>glasdegib maleate</i>	UM AUTO RULE: AUTHORIZATION		DAURISMO
01/01/2023	<i>zolinza</i>	<i>vorinostat</i>	UM AUTO RULE: AUTHORIZATION		ZOLINZA
01/01/2023	<i>emgality</i>	<i>galcanezumab-gnlm</i>	UM AUTO RULE: AUTHORIZATION		EMGALITY
01/01/2023	<i>lorbrena</i>	<i>lorlatinib</i>	UM AUTO RULE: AUTHORIZATION		LORBRENA
01/01/2023	<i>stelara</i>	<i>ustekinumab</i>	UM AUTO RULE: AUTHORIZATION		stelara
01/01/2023	<i>lupron depot (3-month)</i>	<i>leuprolide acetate (3 month)</i>	UM AUTO RULE: AUTHORIZATION		GONADOTROPIN-RELEASING HORMONE AGONISTS - INJECTABLE LONG ACTING
01/01/2023	<i>envarsus xr</i>	<i>tacrolimus</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>orladeyo</i>	<i>berotralstat hcl</i>	UM AUTO RULE: AUTHORIZATION		ORLADEYO
01/01/2023	<i>bicillin c-r</i>	<i>penicillin g benzathine & procaine</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>meropenem</i>	<i>meropenem</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>humira pediatric crohns start</i>	<i>adalimumab</i>	UM AUTO RULE: AUTHORIZATION		humira
01/01/2023	<i>avita</i>	<i>tretinoin</i>	UM AUTO RULE: AUTHORIZATION		topical retinoid products
01/01/2023	<i>methylprednisolone</i>	<i>methylprednisolone</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B

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01/01/2023	<i>humira pen-pediatric uc start</i>	<i>adalimumab</i>	UM AUTO RULE: AUTHORIZATION		humira
01/01/2023	<i>lenvima (24 mg daily dose)</i>	<i>lenvatinib mesylate</i>	UM AUTO RULE: AUTHORIZATION		LENVIMA
01/01/2023	<i>symlinpen 120</i>	<i>pramlintide acetate</i>	UM AUTO RULE: AUTHORIZATION		symlin
01/01/2023	<i>firmagon</i>	<i>degarelix acetate</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>deferiprone</i>	<i>deferiprone</i>	UM AUTO RULE: AUTHORIZATION		DEFERIPRONE
01/01/2023	<i>oxycodone hcl er</i>	<i>oxycodone hcl</i>	UM AUTO RULE: AUTHORIZATION		LONG ACTING OPIOIDS
01/01/2023	<i>levofloxacin in d5w</i>	<i>levofloxacin in d5w</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>xpovio (40 mg once weekly)</i>	<i>selinexor</i>	UM AUTO RULE: AUTHORIZATION		XPOVIO
01/01/2023	<i>tobramycin sulfate</i>	<i>tobramycin sulfate</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>abelcet</i>	<i>amphotericin b lipid</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>repatha sureclick</i>	<i>evolocumab</i>	UM AUTO RULE: AUTHORIZATION		REPATHA
01/01/2023	<i>sorafenib tosylate</i>	<i>sorafenib tosylate</i>	UM AUTO RULE: AUTHORIZATION		nexavar
01/01/2023	<i>brukinsa</i>	<i>zanubrutinib</i>	UM AUTO RULE: AUTHORIZATION		BRUKINSA
01/01/2023	<i>engerix-b</i>	<i>hepatitis b vaccine (recomb)</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>xeljanz</i>	<i>tofacitinib citrate</i>	UM AUTO RULE: AUTHORIZATION		xeljanz

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01/01/2023	<i>truseltiq (125mg daily dose)</i>	<i>infigratinib phosphate</i>	UM AUTO RULE: AUTHORIZATION		TRUSELTIQ
01/01/2023	<i>tabrecta</i>	<i>capmatinib hcl</i>	UM AUTO RULE: AUTHORIZATION		TABRECTA
01/01/2023	<i>xatmep</i>	<i>methotrexate</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>pomalyst</i>	<i>pomalidomide</i>	UM AUTO RULE: AUTHORIZATION		POMALYST
01/01/2023	<i>sunitinib malate</i>	<i>sunitinib malate</i>	UM AUTO RULE: AUTHORIZATION		sutent
01/01/2023	<i>diazepam</i>	<i>diazepam</i>	UM AUTO RULE: AUTHORIZATION		high risk medications - benzodiazepines
01/01/2023	<i>oxycontin</i>	<i>oxycodone hcl</i>	UM AUTO RULE: AUTHORIZATION		LONG ACTING OPIOIDS
01/01/2023	<i>everolimus</i>	<i>everolimus (immunosuppressant)</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>vancomycin hcl</i>	<i>vancomycin hcl</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>byetta 10 mcg pen</i>	<i>exenatide</i>	UM AUTO RULE: AUTHORIZATION		glucagon-like peptide-1 agonists
01/01/2023	<i>xpovio (40 mg twice weekly)</i>	<i>selinexor</i>	UM AUTO RULE: AUTHORIZATION		XPOVIO
01/01/2023	<i>mycophenolate sodium</i>	<i>mycophenolate sodium</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>premasol</i>	<i>amino acid infusion</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>onureg</i>	<i>azacitidine</i>	UM AUTO RULE: AUTHORIZATION		ONUREG

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>armodafinil</i>	<i>armodafinil</i>	UM AUTO RULE: AUTHORIZATION		MODAFINIL/ARM ODAFINIL
01/01/2023	<i>deferasirox granules</i>	<i>deferasirox</i>	UM AUTO RULE: AUTHORIZATION		DEFERASIROX
01/01/2023	<i>epclusa</i>	<i>sofosbuvir-velpatasvir</i>	UM AUTO RULE: AUTHORIZATION		epclusa
01/01/2023	<i>promethazine hcl</i>	<i>promethazine hcl</i>	UM AUTO RULE: AUTHORIZATION		high risk medications - first generation antihistamines
01/01/2023	<i>gilenya</i>	<i>fingolimod hcl</i>	UM AUTO RULE: AUTHORIZATION		gilenya
01/01/2023	<i>diacomit</i>	<i>stiripentol</i>	UM AUTO RULE: AUTHORIZATION		DIACOMIT
01/01/2023	<i>thalomid</i>	<i>thalidomide</i>	UM AUTO RULE: AUTHORIZATION		thalomid
01/01/2023	<i>bicillin l-a</i>	<i>penicillin g benzathine</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>signifor</i>	<i>pasireotide diaspertate</i>	UM AUTO RULE: AUTHORIZATION		SIGNIFOR
01/01/2023	<i>enbrel sureclick</i>	<i>etanercept</i>	UM AUTO RULE: AUTHORIZATION		enbrel
01/01/2023	<i>fotivda</i>	<i>tivozanib hcl</i>	UM AUTO RULE: AUTHORIZATION		FOTIVDA
01/01/2023	<i>cefuroxime sodium</i>	<i>cefuroxime sodium</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>trientine hcl</i>	<i>trientine hcl</i>	UM AUTO RULE: AUTHORIZATION		TRIENTINE
01/01/2023	<i>eprontia</i>	<i>topiramate</i>	UM AUTO RULE: AUTHORIZATION		topiramate/zonisa mide

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>pyrimethamine</i>	<i>pyrimethamine</i>	UM AUTO RULE: AUTHORIZATION		PYRIMETHAMIN E
01/01/2023	<i>imatinib mesylate</i>	<i>imatinib mesylate</i>	UM AUTO RULE: AUTHORIZATION		IMATINIB
01/01/2023	<i>tetrabenazine</i>	<i>tetrabenazine</i>	UM AUTO RULE: AUTHORIZATION		TETRABENAZIN E
01/01/2023	<i>calquence</i>	<i>acalabrutinib</i>	UM AUTO RULE: AUTHORIZATION		CALQUENCE
01/01/2023	<i>clinimix/dextrose (5/20)</i>	<i>amino acid infusion in d20w</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>vitrakvi</i>	<i>larotrectinib sulfate</i>	UM AUTO RULE: AUTHORIZATION		VITRAKVI
01/01/2023	<i>trophamine</i>	<i>amino acid infusion</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>lorazepam intensol</i>	<i>lorazepam</i>	UM AUTO RULE: AUTHORIZATION		high risk medications - benzodiazepines
01/01/2023	<i>prolastin-c</i>	<i>alpha 1-proteinase inhibitor (human)</i>	UM AUTO RULE: AUTHORIZATION		ALPHA 1 PROTEINASE INHIBITORS
01/01/2023	<i>fentanyl citrate</i>	<i>fentanyl citrate</i>	UM AUTO RULE: AUTHORIZATION		transmucosal fentanyl drugs
01/01/2023	<i>lenvima (12 mg daily dose)</i>	<i>lenvatinib mesylate</i>	UM AUTO RULE: AUTHORIZATION		LENVIMA
01/01/2023	<i>cimzia</i>	<i>certolizumab pegol</i>	UM AUTO RULE: AUTHORIZATION		cimzia
01/01/2023	<i>tacrolimus</i>	<i>tacrolimus (topical)</i>	UM AUTO RULE: AUTHORIZATION		TOPICAL AGENTS FOR ATOPIC DERMATITIS

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>nivestym</i>	<i>filgrastim-aafi</i>	UM AUTO RULE: AUTHORIZATION		NIVESTYM
01/01/2023	<i>carglumic acid</i>	<i>carglumic acid</i>	UM AUTO RULE: AUTHORIZATION		CARBAGLU
01/01/2023	<i>zeposia 7-day starter pack</i>	<i>ozanimod hcl</i>	UM AUTO RULE: AUTHORIZATION		ZEPOSIA
01/01/2023	<i>estradiol- norethindrone acet</i>	<i>estradiol & norethindrone acetate</i>	UM AUTO RULE: AUTHORIZATION		high risk medications- estrogens
01/01/2023	<i>voriconazole</i>	<i>voriconazole</i>	UM AUTO RULE: AUTHORIZATION		VORICONAZOL E (ORAL)
01/01/2023	<i>orgovyx</i>	<i>relugolix</i>	UM AUTO RULE: AUTHORIZATION		ORGOVYX
01/01/2023	<i>everolimus</i>	<i>everolimus</i>	UM AUTO RULE: AUTHORIZATION		EVEROLIMUS
01/01/2023	<i>gattex</i>	<i>teduglutide (rdna)</i>	UM AUTO RULE: AUTHORIZATION		GATTEX
01/01/2023	<i>dupixent</i>	<i>dupilumab</i>	UM AUTO RULE: AUTHORIZATION		DUPIXENT
01/01/2023	<i>copiktra</i>	<i>duvelisib</i>	UM AUTO RULE: AUTHORIZATION		COPIKTRA
01/01/2023	<i>teflaro</i>	<i>ceftaroline fosamil</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>zeposia</i>	<i>ozanimod hcl</i>	UM AUTO RULE: AUTHORIZATION		ZEPOSIA
01/01/2023	<i>vosevi</i>	<i>sofosbuvir-velpatasvir- voxilaprevir</i>	UM AUTO RULE: AUTHORIZATION		VOSEVI
01/01/2023	<i>azathioprine</i>	<i>azathioprine</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>xeljanz xr</i>	<i>tofacitinib citrate</i>	UM AUTO RULE: AUTHORIZATION		xeljanz

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>lyllana</i>	<i>estradiol</i>	UM AUTO RULE: AUTHORIZATION		high risk medications- estrogens
01/01/2023	<i>zarxio</i>	<i>filgrastim-sndz</i>	UM AUTO RULE: AUTHORIZATION		ZARXIO
01/01/2023	<i>imbruvica</i>	<i>ibrutinib</i>	UM AUTO RULE: AUTHORIZATION		imbruvica
01/01/2023	<i>phenobarbital</i>	<i>phenobarbital</i>	UM AUTO RULE: AUTHORIZATION		HIGH RISK MEDICATIONS - PHENOBARBITA L
01/01/2023	<i>lenvima (18 mg daily dose)</i>	<i>lenvatinib mesylate</i>	UM AUTO RULE: AUTHORIZATION		LENVIMA
01/01/2023	<i>humira pen- ps/uv/adol hs start</i>	<i>adalimumab</i>	UM AUTO RULE: AUTHORIZATION		humira
01/01/2023	<i>gilotrif</i>	<i>afatinib dimaleate</i>	UM AUTO RULE: AUTHORIZATION		gilotrif
01/01/2023	<i>pulmozyme</i>	<i>dornase alfa</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>repatha</i>	<i>evolocumab</i>	UM AUTO RULE: AUTHORIZATION		REPATHA
01/01/2023	<i>octreotide acetate</i>	<i>octreotide acetate</i>	UM AUTO RULE: AUTHORIZATION		OCTREOTIDE INJECTABLE
01/01/2023	<i>trikafta</i>	<i>elexacaftor-tezacaftor- ivacaftor</i>	UM AUTO RULE: AUTHORIZATION		TRIKAFTA
01/01/2023	<i>memantine hcl</i>	<i>memantine hcl</i>	UM AUTO RULE: AUTHORIZATION		memantine
01/01/2023	<i>ondansetron</i>	<i>ondansetron</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>xospata</i>	<i>gilteritinib fumarate</i>	UM AUTO RULE: AUTHORIZATION		XOSPATA
01/01/2023	<i>mounjaro</i>	<i>tirzepatide</i>	UM AUTO RULE: AUTHORIZATION		glucagon-like peptide-1 agonists
01/01/2023	<i>ozempic (1 mg/dose)</i>	<i>semaglutide</i>	UM AUTO RULE: AUTHORIZATION		glucagon-like peptide-1 agonists
01/01/2023	<i>doptelet</i>	<i>avatrombopag maleate</i>	UM AUTO RULE: AUTHORIZATION		DOPTELET
01/01/2023	<i>sprycel</i>	<i>dasatinib</i>	UM AUTO RULE: AUTHORIZATION		sprycel
01/01/2023	<i>prehevbrio</i>	<i>hepatitis b vaccine 3-antigen recombinant</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>bicillin c-r 900/300</i>	<i>penicillin g benzathine & procaine</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>dalfampridine er</i>	<i>dalfampridine</i>	UM AUTO RULE: AUTHORIZATION		DALFAMPRIDIN E
01/01/2023	<i>methotrexate sodium</i>	<i>methotrexate sodium</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>bosentan</i>	<i>bosentan</i>	UM AUTO RULE: AUTHORIZATION		BOSENTAN/AM BRISENTAN
01/01/2023	<i>valtoco 15 mg dose</i>	<i>diazepam (anticonvulsant)</i>	UM AUTO RULE: AUTHORIZATION		VALTOCO
01/01/2023	<i>tagrisso</i>	<i>osimertinib mesylate</i>	UM AUTO RULE: AUTHORIZATION		TAGRISSO
01/01/2023	<i>sajazir</i>	<i>icatibant acetate</i>	UM AUTO RULE: AUTHORIZATION		ICATIBANT
01/01/2023	<i>truselq (100mg daily dose)</i>	<i>infigratinib phosphate</i>	UM AUTO RULE: AUTHORIZATION		TRUSELTIQ

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>promacta</i>	<i>eltrombopag olamine</i>	UM AUTO RULE: AUTHORIZATION		promacta
01/01/2023	<i>fasenra</i>	<i>benralizumab</i>	UM AUTO RULE: AUTHORIZATION		FASENRA
01/01/2023	<i>kisqali femara(200 mg dose)</i>	<i>ribociclib succinate-letrozole</i>	UM AUTO RULE: AUTHORIZATION		KISQALI
01/01/2023	<i>piqray (300 mg daily dose)</i>	<i>alpelisib</i>	UM AUTO RULE: AUTHORIZATION		PIQRAY
01/01/2023	<i>xalkori</i>	<i>crizotinib</i>	UM AUTO RULE: AUTHORIZATION		xalkori
01/01/2023	<i>ampicillin sodium</i>	<i>ampicillin sodium</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>pimecrolimus</i>	<i>pimecrolimus</i>	UM AUTO RULE: AUTHORIZATION		TOPICAL AGENTS FOR ATOPIC DERMATITIS
01/01/2023	<i>ravicti</i>	<i>glycerol phenylbutyrate</i>	UM AUTO RULE: AUTHORIZATION		PHENYLBUTYR ATE
01/01/2023	<i>oxacillin sodium in dextrose</i>	<i>oxacillin sodium in dextrose</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>iclusig</i>	<i>ponatinib hcl</i>	UM AUTO RULE: AUTHORIZATION		iclusig
01/01/2023	<i>zonisamide</i>	<i>zonisamide</i>	UM AUTO RULE: AUTHORIZATION		topiramate/zonisa mide
01/01/2023	<i>cibinqo</i>	<i>abrocitinib</i>	UM AUTO RULE: AUTHORIZATION		CIBINQO
01/01/2023	<i>sirturo</i>	<i>bedaquiline fumarate</i>	UM AUTO RULE: AUTHORIZATION		SIRTURO
01/01/2023	<i>firdapse</i>	<i>amifampridine phosphate</i>	UM AUTO RULE: AUTHORIZATION		FIRDAPSE

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>diazepam</i> <i>intensol</i>	<i>diazepam</i>	UM AUTO RULE: AUTHORIZATION		high risk medications - benzodiazepines
01/01/2023	<i>namzaric</i>	<i>memantine hcl-donepezil hcl</i>	UM AUTO RULE: AUTHORIZATION		memantine
01/01/2023	<i>xpovio (80 mg</i> <i>once weekly)</i>	<i>selinexor</i>	UM AUTO RULE: AUTHORIZATION		XPOVIO
01/01/2023	<i>levofloxacin</i>	<i>levofloxacin</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>budesonide</i>	<i>budesonide (inhalation)</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>fluconazole in</i> <i>sodium chloride</i>	<i>fluconazole in nacl</i>	UM AUTO RULE: AUTHORIZATION		ANTIFUNGALS (IV)
01/01/2023	<i>benlysta</i>	<i>belimumab</i>	UM AUTO RULE: AUTHORIZATION		BENLYSTA
01/01/2023	<i>hydroxyzine hcl</i>	<i>hydroxyzine hcl</i>	UM AUTO RULE: AUTHORIZATION		high risk medications - first generation antihistamines
01/01/2023	<i>pentamidine</i> <i>isethionate</i>	<i>pentamidine isethionate</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>zelboraf</i>	<i>vemurafenib</i>	UM AUTO RULE: AUTHORIZATION		zelboraf
01/01/2023	<i>aprepitant</i>	<i>aprepitant</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>alunbrig</i>	<i>brigatinib</i>	UM AUTO RULE: AUTHORIZATION		ALUNBRIG
01/01/2023	<i>tolvaptan</i>	<i>tolvaptan</i>	UM AUTO RULE: AUTHORIZATION		TOLVAPTAN
01/01/2023	<i>somavert</i>	<i>pegvisomant</i>	UM AUTO RULE: AUTHORIZATION		SOMAVERT

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>cystagon</i>	<i>cysteamine bitartrate</i>	UM AUTO RULE: AUTHORIZATION		CYSTEAMINE (ORAL)
01/01/2023	<i>esbriet</i>	<i>pirfenidone</i>	UM AUTO RULE: AUTHORIZATION		esbriet
01/01/2023	<i>nurtec</i>	<i>rimegepant sulfate</i>	UM AUTO RULE: AUTHORIZATION		NURTEC
01/01/2023	<i>lynparza</i>	<i>olaparib</i>	UM AUTO RULE: AUTHORIZATION		lynparza
01/01/2023	<i>firmagon (240 mg dose)</i>	<i>degarelix acetate</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>memantine hcl er</i>	<i>memantine hcl</i>	UM AUTO RULE: AUTHORIZATION		memantine
01/01/2023	<i>sildenafil citrate</i>	<i>sildenafil citrate (pulmonary hypertension)</i>	UM AUTO RULE: AUTHORIZATION		phosphodiesterase-5 inhibitors for pah
01/01/2023	<i>kisqali femara (400 mg dose)</i>	<i>ribociclib succinate-letrozole</i>	UM AUTO RULE: AUTHORIZATION		KISQALI
01/01/2023	<i>sucraid</i>	<i>sacrosidase</i>	UM AUTO RULE: AUTHORIZATION		SUCRAID
01/01/2023	<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>cinacalcet hcl</i>	<i>cinacalcet hcl</i>	UM AUTO RULE: AUTHORIZATION		SENSIPAR
01/01/2023	<i>xtandi</i>	<i>enzalutamide</i>	UM AUTO RULE: AUTHORIZATION		xtandi
01/01/2023	<i>testosterone cypionate</i>	<i>testosterone cypionate</i>	UM AUTO RULE: AUTHORIZATION		INJECTABLE TESTOSTERONE PRODUCTS
01/01/2023	<i>metyrosine</i>	<i>metyrosine</i>	UM AUTO RULE: AUTHORIZATION		PHEOCHROMO CYTOMA

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>caprelsa</i>	<i>vandetanib</i>	UM AUTO RULE: AUTHORIZATION		CAPRELSA
01/01/2023	<i>cometriq (100 mg daily dose)</i>	<i>cabozantinib s-malate</i>	UM AUTO RULE: AUTHORIZATION		cometriq
01/01/2023	<i>metronidazole</i>	<i>metronidazole</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>ivermectin</i>	<i>ivermectin</i>	UM AUTO RULE: AUTHORIZATION		IVERMECTIN (ORAL)
01/01/2023	<i>bexarotene</i>	<i>bexarotene (topical)</i>	UM AUTO RULE: AUTHORIZATION		TARGRETIN TOPICAL
01/01/2023	<i>fasenra pen</i>	<i>benralizumab</i>	UM AUTO RULE: AUTHORIZATION		FASENRA
01/01/2023	<i>retevmo</i>	<i>selpercatinib</i>	UM AUTO RULE: AUTHORIZATION		RETEVMO
01/01/2023	<i>welireg</i>	<i>belzutifan</i>	UM AUTO RULE: AUTHORIZATION		WELIREG
01/01/2023	<i>xpovio (100 mg once weekly)</i>	<i>selinexor</i>	UM AUTO RULE: AUTHORIZATION		XPOVIO
01/01/2023	<i>albuterol sulfate</i>	<i>albuterol sulfate</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>symdeko</i>	<i>tezacaftor-ivacaftor</i>	UM AUTO RULE: AUTHORIZATION		SYMDEKO
01/01/2023	<i>skyrizi</i>	<i>risankizumab-rzaa</i>	UM AUTO RULE: AUTHORIZATION		SKYRIZI
01/01/2023	<i>lenvima (8 mg daily dose)</i>	<i>lenvatinib mesylate</i>	UM AUTO RULE: AUTHORIZATION		LENVIMA
01/01/2023	<i>adbry</i>	<i>tralokinumab-ldrm</i>	UM AUTO RULE: AUTHORIZATION		ADBRY
01/01/2023	<i>penicillamine</i>	<i>penicillamine</i>	UM AUTO RULE: AUTHORIZATION		PENICILLAMINE

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>actemra</i>	<i>tocilizumab</i>	UM AUTO RULE: AUTHORIZATION		actemra sq
01/01/2023	<i>opsumit</i>	<i>macitentan</i>	UM AUTO RULE: AUTHORIZATION		opsumit
01/01/2023	<i>droxidopa</i>	<i>droxidopa</i>	UM AUTO RULE: AUTHORIZATION		northera
01/01/2023	<i>chemet</i>	<i>succimer</i>	UM AUTO RULE: AUTHORIZATION		CHEMET
01/01/2023	<i>testosterone enanthate</i>	<i>testosterone enanthate</i>	UM AUTO RULE: AUTHORIZATION		INJECTABLE TESTOSTERON E PRODUCTS
01/01/2023	<i>lonsurf</i>	<i>trifluridine-tipiracil</i>	UM AUTO RULE: AUTHORIZATION		LONSURF
01/01/2023	<i>harvoni</i>	<i>ledipasvir-sofosbuvir</i>	UM AUTO RULE: AUTHORIZATION		harvoni
01/01/2023	<i>epidiolex</i>	<i>cannabidiol</i>	UM AUTO RULE: AUTHORIZATION		EPIDIOLEX
01/01/2023	<i>fentanyl</i>	<i>fentanyl</i>	UM AUTO RULE: AUTHORIZATION		TRANSDERMAL FENTANYL
01/01/2023	<i>varubi (180 mg dose)</i>	<i>rolapitant hcl</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>exkivity</i>	<i>mobocertinib succinate</i>	UM AUTO RULE: AUTHORIZATION		EXKIVITY
01/01/2023	<i>lidocaine</i>	<i>lidocaine</i>	UM AUTO RULE: AUTHORIZATION		LIDOCAINE PATCH
01/01/2023	<i>nexlizet</i>	<i>bempedoic acid-ezetimibe</i>	UM AUTO RULE: AUTHORIZATION		NEXLIZET
01/01/2023	<i>mekinist</i>	<i>trametinib dimethyl sulfoxide</i>	UM AUTO RULE: AUTHORIZATION		mekinist
01/01/2023	<i>pirfenidone</i>	<i>pirfenidone</i>	UM AUTO RULE: AUTHORIZATION		esbriet

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>inlyta</i>	<i>axitinib</i>	UM AUTO RULE: AUTHORIZATION		inlyta
01/01/2023	<i>braftovi</i>	<i>encorafenib</i>	UM AUTO RULE: AUTHORIZATION		BRAFTOVI
01/01/2023	<i>glatiramer acetate</i>	<i>glatiramer acetate</i>	UM AUTO RULE: AUTHORIZATION		GLATIRAMER
01/01/2023	<i>icatibant acetate</i>	<i>icatibant acetate</i>	UM AUTO RULE: AUTHORIZATION		ICATIBANT
01/01/2023	<i>stivarga</i>	<i>regorafenib</i>	UM AUTO RULE: AUTHORIZATION		stivarga
01/01/2023	<i>cometriq (140 mg daily dose)</i>	<i>cabozantinib s-malate</i>	UM AUTO RULE: AUTHORIZATION		cometriq
01/01/2023	<i>ofev</i>	<i>nintedanib esylate</i>	UM AUTO RULE: AUTHORIZATION		ofev
01/01/2023	<i>posaconazole</i>	<i>posaconazole</i>	UM AUTO RULE: AUTHORIZATION		POSACONAZOLE (ORAL)
01/01/2023	<i>oxervate</i>	<i>cenegermin-bkbj</i>	UM AUTO RULE: AUTHORIZATION		OXERVATE
01/01/2023	<i>benztropine mesylate</i>	<i>benztropine mesylate</i>	UM AUTO RULE: AUTHORIZATION		HIGH RISK MEDICATIONS - BENZTROPINE
01/01/2023	<i>inqovi</i>	<i>decitabine-cedazuridine</i>	UM AUTO RULE: AUTHORIZATION		INQOVI
01/01/2023	<i>skyrizi</i>	<i>risankizumab-rzaa (crohn's)</i>	UM AUTO RULE: AUTHORIZATION		SKYRIZI
01/01/2023	<i>alecensa</i>	<i>alectinib hcl</i>	UM AUTO RULE: AUTHORIZATION		ALECENSA
01/01/2023	<i>kisqali femara (600 mg dose)</i>	<i>ribociclib succinate-letrozole</i>	UM AUTO RULE: AUTHORIZATION		KISQALI

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>mimvey</i>	<i>estradiol & norethindrone acetate</i>	UM AUTO RULE: AUTHORIZATION		high risk medications-estrogens
01/01/2023	<i>nucala</i>	<i>mepolizumab</i>	UM AUTO RULE: AUTHORIZATION		NUCALA
01/01/2023	<i>nitisinone</i>	<i>nitisinone</i>	UM AUTO RULE: AUTHORIZATION		NITISINONE
01/01/2023	<i>odomzo</i>	<i>sonidegib phosphate</i>	UM AUTO RULE: AUTHORIZATION		ODOMZO
01/01/2023	<i>alyq</i>	<i>tadalafil (pulmonary hypertension)</i>	UM AUTO RULE: AUTHORIZATION		phosphodiesterase-5 inhibitors for pah
01/01/2023	<i>menest</i>	<i>esterified estrogens</i>	UM AUTO RULE: AUTHORIZATION		high risk medications-estrogens
01/01/2023	<i>buprenorphine</i>	<i>buprenorphine</i>	UM AUTO RULE: AUTHORIZATION		LONG ACTING OPIOIDS
01/01/2023	<i>tobramycin</i>	<i>tobramycin</i>	UM AUTO RULE: AUTHORIZATION		TOBRAMYCIN (NEBULIZATION)
01/01/2023	<i>nafcillin sodium</i>	<i>nafcillin sodium</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>intralipid</i>	<i>fat emulsion plant based (soy)</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>xpovio (60 mg once weekly)</i>	<i>selinexor</i>	UM AUTO RULE: AUTHORIZATION		XPOVIO
01/01/2023	<i>androderm</i>	<i>testosterone</i>	UM AUTO RULE: AUTHORIZATION		NON-INJECTABLE TESTOSTERONE PRODUCTS
01/01/2023	<i>zejula</i>	<i>niraparib tosylate</i>	UM AUTO RULE: AUTHORIZATION		ZEJULA

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>tadalafil (pah)</i>	<i>tadalafil (pulmonary hypertension)</i>	UM AUTO RULE: AUTHORIZATION		phosphodiesterase-5 inhibitors for pah
01/01/2023	<i>tretinoin</i>	<i>tretinoin</i>	UM AUTO RULE: AUTHORIZATION		topical retinoid products
01/01/2023	<i>kerendia</i>	<i>finerenone</i>	UM AUTO RULE: AUTHORIZATION		KERENDIA
01/01/2023	<i>topiramate</i>	<i>topiramate</i>	UM AUTO RULE: AUTHORIZATION		topiramate/zonisamide
01/01/2023	<i>testosterone</i>	<i>testosterone</i>	UM AUTO RULE: AUTHORIZATION		NON-INJECTABLE TESTOSTERONE PRODUCTS
01/01/2023	<i>tukysa</i>	<i>tucatinib</i>	UM AUTO RULE: AUTHORIZATION		TUKYSA
01/01/2023	<i>sirolimus</i>	<i>sirolimus</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>piqray (250 mg daily dose)</i>	<i>alpelisib</i>	UM AUTO RULE: AUTHORIZATION		PIQRAY
01/01/2023	<i>intron a</i>	<i>interferon alfa-2b</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>sapropterin dihydrochloride</i>	<i>sapropterin dihydrochloride</i>	UM AUTO RULE: AUTHORIZATION		SAPROPTERIN
01/01/2023	<i>orkambi</i>	<i>lumacaftor-ivacaftor</i>	UM AUTO RULE: AUTHORIZATION		ORKAMBI
01/01/2023	<i>kynmobi</i>	<i>apomorphine hydrochloride</i>	UM AUTO RULE: AUTHORIZATION		KYNMOBI
01/01/2023	<i>ciprofloxacin in d5w</i>	<i>ciprofloxacin in d5w</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>tepmetko</i>	<i>tepotinib hcl</i>	UM AUTO RULE: AUTHORIZATION		TEPMETKO

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>cablivi</i>	<i>caplacizumab-yhdp</i>	UM AUTO RULE: AUTHORIZATION		CABLIVI
01/01/2023	<i>megestrol acetate</i>	<i>megestrol acetate</i>	UM AUTO RULE: AUTHORIZATION		megace
01/01/2023	<i>ambrisentan</i>	<i>ambrisentan</i>	UM AUTO RULE: AUTHORIZATION		BOSENTAN/AM BRISENTAN
01/01/2023	<i>hydromorphone hcl er</i>	<i>hydromorphone hcl</i>	UM AUTO RULE: AUTHORIZATION		LONG ACTING OPIOIDS
01/01/2023	<i>aztreonam</i>	<i>aztreonam</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>cystaran</i>	<i>cysteamine hcl</i>	UM AUTO RULE: AUTHORIZATION		CYSTEAMINE (OPHTHALMIC)
01/01/2023	<i>actemra actpen</i>	<i>tocilizumab</i>	UM AUTO RULE: AUTHORIZATION		actemra sq
01/01/2023	<i>penicillin g sodium</i>	<i>penicillin g sodium</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>oxandrolone</i>	<i>oxandrolone</i>	UM AUTO RULE: AUTHORIZATION		anabolic steroids
01/01/2023	<i>erlotinib hcl</i>	<i>erlotinib hcl</i>	UM AUTO RULE: AUTHORIZATION		ERLOTINIB
01/01/2023	<i>skyrizi pen</i>	<i>risankizumab-rzaa</i>	UM AUTO RULE: AUTHORIZATION		SKYRIZI
01/01/2023	<i>cyclobenzaprine hcl</i>	<i>cyclobenzaprine hcl</i>	UM AUTO RULE: AUTHORIZATION		HIGH RISK MEDICATIONS - CYCLOBENZAP RINE
01/01/2023	<i>lenvima (20 mg daily dose)</i>	<i>lenvatinib mesylate</i>	UM AUTO RULE: AUTHORIZATION		LENVIMA
01/01/2023	<i>actimmune</i>	<i>interferon gamma-1b</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>dimethyl fumarate starter pack</i>	<i>dimethyl fumarate</i>	UM AUTO RULE: AUTHORIZATION		DIMETHYL FUMARATE
01/01/2023	<i>albuterol sulfate hfa</i>	<i>albuterol sulfate</i>	CHANGE UM: QUANTITY	17 / 30 DAYS	13.4 / 30 DAYS
01/01/2023	<i>tazicef</i>	<i>ceftazidime</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>betaseron</i>	<i>interferon beta-1b</i>	UM AUTO RULE: AUTHORIZATION		betaseron/extavia
01/01/2023	<i>rozlytrek</i>	<i>entrectinib</i>	UM AUTO RULE: AUTHORIZATION		ROZLYTREK
01/01/2023	<i>votrient</i>	<i>pazopanib hcl</i>	UM AUTO RULE: AUTHORIZATION		votrient
01/01/2023	<i>clorazepate dipotassium</i>	<i>clorazepate dipotassium</i>	UM AUTO RULE: AUTHORIZATION		high risk medications - benzodiazepines
01/01/2023	<i>zydelig</i>	<i>idelalisib</i>	UM AUTO RULE: AUTHORIZATION		zydelig
01/01/2023	<i>zykadia</i>	<i>ceritinib</i>	UM AUTO RULE: AUTHORIZATION		zykadia
01/01/2023	<i>orencia clickject</i>	<i>abatacept</i>	UM AUTO RULE: AUTHORIZATION		orencia
01/01/2023	<i>clindamycin phosphate in d5w</i>	<i>clindamycin phosphate in d5w</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>dotti</i>	<i>estradiol</i>	UM AUTO RULE: AUTHORIZATION		high risk medications-estrogens
01/01/2023	<i>bexarotene</i>	<i>bexarotene</i>	UM AUTO RULE: AUTHORIZATION		BEXAROTENE (ORAL)
01/01/2023	<i>avonex pen</i>	<i>interferon beta-1a</i>	UM AUTO RULE: AUTHORIZATION		avonex

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>nyvepria</i>	<i>pegfilgrastim-apgf</i>	UM AUTO RULE: AUTHORIZATION		NYVEPRIA
01/01/2023	<i>sandimmune</i>	<i>cyclosporine</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>cimzia starter kit</i>	<i>certolizumab pegol</i>	UM AUTO RULE: AUTHORIZATION		cimzia
01/01/2023	<i>ninlaro</i>	<i>ixazomib citrate</i>	UM AUTO RULE: AUTHORIZATION		NINLARO
01/01/2023	<i>formoterol fumarate</i>	<i>formoterol fumarate</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>ampicillin-sulbactam sodium</i>	<i>ampicillin & sulbactam sodium</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>recombivax hb</i>	<i>hepatitis b vaccine (recomb)</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>cinryze</i>	<i>c1 esterase inhibitor (human)</i>	UM AUTO RULE: AUTHORIZATION		C1 ESTERASE INHIBITORS
01/01/2023	<i>nexletol</i>	<i>bempedoic acid</i>	UM AUTO RULE: AUTHORIZATION		NEXLETOL
01/01/2023	<i>arikayce</i>	<i>amikacin sulfate liposome</i>	UM AUTO RULE: AUTHORIZATION		ARIKAYCE
01/01/2023	<i>erivedge</i>	<i>vismodegib</i>	UM AUTO RULE: AUTHORIZATION		erivedge
01/01/2023	<i>oxacillin sodium</i>	<i>oxacillin sodium</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>idhifa</i>	<i>enasidenib mesylate</i>	UM AUTO RULE: AUTHORIZATION		IDHIFA
01/01/2023	<i>yonsa</i>	<i>abiraterone acetate</i>	UM AUTO RULE: AUTHORIZATION		YONSA
01/01/2023	<i>tigecycline</i>	<i>tigecycline</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>cotellic</i>	<i>cobimetinib fumarate</i>	UM AUTO RULE: AUTHORIZATION		COTELLIC
01/01/2023	<i>byetta 5 mcg pen</i>	<i>exenatide</i>	UM AUTO RULE: AUTHORIZATION		glucagon-like peptide-1 agonists
01/01/2023	<i>alosetron hcl</i>	<i>alosetron hcl</i>	UM AUTO RULE: AUTHORIZATION		LOTRONEX
01/01/2023	<i>korlym</i>	<i>mifepristone (hyperglycemia)</i>	UM AUTO RULE: AUTHORIZATION		KORLYM
01/01/2023	<i>amphotericin b</i>	<i>amphotericin b</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>linezolid</i>	<i>linezolid</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>enbrel</i>	<i>etanercept</i>	UM AUTO RULE: AUTHORIZATION		enbrel
01/01/2023	<i>otezla</i>	<i>apremilast</i>	UM AUTO RULE: AUTHORIZATION		otezla
01/01/2023	<i>cabometyx</i>	<i>cabozantinib s-malate</i>	UM AUTO RULE: AUTHORIZATION		CABOMETYX
01/01/2023	<i>estradiol</i>	<i>estradiol</i>	UM AUTO RULE: AUTHORIZATION		high risk medications- estrogens
01/01/2023	<i>moxifloxacin hcl</i>	<i>moxifloxacin hcl</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>lenvima (4 mg daily dose)</i>	<i>lenvatinib mesylate</i>	UM AUTO RULE: AUTHORIZATION		LENVIMA
01/01/2023	<i>emend</i>	<i>aprepitant</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>ayvakit</i>	<i>avapritinib</i>	UM AUTO RULE: AUTHORIZATION		AYVAKIT

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>repatha pushtronex system</i>	<i>evolocumab</i>	UM AUTO RULE: AUTHORIZATION		REPATHA
01/01/2023	<i>vyndamax</i>	<i>tafamidis</i>	UM AUTO RULE: AUTHORIZATION		TAFAMIDIS
01/01/2023	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>rydapt</i>	<i>midostaurin</i>	UM AUTO RULE: AUTHORIZATION		RYDAPT
01/01/2023	<i>symlinpen 60</i>	<i>pramlintide acetate</i>	UM AUTO RULE: AUTHORIZATION		symlin
01/01/2023	<i>dimethyl fumarate</i>	<i>dimethyl fumarate</i>	UM AUTO RULE: AUTHORIZATION		DIMETHYL FUMARATE
01/01/2023	<i>megestrol acetate</i>	<i>megestrol acetate (appetite)</i>	UM AUTO RULE: AUTHORIZATION		megace
01/01/2023	<i>lupron depot (1- month)</i>	<i>leuprolide acetate</i>	UM AUTO RULE: AUTHORIZATION		GONADOTROPI N-RELEASING HORMONE AGONISTS - INJECTABLE LONG ACTING
01/01/2023	<i>fyavolv</i>	<i>norethindrone acetate- ethinyl estradiol</i>	UM AUTO RULE: AUTHORIZATION		high risk medications- estrogens
01/01/2023	<i>aimovig</i>	<i>erenumab-aooe</i>	UM AUTO RULE: AUTHORIZATION		AIMOVIG
01/01/2023	<i>nuplazid</i>	<i>pimavanserin tartrate</i>	UM AUTO RULE: AUTHORIZATION		NUPLAZID
01/01/2023	<i>clinimix/dextrose (4.25/5)</i>	<i>amino acid infusion in d5w</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>acyclovir sodium</i>	<i>acyclovir sodium</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>procrit</i>	<i>epoetin alfa</i>	UM AUTO RULE: AUTHORIZATION		EPOETIN ALFA
01/01/2023	<i>abiraterone acetate</i>	<i>abiraterone acetate</i>	UM AUTO RULE: AUTHORIZATION		zytiga
01/01/2023	<i>acetylcysteine</i>	<i>acetylcysteine</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>tasigna</i>	<i>nilotinib hcl</i>	UM AUTO RULE: AUTHORIZATION		tasigna
01/01/2023	<i>lumakras</i>	<i>sotorasib</i>	UM AUTO RULE: AUTHORIZATION		LUMAKRAS
01/01/2023	<i>amabelz</i>	<i>estradiol & norethindrone acetate</i>	UM AUTO RULE: AUTHORIZATION		high risk medications- estrogens
01/01/2023	<i>mektovi</i>	<i>binimetinib</i>	UM AUTO RULE: AUTHORIZATION		MEKTOVI
01/01/2023	<i>chenodal</i>	<i>chenodiol</i>	UM AUTO RULE: AUTHORIZATION		chenodal
01/01/2023	<i>zeposia starter kit</i>	<i>ozanimod hcl</i>	UM AUTO RULE: AUTHORIZATION		ZEPOSIA
01/01/2023	<i>xyrem</i>	<i>sodium oxybate</i>	UM AUTO RULE: AUTHORIZATION		xyrem
01/01/2023	<i>turalio</i>	<i>pexidartinib hcl</i>	UM AUTO RULE: AUTHORIZATION		TURALIO
01/01/2023	<i>ondansetron hcl</i>	<i>ondansetron hcl</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>aubagio</i>	<i>teriflunomide</i>	UM AUTO RULE: AUTHORIZATION		aubagio
01/01/2023	<i>ertapenem sodium</i>	<i>ertapenem sodium</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>levalbuterol hcl</i>	<i>levalbuterol hcl</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>teriparatide (recombinant)</i>	<i>teriparatide (recombinant)</i>	UM AUTO RULE: AUTHORIZATION		TERIPARATIDE
01/01/2023	<i>clinimix/dextrose (4.25/10)</i>	<i>amino acid infusion in d10w</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>cometriq (60 mg daily dose)</i>	<i>cabozantinib s-malate</i>	UM AUTO RULE: AUTHORIZATION		cometriq
01/01/2023	<i>trulicity</i>	<i>dulaglutide</i>	UM AUTO RULE: AUTHORIZATION		glucagon-like peptide-1 agonists
01/01/2023	<i>piqray (200 mg daily dose)</i>	<i>alpelisib</i>	UM AUTO RULE: AUTHORIZATION		PIQRAY
01/01/2023	<i>gentamicin in saline</i>	<i>gentamicin in saline</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>cayston</i>	<i>aztreonam lysine</i>	UM AUTO RULE: AUTHORIZATION		CAYSTON
01/01/2023	<i>natpara</i>	<i>parathyroid hormone (recombinant)</i>	UM AUTO RULE: AUTHORIZATION		NATPARA
01/01/2023	<i>ziextenzo</i>	<i>pegfilgrastim-bmez</i>	UM AUTO RULE: AUTHORIZATION		ZIEXTENZO
01/01/2023	<i>taltz</i>	<i>ixekizumab</i>	UM AUTO RULE: AUTHORIZATION		TALTZ
01/01/2023	<i>lupron depot</i>	<i>leuprolide acetate</i>	UM AUTO RULE: AUTHORIZATION		GONADOTROPIN-RELEASING HORMONE AGONISTS - INJECTABLE LONG ACTING
01/01/2023	<i>lenvima (10 mg daily dose)</i>	<i>lenvatinib mesylate</i>	UM AUTO RULE: AUTHORIZATION		LENVIMA
01/01/2023	<i>bydureon bcise</i>	<i>exenatide</i>	UM AUTO RULE: AUTHORIZATION		glucagon-like peptide-1 agonists

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>leukine</i>	<i>sargramostim</i>	UM AUTO RULE: AUTHORIZATION		LEUKINE
01/01/2023	<i>ibrance</i>	<i>palbociclib</i>	UM AUTO RULE: AUTHORIZATION		IBRANCE
01/01/2023	<i>gavreto</i>	<i>pralsetinib</i>	UM AUTO RULE: AUTHORIZATION		GAVRETO
01/01/2023	<i>prograf</i>	<i>tacrolimus</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>hetlioz</i>	<i>tasimelteon</i>	UM AUTO RULE: AUTHORIZATION		HETLIOZ
01/01/2023	<i>nerlynx</i>	<i>neratinib maleate</i>	UM AUTO RULE: AUTHORIZATION		NERLYNX
01/01/2023	<i>modafinil</i>	<i>modafinil</i>	UM AUTO RULE: AUTHORIZATION		MODAFINIL/ARM ODAFINIL
01/01/2023	<i>nayzilam</i>	<i>midazolam (anticonvulsant)</i>	UM AUTO RULE: AUTHORIZATION		NAYZILAM
01/01/2023	<i>sodium phenylbutyrate</i>	<i>sodium phenylbutyrate</i>	UM AUTO RULE: AUTHORIZATION		PHENYLBUTYR ATE
01/01/2023	<i>travasol</i>	<i>amino acid infusion</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>leuprolide acetate</i>	<i>leuprolide acetate</i>	UM AUTO RULE: AUTHORIZATION		GONADOTROPI N-RELEASING HORMONE AGONISTS - INJECTABLE LONG ACTING
01/01/2023	<i>humira pen- psor/uveit starter</i>	<i>adalimumab</i>	UM AUTO RULE: AUTHORIZATION		humira
01/01/2023	<i>lapatinib ditosylate</i>	<i>lapatinib ditosylate</i>	UM AUTO RULE: AUTHORIZATION		LAPATINIB

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	<i>kisqali (600 mg dose)</i>	<i>ribociclib succinate</i>	UM AUTO RULE: AUTHORIZATION		KISQALI
01/01/2023	<i>streptomycin sulfate</i>	<i>streptomycin sulfate</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>rinvoq</i>	<i>upadacitinib</i>	UM AUTO RULE: AUTHORIZATION		RINVOQ
01/01/2023	<i>xgeva</i>	<i>denosumab</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	UM AUTO RULE: AUTHORIZATION		ANTIBIOTICS (IV)
01/01/2023	<i>cyclophosphamide</i>	<i>cyclophosphamide</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>clinimix/dextrose (5/15)</i>	<i>amino acid infusion in d15w</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>plenamine</i>	<i>amino acid infusion</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/01/2023	<i>trelstar mixject</i>	<i>triptorelin pamoate</i>	UM AUTO RULE: AUTHORIZATION		Part D vs Part B
01/06/2023	<i>cimzia</i>	<i>certolizumab pegol</i>	DRUG ATTR CHANGE OVERRIDE	Specialty	Specialty
01/06/2023	<i>hetlioz</i>	<i>tasimelteon</i>	DRUG ATTR CHANGE OVERRIDE	Specialty	Specialty
01/13/2023	<i>esbriet</i>	<i>pirfenidone</i>	DRUG ATTR CHANGE OVERRIDE	Specialty	Specialty
01/20/2023	<i>cimetidine hcl</i>	<i>cimetidine hcl</i>	DRUG ATTR CHANGE OVERRIDE	Generics	Generics
01/20/2023	<i>atropine sulfate</i>	<i>atropine sulfate (ophthalmic)</i>	DRUG ATTR CHANGE OVERRIDE	Preferred Brands	Preferred Brands
01/27/2023	<i>varenicline tartrate</i>	<i>varenicline tartrate</i>	DRUG ATTR CHANGE OVERRIDE	Non-Preferred Brands	Non-Preferred Brands

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs are lower-case italics.*

2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/27/2023	<i>apo-varenicline</i>	<i>varenicline tartrate</i>	DRUG ATTR CHANGE OVERRIDE	Non-Preferred Brands	Non-Preferred Brands
01/27/2023	<i>latuda</i>	<i>lurasidone hcl</i>	DRUG ATTR CHANGE OVERRIDE	Non-Preferred Brands	Non-Preferred Brands

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2023 COOPERATIVE ADVANTAGE Updates

February, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2023	<i>roflumilast</i>	<i>roflumilast</i>	NEW AUTO RULE		Non-Preferred Brands
02/01/2023	<i>lenalidomide</i>	<i>lenalidomide</i>	NEW AUTO RULE		Specialty
02/01/2023	<i>ingrezza</i>	<i>valbenazine tosylate</i>	NEW AUTO RULE		Specialty
02/01/2023	<i>dabigatran etexilate mesylate</i>	<i>dabigatran etexilate mesylate</i>	NEW AUTO RULE		Non-Preferred Brands
02/01/2023	<i>na sulfate-k sulfate-mg sulf</i>	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NEW AUTO RULE		Non-Preferred Brands
02/01/2023	<i>calquence</i>	<i>acalabrutinib maleate</i>	NEW AUTO RULE		Specialty
02/01/2023	<i>doxycycline hyclate</i>	<i>doxycycline hyclate</i>	NEW AUTO RULE		Generics
02/01/2023	<i>caplyta</i>	<i>lumateperone tosylate</i>	NEW AUTO RULE		Non-Preferred Brands
02/01/2023	<i>larissia</i>	<i>levonorgestrel & eth estradiol</i>	NEW AUTO RULE		Non-Formulary
02/01/2023	<i>zonisade</i>	<i>zonisamide</i>	NEW AUTO RULE		Specialty
02/01/2023	<i>enbrel</i>	<i>etanercept</i>	NEW AUTO RULE		Non-Formulary
02/01/2023	<i>enbrel</i>	<i>etanercept</i>	TERM AUTO RULE		
02/01/2023	<i>icosapent ethyl</i>	<i>icosapent ethyl</i>	NEW AUTO RULE		Generics
02/01/2023	<i>tazarotene</i>	<i>tazarotene</i>	NEW AUTO RULE		Non-Preferred Brands
02/01/2023	<i>lenalidomide</i>	<i>lenalidomide</i>	TERM AUTO RULE		
02/01/2023	<i>cipro</i>	<i>ciprofloxacin</i>	NEW AUTO RULE		Non-Preferred Brands
02/01/2023	<i>imbruvica</i>	<i>ibrutinib</i>	NEW AUTO RULE		Specialty

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2023	<i>digitek</i>	<i>digoxin</i>	NEW AUTO RULE		Non-Formulary
02/01/2023	<i>intron a</i>	<i>interferon alfa-2b</i>	TERM AUTO RULE		
02/01/2023	<i>phospholine iodide</i>	<i>echothiophate iodide</i>	NEW AUTO RULE		Non-Preferred Brands
02/01/2023	<i>descovy</i>	<i>emtricitabine-tenofovir alafenamide fumarate</i>	NEW AUTO RULE		Specialty
02/01/2023	<i>intron a</i>	<i>interferon alfa-2b</i>	NEW AUTO RULE		Non-Formulary
02/01/2023	<i>mesalamine er</i>	<i>mesalamine</i>	NEW AUTO RULE		Specialty
02/01/2023	<i>skyrizi (150 mg dose)</i>	<i>risankizumab-rzaa</i>	TERM AUTO RULE		
02/01/2023	<i>orkambi</i>	<i>lumacaftor-ivacaftor</i>	NEW AUTO RULE		Specialty
02/01/2023	<i>penciclovir</i>	<i>penciclovir</i>	NEW AUTO RULE		Non-Preferred Brands
02/01/2023	<i>skyrizi (150 mg dose)</i>	<i>risankizumab-rzaa</i>	NEW AUTO RULE		Non-Formulary
02/01/2023	<i>fingolimod hcl</i>	<i>fingolimod hcl</i>	NEW AUTO RULE		Specialty
02/03/2023	<i>ultiguard safepack pen needle</i>	<i>insulin pen needle</i>	DRUG ATTR CHANGE OVERRIDE	Preferred Brands	Preferred Brands
02/03/2023	<i>flutamide</i>	<i>flutamide</i>	DRUG ATTR CHANGE OVERRIDE	Non-Formulary	Non-Formulary
02/03/2023	<i>cimetidine hcl</i>	<i>cimetidine hcl</i>	DRUG ATTR CHANGE OVERRIDE	Generics	Generics
02/17/2023	<i>perindopril erbumine</i>	<i>perindopril erbumine</i>	DRUG ATTR CHANGE OVERRIDE	Preferred Generics	Preferred Generics

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2023 COOPERATIVE ADVANTAGE Updates

March, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2023	<i>citalopram hydrobromide</i>	<i>citalopram hydrobromide</i>	UM AUTO RULE: QUANTITY		30 / 30 DAYS
03/01/2023	<i>bupropion hcl er (xl)</i>	<i>bupropion hcl</i>	UM AUTO RULE: QUANTITY		90 / 30 DAYS
03/01/2023	<i>gleostine</i>	<i>lomustine</i>	NEW AUTO RULE		Non-Preferred Brands
03/01/2023	<i>auvelity</i>	<i>dextromethorphan hydrobromide-bupropion hydrochloride</i>	NEW AUTO RULE		Specialty
03/01/2023	<i>menest</i>	<i>esterified estrogens</i>	NEW AUTO RULE		Preferred Brands
03/01/2023	<i>bupropion hcl er (sr)</i>	<i>bupropion hcl</i>	UM AUTO RULE: QUANTITY		60 / 30 DAYS
03/01/2023	<i>fluoxetine hcl (pmdd)</i>	<i>fluoxetine hcl (pmdd)</i>	UM AUTO RULE: QUANTITY		240 / 30 DAYS
03/01/2023	<i>amlodipine-valsartan-hctz</i>	<i>amlodipine-valsartan-hydrochlorothiazide</i>	NEW AUTO RULE		Generics
03/01/2023	<i>duloxetine hcl</i>	<i>duloxetine hcl</i>	UM AUTO RULE: QUANTITY		60 / 30 DAYS
03/01/2023	<i>nefazodone hcl</i>	<i>nefazodone hcl</i>	UM AUTO RULE: STEP		DEXTROMETHORPHAN/BUPROPION
03/01/2023	<i>roflumilast</i>	<i>roflumilast</i>	NEW AUTO RULE		Non-Preferred Brands
03/01/2023	<i>fluoxetine hcl</i>	<i>fluoxetine hcl</i>	UM AUTO RULE: QUANTITY		120 / 30 DAYS
03/01/2023	<i>paser</i>	<i>aminosalicylic acid</i>	NEW AUTO RULE		Non-Formulary
03/01/2023	<i>budeprion xl</i>	<i>bupropion hcl</i>	UM AUTO RULE: QUANTITY		60 / 30 DAYS

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2023 COOPERATIVE ADVANTAGE Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2023	<i>fluvoxamine maleate</i>	<i>fluvoxamine maleate</i>	UM AUTO RULE: QUANTITY		90 / 30 DAYS
03/01/2023	<i>venlafaxine hcl</i>	<i>venlafaxine hcl</i>	UM AUTO RULE: QUANTITY		90 / 30 DAYS
03/01/2023	<i>venlafaxine hcl er</i>	<i>venlafaxine hcl</i>	UM AUTO RULE: QUANTITY		30 / 30 DAYS
03/01/2023	<i>budeprion sr</i>	<i>bupropion hcl</i>	UM AUTO RULE: QUANTITY		60 / 30 DAYS
03/01/2023	<i>escitalopram oxalate</i>	<i>escitalopram oxalate</i>	UM AUTO RULE: QUANTITY		30 / 30 DAYS
03/01/2023	<i>paroxetine hcl</i>	<i>paroxetine hcl</i>	UM AUTO RULE: QUANTITY		30 / 30 DAYS
03/01/2023	<i>bupropion hcl</i>	<i>bupropion hcl</i>	UM AUTO RULE: STEP		DEXTROMETHOPHAN/BUPROPION
03/01/2023	<i>skyrizi</i>	<i>risankizumab-rzaa (crohn's)</i>	NEW AUTO RULE		Specialty
03/01/2023	<i>intron a</i>	<i>interferon alfa-2b</i>	NEW AUTO RULE		Non-Formulary
03/01/2023	<i>sertraline hcl</i>	<i>sertraline hcl</i>	UM AUTO RULE: QUANTITY		60 / 30 DAYS
03/01/2023	<i>desvenlafaxine succinate er</i>	<i>desvenlafaxine succinate</i>	UM AUTO RULE: QUANTITY		30 / 30 DAYS
03/01/2023	<i>fluvoxamine maleate er</i>	<i>fluvoxamine maleate</i>	UM AUTO RULE: QUANTITY		60 / 30 DAYS
03/01/2023	<i>intron a</i>	<i>interferon alfa-2b</i>	TERM AUTO RULE		
03/01/2023	<i>vilazodone hcl</i>	<i>vilazodone hcl</i>	NEW AUTO RULE		Preferred Brands
03/01/2023	<i>paroxetine hcl er</i>	<i>paroxetine hcl</i>	UM AUTO RULE: QUANTITY		60 / 30 DAYS

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