

## Commercial and Medicaid formulary changes effective 3/15/21

These additions and changes apply to Commercial and Medicaid formularies and are effective 3/15/21 unless specified below.

### **Additions:**

Kesimpta™ (ofatumumab) – Preferred Brand, PA and QL Required.  
Zeposia (ozanimod) – Non-Preferred Brand, PA and QL Required.  
Vumerity (diroximel fumarate) – Non-Preferred Brand, PA and QL Required.  
Bafiertam (monomethyl fumarate) – Non-Preferred Brand, PA and QL Required.  
Enspryng® (Satralizumab-mwge) – Non-Preferred Brand, PA and QL Required.  
Dojolvi (triheptanoin) – Non-Preferred Brand, PA Required.  
Breztri Aerosphere (budesonide, glycopyrrolate, formoterol) – Preferred Brand, QL Required.  
Inqovi® (decitabine and cedazuridine) – Non-Preferred Brand, PA Required.  
Onureg® (azacitidine) – Non-Preferred Brand, PA Required.  
Semglee (insulin glargine) – Non-Preferred Brand, PA Required.  
Lyumjev (insulin lispro-aabc) – Non-Preferred Brand, PA Required.  
Fintepla (fenfluramine) – Non-Preferred Brand, PA Required.  
Ortikos (budesonide) – Non-Preferred Brand, Step Therapy Required.  
Upneeq (oxymetazoline) – Non-Preferred Brand, PA and QL Required.

### **Changes:**

Mayzent (siponimod) – Move from Tier 3 to Tier 4 (applies to commercial only)  
Nucala (mepolizumab) – Move from Tier 4 to Tier 3 (applies to commercial only)  
Fasenra (benralizumab) – Move from Tier 4 to Tier 3 (applies to commercial only)  
Dupixent (dupilumab) – Move from Tier 4 to Tier 3 (applies to commercial only)  
Trijardy XR (empagliflozin-linagliptin) – Move from Tier 4 to Tier 3 (applies to commercial only)  
Bethkis – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Ferriprox – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Jadenu Sprinkle – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Demser – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Tarceva – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Tykerb – Moved brand to Non-formulary for commercial.  
Emtriva – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Atripla – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Truvada – Added PA to brand.  
Procardia XL – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Letairis – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Sensipar – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Kuvan – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Samsca – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Adrenalin Solution – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Timoptic Ocadose – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Ciprodex – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Kerydin – Moved brand to Non-formulary for commercial and PA Required for Medicaid.  
Tecfidera – Moved brand to Non-formulary for commercial.  
Monurol – Moved brand to Non-formulary for commercial and PA Required for Medicaid.