



Commercial and Medicaid formulary changes effective 10/15/20

These additions and changes apply to Commercial and Medicaid formularies and are effective 10/15/20 unless specified below.

Formulary additions

- Palforza (peanut [*Arachis hypogaea*] allergen powder-dnfp) – Non-Preferred Brand, PA Required.
- Nexletol (bempedoic acid) – Non-Preferred Brand, PA Required.
- Nexlizet (bempedoic acid/ezetimibe) – Non-Preferred Brand, PA Required.
- Xcopri (cenobamate) – Non-Preferred Brand, QL and PA Required.
- Isturisa® (osilodrostat) – Non-Preferred Brand, QL and PA Required.
- Uplizna® (inebilizumab-cdon) – Medical Benefit, PA Required.
- Oriahnn (elagolix, estradiol, and norethindrone acetate) – Non-Preferred Brand, QL and PA Required.
- Qinlock (ripretinib) – Non-Preferred Brand, PA Required.
- Zepzelca (lurbinectedin) – Medical Benefit, PA Required.
- Phesgo (pertuzumab and trastuzumab plus hyaluronidase) – Medical Benefit, PA Required.

Formulary changes

- Rybelsus (semaglutide) – Added as Preferred Brand, Step Therapy Required.
- Symtuza (darunavir-cobic-emtricitab-tenofovir) – Changed to Preferred Brand.
- Baqsimi (glucagon) – Changed to Preferred Brand.
- Targretin Gel (bexarotene) – Added PA.
- Advair Diskus (fluticasone-salmeterol) – Brand changed to Tier 1 and generic moved to Non-formulary (only applies to commercial).
- Advair HFA (fluticasone-salmeterol) – Changed to Tier 1 (only applies to commercial).
- Breo Ellipta (fluticasone furoate-vilanterol) – Changed to Tier 1 (only applies to commercial).