



## Commercial and Medicaid formulary changes effective 1/1/21

These additions and changes apply to Commercial and Medicaid formularies and are effective 1/1/21 unless specified below.

### Additions

- Tecartus™ (brexucabtagene autoleucel) – Medical Benefit, PA Required (Reviewed by Medical Director).
- Rukobia®(fostemavir) – Non-Preferred Brand, QL Required.
- Phexxi (lactic acid, citric acid, and potassium bitartrate) – Non-Preferred Brand, QL Required.
- Viltepso (viltolarsen) – Medical Benefit, PA Required.
- Dayvigo (lemborexant) – Non-Preferred Brand, PA and QL Required.
- Barhemsys (amisulpride) – Medical Benefit.
- Blenrep (belanta mabmafodotin-blmf) – Medical Benefit, PA Required.
- Monjuvi (tafasitamab-cxix) – Medical Benefit, PA Required.
- Trijardy (empagliflozin/linagliptin/metformin) – Non-Preferred Brand, Step Therapy Required.
- Procysbiv (cysteamine) – Non-Preferred Brand, PA Required.
- Hemadyv (dexamethasone) – Non-Preferred Brand, PA and QL Required.
- Kynmobi (apomorphine) – Non-Preferred Brand, PA and QL Required.
- Zerviate (cetirizine) – Non-Preferred Brand, Step Therapy Required.
- Freestyle Libre 2 – Preferred Brand, PA and QL Required.

### Changes

- Belsomra (suvorexant) – Change to Non-Preferred Brand, PA and QL Required.
- Apokyn (apomorphine SC) – Change to Non-Preferred Brand, PA and QL Required.
- Copaxone (brand only) – Changed from Tier 3 to Tier 2 (only applies to commercial).
- Humalog (insulin lispro) – Changed from Tier 3 to Tier 2 (only applies to commercial).

- Nurtec ODT (rimegepant) – Changed from Tier 4 to Tier 3 (only applies to commercial).
- Reyvow (lasmiditan) – Change to Non-Preferred Brand, PA and QL Required (only applies to commercial).
- Ubrelvy (ubrogepant) – Change to Non-Preferred Brand, PA and QL Required (only applies to commercial).
- Soliqua (insulin glargine-lixisenatide) – Changed from Tier 4 to Tier 3 (only applies to commercial).
- Prefest (estradiol-norgestimate) – Moved to Non-formulary (only applies to commercial).
- Ospheña (ospemifene) – Removed Step Therapy Requirement and changed from Tier 4 to Tier 3 (only applies to commercial).
- Estring (estradiol) – Changed from Tier 4 to Tier 3 (only applies to commercial).
- Premarin Tablets (estrogens, conjugated) – Changed from Tier 4 to Tier 3 (only applies to commercial).
- Pancreaze (pancrelipase) – Moved to Non-formulary for commercial and PA Required for Medicaid.
- Pertzye (pancrelipase) – Moved to Non-formulary for commercial and PA Required for Medicaid.
- Ilaris (canakinumab) – Changed to Medical Benefit coverage only.
- Ilumya (tildrakizumab-asmn) – Changed to Medical Benefit coverage only.