

Commercial and Medicaid formulary changes effective 6/14/21

These additions and changes apply to Commercial and Medicaid formularies and are effective 6/14/21 unless specified below.

Additions:

Nulibry (fosdenopterin) – Medical Benefit, PA Required.
Amondys 45 (casimersen) – Medical Benefit, PA Required.
Evkeeza (evinacumab-dgnb) – Medical Benefit, PA Required.
Gemtesa (vibegron) – Non-Preferred Brand, QL and Step Therapy Required.
Lupkynis (voclosporin) – Non-Preferred Brand, PA and QL Required.
Cabenuva (cabotegravir/rilpivirine) – Medical Benefit, No PA.
Vocabria (cabotegravir) – Non-Formulary.
Verquvo (vericiguat) – Non-Preferred Brand, PA and QL Required.
Tepmetko (tepotinib) – Non-Preferred Brand, PA Required.
Ukoniq (umbralisib) – Non-Preferred Brand, PA Required.
Pepaxto (melphalan flufenamide) – Medical Benefit, PA Required.
Cosela (trilaciclib) – Medical Benefit, PA Required.
Bronchitol (mannitol) – Non-Preferred Brand, PA and QL Required.
Eysuvis (loteprednol) – Non-Preferred Brand, Quantity Limit.
Plegridy (peginterferon beta-1a) – Preferred Brand, PA Required.
Reditrex (methotrexate) – Non-Preferred Brand, No PA.
Thyquidity (levothyroxine) – Non-Formulary for Commercial and PA Required for Medicaid.
Vesicare LS (solifenacin succinate) – Non-Formulary for Commercial and PA Required for Medicaid.
Triferic Avnu (ferric pyrophosphate) – Medical Benefit, No PA.
Nubeqa (darolutamide) – Non-Preferred Brand, PA Required.

Changes:

Darifenacin – Removed Step Therapy on generic only.
Solifenacin – Removed Step Therapy on generic only.
Gelnique 10% (oxybutynin) – Revised Step Therapy Details.
Toviaz (fesoterodine) – Revised Step Therapy Details.
Myrbetriq (mirabegron) – Revised Step Therapy Details.
Rasuvo (methotrexate) – Removed PA.
Otrexup (methotrexate) – Removed PA.
Oxycontin (oxycodone ER) – Added Brand to Formulary under Opioid Management Strategy.
Atomoxetine – Removed PA on generic only.
Celecoxib – Removed PA on generic only.
Gocovri (amantadine ER) – Update QL to 2 tablets per day.
Spirtam (levetiracetam) – Changed from Non-Formulary to Non-Preferred Brand, Step Therapy Required.