

Commercial and Medicaid formulary changes effective 4/15/21

These additions and changes apply to Commercial and Medicaid formularies and are effective 4/15/21 unless specified below.

Additions:

Orladeyo™ (berotralstat) – Non-Preferred Brand, PA and QL Required.
Imcivree® (setmelanotide) – Non-Preferred Brand, PA and QL Required.
Oxlumo® (lumasiran) – Medical Benefit, PA Required.
Ongentys (opicapone) – Non-Preferred Brand, PA and QL Required.
Riabni (rituximabarrx) – Medical Benefit, PA Required.
Danyelza (naxitamab-gpgk) – Medical Benefit, PA Required.
Margenza (margetuximabcmkb) – Medical Benefit, PA Required.
Orgovyx (relugolix) – Non-Preferred Brand, PA and QL Required.
Conjupri (levamlodipine) – Non-formulary for commercial and PA Required for Medicaid.
Qdolo (tramadol) – Non-formulary for commercial and PA Required for Medicaid.
Tyblume (levonorgestrel/ethinyl estradiol) – ACA \$0 Preventative.
Alkindi Sprinkle (hydrocortisone) – Non-formulary for commercial and PA Required for Medicaid.
AirDuo Digihaler (fluticasone propionate/salmeterol) – Non-formulary for commercial and PA Required for Medicaid.
ArmonAir Digihaler (fluticasone propionate) – Non-formulary for commercial and PA Required for Medicaid.
Sevenfact (coagulation factor VIIa [recombinant]-jncw) – Medical Benefit, No PA.
Sutab (sodium sulfate, magnesium sulfate, and potassium chloride) – Non-formulary for commercial and PA Required for Medicaid.
Xywav (calcium, magnesium, potassium, and sodium oxybates) – Non-Preferred Brand, PA Required.

Changes:

Xofluza (baloxavir marboxil) – Removed PA and added QL.
Moviprep – Moved brand to Non-formulary for commercial and PA Required for Medicaid.
Suprep – Moved brand to Non-formulary for commercial and PA Required for Medicaid.
Osmoprep – Moved brand to Non-formulary for commercial and PA Required for Medicaid.
Clenpiq – Moved brand to Non-formulary for commercial and PA Required for Medicaid.