



**These additions and changes are effective 6/14/24**

**Pharmacy Benefit Additions** (these apply to Exchange only):

**Velsipity (etrasimod)** – Pharmacy benefit, Non-Preferred brand, PA  
**Bimzelx (bimekizumab-bkzx)** – Pharmacy benefit, Non-Preferred brand, PA  
**Xphozah (tenapanor)** – Pharmacy benefit, Non-Preferred brand, PA and QL of 2 tablets per day  
**Voquezna (vonoprazan)** – Pharmacy benefit, Non-Preferred brand, PA  
**Voquezna Dual Pak (vonoprazan, amoxicillin)** – Pharmacy benefit, Non-Preferred brand, PA  
**Voquezna Triple Pak (vonoprazan, amoxicillin, clarithromycin)** – Pharmacy benefit, Non-Preferred brand, PA  
**Zurzuvae (zuranolone)** – Pharmacy benefit, Non-Preferred brand, PA  
**Zepbound (tirzepatide)** – Pharmacy benefit, Non-Formulary  
**Rivfloza (nedosiran)** – Pharmacy benefit, Non-Preferred brand, PA and QL of 1 syringe or 2 vials a month  
**Truqap (capivasertib)** – Pharmacy benefit, Non-Preferred brand, PA and QL of 64 tablets per 28 days  
**Augtyro (repotrectinib)** – Pharmacy benefit, Non-Preferred brand, PA and QL of 60 capsules for first 14 day supply fill, then 240 capsules per 30 days  
**Ogsiveo (nirogacestat)** – Pharmacy benefit, Non-Preferred brand, PA and QL of 180 tablets per 30 days  
**Fruzaqla (fruquintinib)** – Pharmacy benefit, Non-Preferred brand, PA and QL of 21 capsules per 28 days  
**Fabhalta (iptacopan)** – Pharmacy benefit, Non-Preferred brand, PA and QL of 60 capsules per 30 days  
**OmvoH (mirlikizumab-mrkz)** – Pharmacy benefit, Non-Preferred brand, PA  
**Cabtreo (clindamycin phosphate adapalene, and benzoyl peroxide)** – Pharmacy benefit, Non-Formulary  
**Likmez (metronidazole)** – Pharmacy benefit, Non-Formulary  
**Rozlytrek Pellets Packet (entrectinib)** – Pharmacy benefit, Non-Preferred brand, PA  
**Coxanto (oxaprozin)** – Pharmacy benefit, Non-Formulary  
**Veveye (cyclosporine)** – Pharmacy benefit, Non-Formulary  
**Xalkori (crizotinib) sprinkle capsules** – Pharmacy benefit, Non-Preferred brand, PA

**Pharmacy Benefit Changes** (these apply to Exchange only):

**Enbrel (etanercept)** – Pharmacy benefit, Addition of age criteria for psoriatic arthritis  
**Orencia (abatacept)** – Pharmacy benefit, Addition of age criteria for psoriatic arthritis  
**Cosentyx (secukinumab)** – Pharmacy benefit, new indication

**Medical Benefit Additions/Changes** (these apply to Medicare and Exchange):

**Rivfloza (nedosiran)** – Medical benefit, PA  
**Loqtorzi (toripalimab-tpzi)** – Medical benefit, PA  
**OmvoH (mirlikizumab-mrkz)** – Medical benefit, PA  
**Vabysmo (faricimab-svoa)** – Medical benefit, new indication  
**Keytruda (pembrolizumab)** – Medical benefit, new indication