



These additions and changes apply to Commercial, Exchange, and Medicaid formularies and are effective 12/09/22 unless specified below.

Additions:

Quviviq (daridorexant) – Pharmacy Benefit, Non-Preferred brand, PA and QL of 1 per day.
Mounjaro (tirzepatide) – Pharmacy Benefit, Preferred brand, PA and QL of 4 pens per 28 days.
Ztalmly (ganaxolone) – Pharmacy Benefit, Non-Preferred brand, PA
Freestyle Libre 3 – Pharmacy Benefit, PA and QL of 2 per 28 days.
Sublocade (buprenorphine) – Pharmacy Benefit, Non-Preferred brand.
Synagis (palivizumab) – Pharmacy Benefit, Non-Preferred brand, PA (Only applies to Medicaid)

Changes:

Dayvigo (lemborexant) – Pharmacy Benefit, Move from PA to Step. (Only applies to commercial and exchange)
Dayvigo (lemborexant) – Pharmacy Benefit, update to PA criteria (Only applies to Medicaid)
Belsomra (suvorexant) – Pharmacy Benefit, Move from PA to Step. (Only applies to commercial and exchange)
Belsomra (suvorexant) – Pharmacy Benefit, update to PA criteria (Only applies to Medicaid)
Ozempic, Rybelsus, Trulicity, Bydureon Bcise, Byetta, and Victoza – Pharmacy Benefit, PA added. Current utilizers were grandfathered. (Only applies to commercial and exchange)
Adlyxin – Pharmacy Benefit, move to non-formulary. (Only applies to commercial and exchange)
Freestyle Libre and Dexcom products –Therapeutic CGMs will now be dispensed at pharmacy only and no longer through DME. Effective 1/1/2023 (Only applies to commercial and exchange)
Orkambi (lumacaftor/ ivacaftor) – Pharmacy Benefit, update to PA criteria
Diacomit (stiripentol) - Pharmacy Benefit, update to PA criteria
Qsymia (phentermine/ topiramate) – Pharmacy Benefit, update to PA criteria (Only applies to commercial and exchange)
Imcivree (setmelanotide) - Pharmacy Benefit, update to PA criteria
Fintepla (fenfluramine) - Pharmacy Benefit, update to PA criteria
Evryydi (risdiplam) - Pharmacy Benefit, update to PA criteria
Generic albuterol inhalers – Pharmacy Benefit, remove PA (Only applies to commercial and exchange)
Ventolin (albuterol) – Pharmacy Benefit, Remove PA, Preferred product (Only applies to Medicaid)
Proventil (albuterol) – Pharmacy Benefit, Remove PA, Preferred product (Only applies to Medicaid)
Skyrizi (risankizumab-rzaa) – Pharmacy Benefit, update to PA criteria
Olumiant (baricitinib) – Pharmacy Benefit, update to PA criteria
Xeljanz XR (tofacitinib) – Pharmacy Benefit, update to PA criteria (Only applies to Medicaid)
Rinvoq (upadacitinib) – Pharmacy Benefit, update to PA criteria (Only applies to Medicaid)
Qulipta (atogepant) – Pharmacy Benefit, update to PA criteria (Only applies to Medicaid)
Nurtec (ubrogepant) – Pharmacy Benefit, update to PA criteria (Only applies to Medicaid)
Nexavar (sorafenib) – Pharmacy Benefit, update to PA criteria (Only applies to Medicaid)

infliximab (Avsola, Inflectra, Infliximab, Remicade, Renflexis) – Pharmacy Benefit, update to PA criteria (Only applies to Medicaid)

Dupxient (dupilumab) – Pharmacy Benefit, update to PA criteria (Only applies to Medicaid)

Sublocade (buprenorphine) – Medical Benefit, remove PSCE