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.
- **Ztalmy (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)
- **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)
- **Ozempic, Rybelsus, Trulicity, Bydureon Bcise, Byetta, and Victoza** – Pharmacy Benefit, update to PA criteria
- **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)
- **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