



Commercial, Exchange, and Medicaid formulary changes effective 6/13/22

These additions and changes apply to Commercial and Medicaid formularies and are effective 8/8/22 unless specified below.

Additions:

Ibsrela (tenapanor) – Non-Preferred Brand, PA Required & QL of 2 tablets per day.

Korsuva (difelikefalin) – Medical Benefit, No PA.

Livmarli (maralixibat) – Non-Preferred Brand, PA Required & QL of 3mL/day.

Pyrukynd (mitapivat) – Non-Preferred Brand, PA Required & QL.

Kimmtrak (tebentafusp-tebn) – Medical Benefit, PA Required.

Opdualag (nivolumab/relatimab-rmbw) – Medical Benefit, PA Required.

Releuko (filgrastimayov) – Medical Benefit, PA Required.

Vonjo (pacritinib) – Non-Preferred Brand, PA Required & QL of 2 capsules per day.