



Commercial and Medicaid formulary changes effective 12/15/21.

These additions and changes apply to Commercial and Medicaid formularies and are effective 12/15/21 unless specified below.

Additions:

Saphnelo (anifrolumabfnia) – Medical Benefit, PA Required.
Brexafemme (ibrexafungerp) – Non-Preferred Brand, PA and QL Required.
Bylvay (odevixibat) – Non-Preferred Brand, PA Required.
Nexviazyme (avalglucosidase alfangpt) – Medical Benefit, PA Required.
Kerendia (finerenone) – Non-Preferred Brand, PA and QL Required.
Rezurock (belumosudil) – Non-Preferred Brand, PA and QL Required.

Changes:

Ivermectin – Added QL.
Siklos (hydroxyurea) – Removed PA.
Soliqua (insulin glargine/lixisenatide) – Removed Step Therapy.
Dificid (fidaxomicin) – Removed Step Therapy and added QL.
Insulin lispro (ABA Humalog) – Add PA. Effective 1/1/22. Only applies to Commercial and Exchange.
Bydureon (exenatide) – Removed PA. Effective 1/1/22. Only applies to Commercial and Exchange.
Byetta (exenatide) – Removed PA. Effective 1/1/22. Only applies to Commercial and Exchange.
Ozempic (semaglutide) – Removed Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.
Trulicity (dulaglutide) – Removed Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.
Victoza (liraglutide) – Removed Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.
Rybelsus (semaglutide) – Removed Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.
Adlyxin (lixisenatide) – Removed PA and added Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.
Januvia (sitagliptin) – Removed PA and changed to Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.
Janumet (sitagliptin-metformin) – Removed PA and changed to Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.
Janumet XR (sitagliptin-metformin) – Removed PA and changed to Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.
Alogliptin – Removed PA and added Step Therapy. Changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.
Alogliptin-Pioglitazone – Removed PA and added Step Therapy. Changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.
Alogliptin-metformin – Removed PA and added Step Therapy. Changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Onglyza (saxagliptin) – Removed PA and added Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Kombiglyze XR (saxagliptin-metformin) – Removed PA and added Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Segluromet (ertugliflozin-metformin) – Removed PA and added Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Steglatro (ertugliflozin L-pyroglytamate) – Removed PA and added Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Invokana (canagliflozin) – Removed PA and added Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Invokamet (canagliflozin-metformin) – Removed PA and added Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Invokamet XR (canagliflozin-metformin) – Removed PA and added Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Farxiga (dapagliflozin) – Removed Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Xigduo XR (dapagliflozin-metformin) – Removed Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Jardiance (empagliflozin) – Removed Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Synjardy (empagliflozin-metformin) – Removed Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Synjardy XR (empagliflozin-metformin) – Removed Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Glyxambi (empagliflozin-linagliptin) – Removed PA and changed to Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Trijardy XR (empagliflozin-linagliptin-metformin) – Removed PA. Effective 1/1/22. Only applies to Commercial and Exchange.

Qtern (dapagliflozin-saxagliptin) – Revised Step Therapy details and changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Steglujan (ertugliflozin-sitagliptin) – Removed PA and added Step Therapy. Effective 1/1/22. Only applies to Commercial and Exchange.

Epclusa (sofosbuvir-velpatasvir) – Brand Preferred and generic changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Harvoni (ledipasvir-sofosbuvir) – Brand Preferred and generic changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Vosevi (sofosbuvir-velpatasvir-voxilaprevir) – Changed to Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Cimzia (certolizumab) – Changed to Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Simponi (golimumab) – Changed to Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Cosentyx (secukinumab) – Changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Enbrel (etanercept) – Changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Follistim AQ (follitropin beta) – Changed to Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Gonal-F (follitropin alfa) – Changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Nutropin and Norditropin (somatropin) – Changed to Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Genotropin (somatropin) – Changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.

Humatrope (somatropin) – Changed to Non-Preferred Brand. Effective 1/1/22. Only applies to Commercial and Exchange.