



These additions and changes apply to Commercial, Exchange, and Medicaid formularies and are effective 10/10/22 unless specified below.

Additions:

Amvuttra (vutrisiran) – Medical Benefit, PA and QL

Voquezna Triple Pak (vonoprazan, amoxicillin, clarithromycin) – Pharmacy Benefit, Non-formulary (**Only applies to commercial and exchange**)

Voquezna Triple Pak (vonoprazan, amoxicillin, clarithromycin) – Pharmacy Benefit, Non-Preferred brand, PA and QL of 56 per fill. (**Only applies to Medicaid**)

Voquezna Dual Pak (vonoprazan, amoxicillin) - Pharmacy Benefit, Non-formulary (**Only applies to commercial and exchange**)

Voquezna Dual Pak (vonoprazan, amoxicillin) – Pharmacy Benefit, Non-Preferred brand, PA and QL of 28 per fill. (**Only applies to Medicaid**)

Camzyos (mavacamten) – Pharmacy Benefit, Non-Preferred Brand PA and QL of 1 per day
estradiol valerate – Add to Pharmacy Benefit

Seglentis (celecoxib, tramadol) – Pharmacy Benefit, Non-Preferred Brand, PA required

Norliqva (amlodipine) solution – Pharmacy Benefit, Non-Preferred Brand, PA required

Elyxyb (celecoxib) – Pharmacy Benefit, Non-Preferred Brand, PA required

Dartisla ODT (glycopyrrolate) – Pharmacy Benefit, Non-Preferred Brand, PA required

Eprontia (topiramate) solution – Pharmacy Benefit, Non-Preferred Brand, PA required

Verkazia (cyclosporine) 0.1% emulsion – Pharmacy Benefit, Non-Preferred Brand, PA and QL of 8 single use vials per day

Xipere (triamcinolone) – Medical Benefit

Camcevi (leuprolide) – Medical Benefit, PSCE

Changes:

Indocin (indomethacin) suppository – Pharmacy Benefit, Add PA

Ultomiris (ravulizumab-cwvz) – Medical Benefit, update to PA criteria

Soliris – Medical Benefit, update to PA criteria

Fintepla (fenfluramine) – Pharmacy Benefit, update to PA criteria

budesonide inhalation – Pharmacy Benefit, remove age limit