

Commercial and Medicaid formulary changes effective 8/15/21

These additions and changes apply to Commercial and Medicaid formularies and are effective 8/15/21 unless specified below.

Additions:

Winlevi (clascoterone) – Non-Preferred Brand, PA and QL Required.

Zokinvy (lonafarnib) – Non-Preferred Brand, PA Required.

Ponvory (ponesimod) – Non-Preferred Brand, PA and QL Required.

Zegalogue (dasiglucagon) – Non-formulary for Commercial.

Zynonta (loncastuximab tesirine-lpyl) – Medical Benefit, PA Required.

Jemperli (dostarimabgxly) – Medical Benefit, PA Required.

Fotivda (tivozanib) – Non-Preferred Brand, PA Required.

Thyquidity and Tirosintsol oral solution (levothyroxine) – Non-Preferred Brand, PA Required.