

FORMULARY UPDATES

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
7-1-2024	Valsartan (Diovan)	Preferred	Add to Angiotension Receptor Blockers, DHHS June P & T Decision
10-1-2024	Edurant (Rilpivirine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Intelence (etravirine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Pifeltro (doravirine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Rescriptor (delaviridine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Sustiva (efavirenz)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Viramune/XR (nevirapine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision, Brand off market
10-1-2024	Cabenuva (cabotegravir-Rilpivirine)*	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Cimduo (lamivudine - tenofovir disoproxil fumarate)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision, Brand off market
10-1-2024	Combivir (zidovudine-lamivudine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Descovy (tenofovir alafenamide-emtricitabine)	HIV Class added to State PDL	PeEP oral agent, Preferred No PA, DHHS June P & T Decision
10-1-2024	Emtriva (emtricitabine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Epivir (lamivudine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Epzicom (abacavir-lamivudine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision, Brand off market

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10-1-2024	Retrovir (zidovudine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Symtuza (tenofovir alafenamide - emtricitabine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision, Brand off market
10-1-2024	Temixys (tenofovir disoproxil fumarate- Lamivudine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Trizivir (abacavir- zidovudine- Lamivudine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision, Brand off market
10-1-2024	Truvada (tenofovir disoproxil fumarate- emtricitabine)	HIV Class added to State PDL	PrEP & PEP Oral agent, Preferred No PA, DHHS June P & T Decision
10-1-2024	Videx EC (didanosine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision, Brand off market
10-1-2024	Viread (tenofovir disoproxil fumarate)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Zerit (stavudine)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision, Brand off market
10-1-2024	Ziagen (abacavir)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Apretude (Cabotegravir ER)*	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Isentress (raltegravir)	HIV Class added to State PDL	PEP oral agent, Preferred No PA, DHHS June P & T Decision
10-1-2024	Tivicay (dolutegravir)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Vocabria (cabotegravir)	HIV Class added to State PDL	Preferred No PA, DHHS June P & T Decision
10-1-2024	Fuzeon (enfuvirtide)	HIV Class added to State PDL	Non Preferred PA required, DHHS June P & T Decision
10-1-2024	Adbry (tralokinumab-ldrm)	Add Atopic Dermatitis Immunomodulator (injectable)	Preferred, PA required
10-1-2024	Dupixent (dupilumab)	Add Atopic Dermatitis Immunomodulator (injectable)	Preferred, PA required
11-1-2024	Wegovy (semaglutide)	Add Weight Loss Agents, Injectables	Preferred
11-2-2024	Saxenda (liraglutide)	Add Weight Loss Agents, Injectables	Non preferred
3-8-2024	Wegovy (semaglutide)	Add for major adverse cardiovascular events indication	Preferred, PA required. DHHS June P & T Decision.

Date Effective	Product Name	Change	Notes
			Added retro to FDA approved indication
11-1-2024	Lyfgenia (lovotibeglogene autotemcel)	Add to state PDL	Preferred, PA required
11-1-2024	Casgevvy (exagamglogene autotemcel)	Add to state PDL	Preferred, PA required

*Health Care Provider administered drugs are covered via the medical benefit