

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Value Formulary
January 1, 2019 Updates

| Drug Name | Current (tier and edit) | As of 1/1/19 (tier and edit) | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|--|------------------------------------|---|-----------------------------------|--------------------|--------------------|---------------------------|
| doxycycline hyclate tab 50mg (Brand = Targadox®) | G | No Change | | Generic Addition | No Change | 5/7/18 |
| phytonadione tab 5mg (Brand = Mephyton®) | G | No Change | | Generic Addition | No Change | 5/21/18 |
| colsevelam tab 625mg (Brand = Welchol™ tab) | G | No Change | | Generic Addition | No Change | 5/21/18 |
| budesonide tab ER 9mg (Brand = Uceris®) | G | No Change | | Generic Addition | No Change | 7/16/18 |
| colesevelam pak 3.75mg (Brand = Welchol™ Pak) | G | No Change | | Generic Addition | No Change | 7/23/18 |
| desoximetasone spray 0.25% (Brand = Topicort®) | G | No Change | | Generic Addition | No Change | 7/30/18 |
| crotan lot 10% (Brand = Eurax®) | G | No Change | | Generic Addition | No Change | 7/30/18 |
| Osmolex™ ER tab 129mg, 193mg, 258mg | NF | No Change | | No Change | No Change | 7/7/18 |
| Zenpep® cap 15000 unit, 3000 unit | PB | No Change | | No Change | No Change | 5/14/18 |
| luliconazole cream 1% (Brand = Luzu®) | NPD + PA | No Change | | No Change | No Change | 7/9/18 |
| clindam/benz gel 1.2-2.5% (Brand = Acanya®) | NF | No Change | | No Change | No Change | 7/9/18 |
| Baclofen tab 5mg | G | No Change | | No Change | No Change | 5/14/18 |
| IFE-PG20® inj 20mcg/ml | NF + QL (8 per month) | No Change | | No Change | No Change | 5/14/18 |

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|---|--------------------------------------|---------------------------------|--|----------------|-------------|-------------------|
| Norvir® pow 100mg | PB | No Change | | No Change | No Change | 5/21/18 |
| Aimovig™ inj 70mg/ml | NPD + PA | No Change | | No Change | No Change | 5/28/18 |
| Doptelet® tab 20mg | NPD/SP* + PA | No Change | | No Change | No Change | 6/4/18 |
| Arnuity® Ellipta® inhaler 50mcg | NF | No Change | | No Change | No Change | 5/28/18 |
| Kaspargo™ cap 25mg, 50mg, 100mg, 200mg | NF | No Change | Generic beta blockers | No Change | No Change | 7/9/18 |
| Kevzara® inj 150mg/1.14ml, 200mg/1.14ml | NPD/SP* + PA | No Change | | No Change | No Change | 5/28/18 |
| Palynziq™ inj 10/0.5ml, 2.5/0.5ml, 20mg/ml | NPD/SP* + PA | No Change | | No Change | No Change | 6/4/18 |
| Lucemyra™ tab 0.18mg | NPD + QL (16 per day) | No Change | | No Change | No Change | 6/4/18 |
| Nalocet® tab 2.5-300mg | NF + QL + D/S + MME (12 per day) | No Change | | No Change | No Change | 6/4/18 |
| Yonsa® tab 125mg | NPD/SP* + PA | No Change | | No Change | No Change | 6/4/18 |
| Roxybond® 5mg | NPD + QL + D/S + MME (12 per day) | No Change | | No Change | No Change | 6/18/18 |
| Imvexxy® sup 4mcg, 10mcg | NF | No Change | Generic estradiol 10mcg vaginal tab | No Change | No Change | 6/25/18 |
| Siklos® tab 100mg | NPD | No Change | | No Change | No Change | 6/25/18 |
| Xeljanz® tab 10mg | NPD/SP*+ PA | No Change | | No Change | No Change | 6/25/18 |
| Braftovi® cap 50mg, 75mg | NPD/SP*+ PA | No Change | | No Change | No Change | 7/2/18 |
| Mektovi® tab 15mg | NPD/SP*+ PA | No Change | | No Change | No Change | 7/2/18 |
| ketoprofen cap 25mg | G | No Change | | No Change | No Change | 7/16/18 |
| Fulphila® inj 6/0.6ml | NPD/SP* | No Change | | No Change | No Change | 7/16/18 |
| Nuplazid® cap 10mg, 34mg | NPD + PA | No Change | | No Change | No Change | 7/23/18 |
| Symtuza® tab | NF | NPD | | Brand Addition | No Change | 7/23/18 |
| Tibsovo® tab 250mg | NPD/SP*+ PA | No Change | | No Change | No Change | 7/30/18 |

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|--|---|--|---------------------------|------------------------------|-------------|-------------------|
| adapalene lotion 0.1% (Brand = Differin® Lot 0.1%) | G + AL (PA required for age greater than 25) | NPD + AL (PA required for age greater than 25) | | Authorized Generic Uptier | No Change | 1/1/19 |
| alogliptin benzoate tab (Brand = Nesina®) | G | PB | | Authorized Generic Uptier | No Change | 1/1/19 |
| alogliptin-metformin tab (Brand = Kazano®) | G | PB | | Authorized Generic Uptier | No Change | 1/1/19 |
| alogliptin-pioglitazone tab (Brand = Oseni®) | G | PB | | Authorized Generic Uptier | No Change | 1/1/19 |
| amoxicillin tab 775mg (Brand = Moxatag®) | G | PB | | Authorized Generic Uptier | No Change | 1/1/19 |
| buprenorphine patch (Brand = Butran® patch) | G + PA + QL + MME (4 per 28 days) | PB + PA + QL + MME (4 per 28 days) | | Authorized Generic Uptier | No Change | 1/1/19 |
| colchicine tab (Brand = Colcrys®) | G | PB | | Authorized Generic Uptier | No Change | 1/1/19 |
| colchicine cap (Brand = Mitigare®) | G | PB | | Authorized Generic Uptier | No Change | 1/1/19 |
| desvenlafaxine ER tab 24 Hour (Brand = Khedezla®) | G | PB | | Authorized Generic Uptier | No Change | 1/1/19 |
| epinephrine solution Auto-Injector (Brand = EpiPen®) | G + QL (6 per 180 days) | PB + QL (6 per 180 days) | | Authorized Generic Uptier | No Change | 1/1/19 |
| fluorouracil cream 0.5% (Brand = Carac®) | G | PB | | Authorized Generic Uptier | No Change | 1/1/19 |
| fluticasone-salmeterol aerosol powder (Brand = AirDuo®) | G | PB | | Authorized Generic Uptier | No Change | 1/1/19 |
| levalbuterol tartrate HFA (Brand = Xopenex® HFA) | G | NPD | | Authorized Generic Uptier | No Change | 1/1/19 |
| Novarel® soln | G/SP* | PB/SP* | | Authorized Generic Uptier | No Change | 1/1/19 |

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|--|------------------------------------|-------------------------------------|--|--------------------------------|-------------|-------------------|
| Pregnyl® soln | G/SP* | PB/SP* | | Authorized Generic Uptier | No Change | 1/1/19 |
| testosterone gel 10mg/act (Brand = Fortesta®) | G + PA | NF | Androgel 1.62% gel, testosterone 1% gel | Authorized Generic Deletion | No Change | 1/1/19 |
| tobramycin nebulizer soln 300mg/5ml (Brand = Kitabis®) | G/SP* | PB/SP* | | Authorized Generic Uptier | No Change | 1/1/19 |
| Tavalisse™ tab 100mg, 150mg | NF | NPD/SP* + PA | | Brand Addition | PA Addition | 1/1/19 |
| Olumiant® tab 2mg | NF | NPD/SP* + PA | | Brand Addition | PA Addition | 1/1/19 |
| Takhzyro™ inj 300/2ml | NF | NPD/SP* + PA | | Brand Addition | PA Addition | 1/1/19 |
| Qsymia® cap | NF | NPD + PA | | Brand Addition | PA Addition | 12/1/18 |
| Contrave® ER tab | NF | NPD + PA | | Brand Addition | PA Addition | 12/1/18 |
| Otrexup® Soln | NF | NPD + PA | | Brand Addition | PA Addition | 1/1/19 |
| Rasuvo® Soln | NF | NPD + PA | | Brand Addition | PA Addition | 1/1/19 |
| Addyi® tab | NF | NPD + PA | | Brand Addition | PA Addition | 1/1/19 |
| Symproic® tab | NF | NPD + PA | | Brand Addition | PA Addition | 1/1/19 |
| Xenical® tab | NF | NPD + PA | | Brand Addition | PA Addition | 12/1/18 |
| Saxenda® Soln | NF | NPD + PA | | Brand Addition | PA Addition | 12/1/18 |
| Belviq® tab | NF | NPD + PA | | Brand Addition | PA Addition | 12/1/18 |
| Belviq® XR tab | NF | NPD + PA | | Brand Addition | PA Addition | 12/1/18 |
| Nascobal® Soln Nasal | NF | NPD + PA | | Brand Addition | PA Addition | 1/1/19 |
| Humatrope® Soln | NF | NPD/SP* + PA | | Brand Addition | PA Addition | 1/1/19 |
| Retacrit™ inj 10000 unit, 2000 unit, 3000 unit, 4000 unit, 40000 unit | NF | PB/SP* | | Brand Addition | No Change | 1/1/19 |
| Roxybond® 15mg, 30mg | NF + QL + D/S + MME (6 per day) | NPD + QL + D/S + MME (6 per day) | | Brand Addition | No Change | 1/1/19 |
| Aubagio® tab | NF | NPD/SP* | | Brand Addition | No Change | 1/1/19 |

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| Trelegy® Ellipta® | NF | PB | | Brand Addition | No Change | 1/1/19 |
| Varubi® tab | NF | NPD | | Brand Addition | No Change | 1/1/19 |
| Metopirone® cap | NF | NPD | | Brand Addition | No Change | 1/1/19 |
| Cetrotide® Kit | NF | NPD/SP* | | Brand Addition | No Change | 12/1/18 |
| Cuvposa® Soln | NF | NPD | | Brand Addition | No Change | 1/1/19 |
| Xatmep® Soln | NF + AL (PA required for age greater than 12) | NPD + AL (PA required for age greater than 12) | | Brand Addition | No Change | 1/1/19 |
| Fragmin® Soln | NF | NPD | | Brand Addition | No Change | 1/1/19 |
| Sotylize® Soln | NF | NPD | | Brand Addition | No Change | 1/1/19 |
| Potaba® cap | NF | NPD | | Brand Addition | No Change | 1/1/19 |
| Dialyvite/Zinc® tab | NF | NPD | | Brand Addition | No Change | 1/1/19 |
| Tobradex® Oint | NF | NPD | | Brand Addition | No Change | 12/1/18 |
| Ozempic® Soln | NF | PB | | Brand Addition | No Change | 1/1/19 |
| Ganirelix® Soln | NF | G/SP* | | Generic Addition | No Change | 12/1/18 |
| butalbital/APAP tab 50-300mg | G + QL + D/S (6 per day) | NF + QL + D/S (6 per day) | butalbital/APAP 50/325mg | Generic Deletion | No Change | 1/1/19 |
| Cialis® | PB + PA (under 55 years) + QL (8 per 30 days) | NF + QL (8 per 30 days) | | Brand Deletion | No Change | 1/1/19 |
| tadalafil | G + PA (under 55 years) + QL (8 per 30 days) | G + PA + QL (8 per 30 days) | | No Change | Prior Authorization Criteria Change | 1/1/19 |
| Targadox® tab 50mg | NPD + PA | NF | Generic Equivalent Available | Brand Deletion | No Change | 1/1/19 |
| Mephyton® tab 5mg | PB | NF | Generic Equivalent Available | Brand Deletion | No Change | 1/1/19 |
| Welchol® tab 625mg | NPD | NF | Generic Equivalent Available | Brand Deletion | No Change | 1/1/19 |
| Uceris® tab 9mg | NPD | NF | Generic Equivalent Available | Brand Deletion | No Change | 1/1/19 |
| Welchol® Pak 3.75gm | NPD | NF | Generic Equivalent Available | Brand Deletion | No Change | 1/1/19 |
| Topicort® Spray 0.25% | NPD + PA | NF | Generic Equivalent Available | Brand Deletion | No Change | 1/1/19 |
| Eurax® lot 10% | NPD | NF | Crotan Lotion | Brand Deletion | No Change | 1/1/19 |

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| Noritate® 1% cream | NPD | NF | Mirvaso®, Soolantra®, topical metronidazole | Brand Deletion | No Change | 1/1/19 |
| Actiq® Lozenge | NPD + PA + QL + MME (4 per day) | NF + QL + MME (4 per day) | fentanyl citrate lozenge | Brand Deletion | No Change | 1/1/19 |
| Fentora® tab | NPD + PA + QL + MME (4 per day) | NF + QL + MME (4 per day) | fentanyl citrate lozenge | Brand Deletion | No Change | 1/1/19 |
| Abstral® tab | NPD + PA + QL + MME (4 per day) | NF + QL + MME (4 per day) | fentanyl citrate lozenge | Brand Deletion | No Change | 1/1/19 |
| Lazanda® Soln | NPD + PA + QL + MME (1 per day) | NF + QL + MME (1 per day) | fentanyl citrate lozenge | Brand Deletion | No Change | 1/1/19 |
| Subsys® Liquid | NPD + PA + QL + MME (4 per day) | NF + QL + MME (4 per day) | fentanyl citrate lozenge | Brand Deletion | No Change | 1/1/19 |
| Ritalin LA® 60mg | NPD + QL (1 per day) | NF + QL (1 per day) | Generic equivalent available | Brand Deletion | No Change | 1/1/19 |
| Brand name prenatal vitamins | varies | NF | Generic prenatal vitamins | Brand Deletion | No Change | 1/1/19 |
| Dexcom® CGM | PB | NPD | | Brand Uptier | No Change | 1/1/19 |
| Medtronic® CGM | PB | NPD | | Brand Uptier | No Change | 1/1/19 |
| fenoprofen tab, fenortho tab | G | NPD + PA | meloxicam, celecoxib | Generic Uptier | PA Addition | 1/1/19 |
| Vanatol® S/LQ | G + QL + D/S (90 ml per day) | NPD + QL + D/S + PA (90 ml per day) | Generic butalbital/APAP/caffeine | Generic Uptier | PA Addition | 1/1/19 |
| Arcalyst® | No Coverage | NPD/SP* + PA | | Brand Addition | PA Addition | 1/1/19 |
| Finacea® 15% (Gel and foam) | NPD | NPD + PA | Mirvaso®, Soolantra®, topical metronidazole | No Change | PA Addition | 1/1/19 |
| Rhofade® 1% cream | NPD | NPD + PA | Mirvaso®, Soolantra®, topical metronidazole | No Change | PA Addition | 1/1/19 |
| Orilissa® tab 150mg | NPD + PA | NPD + PA + QL (1 per day) | | No Change | QL Addition | 1/1/19 |
| Orilissa® tab 200mg | NPD + PA | NPD + PA + QL (2 per day) | | No Change | QL Addition | 1/1/19 |

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|--|----------------------------------|---------------------------------|---------------------------|----------------|-------------|-------------------|
| Vosevi™ tab | NPD/SP* + PA + QL (1 per day) | PB/SP* + PA + QL (1 per day) | | Brand Downtier | No Change | 1/1/19 |
| Mirvaso® Gel 0.33% | NPD | PB | | Brand Downtier | No Change | 1/1/19 |
| Soolantra® cream 1% | NPD | PB | | Brand Downtier | No Change | 1/1/19 |
| V-GO® Kit | NPD | PB | | Brand Downtier | No Change | 1/1/19 |
| Omnitrope® Soln | NPD/SP* + PA | PB/SP* + PA | | Brand Downtier | No Change | 1/1/19 |
| Adempas® tab | NPD/SP* + PA | PB/SP* + PA | | Brand Downtier | No Change | 1/1/19 |
| Eliquis® tab | NPD | PB | | Brand Downtier | No Change | 1/1/19 |
| Narcan® nasal liquid 4mg/0.1ml | NPD + QL (6 per 30 days) | PB + QL (6 per 30 days) | | Brand Downtier | No Change | 1/1/19 |
| Vascepa® | NPD | PB | | Brand Downtier | No Change | 1/1/19 |
| Xiidra® soln 5% Ophthalmic | NPD + PA | PB | | Brand Downtier | PA Removal | 1/1/19 |
| sildenafil tab (generic Viagra®) | G + PA + QL (8 per 30 days) | G + QL (8 per 30 days) | | No Change | PA Removal | 1/1/19 |
| Gilenya® cap 0.25mg | NPD/SP* + PA | NPD/SP* | | No Change | PA Removal | 1/1/19 |

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Abbreviation Key

| | |
|---|--|
| G | Generic |
| LCG | Low Cost Generic |
| PB | Preferred Brand |
| NPD | Non-Preferred Drug |
| SP | Specialty Drug. Specialty Tier cost-share will apply for those benefits that have a prescription drug specialty tier. |
| NF | Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request. |
| PA | Prior Authorization is required. |
| MME | Morphine Milligram Equivalent |
| D/S | Days Supply Limit |
| QL | Quantity Limit |
| AL | Age Limit |
| Generic Addition | A generic drug that recently became available in the marketplace |
| Generic Downtier | This generic drug will be covered at the appropriate preferred drug level of cost-sharing. |
| Generic Uptier | This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing. |
| Authorized Generic Uptier | Authorized generics are brand drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand name drug company, or another company with the brand company's permission. Unlike a standard generic drug, the authorized generic is not approved by the Food and Drug Administration (FDA) abbreviated new drug application process (ANDA). This authorized generic drug will be covered at a higher level of cost-sharing similar to other brand name drugs. |
| Brand Downtier | These brand drugs were added to the formulary as of the date indicated and are covered at the appropriate preferred brand formulary level of cost-sharing. |
| Brand Uptier | These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing. |
| Brand Addition | Coverage was added to this drug. |
| Brand/Authorized Generic/ Generic Deletion | Coverage was removed from this drug. Formulary alternatives are available. |
| PA Criteria Change | New prior authorization criteria apply to drug. |