

**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 <b>(Brand = Targadox®)</b>	G	No Change		Generic Addition	No Change	5/7/18
phytonadione tab 5mg <b>(Brand = Mephyton®)</b>	G	No Change		Generic Addition	No Change	5/21/18
colsevelam tab 625mg <b>(Brand = Welchol™ tab)</b>	G	No Change		Generic Addition	No Change	5/21/18
budesonide tab ER 9mg <b>(Brand = Uceris®)</b>	G	No Change		Generic Addition	No Change	7/16/18
colesevelam pak 3.75mg <b>(Brand = Welchol™ Pak)</b>	G	No Change		Generic Addition	No Change	7/23/18
desoximetasone spray 0.25% <b>(Brand = Topicort®)</b>	G	No Change		Generic Addition	No Change	7/30/18
crotan lot 10% <b>(Brand = Eurax®)</b>	G	No Change		Generic Addition	No Change	7/30/18
<b>Osmolex™ ER tab</b> <b>129mg, 193mg, 258mg</b>	NF	No Change		No Change	No Change	7/7/18
<b>Zenpep® cap 15000 unit, 3000</b> <b>unit</b>	PB	No Change		No Change	No Change	5/14/18
luliconazole cream 1% <b>(Brand = Luzu®)</b>	NPD + PA	No Change		No Change	No Change	7/9/18
clindam/benz gel 1.2-2.5% <b>(Brand = Acanya®)</b>	NF	No Change		No Change	No Change	7/9/18
<b>Baclofen tab 5mg</b>	G	No Change		No Change	No Change	5/14/18
<b>IFE-PG20® inj</b> <b>20mcg/ml</b>	NF + QL (8 per month)	No Change		No Change	No Change	5/14/18

\*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 1/1/19 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
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

\*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 1/1/19 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
adapalene lotion 0.1% <b>(Brand = Differin® Lot 0.1%)</b>	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 <b>(Brand = Nesina®)</b>	G	PB		Authorized Generic Uptier	No Change	1/1/19
alogliptin-metformin tab <b>(Brand = Kazano®)</b>	G	PB		Authorized Generic Uptier	No Change	1/1/19
alogliptin-pioglitazone tab <b>(Brand = Oseni®)</b>	G	PB		Authorized Generic Uptier	No Change	1/1/19
amoxicillin tab 775mg <b>(Brand = Moxatag®)</b>	G	PB		Authorized Generic Uptier	No Change	1/1/19
buprenorphine patch <b>(Brand = Butran® patch)</b>	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 <b>(Brand = Colcrys®)</b>	G	PB		Authorized Generic Uptier	No Change	1/1/19
colchicine cap <b>(Brand = Mitigare®)</b>	G	PB		Authorized Generic Uptier	No Change	1/1/19
desvenlafaxine ER tab 24 Hour <b>(Brand = Khedezla®)</b>	G	PB		Authorized Generic Uptier	No Change	1/1/19
epinephrine solution Auto-Injector <b>(Brand = EpiPen®)</b>	G + QL (6 per 180 days)	PB + QL (6 per 180 days)		Authorized Generic Uptier	No Change	1/1/19
fluorouracil cream 0.5% <b>(Brand = Carac®)</b>	G	PB		Authorized Generic Uptier	No Change	1/1/19
fluticasone-salmeterol aerosol powder <b>(Brand = AirDuo®)</b>	G	PB		Authorized Generic Uptier	No Change	1/1/19
levalbuterol tartrate HFA <b>(Brand = Xopenex® HFA)</b>	G	NPD		Authorized Generic Uptier	No Change	1/1/19
<b>Novarel® soln</b>	G/SP*	PB/SP*		Authorized Generic Uptier	No Change	1/1/19

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(continued)

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

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Drug Name	Current (tier and edit)	As of 1/1/19 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
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)	NPD + PA + QL (8 per 30 days)		Brand Uptier	Prior Authorization Criteria 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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(continued)

Drug Name	Current (tier and edit)	As of 1/1/19 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
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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(continued)

Drug Name	Current (tier and edit)	As of 1/1/19 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Vosevi™ tab</b>	NPD/SP* + PA + QL (1 per day)	PB/SP* + PA + QL (1 per day)		Brand Downtier	No Change	1/1/19
<b>Mirvaso® Gel 0.33%</b>	NPD	PB		Brand Downtier	No Change	1/1/19
<b>Soolantra® cream 1%</b>	NPD	PB		Brand Downtier	No Change	1/1/19
<b>V-GO® Kit</b>	NPD	PB		Brand Downtier	No Change	1/1/19
<b>Omnitrope® Soln</b>	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	1/1/19
<b>Adempas® tab</b>	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	1/1/19
<b>Eliquis® tab</b>	NPD	PB		Brand Downtier	No Change	1/1/19
<b>Narcan® nasal liquid 4mg/0.1ml</b>	NPD + QL (6 per 30 days)	PB + QL (6 per 30 days)		Brand Downtier	No Change	1/1/19
<b>Vascepa®</b>	NPD	PB		Brand Downtier	No Change	1/1/19
<b>Xiidra® soln 5% Ophthalmic</b>	NPD + PA	PB		Brand Downtier	PA Removal	1/1/19
sildenafil tab <b>(generic Viagra®)</b>	G + PA + QL (8 per 30 days)	G + QL (8 per 30 days)		No Change	PA Removal	1/1/19
<b>Gilenya® cap 0.25mg</b>	NPD/SP* + PA	NPD/SP*		No Change	PA Removal	1/1/19

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**Abbreviation Key**

<b>G</b>	Generic
<b>LCG</b>	Low Cost Generic
<b>PB</b>	Preferred Brand
<b>NPD</b>	Non-Preferred Drug
<b>SP</b>	Specialty Drug. Specialty Tier cost-share will apply for those benefits that have a prescription drug specialty tier.
<b>NF</b>	Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request.
<b>PA</b>	Prior Authorization is required.
<b>MME</b>	Morphine Milligram Equivalent
<b>D/S</b>	Days Supply Limit
<b>QL</b>	Quantity Limit
<b>AL</b>	Age Limit
<b>Generic Addition</b>	A generic drug that recently became available in the marketplace
<b>Generic Downtier</b>	This generic drug will be covered at the appropriate preferred drug level of cost-sharing.
<b>Generic Uptier</b>	This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing.
<b>Authorized Generic Uptier</b>	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.
<b>Brand Downtier</b>	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.
<b>Brand Uptier</b>	These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing.
<b>Brand Addition</b>	Coverage was added to this drug.
<b>Brand/Authorized Generic/ Generic Deletion</b>	Coverage was removed from this drug. Formulary alternatives are available.
<b>PA Criteria Change</b>	New prior authorization criteria apply to drug.

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