



Notice of Formulary Updates - April 2019

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Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
4/1/2019	LUCEMYRA TABLET	Opioid Withdrawal Symptoms	-	NPB, PA, QL (QL = 84 tabs/7 days)	NPB, PA, QL (QL = 84 tabs/7 days)
4/1/2019	ORILISSA TABLET 150MG	Endometriosis	-	PB, PA, QL (QL = 1 tab/day)	PB, PA, QL (QL = 1 tab/day)
4/1/2019	ORILISSA TABLET 200MG	Endometriosis	-	PB, PA, QL (QL = 2 tabs/day)	PB, PA, QL (QL = 2 tabs/day)
4/1/2019	TIBSOVO TABLET	Benign Prostatic Hyperplasia (BPH)	-	PB/SP, LD (Diplomat), PA, QL (QL = 2 tabs/day)	PB/SP, LD (Diplomat), PA, QL (QL = 2 tabs/day)
4/1/2019	MULPLETA TABLET	Antihypertensive	-	PB/SP, MSP, PA, QL (QL = 7 tabs/fill)	PB/SP, MSP, PA, QL (QL = 7 tabs/fill)
4/1/2019	LOKELMA PAK	Hyperkalemia	-	PB, PA	PB, PA
4/1/2019	BRAFTOVI CAPSULE 50MG	Oncology	-	PB/SP, LD (Diplomat), PA, QL (QL = 4 caps/day)	PB/SP, LD (Diplomat), PA, QL (QL = 4 caps/day)

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4/1/2019	BRAFTOVI CAPSULE 75MG	Oncology	-	PB/SP, LD (Diplomat), PA, QL (QL = 6 caps/day)	PB/SP, LD (Diplomat), PA, QL (QL = 6 caps/day)
4/1/2019	MEKTOVI TABLET	Oncology	-	PB/SP, LD (Diplomat), PA, QL (QL = 6 tabs/day)	PB/SP, LD (Diplomat), PA, QL (QL = 6 tabs/day)
4/1/2019	TAFINLAR CAPSULE	Oncology	-	PB/SP, MSP, PA, QL (QL = 4 caps/day)	PB/SP, MSP, PA, QL (QL = 4 caps/day)
4/1/2019	MEKINIST TABLET 2MG	Oncology	-	Add QL PB/SP, MSP, PA, QL (QL = 1 tab/day)	No Change
4/1/2019	MEKINIST TABLET 0.5MG	Oncology	-	Add QL PB/SP, MSP, PA, QL (QL = 3 tabs/day)	No Change
4/1/2019	ZELBORAF TABLET	Oncology	-	Add QL PB/SP, MSP, PA, QL (QL = 8 tabs/day)	No Change
4/1/2019	INGREZZA CAPSULE	Movement Disorders	-	PB/SP, LD (PantheRx), PA, QL (QL = 1 cap/day)	PB/SP, LD (PantheRx), PA, QL (QL = 1 cap/day)
4/1/2019	AUSTEDO TABLET	Movement Disorders	-	PB/SP, MSP, PA, QL (QL = 4 tabs/day)	PB/SP, MSP, PA, QL (QL = 4 tabs/day)

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4/1/2019	TAKHZYRO INJECTION	Hereditary Angioedema (HAE)	-	PB/SP, LD (CVS Specialty), PA, QL (QL = 2 injections/28 days)	PB/SP, LD (CVS Specialty), PA, QL (QL = 2 injections/28 days)
4/1/2019	HAEGARDA INJECTION	Hereditary Angioedema (HAE)	-	PB/SP, MSP, PA	PB/SP, MSP, PA
4/1/2019	CINRYZE INJECTION	Hereditary Angioedema (HAE)	-	PB/SP, LD (CVS Specialty), PA, QL (QL = 16 vials/28 days)	PB/SP, LD (CVS Specialty), PA, QL (QL = 16 vials/28 days)
4/1/2019	FIRAZYR INJECTION	Hereditary Angioedema (HAE)	-	PB/SP, MSP, PA	PB/SP, MSP, PA
4/1/2019	RUCONEST INJECTION	Hereditary Angioedema (HAE)	-	PB/SP, LD (CVS Specialty), PA	PB/SP, LD (CVS Specialty), PA
4/1/2019	BERINERT INJECTION	Hereditary Angioedema (HAE)	-	PB/SP, LD (Walgreens Specialty), PA	PB/SP, LD (Walgreens Specialty), PA
4/1/2019	VASCEPA CAPSULE	Antihyperlipidemics	-	No Change (Not Covered)	No Change
4/1/2019	UDENYCA INJECTION	Hematopoietic Agent	-	PB/SP, MSP	PB/SP, MSP

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4/1/2019	SABRIL TABLET	Anticonvulsant	vigabatrin	Not Covered	No Change
4/1/2019	REPATHA INJECTION	Antihyperlipidemics	-	PB, PA, QL (QL = 2 injections/28 days)	PB, PA, QL (QL = 2 injections/28 days)
4/1/2019	REPATHA PUSHTRONEX INJECTION	Antihyperlipidemics	-	PB, PA, QL (QL = 1 injection/28 days)	PB, PA, QL (QL = 1 injection/28 days)
4/1/2019	PRALUENT INJECTION	Antihyperlipidemics	-	PB, PA, QL (QL = 2 injections/28 days)	PB, PA, QL (QL = 2 injections/28 days)
4/1/2019	ENTRESTO TABLET	Heart Failure	-	PB, QL (QL = 2 tabs/day)	PB, QL (QL = 2 tabs/day)
4/1/2019	fenoprofen calcium tablet	Non-Steroidal Anti- Inflammatory Drug (NSAID)	naproxen tablet, ibuprofen tablet, diclofenac EC tablet	Not Covered	No Change
4/1/2019	FENOPROFEN CAPSULE	Non-Steroidal Anti- Inflammatory Drug (NSAID)	naproxen tablet, ibuprofen tablet, diclofenac EC tablet	Not Covered	No Change
4/1/2019	mefenamic acid capsule	Non-Steroidal Anti- Inflammatory Drug (NSAID)	naproxen tablet, ibuprofen tablet, diclofenac EC tablet	Not Covered	No Change
4/1/2019	PONSTEL CAPSULE	Non-Steroidal Anti- Inflammatory Drug (NSAID)	naproxen tablet, ibuprofen tablet, diclofenac EC tablet	Not Covered	No Change

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4/1/2019	naproxen suspension	Non-Steroidal Anti-Inflammatory Drug (NSAID)	naproxen tablet, ibuprofen tablet, diclofenac EC tablet	Not Covered	No Change
4/1/2019	NAPROXEN SUSPENSION	Non-Steroidal Anti-Inflammatory Drug (NSAID)	naproxen tablet, ibuprofen tablet, diclofenac EC tablet	Not Covered	No Change
4/1/2019	NAPROSYN SUSPENSION	Non-Steroidal Anti-Inflammatory Drug (NSAID)	naproxen tablet, ibuprofen tablet, diclofenac EC tablet	Not Covered	No Change

Effective Date	Drug	Update
4/1/2019	VELTASSA POWDER	Update PA to new criteria
4/1/2019	CABOMETYX TABLET	Update PA to new indication
4/1/2019	STIVARGA TABLET	Update PA to new indication

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3/1/2019	BRILINTA TABLET	Anticoagulant	-	NPB	NPB
3/1/2019	LATUDA TABLET	Migraines	-	PB, QL, ST, RXC (Step Therapy requires trial of quetiapine) (QL = 1 tab/day)	PB, QL, ST, RXC (Step Therapy requires trial of quetiapine) (QL = 1 tab/day)
3/1/2019	silodosin capsule	Benign Prostatic Hyperplasia (BPH)	-	NPG	NPG
3/1/2019	RAPAFLO CAPSULE	Benign Prostatic Hyperplasia (BPH)	-	NPB	NPB
3/1/2019	estradiol patch (VIVELLE-DOT equivalent)	Estrogen	-	PG	PG
3/1/2019	verapamil SR 100mg, 200mg, 300mg capsules	Antihypertensive	-	PG	PG
3/1/2019	estradiol/norethindrone tablet	Contraceptive	-	NPG	NPG

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Last Updated 01/2019



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3/1/2019	METHOTREXATE INJECTION	Antineoplastic	-	PG	PG
3/1/2019	PROMACTA POWDER	Hematopoietic Agent	-	PB/SP, MSP, PA	PB/SP, MSP, PA
3/1/2019	DUPIXENT INJECTION	Asthma	-	PB/SP, MSP, PA, QL (QL = 2 injections/28 days)	PB/SP, MSP, PA, QL (QL = 2 injections/28 days)
3/1/2019	testosterone solution	Testosterone	-	NPB, PA, QL (QL = 2 bottles/30 days)	No Change
3/1/2019	AXIRON SOLUTION	Testosterone	-	NPB, PA, QL (QL = 2 bottles/30 days)	No Change
3/1/2019	TESTOSTERONE GEL, VOGELXO GEL	Testosterone	-	NPB, PA, QL (QL = 2 packets/30 days)	No Change
3/1/2019	TESTIM GEL	Testosterone	-	NPB, PA, QL (QL = 2 packets/30 days)	No Change
3/1/2019	testosterone gel 2%	Testosterone	-	NPB, PA, QL (QL = 2 bottles/30 days)	No Change
3/1/2019	FORTESTA GEL 2%	Testosterone	-	NPB, PA, QL (QL = 2 bottles/30 days)	No Change

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3/1/2019	VOGELXO PUMP	Testosterone	-	NPB, PA, QL (QL = 4 bottles/30 days)	No Change
3/1/2019	LEVALBUTEROL INHALER, XOPENEX HFA INHALER	Asthma	-	NPB, QL, ST (Step Therapy requires trial of Ventolin HFA) (QL = 2 inhalers/fill, 2 fills/30days)	No Change
3/1/2019	FEMHRT TABLET	Estrogen/Progesterone	-	NPB	No Change
3/1/2019	MENEST TABLET	Estrogen	-	NPB	No Change
3/1/2019	ALORA PATCH	Estrogen	-	NPB	No Change
3/1/2019	PREFEST TABLET	Estrogen/Progesterone	-	NPB	No Change
3/1/2019	fluvastatin ER tablet	Hyperlipidemia	-	NPB	No Change
3/1/2019	LESCOL XL TABLET	Hyperlipidemia	-	NPB	No Change

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3/1/2019	AURYXIA TABLET	Iron	-	NPB	No Change
3/1/2019	estradiol vaginal tablet, yuvafem vaginal tablet	Estrogen	-	NPG, QL (QL = 8 tabs/28 days, 18 tabs on first fill)	No Change
3/1/2019	VAGIFEM TABLET	Estrogen	-	NPG, QL (QL = 8 tabs/28 days, 18 tabs on first fill)	No Change
3/1/2019	TRINTELLIX TABLET	Antidepressant	-	NPB, PA, QL (QL = 1 tablet/day)	No Change
3/1/2019	dexmethylphenidate ER capsule	ADHD	-	NPG	No Change
3/1/2019	FOCALIN XR CAPSULE	ADHD	-	NPB	No Change
3/1/2019	MIRAPEX ER TABLET	Parkinsons Disease	-	NPB	No Change
3/1/2019	tazarotene cream 0.1%	Acne	-	NPB	No Change
3/1/2019	TAZORAC CREAM 0.05%	Acne	-	NPB	No Change

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3/1/2019	DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	Migraines	sumatriptan tablet, sumatriptan nasal spray, isometheptene/caffeine/aceta	Not Covered	No Change
3/1/2019	OSMOPREP TABLET	Laxative	trilyte solution, peg 3350/electrolytes solution, Visicol Tablet	Not Covered	No Change
3/1/2019	COMBIVIR TABLET	HIV	Genvoya, Kaletra, Emtriva, Biktarvy, Atripla, Complera	NPB	No Change
3/1/2019	MALARONE TABLET	Malaria	atovaquone/proguanil tablet	NPB	No Change
3/1/2019	SANDOSTATIN INJECTION	Acromegaly	octreotide injection	NPB/SP, MSP	No Change
3/1/2019	PEPCID SUSPENSION	Heartburn	ranitidine suspension, Cimetidine solution	NPB	No Change
3/1/2019	PRODRIN TABLET	Migraines	isometheptene/caffeine/aceta minophen	Not Covered	No Change
3/1/2019	FELBATOL TABLET	Anticonvulsant	felbamate tablet	NPB	No Change
3/1/2019	TRILEPTAL SUSPENSION	Anticonvulsant	oxcarbazepine suspension	NPB	No Change

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3/1/2019	PRAMOSONE CREAM 1-2.5%	Topical Corticosteroid	hydrocortisone pramoxine cream	NPB	No Change
3/1/2019	TIROSINT CAPSULE	Hypothyroidism	Synthroid	Not Covered	No Change

Effective Date	Drug	Update
3/1/2019	LYNPARZA TABLET	Update PA to new indication
3/1/2019	SPRYCEL TABLET	Update PA to new indication
3/1/2019	ZYDELIG TABLET	Update PA to new indication

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2/1/2019	NIVESTYM INJECTION	Hematopoietic Agent	-	PB/SP, MSP	PB/SP, MSP
2/1/2019	OMNIPOD PODS	Insulin Pump	-	PB, QL (QL = 10 pods/month)	PB, QL (QL = 10 pods/month)
2/1/2019	OMNIPOD STARTER KIT	Insulin Pump	-	PB, QL (QL = 1 kit/year)	PB, QL (QL = 1 kit/year)
2/1/2019	celecoxib capsule	Non-steroidal Anti-Inflammatory Drug (NSAID)	-	PG, QL (QL = 2 caps/day)	PG, QL (QL = 2 caps/day)
2/1/2019	desonide cream	Topical Corticosteroid	-	NPG	NPG
2/1/2019	desonide ointment	Topical Corticosteroid	-	NPG	NPG
2/1/2019	XARELTO 2.5MG TABLET	Anticoagulant	-	PB	PB
2/1/2019	NITRO-BID OINTMENT	Chest Pain (Angina)	-	PB	PB
2/1/2019	clobazam tablet	Anticonvulsant	-	PG	PG

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Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
2/1/2019	CORDRAN CREAM 0.025%	Topical Corticosteroid	-	NPB	NPB
2/1/2019	GRANIX INJECTION	Hematopoietic Agent	NIVESTYM INJECTION, ZARXIO INJECTION	Not Covered	No Change
2/1/2019	FINACEA GEL	Acne	azelaic acid gel	NPB	No Change
2/1/2019	HARVONI TABLET	Hepatitis C	ledipasvir/sofosbuvir tablet	Not Covered	No Change
2/1/2019	EPCLUSA TABLET	Hepatitis C	sofosbuvir/velpatasvir tablet	Not Covered	No Change
2/1/2019	UROXATRAL TABLET	Benign Prostatic Hyperplasia (BPH)	alfuzosin SR tablet	NPB	No Change
2/1/2019	VECTICAL OINTMENT	Psoriasis	calcipotriene ointment	Not Covered	No Change
2/1/2019	GASTROCROM CONCENTRATION	Gastrointestinal Antiallergy Agent	-	NPB	No Change
2/1/2019	NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	Chest Pain (Angina)	NITRO-DUR OINTMENT	NPB	No Change

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- PA:** Prior Authorization
- SG:** Select Generic
- PG:** Preferred Generic
- NPG:** Non-Preferred Generic
- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
2/1/2019	lactulose pack	Constipation	lactulose solution	Not Covered	No Change

Effective Date	Drug	Update
2/1/2019	PROMACTA TABLET	Update PA to new indication
2/1/2019	VENCLEXTA TABLET	Update PA to new indication
2/1/2019	VENCLEXTA STARTER PACK	Update PA to new indication
2/1/2019	HEMLIBRA INJECTION	Update PA to new indication
2/1/2019	ACTEMA SUBCUTANEOUS INJ	Update PA to new indication
2/1/2019	FYCOMPA TABLET	Update PA to new indication
2/1/2019	FYCOMPA SUSPENSION	Update PA to new indication
2/1/2019	APTOM TABLET	Update PA to new indication

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PG: Preferred Generic

NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

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\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	SYMDEKO TABLET	Cystic Fibrosis	-	PB/SP, MSP, PA, SF, QL (QL = 2 tabs/day)	PB/SP, MSP, PA, SF, QL (QL = 2 tabs/day)
1/1/2019	TAVALISSE TABLET	Chronic Immune Thrombocytopenia	-	PB/SP, LD (LD - Biologics), PA, SF, QL (QL = 2 tablets/day)	PB/SP, LD (LD - Biologics), PA, SF, QL (QL = 2 tablets/day)
1/1/2019	OLUMIANT TABLET	Rheumatoid Arthritis	-	PB/SP, MSP, PA, QL (QL = 1 tablet/day)	PB/SP, MSP, PA, QL (QL = 1 tablet/day)
1/1/2019	PALYNZIQ INJECTION	Phenylketonuria (PKU)	-	PB/SP, LD (LD - Diplomat), PA, SF, QL (QL = 1 tablet/day)	PB/SP, LD (LD - Diplomat), PA, SF, QL (QL = 1 tablet/day)
1/1/2019	ERLEADA TABLET	Prostate Cancer	-	PB/SP, MSP, PA, SF, QL (QL = 4 tablets/day)	PB/SP, MSP, PA, SF, QL (QL = 4 tablets/day)
1/1/2019	AIMOVIG INJECTION	Migraines	-	PB, PA, QL (QL = 1 pack/28days)	PB, PA, QL (QL = 1 pack/28days)
1/1/2019	EMJALITY INJECTION	Migraines	-	PB, PA, QL (QL = 1 injection/28days)	PB, PA, QL (QL = 1 injection/28days)
1/1/2019	diclofenac gel	Actinic Keratosis	-	No Change	Add QL NPB, PA, QL (QL = 300g/30days)

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Last Updated 11/2018



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NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	SOLARAZE GEL	Actinic Keratosis	-	No Change	Add QL NPB, PA, QL (QL = 300g/30days)
1/1/2019	XALKORI CAPSULE	Antineoplastic	-	No Change	Add QL PB/SP, MSP, PA, SF, QL (QL = 1 capsule/day)
1/1/2019	LYNPARZA CAPSULE	Antineoplastic	-	No Change	Add QL PB/SP, MSP, PA, SF, QL (QL = 16 capsules/day)
1/1/2019	LYNPARZA TABLET	Antineoplastic	-	No Change	Add QL PB/SP, MSP, PA, SF, QL (QL = 4 tablets/day)
1/1/2019	ZEPATIER TABLET	Hepatitis C	Epclusa, Harvoni, Mavyret, Vosevi	No Change	Not Covered
1/1/2019	CLINDAGEL	Acne	clindamycin gel, adapalene/benzoyl peroxide gel	No Change	Not Covered
1/1/2019	STELARA INJECTION	Plaque Psoriasis Psoriatic Arthritis Crohn's Disease	Humira, Enbrel	No Change	Not Covered
1/1/2019	SIMPONI INJECTION	Plaque Psoriasis Psoriatic Arthritis Ulcerative Colitis Ankylosing Spondylitis	Humira, Enbrel	No Change	Not Covered

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Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	RYTARY CAPSULE	Parkinson's Disease	caridopa/levodopa ER	No Change	Not Covered
1/1/2019	ANTABUSE TABLET	Agent for Chemical Dependence	disulfiram tablet	No Change	NPB
1/1/2019	DARAPRIM TABLET	Antimalarial	-	No Change	Add QL PB/SP, LD, PA, QL (QL = 3 tablets/day)
1/1/2019	NUEDEXTA CAPSULE	Psuedobulbar Affect	-	No Change	PB, PA, QL (QL = 2 capsules/day)
1/1/2019	MOVIPREP SOLUTION	Colonscopy Bowel Preparation	Clenpiq	No Change	NPB, ST (Step therapy requires trial of CLENPIQ)
1/1/2019	PREPOPIK PAK	Colonscopy Bowel Preparation	Clenpiq	No Change	Not Covered
1/1/2019	TALTZ INJECTION	Plaque Psoriasis Psoriatic Arthritis	Humira, Enbrel	No Change	Not Covered
1/1/2019	XELJANZ TABLET	Rheumatoid Arthritis Psoriatic Arthritis Ulcerative Colitis	Humira, Enbrel	No Change	Not Covered

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PG: Preferred Generic	1	2
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NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	XELJANZ XR TABLET	Rheumatoid Arthritis Psoriatic Arthritis Ulcerative Colitis	Humira, Enbrel	No Change	Not Covered
1/1/2019	benzonatate capsule 150mg	Cough & Cold	benzonatate capsule 100mg, 200mg	No Change	Not Covered
1/1/2019	ZONATUSS CAPSULE 150mg	Cough & Cold	benzonatate capsule 100mg, 200mg	No Change	Not Covered
1/1/2019	EPIDUO GEL 0.1-2.5%	Acne	adapalene/benzoyl peroxide gel	No Change	NPB, PA
1/1/2019	LIVALO TABLET	High Cholesterol	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin	No Change	NPB, ST (Step therapy requires trial of atorvastatin, fluvastatin, lovastatin,
1/1/2019	diflorasone ointment	Topical Corticosteroid	desoximetasone ointment	No Change	Not Covered
1/1/2019	HALOG OINTMENT	Topical Corticosteroid	desoximetasone ointment	No Change	Not Covered
1/1/2019	HALOG CREAM	Topical Corticosteroid	desoximetasone ointment	No Change	Not Covered
1/1/2019	BESIVANCE OPHTHALMIC SUSPENSION	Ophthalmic Antibiotic	levofloxacin ophthalmic solution, moxifloxacin ophthalmic solution	No Change	Not Covered
1/1/2019	MOXEZA OPHTHALMIC SOLUTION	Ophthalmic Antibiotic	levofloxacin ophthalmic solution, moxifloxacin ophthalmic solution	No Change	Not Covered

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NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	BYETTA INJECTION	Antidiabetic Agent	Victoza, Bydureon, Ozempic	No Change	Add QL NPB, QL (QL = 1 pen/30days)
1/1/2019	ALOGLIPTIN TABLET, NESINA TABLET	Antidiabetic Agent	Januvia, Tradjenta	No Change	Not Covered
1/1/2019	ALOGLIPTIN/METFORMIN TABLET, KAZANO TABLET	Antidiabetic Agent	Janumet, Jentadueto	No Change	Not Covered
1/1/2019	ALOGLIPTIN/PIOGLITAZONE TABLET, OSENI TABLET	Antidiabetic Agent	pioglitazone, Januvia, Tradjenta	No Change	Not Covered
1/1/2019	ONGLYZA TABLET	Antidiabetic Agent	Januvia, Tradjenta	No Change	Not Covered
1/1/2019	KOMBIGLYZE TABLET	Antidiabetic Agent	Janumet, Jentadueto	No Change	Not Covered
1/1/2019	ACTIMMUNE INJECTION	Antineoplastics and Adjunctive Therapies	-	No Change	Add PA PB/SP, LD, PA
1/1/2019	BACLOFEN TABLET 5MG	Muscle Relaxant	baclofen 10mg, baclofen 20mg, carisoprodol, chlorzoxazone.	No Change	Not Covered
1/1/2019	DOXEPINE CREAM, PRUDOXIN CREAM, ZONALON CREAM	Anti-Itch	-	No Change	Add PA NPB, PA
1/1/2019	TUSSICAPS	Cough & Cold	guaifenesin/codeine syrup, promethazine VC syrup, hydrocodone/chlorpheniramin	No Change	Not Covered

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PG: Preferred Generic

NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	NEULASTA INJECTION	Hematopoietic Agent	Retacrit	No Change	Not Covered
1/1/2019	PROCRIT INJECTION	Hematopoietic Agent	Retacrit	No Change	Not Covered
1/1/2019	EPOGEN INJECTION	Hematopoietic Agent	Retacrit	No Change	Not Covered
1/1/2019	dexamethasone pak	Corticosteroid	dexamethasone tablet	No Change	Not Covered
1/1/2019	DEXPAK TABLET	Corticosteroid	dexamethasone tablet	No Change	Not Covered
1/1/2019	CORTEF TABLET	Corticosteroid	hydrocortisone tablet	No Change	NPB
1/1/2019	MEDROL TABLET	Corticosteroid	methylprednisolone tablet	No Change	PB
1/1/2019	MECLOFENAMATE CAPSULE	Non-steroidal Anti-Inflammatory Drug (NSAID)	ibuprofen, meloxicam, diclofenac	No Change	NPB
1/1/2019	CARAFATE SUSPENSION	Ulcer	carafate tablet	No Change	PB
1/1/2019	ERY-TAB	Antibiotic	erythromycin DR capsule	No Change	NPB

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\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	erythromycin DR capsule	Antibiotic	azithromycin, clarithromycin	No Change	NPG
1/1/2019	erythromycin stearate tablet	Antibiotic	azithromycin, clarithromycin	No Change	NPG
1/1/2019	ERYTHROMYCIN ETHYLSUCCINATE TABLET	Antibiotic	erythromycin DR capsule	No Change	NPB
1/1/2019	ERYPED SUSPENSION	Antibiotic	erythromycin ethylsuccinate suspension	No Change	NPB
1/1/2019	pioglitazone/meformin tablet	Antidiabetic Agent	pioglitazone, metformin	No Change	Not Covered
1/1/2019	ACTOPLUS MET TABLET	Antidiabetic Agent	pioglitazone, metformin	No Change	Not Covered
1/1/2019	pioglitazone/glimepiride tablet	Antidiabetic Agent	pioglitazone, glimepiride	No Change	Not Covered
1/1/2019	DUETACT TABLET	Antidiabetic Agent	pioglitazone, glimepiride	No Change	Not Covered
1/1/2019	rajani tablet	Contraceptive	Yaz, Yasmin	No Change	Not Covered
1/1/2019	BEYAZ TABLET	Contraceptive	Yaz, Yasmin	No Change	Not Covered

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PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	ULTRESA CAPSULE	Digestive Enzyme	Creon, Zenpep, Pertzye	No Change	Not Covered
1/1/2019	PANCREAZE CAPSULE	Digestive Enzyme	Creon, Zenpep, Pertzye	No Change	Not Covered
1/1/2019	IMBRUVICA CAPSULE 140MG	Mantle Cell Lymphoma	-	No Change	QL Change PB/SP, LD, PA, QL (QL = 3 capsules/day)
1/1/2019	ZIOPTAN OPHTHALMIC SOLUTION	Glaucoma	latanprost ophthalmic solution bimatoprost ophthalmic solution	No Change	NPB, PA, QL (QL = 1 bottle/day)
1/1/2019	TRAVATAN Z OPHTHALMIC SOLUTION	Glaucoma	latanprost ophthalmic solution bimatoprost ophthalmic solution	No Change	QL Change PB, QL (QL = 2.5mL/30days)
1/1/2019	INSULIN SYRINGE (ALL OTHERS)	Diabetic Supplies	B-D INSULIN SYRINGE	No Change	Not Covered
1/1/2019	FREESTYLE INSULIN SYRINGE	Diabetic Supplies	B-D INSULIN SYRINGE	No Change	Not Covered
1/1/2019	PRECISION INSULIN SYRINGE	Diabetic Supplies	B-D INSULIN SYRINGE	No Change	Not Covered
1/1/2019	PEN NEEDLE (ALL OTHERS)	Diabetic Supplies	NOVOTWIST/NOVOFINE PEN NEEDLES, B-D PEN NEEDLES	No Change	Not Covered

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\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
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Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	acetaminophen/isometheptene/dichloral capsule	Migraine	sumatriptan, acetaminophen/caffeine/dihydrocodeine tablet	No Change	Not Covered
1/1/2019	ACETMINOPHEN/ISOMETHEPTENE/DICHLORAL CAPSULE	Migraines/Headaches	sumatriptan, acetaminophen/caffeine/dihydrocodeine tablet	No Change	Not Covered
1/1/2019	EPROSARTAN TABLET	Hypertension	losartan, irbesartan, olmesartan, valsartan	No Change	Not Covered
1/1/2019	mupirocin cream	Antibiotic	mupirocin ointment	No Change	Not Covered
1/1/2019	BACTROBAN CREAM	Antibiotic	mupirocin ointment	No Change	Not Covered
1/1/2019	ALPHAGAN P OPHTHALMIC SOLUTION 0.15%	Glaucoma	brimonidine ophthalmic solution 0.15%	No Change	NPB
1/1/2019	brimonidine ophthalmic solution 0.15%	Glaucoma	apraclonidine ophthalmic solution	No Change	NPG
1/1/2019	ZYKADIA CAPSULE	Antineoplastics and Adjunctive Therapies	-	No Change	QL Change PB/SP, MSP, PA, SF, QL (QL = 3 capsules/day)
1/1/2019	CHLORZOXAZONE TABLET 250MG	Muscle Relaxant	chlorzoxazone 375mg, 500mg, 750mg	No Change	Not Covered
1/1/2019	AMPYRA TABLET	Multiple Sclerosis	dalfampridine tablet	No Change	Not Covered

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Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	potassium chloride powder packet	Minerals and Electrolytes	potassium chloride micro tablet	No Change	NPG
1/1/2019	potassium chloride solution	Minerals and Electrolytes	potassium chloride micro tablet	No Change	NPG
1/1/2019	ALA SCALP LOTION	Topical Corticosteroid	hydrocortisone lotion	No Change	Not Covered
1/1/2019	VERDESO FOAM	Topical Corticosteroid	clobetasol foam	No Change	Not Covered
1/1/2019	ULTRAVATE LOTION	Topical Corticosteroid	betamethasone dipropionate lotion, triamcinolone lotion, clobetasol lotion	No Change	Not Covered
1/1/2019	PREDNICARBATE CREAM	Topical Corticosteroid	fluocinolone acetamide cream hydrocortisone cream betamethasone dipropionate cream	No Change	PB
1/1/2019	prednicarbate cream	Topical Corticosteroid	fluocinolone acetamide cream hydrocortisone cream betamethasone dipropionate cream	No Change	NPG
1/1/2019	PREDNICARBATE OINTMENT	Topical Corticosteroid	fluocinolone acetamide ointment hydrocortisone ointment betamethasone dipropionate cream	No Change	PB

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - January 2019

FirstCare Health plans may/add remove drugs from the formulary or add rules to drug coverage. The chart below contains upcoming changes to FirstCare Health plans formularies. Impacted members will be notified of negative changes via mail. Changes are effective on employer group renewal date.

- G:** Generic Drug
- O:** Original Brand w/generic availability
- QL:** Quantity Limit
- ST:** Step Therapy
- NC:** Not Covered
- PA:** Prior Authorization
- SG:** Select Generic
- PG:** Preferred Generic
- NPG:** Non-Preferred Generic
- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2019	desoximetasone cream 0.05%	Topical Corticosteroid	fluocinolone acetonide cream hydrocortisone cream betamethasone dipropionate cream	No Change	NPG

Effective Date	Drug	Update
1/1/2019	XTANDI CAPSULE	Update PA to new indication

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Notice of Formulary Updates - December 2018

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G: Generic Drug

O: Original Brand w/generic availability

QL: Quantity Limit

ST: Step Therapy

NC: Not Covered

PA: Prior Authorization

SG: Select Generic

PG: Preferred Generic

NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
12/1/2018	AMPYRA TABLET	Multiple Sclerosis	dalfampridine tablet	Not Covered	No Changes
12/1/2018	potassium chloride powder packet	Minerals and Electrolytes	potassium chloride micro tablet	NPG	No Changes
12/1/2018	potassium chloride solution	Minerals and Electrolytes	potassium chloride micro tablet	NPG	No Changes
12/1/2018	ALA SCALP LOTION	Topical Corticosteroid	hydrocortisone lotion	Not Covered	No Changes
12/1/2018	VERDESO FOAM	Topical Corticosteroid	clobetasol foam	Not Covered	No Changes
12/1/2018	ULTRAVATE LOTION	Topical Corticosteroid	betamethasone dipropionate lotion triamcinolone lotion clobetasol lotion	Not Covered	No Changes
12/1/2018	PREDNICARBATE CREAM	Topical Corticosteroid	fluocinolone acetonide cream hydrocortisone cream betamethasone dipropionate cream	PB	No Changes
12/1/2018	prednicarbate cream	Topical Corticosteroid	fluocinolone acetonide cream hydrocortisone cream betamethasone dipropionate cream	NPG	No Changes

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - December 2018

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QL: Quantity Limit

ST: Step Therapy

NC: Not Covered

PA: Prior Authorization

SG: Select Generic

PG: Preferred Generic

NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
12/1/2018	PREDNICARBATE OINTMENT	Topical Corticosteroid	fluocinolone acetone ointment hydrocortisone ointment betamethasone dipropionate cream	PB	No Changes
12/1/2018	desoximetasone cream 0.05%	Topical Corticosteroid	fluocinolone acetone cream hydrocortisone cream betamethasone dipropionate cream	NPG	No Changes
12/1/2018	HALOG CREAM	Topical Corticosteroid	-	PB	PB
12/1/2018	clobetasol propionate cream	Topical Corticosteroid	-	NPG	NPG
12/1/2018	TEMOVATE CREAM	Topical Corticosteroid	-	NPB	NPB
12/1/2018	clobetasol propionate emollient cream	Topical Corticosteroid	-	NPG	NPG
12/1/2018	TEMOVATE-E CREAM	Topical Corticosteroid	-	NPB	NPB
12/1/2018	clobetasol propionate gel	Topical Corticosteroid	-	NPG	NPG
12/1/2018	TEMOVATE GEL	Topical Corticosteroid	-	NPB	NPB

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- NPBG:** NP Branded Generic
- PB:** Preferred Brand
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Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
12/1/2018	clobetasol propionate oinment	Topical Corticosteroid	-	NPG	NPG
12/1/2018	TEMOVATE OINTMENT	Topical Corticosteroid	-	NPB	NPB
12/1/2018	clobetasol propionate solution	Topical Corticosteroid	-	NPG	NPG
12/1/2018	TEMOVATE SOLUTION	Topical Corticosteroid	-	NPB	NPB

Effective Date	Drug	Update
12/1/2018	EREVEDGE CAPSULE	Update PA to new indication
12/1/2018	ODOMZO CAPSULE	Update PA to new indication
12/1/2018	TRUVADA TABLET	Update PA to new indication

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Notice of Formulary Updates - November 2018

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- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
11/1/2018	acetaminophen/isometheptene/dichloral cap	Migraine	sumatriptan, acetaminophen/caffeine/dihydrocodeine tablet	Not Covered	No Changes
11/1/2018	ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	Hematopoietic Agent	sumatriptan, acetaminophen/caffeine/dihydrocodeine tablet	Not Covered	No Changes
11/1/2018	mupirocin cream	Antibiotic	mupirocin ointment	Not Covered	No Changes
11/1/2018	BACTROBAN CREAM	Antibiotic	mupirocin ointment	Not Covered	No Changes
11/1/2018	ZYKADIA CAPSULE	Oncology	-	QL Change PB/SP, MSP, PA, QL, SF (QL = 3 caps/day)	No Changes
11/1/2018	ALPHAGAN P OPHTHALMIC SOLUTION 0.15%	Glaucoma	brimonidine ophthalmic solution 0.15%	NPB	No Changes
11/1/2018	brimonidine ophthalmic solution 0.15%	Glaucoma	apraclonidine ophthalmic solution	NPG	No Changes
11/1/2018	CHLORZOXAZONE 250MG TABLET	Muscle Relaxant	chlorzoxazone 375mg, 500mg, 750mg	Not Covered	No Changes
11/1/2018	LONHALA MAGNAIR SOLUTION	COPD	-	PB, ST (Step Therapy requires trial of Incruse Ellipta Inhaler)	PB, ST (Step Therapy requires trial of Incruse Ellipta Inhaler)

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - November 2018

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- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
11/1/2018	LATUDA TABLET	Antipsychotic	-	PB, QL, ST (Step Therapy requires trial of quetiapine) (QL = 1 tablet/day)	PB, QL, ST (Step Therapy requires trial of quetiapine) (QL = 1 tablet/day)
11/1/2018	ORKAMBI GRANULES PACKET	Cystic Fibrosis	-	PB/SP, MSP, PA, QL,SF (QL = 2 packets/day)	PB/SP, MSP, PA, QL,SF (QL = 2 packets/day)

Effective Date	Drug	Update
11/1/2018	LENVIMA CAPSULE	Update PA to new indication
11/1/2018	KALYDECO PAK	Update PA to new indication

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Notice of Formulary Updates - October 2018

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O: Original Brand w/generic availability

QL: Quantity Limit

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NC: Not Covered

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PG: Preferred Generic

NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
10/1/2018	SYMTUZA TABLET	Anti-Itching	-	PB	PB
10/1/2018	RETACRIT INJECTION	Hematopoietic Agent	-	PB	PB
10/1/2018	CYCLOSPORINE MODIFIED CAPSULE	Immunosuppressive Agent	-	PB	PB
10/1/2018	erythromycin tablet	Antibiotic	-	NPG	NPG
10/1/2018	BENZINIDAZOLE TABLET	Chagas Disease	-	PB, PA	PB, PA
10/1/2018	CALQUENCE CAPSULE	Mantle Cell Lymphoma	-	PB/SP, LD, PA, QL, SF (QL = 2 caps/day)	PB/SP, LD, PA, QL, SF (QL = 2 caps/day)
10/1/2018	BIKTARVY TABLET	HIV	-	PB	PB
10/1/2018	JULUCA TABLET	HIV	-	PB	PB
10/1/2018	HEMLIBRA INJECTION	Hemophilia	-	PB/SP, MSP, PA	PB/SP, MSP, PA

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans

Last Updated 08/2018



Notice of Formulary Updates - October 2018

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- NC:** Not Covered
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- SG:** Select Generic
- PG:** Preferred Generic
- NPG:** Non-Preferred Generic
- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
10/1/2018	ODACTRA SL TABLET	Allergies	-	NPB, PA	NPB, PA
10/1/2018	SOLOSEC GRANULES PACKET	Bacterial Vaginosis	-	NPB, PA QL (QL = 1 packet/fill)	NPB, PA QL (QL = 1 packet/fill)
10/1/2018	FREESTYLE LIBRE	Continuous Glucose Monitoring System for Diabetes	-	NPB, PA, QL (QL: Receiver - 1/year, Sensor/Transmitter - 2/28 days)	NPB, PA, QL (QL: Receiver - 1/year, Sensor/Transmitter - 2/28 days)
10/1/2018	DEXCOM G6	Continuous Glucose Monitoring System for Diabetes	-	NPB, PA, QL (QL: Receiver - 1/year, Transmitter - 1/90days, Sensor - 3/30days)	NPB, PA, QL (QL: Receiver - 1/year, Transmitter - 1/90days, Sensor - 3/30days)
10/1/2018	IMBRUVICA 140MG CAPSULE	Mantle Cell Lymphoma	-	QL Change PB/SP, LD, PA, QL (QL = 3 caps/day)	No Changes
10/1/2018	ZIOPTAN OPHTHALMIC SOLUTION	Glaucoma	latanoprost ophthalmic solution, Bimatopost, Lumigan	Not Covered	No Changes
10/1/2018	TRAVATAN Z OPHTHALMIC SOLUTION	Glaucoma	latanoprost ophthalmic solution, Bimatopost, Lumigan	QL Change PB, QL (QL = 2.5mL/30days)	No Changes

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - October 2018

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- SG:** Select Generic
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- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
10/1/2018	INSULIN SYRINGE (all others)	Diabetic Supplies	B-D Insulin Syringes	Not Covered	No Changes
10/1/2018	FREESTYLE INSULIN SYRINGE	Diabetic Supplies	B-D Insulin Syringes	Not Covered	No Changes
10/1/2018	PRECISION INSULIN SYRINGE	Diabetic Supplies	B-D Insulin Syringes	Not Covered	No Changes
10/1/2018	PEN NEEDLE (all others)	Diabetic Supplies	B-D Pen Needles, Novotwist/Novofine Pen Needles	Not Covered	No Changes
10/1/2018	NEULASTA INJECTION	Hematopoietic Agent	Retacrit	Not Covered	No Changes
10/1/2018	PROCRIT INJECTION	Hematopoietic Agent	Retacrit	Not Covered	No Changes
10/1/2018	EPOGEN INJECTION	Hematopoietic Agent	Retacrit	Not Covered	No Changes
10/1/2018	dexamethasone pak	Corticosteroid	dexamethasone tablet	Not Covered	No Changes

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QL: Quantity Limit

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PA: Prior Authorization

SG: Select Generic

PG: Preferred Generic

NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
10/1/2018	DEXPAK	Corticosteroid	dexamethasone tablet	Not Covered	No Changes
10/1/2018	CORTEF TABLET	Corticosteroid	hydrocortisone tablet	NPB	No Changes
10/1/2018	MEDROL TABLET	Corticosteroid	methylprednisolone tablet	PB	No Changes
10/1/2018	MECLOFENAMATE CAPSULE	Non-steroidal Anti-Inflammatory Drug (NSAID)	ibuprofen, meloxicam, diclofenac	NC	No Changes
10/1/2018	CARAFATE SUSPENSION	Ulcer	carafate tablet	PB	No Changes
10/1/2018	ERY-TAB	Antibiotic	erythromycin DR capsule	NPB	No Changes
10/1/2018	erythromycin DR capsule	Antibiotic	azithromycin, clarithromycin	NPG	No Changes
10/1/2018	erythromycin stearate tablet	Antibiotic	azithromycin, clarithromycin	NPG	No Changes

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PG: Preferred Generic

NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
10/1/2018	ERYTHROMYCIN ETHYLSUCCINATE TABLET	Antibiotic	erythromycin DR capsule	NPB	No Changes
10/1/2018	erythromycin ethylsuccinate tablet	Antibiotic	erythromycin DR capsule	NPB	No Changes
10/1/2018	ERYPED SUSPENSION	Antibiotic	erythromycin ethylsuccinate suspension	NPB	No Changes
10/1/2018	hydrocortisone suppository	Corticosteroid	hydrocortisone tablet	NPG	No Changes
10/1/2018	pioglitazone/metformin tablet	Diabetes	pioglitazone, metformin	Not Covered	No Changes
10/1/2018	ACTOPLUS MET TABLET	Diabetes	pioglitazone, metformin	Not Covered	No Changes
10/1/2018	pioglitazone/glimepiride tablet	Diabetes	pioglitazone, glimepiride	Not Covered	No Changes
10/1/2018	DUETACT	Diabetes	pioglitazone, glimepiride	Not Covered	No Changes

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Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
10/1/2018	ULTRESA CAPSULE	Digestive Enzyme	Creon, Zenpep, Pertzye	Not Covered	No Changes
10/1/2018	PANCREAZE CAPSULE	Digestive Enzyme	Creon, Zenpep, Pertzye	Not Covered	No Changes

Effective Date	Drug	Update
10/1/2018	ACTEMRA SC INJECTION	Update PA to new indication
10/1/2018	KISQALI TABLET	Update PA to new indication
10/1/2018	KISQALI PAK	Update PA to new indication

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Notice of Formulary Updates - September 2018

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O: Original Brand w/generic availability

QL: Quantity Limit

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Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
9/1/2018	DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	Anti-Itching	-	Add PA NPB, PA	No Changes
9/1/2018	TUSSICAPS	Cough and Cold	guaifenesin/codeine syrup, promethazine VC syrup, hydrocodone/chlorpheniramine CR suspension	Not Covered	No Changes
9/1/2018	aripiprazole tablet	Antipsychotic	-	PG	PG
9/1/2018	FLUMIST QUADRIVALENT NASAL SUSPENSION	Influenza Vaccine	-	Added to Standard Flu Vaccine List	Added to Standard Flu Vaccine List
9/1/2018	CIMZIA STARTER INJECTION KIT	Anti-Inflammatory Agent	-	PB/SP, MSP, PA, QL (QL = 1 kit/plan year)	PB/SP, MSP, PA, QL (QL = 1 kit/plan year)
9/1/2018	BEYAZ	Contraceptive	Yaz, Yasmin	NC	No Changes

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Last Updated 07/2018



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Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
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Effective Date	Drug	Update
9/1/2018	VENCLEXTA TABLET	Update PA to new indication
9/1/2018	VENCLEXTA STARTER PACK	Update PA to new indication
9/1/2018	LINZESS CAPSULE	Update PA to new indication
9/1/2018	MOVANTIK TABLET	Update PA to new indication
9/1/2018	SYMPROIC TABLET	Update PA to new indication

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Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - August 2018

FirstCare Health plans may/add remove drugs from the formulary or add rules to drug coverage. The chart below contains upcoming changes to FirstCare Health plans formularies. Impacted members will be notified of negative changes via mail. Changes are effective on employer group renewal date.

G: Generic Drug

O: Original Brand w/generic availability

QL: Quantity Limit

ST: Step Therapy

NC: Not Covered

PA: Prior Authorization

SG: Select Generic

PG: Preferred Generic

NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
8/1/2018	ACTIMMUNE INJECTION	Antineoplastics and Adjunctive Therapies	-	Add PA PB/SP, LD (Walgreens), PA	No Changes
8/1/2018	BACLOFEN TABLET 5MG	Muscle Relaxant	baclofen 10mg, baclofen 20mg, carisoprodol, chlorzoxazone, cyclobenzaprine	Not Covered	No Changes
8/1/2018	BENZONATATE CAPSULE 150MG	Cough	benzonatate 100mg, benzonatate 200mg	Not Covered	No Changes
8/1/2018	ZONATUSS CAPSULE 150MG	Cough	benzonatate 100mg, benzonatate 200mg	Not Covered	No Changes
8/1/2018	EPIDUO GEL 0.1-2.5%	Acne	adapalene/benzoyl peroxide 0.1-2.5%	NPB, PA	No Changes
8/1/2018	LIVALO TABLET	High Cholesterol	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin	Add ST, NPB, ST (Requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	No Changes

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans

Last Updated 06/2018



Notice of Formulary Updates - August 2018

FirstCare Health plans may/add remove drugs from the formulary or add rules to drug coverage. The chart below contains upcoming changes to FirstCare Health plans formularies. Impacted members will be notified of negative changes via mail. Changes are effective on employer group renewal date.

G: Generic Drug

O: Original Brand w/generic availability

QL: Quantity Limit

ST: Step Therapy

NC: Not Covered

PA: Prior Authorization

SG: Select Generic

PG: Preferred Generic

NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
8/1/2018	DIFLORASONE OINTMENT	Topical Steroid	desoximetasone ointment	Not Covered	No Changes
8/1/2018	HALOG OINTMENT	Topical Steroid	desoximetasone ointment	Not Covered	No Changes
8/1/2018	HALOG CREAM	Topical Steroid	desoximetasone ointment	Not Covered	No Changes
8/1/2018	MOXEZA OPHTHALMIC SOLUTION	Ophthalmic Agent	moxifloxacin ophthalmic solution	Not Covered	No Changes
8/1/2018	JYNARQUE PAK	Autosomal Dominant Polycystic	-	PB/SP, LD (Walgreens), PA, QL (QL = 2 tabs/day)	PB/SP, LD (Walgreens), PA, QL (QL = 2 tabs/day)
8/1/2018	DESOXIMETASONE OINTMENT	Topical Steroid	-	NPG	NPG
8/1/2018	TOPICORT OINTMENT	Topical Steroid	-	NPB	NPB

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - August 2018

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- O:** Original Brand w/generic availability
- QL:** Quantity Limit
- ST:** Step Therapy
- NC:** Not Covered
- PA:** Prior Authorization
- SG:** Select Generic
- PG:** Preferred Generic
- NPG:** Non-Preferred Generic
- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
8/1/2018	DESOXIMETASONE GEL	Topical Steroid	-	NPG	NPG
8/1/2018	TOPICORT GEL	Topical Steroid	-	NPB	NPB
8/1/2018	MOXIFLOXACIN OPHTHALMIC SOLUTION	Ophthalmic Agent	-	PG	PG
8/1/2018	LEVOFLOXACIN OPHTHALMIC SOLUTION	Ophthalmic Agent	-	PG	PG
8/1/2018	GATIFLOXACIN OPHTHALMIC SOLUTION	Ophthalmic Agent	-	NPB	NPB
8/1/2018	ZYMAXID OPHTHALMIC SOLUTION	Ophthalmic Agent	-	NPB	NPB
8/1/2018	TOUJEO MAX SOLOSTAR INJECTION	Anti-Diabetes	-	PB	PB

Effective Date	Drug	Update
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Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - August 2018

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- O:** Original Brand w/generic availability
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- NC:** Not Covered
- PA:** Prior Authorization
- SG:** Select Generic
- PG:** Preferred Generic
- NPG:** Non-Preferred Generic
- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
8/1/2018	TAFINLAR CAPSULE	Update PA to new indication			
8/1/2018	MEKINIST TABLET	Update PA to new indication			
8/1/2018	JAKAFI TABLET	Update PA to new indication			
8/1/2018	RUBRACA TABLET	Update PA to new indication			
8/1/2018	LUEKIN INJECTION	Update PA to new indication			
8/1/2018	AFINITOR DISPERZ	Update PA to new indication			
8/1/2018	TAGRISO TABLET	Update PA to new indication			
8/1/2018	GENOTROPIN INJECITON	Update PA to new indication			
8/1/2018	TRUVADA	Update PA to new indication			

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Notice of Formulary Updates - July 2018

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- G:** Generic Drug
- O:** Original Brand w/generic availability
- QL:** Quantity Limit
- ST:** Step Therapy
- NC:** Not Covered
- PA:** Prior Authorization
- SG:** Select Generic
- PG:** Preferred Generic
- NPG:** Non-Preferred Generic
- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
7/1/2018	CLENPIQ SOLUTION	Bowel Prep for Colonoscopy	-	PB	PB
7/1/2018	MOVIPREP	Bowel Prep for Colonoscopy	CLENPIQ SOLUTION	Not Covered	No Changes
7/1/2018	NERLYNX TABLET	Breast Cancer	-	PB/SP, LD (Diplomat), PA, QL, SF (QL = 6 tabs/day)	PB/SP, LD (Diplomat), PA, QL, SF (QL = 6 tabs/day)
7/1/2018	VERZENIO TABLET	Breast Cancer	-	PB/SP, PA, QL, SF (QL = 2 tabs/day)	PB/SP, PA, QL, SF (QL = 2 tabs/day)
7/1/2018	IDHIFA TABLET	Acute Myeloid Leukemia (AML)	-	PB/MSP, PA, QL (QL = 1 tab/day)	PB/MSP, PA, QL (QL = 1 tab/day)
7/1/2018	BENLYSTA INJECTION	Systemic Lupus Erythematosus (SLE)	-	PB/SP, MSP, PA, QL (QL = 4 injections/28 days)	PB/SP, MSP, PA, QL (QL = 4 injections/28 days)
7/1/2018	BENLYSTA AUTO-INJECTOR	Systemic Lupus Erythematosus (SLE)	-	PB/SP, MSP, PA, QL (QL = 4 injections/28 days)	PB/SP, MSP, PA, QL (QL = 4 injections/28 days)
7/1/2018	BAXDELA TABLET	Antibiotic	-	PB, RS (Restricted to Infectious Disease Specialist), QL (QL = 2 tabs/day)	PB, RS (Restricted to Infectious Disease Specialist), QL (QL = 2 tabs/day)

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - July 2018

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- G:** Generic Drug
- O:** Original Brand w/generic availability
- QL:** Quantity Limit
- ST:** Step Therapy
- NC:** Not Covered
- PA:** Prior Authorization
- SG:** Select Generic
- PG:** Preferred Generic
- NPG:** Non-Preferred Generic
- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
7/1/2018	SYMPROIC TABLET	Opioid Induced Constipation	-	PB, PA	PB, PA
7/1/2018	BYETTA INJECTION	Diabetes	VICTOZA, BYDUREON, OZEMPIC	Add QL NPB, QL (QL= 1 pen/30 days)	No Changes
7/1/2018	TRULICITY INJECTION	Diabetes	-	NPB, QL (QL = 4 pens/28 days)	NPB, QL (QL = 4 pens/28 days)
7/1/2018	OZEMPIC INJECTION	Diabetes	-	PB, QL (QL: 1 mg/dose = 2 pens/28 days, 0.25-0.5mg/dose = 1 pen/28 days)	PB, QL (QL: 1 mg/dose = 2 pens/28 days, 0.25-0.5mg/dose = 1 pen/28 days)

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Notice of Formulary Updates - June 2018

FirstCare Health plans may/add remove drugs from the formulary or add rules to drug coverage. The chart below contains upcoming changes to FirstCare Health plans formularies. Impacted members will be notified of negative changes via mail. Changes are effective on employer group renewal date.

G: Generic Drug
O: Original Brand w/generic availability
QL: Quantity Limit
ST: Step Therapy
NC: Not Covered
PA: Prior Authorization

SG: Select Generic
PG: Preferred Generic
NPG: Non-Preferred Generic
NPBG: NP Branded Generic
PB: Preferred Brand
NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
6/1/2018	SYMFI (LO) TAB	HIV	-	PB	PB
6/1/2018	CIMDUO TAB	HIV	-	PB	PB
6/1/2018	NUEDEXTA CAP	Pseudobulbar Affect (PSA)	-	Add PA PB, PA, QL (QL = 2 caps/day)	No Changes
5/10/2018	FIRVANQ SOLUTION	Antibiotic	-	PG	PG

Effective Date	Drug	Update
6/1/2018	TASIGNA CAPSULE	Update PA to new indication
6/1/2018	HARVONI TABLET	Update PA to new indication

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Notice of Formulary Updates - May 2018

FirstCare Health plans may/add remove drugs from the formulary or add rules to drug coverage. The chart below contains upcoming changes to FirstCare Health plans formularies. Impacted members will be notified of negative changes via mail. Changes are effective on employer group renewal date.

G: Generic Drug
O: Original Brand w/generic availability
QL: Quantity Limit
ST: Step Therapy
NC: Not Covered
PA: Prior Authorization

SG: Select Generic
PG: Preferred Generic
NPG: Non-Preferred Generic
NPBG: NP Branded Generic
PB: Preferred Brand
NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
5/1/2018	trientine capsule	Chelating Agent	-	NPG/SP, MSP, PA	NPG/SP, MSP, PA
5/1/2018	METROGEL 1%	Topical Antibiotic	-	NPB	NPB
5/1/2018	RYTARY CAP	Parkinsons	carbidopa/levodopa ER	NC	No Changes
5/1/2018	ziprasidone capsule	Antipsychotic	-	PG	PG
5/1/2018	azelastine nasal spray 0.1%	Nasal Agent	-	PG	PG
5/1/2018	naltrexone tablet	Antidote	-	PG	PG
5/1/2018	disulfiram tablet	Agent for Chemical Dependency	-	PG	PG
5/1/2018	ANTABUSE TALBET	Agent for Chemical Dependency	disulfiram tablet	NPB	No Changes
5/1/2018	prasugrel tablet	Hematological Agent	-	PG	PG
5/1/2018	DARAPRIM TABLET	Antimalarial	-	Add QL PB/SP, LD, PA, QL (QL = 3 tabs/day)	No Changes

Effective Date	Drug	Update
5/1/2018	ZYTIGA TABLET	Update PA to new indication

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Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - April 2018

FirstCare Health plans may/add remove drugs from the formulary or add rules to drug coverage. The chart below contains upcoming changes to FirstCare Health plans formularies. Impacted members will be notified of negative changes via mail. Changes are effective on employer group renewal date.

- G:** Generic Drug
- O:** Original Brand w/generic availability
- QL:** Quantity Limit
- ST:** Step Therapy
- NC:** Not Covered
- PA:** Prior Authorization
- SG:** Select Generic
- PG:** Preferred Generic
- NPG:** Non-Preferred Generic
- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
4/1/2018	estradiol cream	Women's Health	-	PG	PG
4/1/2018	ESTRACE VAGINAL CREAM	Women's Health	-	NPB	No Changes
4/1/2018	NOXAFIL TABLET	Antifungal	-	PB	PB
4/1/2018	CLINDAGEL	Acne	clindamycin gel 1%	NC	No Changes
4/1/2018	DIFICID TAB	Antibiotic	-	PB, QL, ST (update ST - requires trial of vancomycin capsule or solution)	PB, QL, ST (update ST - requires trial of vancomycin capsule or solution)
4/1/2018	EPOGEN INJECTION	Anemia	-	PB	PB
4/1/2018	PROCRIT INJECTION	Anemia	-	PB	PB
4/1/2018	XADAGO TABLET	Parkinson's Disease	-	NPB, PA, QL (QL = 1 tab/day)	NPB, PA, QL (QL = 1 tab/day)

Effective Date	Drug	Update
4/1/2018	Lynparza Tablet	Update PA to new indication
4/1/2018	Cabometyx Tablet	Update PA to new indication
4/1/2018	Gilotrif Tablet	Update PA to new indication

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Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - March 2018

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- | | |
|---|-----------------------------------|
| G: Generic Drug | SG: Select Generic |
| O: Original Brand w/generic availability | PG: Preferred Generic |
| QL: Quantity Limit | NPG: Non-Preferred Generic |
| ST: Step Therapy | NPBG: NP Branded Generic |
| NC: Not Covered | PB: Preferred Brand |
| PA: Prior Authorization | NPB: Non-Preferred Brand |

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
3/1/2018	N/A	N/A	N/A	N/A	N/A

Effective Date	Drug	Update
3/1/2018	Bosulif Tablet	Update PA to new indication
3/1/2018	Alecensa Capsule	Update PA to new indication

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - February 2018

FirstCare Health plans may/add remove drugs from the formulary or add rules to drug coverage. The chart below contains upcoming changes to FirstCare Health plans formularies. Impacted members will be notified of negative changes via mail. Changes are effective on employer group renewal date.

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- O:** Original Brand w/generic availability
- QL:** Quantity Limit
- ST:** Step Therapy
- NC:** Not Covered
- PA:** Prior Authorization
- SG:** Select Generic
- PG:** Preferred Generic
- NPG:** Non-Preferred Generic
- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
2/1/2018	Zepatier	Hepatitis C	Harvoni, Epclusa	NC	No Change
2/1/2018	Xalkori	Antineoplastic Agent	-	Add QL PB/SP, MSP, PA, QL (QL = 1 cap/day)	No Change
2/1/2018	Lynparza Capsule	Antineoplastic Agent	-	Add QL PB/SP, LD, PA, QL (QL = 16 caps/day)	No Change
2/1/2018	Lynparza Tablet	Antineoplastic Agent	-	Add QL PB/SP, LD, PA, QL (QL = 4 tabs/day)	No Change
2/1/2018	Shingrix Injection	Shingles Vaccine	Bunavail, Zubsolv, Suboxone Sublingual Film	Add to Vaccine List (Covered for member 50 or older)	Add to Vaccine List (Covered for member 50 or older)
2/1/2018	diclofenac gel	Topical NSAID		Add QL NPB, PA, QL (QL = 300g/30days)	No Change
2/1/2018	Solaraze Gel	Topical NSAID		Add QL NPB, PA, QL (QL = 300g/30days)	No Change
2/1/2018	Odomzo Capsule	Antihypertensive	dihydroergotamine spray	Remove QL PB/SP, MSP, PA, SF	Remove QL PB/SP, MSP, PA, SF

Effective Date	Drug	Update
2/1/2018	Zelboraf Tablet	Update PA to new indication
2/1/2018	Sprycel Tablet	Update PA to new indication
2/1/2018	Sutent Capsule	Update PA to new indication

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - January 2018

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- NC:** Not Covered
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- SG:** Select Generic
- PG:** Preferred Generic
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- NPBG:** NP Branded Generic
- PB:** Preferred Brand
- NPB:** Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2018	amlodipine/olmesartan tab	Antihypertensive	-	No Change	NPG
1/1/2018	Azor tab	Antihypertensive	-	No Change	NPB
1/1/2018	Benicar HCT	Antihypertensive	-	No Change	NPB
1/1/2018	budesonide nasal spray	Seasonal Allergies	fluticasone nasal spray, triamcinolone nasal spray	No Change	NC
1/1/2018	buprenorphine/naloxone sublingual tab	Opioid Addiction Treatment	Bunavail, Zubsolv, Suboxone Sublingual Film	No Change	NC
1/1/2018	D.H.E. Injection	Migraine	dihydroergotamine spray	No Change	NC
1/1/2018	Daklinza tab	Hepatitis C	Epclusa, Zepatier	No Change	NC
1/1/2018	Differin Gel 0.3%	Acne	adapalene 0.3% gel	No Change	NPB, PA
1/1/2018	dihydroergotamine mesylate injection	Migraine	dihydroergotamine spray	No Change	NC
1/1/2018	Dutoprol Tab	Anti-hypertensive	pranolol/hydrochlorothiazide , metoprolol ER, hydrochlorothiazide	No Change	NC

Generic required: When brand is dispensed where generic is available, member is responsible for copay + difference between brand/generic. Not applicable to Medicaid and Covenant plans



Notice of Formulary Updates - January 2018

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O: Original Brand w/generic availability

QL: Quantity Limit

ST: Step Therapy

NC: Not Covered

PA: Prior Authorization

SG: Select Generic

PG: Preferred Generic

NPG: Non-Preferred Generic

NPBG: NP Branded Generic

PB: Preferred Brand

NPB: Non-Preferred Brand

Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2018	fluocinonide cream 0.01%	Topical Steroid	halobetasol, augmented betamethasone	No Change	NC
1/1/2018	mesalamine tablet	Gastrointestinal Agent	Apriso, Lialda	No Change	NC
1/1/2018	Nasacort AQ Nasal Spray	Seasonal Allergies	fluticasone nasal spray, triamcinolone nasal spray	NC	NC
1/1/2018	Nasonex Nasal Spray	Seasonal Allergies	mometasone nasal spray, fluticasone nasal spray, triamcinolone nasal spray	NC	NC
1/1/2018	Niacor Tab	Anti-hyperlipidemic	niacin	No Change	NC
1/1/2018	Proleukin Injection	Antineoplastic Agent	-	No Change	NC
1/1/2018	Qnasl Nasal Spray	Seasonal Allergies	fluticasone nasal spray, triamcinolone nasal spray	No Change	NC
1/1/2018	Rhinocort Aqua Nasal Spray	Seasonal Allergies	fluticasone nasal spray, triamcinolone nasal spray	No Change	NC
1/1/2018	Suboxone Sublingual Tab	Opioid Addiction Treatment	Suboxone Sublingual Film, Bunavail, Zubsolv	No Change	NC

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Tier Category Type	4-Tier Formulary	5-Tier Formulary
\$0 Tier (ACA)/(\$0-\$5 SG)	ACA	1
PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2018	Tribenzor tab	Anti-hypertensive	amlodipine, valsartan/hydrochlorothiazide, losartan/hydrochlorothiazide	No Change	NC
1/1/2018	Vanos Cream	Dermatology	-	No Change	NC
1/1/2018	Zetia	Anti-hyperlipidemic	ezetimibe	No Change	NC
1/1/2018	acetazolamide tab	Altitude sickness	-	No Change	NPG
1/1/2018	Aciphex	GERD	omeprazole, pantoprazole, esomepraole	NC	No Change
1/1/2018	Alinia suspension	Anti-infective	metronidazole cap	No Change	Add PA, QL PB, PA, QL (QL = 60mL/3 days)
1/1/2018	Alinia tab	Anti-infective	metronidazole cap	No Change	Add PA, QL PB, PA, QL (QL = 6 tabs/3 days)
1/1/2018	Alsuma injection	Migraine	sumatriptan, rizatriptan	No Change	NC
1/1/2018	armodafinil tab	Anti-narcolepsy	-	No Change	NPG, PA, QL (QL = 1 tab/day)

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Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2018	Asacol HD	Gastrointestinal Agent	Apriso, Lialda	No Change	NC
1/1/2018	budesonide SR cap	Gastrointestinal Agent	sulfasalazine, Apriso, Lialda	No Change	Add ST
1/1/2018	Calcitriol Ointment	Dermatology	-	No Change	NPB
1/1/2018	captopril tab	Anti-hypertensive	lisinopril, ramipril, benazepril	No Change	NPG
1/1/2018	captopril/hydrochlorothiazide tab	Anti-hypertensive	lisinopril/hydrochlorothiazide, benazepril/hydrochlorothiazide	No Change	NPG
1/1/2018	Captopril/Hydrochlorothiazide Tab	Anti-hypertensive	lisinopril/hydrochlorothiazide, benazepril/hydrochlorothiazide	No Change	PB
1/1/2018	Carac cream	Topical Anti-Neoplastic Agent	fluorouracil cream	No Change	NC
1/1/2018	carisoprodol/aspirin tab	Muscle Relaxant	carisoprodol, aspirin	No Change	NC
1/1/2018	carisoprodol/aspirin/codeine tab	Muscle Relaxant	carisoprodol, aspirin, codeine sulfate	No Change	NC

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Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2018	Cephalexin Tab	Anti-biotic	cephalexin capsule	No Change	NC
1/1/2018	chlordiazepoxide/clidinium cap	Anti-anxiety	chlordiazepoxide	No Change	NPG
1/1/2018	clorazepate tab	Anti-anxiety	alprazolam, diazepam, chlordiazepoxide	No Change	NPG
1/1/2018	Cosentyx Inj (1-Pack)	Anti-inflammatory	Cosentyx Inj (2-Pack)	No Change	QL Change PB/SP, MSP, PA (QL = 1 inj/28 days)
1/1/2018	Delzicol cap	Gastrointestinal Agent	Apriso, Lialda	No Change	NC
1/1/2018	demeclocycline tab	Anti-biotic	doxycycline hyclate, doxycycline monohydrate	No Change	NPB
1/1/2018	desvenlafaxine ER tab	Anti-depressant	desvenlafaxine ER tab (Pristiq equivalent)	No Change	NC
1/1/2018	Dexilant Cap	GERD	omeprazole, pantoprazole, esomepraole	NC	No Change
1/1/2018	doxycycline suspension	Anti-biotic	minocycline capsule, doxycycline tablet, doxycycline capsule	No Change	NPG
1/1/2018	duloxetine EC cap	Antidepressant	-	No Change	PG
1/1/2018	Entocort EC Cap	Gastrointestinal Agent	sulfasalazine, Apriso, Lialda	No Change	Add ST (Requires trial of Lialda or Apriso)

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Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2018	esomeprazole cap	GERD	-	NPB	NPB
1/1/2018	fenofibrate cap 43mg, 130mg	Anti-hyperlipidemic	fenofibrate cap (Antara equivalent), fenofibrate tab (Tricor equivalent)	No Change	NC
1/1/2018	fenofibrate tab 40mg, 120mg	Anti-hyperlipidemic	fenofibrate cap (Antara equivalent), fenofibrate tab (Tricor equivalent)	No Change	NC
1/1/2018	fluorouracil cream	Topical Antineoplastic Agent	-	No Change	PG
1/1/2018	Flunisolide Nasal Spray			NPB, QL= 2 bottles/fill	No Change
1/1/2018	Kadian Cap	Opioid	morphine ER tabs (MS Contin equivalent)	No Change	NC
1/1/2018	Khedezla ER tab	Anti-depressant	desvenlafaxine ER tab (Pristiq equivalent)	No Change	NC
1/1/2018	lansoprazole capsule (RX, OTC)	GERD	omeprazole DR, pantoprazole	NPB	NPB
1/1/2018	lidocaine ointment 5%	Topical Anesthetic	lidocaine cream 3%, lidocaine gel	No Change	Add QL (QL = 107g/30 days)
1/1/2018	methazolamide tab	Glaucoma	-	No Change	NPG

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PG: Preferred Generic	1	2
PB/NPG: Preferred Brand	2	3
NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2018	mometasone nasal spray	Seasonal allergies	-	No Change	PG, QL (QL = 2 bottles/fill)
1/1/2018	morphine ER cap (Kadian equivalent)	Opioid	moprhine ER tabs (MS Contin equivalent)	No Change	NC
1/1/2018	nadolol tab	Anti-hypertensive	propranolol, pindolol, sotalol	No Change	NPG
1/1/2018	Nexium Granule Pack	GERD	omeprazole DR, pantoprazole, esomeprazole	No Change	NC
1/1/2018	Norditropin Injection	Growth Hormone	Genotropin injection	No Change	NC
1/1/2018	Nuvigil	Anti-narcolepsy	-	No Change	NPG, PA, QL (QL = 1 tab/day)
1/1/2018	olmesartan tab	Antihypertensive	-	No Change	PG
1/1/2018	olmesartan/hydrochlorothiazide tab	Antihypertensive	-	No Change	PG
1/1/2018	omeprazole/sodium bicarbonate powder pack	GERD	omeprazole DR, pantoprazole	NC	NC
1/1/2018	Omnaris Nasal Spray	Seasonal Allergies	fluticasone nasal spray, triamcinolone nasal spray	No Change	NC
1/1/2018	Oxycontin CR Tab	Opioid	Xtampza ER	No Change	NC
1/1/2018	Prevacid Cap	GERD	omeprazole, pantoprazole, esomepraole	NC	No Change

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PG: Preferred Generic	1	2
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NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2018	Prevacid OTC Cap	GERD	omeprazole, pantoprazole, esomepraole	NPB	No Change
1/1/2018	Prevacid Solutab	GERD	omeprazole DR, pantoprazole, FIRST omeprazole suspension	No Change	NC
1/1/2018	Primlev Tab	Opioid	oxycodone/acetaminophen, hydrocodone/acetaminophen	No Change	NC
1/1/2018	rabeprazole EC tab	GERD	omeprazole DR, pantoprazole, esomeprazole	NPB	NPB
1/1/2018	Relistor Injection	Gastrointestinal Agent	-	No Change	NC
1/1/2018	Relistor Injection Kit	Gastrointestinal Agent	-	No Change	NC
1/1/2018	risedronate tab	Osteoporosis	alendronate	No Change	NPG
1/1/2018	salsalate tab	NSAID	aspirin	No Change	NPG
1/1/2018	Santyl Oinment	Dermatology	-	No Change	Add QL (QL = 90g/30days)
1/1/2018	Seroquel XR	Anti-depressant/Anti-psychotic	quetiapine XR	No Change	NC
1/1/2018	Spiriva Respimat Inhaler 1.25MCG	COPD	-	No Change	PB, ST, QL (Step therapy requires trial of preferred controller inhaler) (QL = 1 inhaler/30days)
1/1/2018	sumatriptan injection	Migraine	sumatriptan, rizatriptan, rizatriptan ODT	No Change	NPG, QL

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PG: Preferred Generic	1	2
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NPB/NPBG: Non-Preferred	3	4
Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2018	Sumatriptan Injection 6MG/0.5mL	Migraine	sumatriptan, rizatriptan, rizatriptan ODT	No Change	PB, QL
1/1/2018	Sumavel Dosepro Injection	Migraine	sumatriptan, rizatriptan, rizatriptan ODT	No Change	NC
1/1/2018	telmisartan/amlodipine tab	Anti-hypertensive	-	No Change	NC
1/1/2018	timolol maleate ophthalmic gel	Ophthalmic Agent	timolol maleate ophthalmic solution	No Change	NPG
1/1/2018	Tobi Nebulizer Solution	Respiratory Agent	Tobi Podhaler	No Change	NC
1/1/2018	triamcinolone nasal spray	Seasonal allergies	-	PG, QL (QL = 2 bottles/fill)	PG, QL (QL = 2 bottles/fill)
1/1/2018	Trulicity	Anti-diabetic	Bydureon, Bydureon Pen, Victoza, Byetta	No Change	NC
1/1/2018	Twynsta tab	Anti-hypertensive	-	No Change	NC
1/1/2018	ursodiol tab	Gallstone Agent	-	No Change	PG
1/1/2018	Vectical Ointment	Dermatology	-	No Change	NPB
1/1/2018	venlafaxine ER tab	Anti-depressant	venlafaxine capsules, duloxetine EC capsules, desvelanfaxine ER tabs	No Change	NC

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Specialty/Injectables	4	5

Effective Date	Drug Name (+) or (-) Change	Indication/Class	Formulary Therapeutic Alternative	Commercial	Marketplace
1/1/2018	venlafaxine ER tab 225MG	Anti-depressant	venlafaxine capsules, duloxetine EC capsules, desvelanfaxine ER tabs	No Change	NC
1/1/2018	Ventolin HFA Inhaler	Asthma/COPD	-	No Change	QL Change (QL = 2 inhalers/30 days)
1/1/2018	Zegerid Powder Pack	GERD	omeprazole DR, pantoprazole	NC	NC
1/1/2018	Zinbryta	Multiple Sclerosis	Copaxone, Rebif, Tecfidera	No Change	NC
1/1/2018	Dupixent Injection	Atopic Dermatitis	-	PB/SP, MSP, PA, QL (QL = 2 inj/28days)	PB/SP, MSP, PA, QL (QL = 2 inj/28days)
1/1/2018	Tymlos Injection	Osteoporosis	-	PB/SP, MSP	PB/SP, MSP
1/1/2018	Alunbrig Tab	Antineoplastic Agent	-	PB/SP, LD, SF, PA, QL (QL = 6 tabs/day),	PB/SP, LD, SF, PA, QL (QL = 6 tabs/day),
1/1/2018	Zykadia Cap	Antineoplastic Agent	-	PB/SP, MSP, PA, SF, QL (QL = 5 caps/day)	PB/SP, MSP, PA, SF, QL (QL = 5 caps/day)
1/1/2018	Zejula Cap	Antineoplastic Agent	-	PB/SP, LD, PA, SF, QL (QL = 3 caps/day)	PB/SP, LD, PA, SF, QL (QL = 3 caps/day)

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1/1/2018	Rydapt Cap	Antineoplastic Agent	-	PB/SP, MSP, PA	PB/SP, MSP, PA
1/1/2018	Mavyret	Hepatitis C	-	PB/SP, MSP, PA, QL (QL = 3 tabs/day)	PB/SP, MSP, PA, QL (QL = 3 tabs/day)
1/1/2018	Vosevi	Hepatitis C	-	PB/SP, MSP, PA, QL (QL = 1 tab/day)	PB/SP, MSP, PA, QL (QL = 1 tab/day)

Effective Date	Drug	Update
1/1/2018	Erivedge Cap	Updated PA Criteria
1/1/2018	Odomzo Cap	Updated PA Criteria
1/1/2018	Harvoni Tab	Updated PA Criteria
1/1/2018	Epclusa Tab	Updated PA Criteria

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