Independence

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select 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
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®)**	NPD + PA	No Change		No Change	No Change	7/9/18
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	NPD	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
Baclofen tab 5mg	G	No Change		No Change	No Change	5/14/18
Tavalisse™ tab 100mg, 150mg	NPD/SP* + PA	No Change		No Change	No Change	5/14/18

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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
IFE-PG20® inj 20mcg/ml	NPD + PA + QL (8 per month)	No Change		No Change	No Change	5/14/18
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	NPD + PA	No Change		No Change	No Change	5/28/18
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	NPD + 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
Olumiant® tab 2mg	NPD/SP* + PA	No Change		No Change	No Change	6/11/18
Roxybond® 15mg, 30mg	NPD + QL + D/S + MME (6 per day)	No Change		No Change	No Change	6/18/18
Roxybond® 5mg	NPD + QL + D/S + MME (12 per day)	No Change		No Change	No Change	6/18/18
Imvexxy® sup 4mcg, 10mcg	NPD	No Change		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	NPD	No Change		No Change	No Change	7/23/18

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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
Tibsovo® tab 250mg	NPD/SP*+ PA	No Change		No Change	No Change	7/30/18
Takhzyro™ inj 300/2ml	NPD/SP* + PA	No Change		No Change	No Change	9/3/18
chorionic gonadotropin	G/SP*	NPD/SP*	**Novarel®, Pregnyl®**	Authorized Generic Uptier	No Change	1/1/19
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 day)		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

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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
Pregnyl® soln	G/SP*	PB/SP*		Authorized Generic Uptier	No Change	1/1/19
testosterone gel 10mg/act **(Brand = Fortesta®)**	G + PA	NPD + PA		Authorized Generic Uptier	No Change	1/1/19
tobramycin nebulizer soln 300mg/5ml **(Brand = Kitabis®)**	G/SP*	PB/SP*		Authorized Generic Uptier	No Change	12/1/18
Mephyton® tab 5mg	PB	NPD	Generic Equivalent Available	Brand Uptier	No Change	1/1/19
Brand name prenatal vitamins	varies	NPD + PA	Generic prenatal vitamins	Brand Uptier	PA Addition	1/1/19
Kapspargo® cap 25mg, 50mg, 100mg, 200mg	NPD	NPD + PA	Generic beta-blockers	No Change	PA Addition	1/1/19
butalbital/APAP cap 50-300mg	NPD + QL + D/S (6 per day)	NPD + QL + D/S + PA (6 per day)	butalbital/APAP 50/325mg	No Change	PA Addition	1/1/19
butalbital/APAP tab 50-300mg	G + QL + D/S (6 per day)	NPD + QL + D/S + PA (6 per day)	butalbital/APAP 50/325mg	Generic Uptier	PA Addition	1/1/19
Arcalyst® inj	No Coverage	NPD/SP* + PA		Brand Addition	PA Addition	1/1/19
Ritalin® LA 10mg, 60mg	NPD + QL (1 per day)	NPD + QL + PA (1 per day)	Generic Equivalent Available	No Change	PA Addition	1/1/19
Nalfon® tab	NPD	NPD + PA	meloxicam, celecoxib	No Change	PA Addition	1/1/19
Allzital® tab	NPD + QL + D/S (6 per day)	NPD + QL + D/S + PA (6 per day)	butalbital/APAP 50/325mg	No Change	PA Addition	1/1/19
Finacea® 15% (Gel and foam)	NPD	NPD + PA	Mirvaso®, Soolantra®, topical metronidazole	No Change	PA Addition	1/1/19
Noritate® 1% cream	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

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fenoprofen tab, fenortho tab	G	NPD + PA	meloxicam, celecoxib	Generic Uptier	PA Addition	1/1/19
Vanatol® S/LQ	G + QL + D/S (90ml per day)	NPD + QL + D/S + PA (90ml per day)	Generic butalbital/APAP/caffeine	Generic Uptier	PA Addition	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
Dexcom® CGM	PB	NPD		Brand Uptier	No Change	1/1/19
Medtronic® CGM	PB	NPD		Brand Uptier	No Change	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
Retacrit™ inj 10000 unit, 2000 unit, 3000 unit, 4000 unit, 40000 unit	NPD/SP*	PB/SP*		Brand Downtier	No Change	1/1/19
Omnitrope® soln	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	1/1/19
Eliquis® tab	NPD	PB		Brand Downtier	No Change	1/1/19
Adempas® tab	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	1/1/19
Vosevi™ tab	NPD/SP* + PA + QL (1 per day)	PB/SP*+ PA + QL (1 per day)		Brand Downtier	No Change	1/1/19
Vascepa®	NPD	PB		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
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
V-GO® Kit	NPD	PB		Brand Downtier	No Change	1/1/19
Ozempic® soln	NPD + PA	PB		Brand Downtier	PA Removal	1/1/19
Xiidra® Soln 5% Ophthalmic	NPD + PA	PB		Brand Downtier	PA Removal	1/1/19

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Trelegy® Ellipta®	NPD + PA	PB		Brand Downtier	PA Removal	1/1/19
Aubagio® tab	NPD/SP*+ PA	NPD/SP*		No Change	PA Removal	1/1/19
Menopur® Soln 75 unit	NPD/SP* + QL + PA (60 per 30 days)	NPD/SP* + QL (60 per 30 days)		No Change	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

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/Generic Deletion	Coverage was removed from this drug. Formulary alternatives are available.
PA Criteria Change	New prior authorization criteria apply to drug.

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