

# Prescription Drug Formulary Updates



## PLEASE READ

This document contains information about how drug formulary changes affect our members and providers. Specific drugs may have changed formulary status or have a new or updated coverage management requirement. When drugs change formulary status, it may impact members' cost share. In addition, there may be an extra step providers or members need to take before a drug will be covered by the member's plan.

# What You Need to Know

Certain drugs on the Medical Mutual formularies have changed and may have new requirements. This document is intended to help you understand which drugs have changed and how the changes may affect members' prescription drug benefits and/or out-of-pocket costs.

## Prescription Drug Formulary Updates

Following are the formulary updates found in this document, plus a brief description about how the change may affect members' prescription drug benefits and/or out-of-pocket costs:

Update Type	Update Effect
ADD	This medication was added to the formulary.
LOWER	This medication was moved to a lower cost-sharing tier. Plan members may now have to <b>pay less out of pocket</b> for this drug.
HIGHER	This medication was moved to a higher cost-sharing tier. Plan members may now have to <b>pay more out of pocket</b> for this drug.
NO CHANGE	There was no change to the coverage of this drug.

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPEC = Specialty,\* EXCL = Excluded

\*If your plan does not include a Specialty tier, this drug will be covered at the applicable cost-share tier.

## Coverage Management Policy Updates

Updates to a drug's existing coverage management policy, new policies or retired policies are indicated in the "Coverage Management Policy" table. For more information about these policies, visit [Provider.MedMutual.com](http://Provider.MedMutual.com) and click Rx Management.

PA = Prior Authorization, QL = Quantity Limit, ST = Step Therapy

## Drug Surveillance Program Updates

Medications listed in this section may not be covered because they offer no additional clinical or financial benefits compared to other medications in the same class or category, or they lack adequate safety and/or efficacy. Medical Mutual makes these decisions only after a thorough clinical review and with the guidance of the physicians and pharmacists on our Pharmacy & Therapeutics committee.

## For More Information

**Members:** For complete information about your formulary and prescription drug plan, please log in to My Health Plan at [MedMutual.com/Member](http://MedMutual.com/Member) and click Prescription Drug Benefits under Quick Links. You can also review your Certificate of Coverage or Benefit Book.

**Providers:** For more detailed information about Medical Mutual's formularies and prescription drug policies, visit [Provider.MedMutual.com](http://Provider.MedMutual.com) and click Tools & Resources > Care Management > Rx Management.



# MEDICAL MUTUAL®

Express Scripts - Formulary Updates May 2020 P & T				
Trade Name	Effective Date	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)
TEPEZZA 500 MG VIAL	01/31/20			SPECNP
TAZVERIK 200 MG TABLET	02/21/20			SPECNP
COLCHICINE 0.6 MG TABLET	04/08/20			NPB
AKLIEF 0.005% CREAM	04/10/20			NPB
XCOPRI	04/10/20			NPB
SOLOSEC 2 GM GRANULE PACKET	04/17/20	PB		PB
ZERVIAE 0.24% EYE DROP	04/17/20			NPB
AYVAKIT TABLET	04/24/20			SPECNP
NEXLETOL 180 MG TABLET	04/24/20	PB		PB
SARCLISA VIAL	04/24/20			SPECNP
VALTOCO NASAL SPRAY	04/24/20			NPB
ALVESCO INHALER	05/01/20			NPB
ONZETRA XSAIL 11 MG/NOSEPIECE	05/01/20			NPB
GLUCAGON 1 MG EMERGENCY KIT	05/08/20	PB	PB	PB
SCENESSE 16 MG IMPLANT	05/08/20			SPECNP
ZORTRESS TABLET	05/08/20	NPB	EXCL	NPB
SPIRIVA HANDIHALER, RESPIMAT	05/15/20			PB
STIOLTO RESPIMAT	05/15/20			PB
COLCRYS 0.6 MG TABLET	05/22/20	NPB		NPB
NEXIUM DR PACKET	05/22/20	NPB		NPB
MINOLIRA ER TABLET	06/01/20			NPB
QSYMIA CAPSULE	06/01/20			NPB
AFINITOR 2.5 MG, 5 MG, 7.5 MG TABLET	07/01/20	SPECNP	EXCL	SPECNP
AMICAR ORAL SOLUTION	07/01/20	NPB	EXCL	NPB
COPAXONE 40 MG/ML SYRINGE	07/01/20	SPECNP		SPECNP
DARAPRIM 25 MG TABLET	07/01/20	SPECNP	EXCL	SPECNP
DILUENT FOR REMODULIN VIAL	07/01/20	SPECNP	EXCL	SPECNP
GEL-ONE 30 MG/3 ML SYRINGE	07/01/20		SPECNP	
LOTEMAX 0.5% EYE DROPS	07/01/20	NPB		NPB
NATESTO NASAL 5.5 MG/0.122 GM	07/01/20	PB		PB
NEBUPENT 300 MG INHAL POWDER	07/01/20	NPB	EXCL	NPB
REMODULIN VIAL	07/01/20	SPECNP	EXCL	SPECNP
SOOLANTRA 1% CREAM	07/01/20	NPB		NPB
SOTRADECOL 3% VIAL	07/01/20	NPB		NPB

Coverage Management Policy Additions/Modifications April 2020		
Drug / Edit Name	Comments	Date Effective
Ubrevly, Nurtec ODT	Criteria update	3/9/2020
Spravato	Criteria update	3/30/2020
Actemra	Criteria update	4/6/2020
Addyi	Criteria update	4/6/2020
ADHD Stimulants-Jornay	Criteria update	4/6/2020
Berinert	Criteria update	4/6/2020
Beta-Blockers-Kapsargo Sprinkle	Criteria update	4/6/2020
Cinryze, Haegarda	Criteria update	4/6/2020
Cosentyx	Criteria update	4/6/2020
Firazyr, generic icatibant	Criteria update	4/6/2020
Grastek, Odactra, Oralair, Ragwitek	Criteria update	4/6/2020
Isotretinoin ST-Absorica LD	Criteria update	4/6/2020
Kalbitor	Criteria update	4/6/2020
Lyrica CR	Criteria update	4/6/2020
Nerlynx	Criteria update	4/6/2020
Olumiant	Criteria update	4/6/2020
Pradaxa	Criteria update	4/6/2020
Provigil, Nuvigil	Criteria update	4/6/2020
Ruconest	Criteria update	4/6/2020
SGLT2-Farxiga, Invokana, Jardiance, Stelatro	Criteria update	4/6/2020
Testosterone topical	Criteria update	4/6/2020
Testosterone Injectable	Criteria update	4/6/2020
Topical Acne Kits	Criteria update	4/6/2020
Topical Acne Rosacea-ivermectin	Criteria update	4/6/2020
Xeljanz	Criteria update	4/6/2020
Nexletol, Nexlizet	New Rule and Criteria	4/22/2020
Pizensy	New Rule and Criteria	4/22/2020

**Express Scripts - Formulary Updates  
May 2020 (Con't)**

SUBOXONE SL FILM	07/01/20	NPB	EXCL	NPB
TRISENOX 12 MG/6 ML VIAL	07/01/20	NPB	EXCL	NPB
VALSTAR 40 MG/ML VIAL	07/01/20	SPECNP	EXCL	SPECNP
VISCO-3 25 MG/2.5 ML SYR	07/01/20		SPEC	

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPEC = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

**Drug Surveillance  
March 2020**

<u>Drug / Edit Name</u>	<u>Date effective</u>
TRINAZ	4/14/2020
HYDROQUINONE	4/22/2020
ACESO AG	4/22/2020
AZELAIC ACID-NIACINAMIDE	4/22/2020
BETAMETHASONE DIPROP-MINOXIDIL	4/22/2020
CALCIPOTRIENE-CLOBETASOL PROP	4/22/2020
CICLOPIROX-CLOBETASOL PROPION	4/22/2020
CICLOPIROX-CLOBETASOL-SALICYLC	4/22/2020
CICLOPIROX-SALICYLIC ACID	4/22/2020
CIMETIDINE-LIDOCAINE-SALICYLIC	4/22/2020
CLINDAMY-NIACINAMIDE-TRETINOIN	4/22/2020
CLOBETASOL PROPION-NIACINAMIDE	4/22/2020
CLOBETASOL PROP-LEVOCETIRIZINE	4/22/2020
DERMAZENE	4/22/2020
DIMENTHO	4/22/2020
ECONAZOLE NITRATE-NIACINAMIDE	4/22/2020
EPICYN	4/22/2020
FINASTERIDE-MINOXIDIL	4/22/2020
FLUCONAZ-IBU-ITRACONAZ-TERBINA	4/22/2020
FLUOCINOLONE ACET-NIACINAMIDE	4/22/2020
GABACAINE	4/22/2020
HALUCORT	4/22/2020
HYALURONIC ACID-HYDROQUINONE	4/22/2020
HYALURONIC-NIACINAM-TACROLIMUS	4/22/2020
HYALURONIC-NIACINAM-TRETINOIN	4/22/2020
HYDROCORT-HYDROQUINONE-TRETIN	4/22/2020
HYDROCORT-IDOQUINOL-KETOCONAZ	4/22/2020
HYDROCORTISONE-HYDROQUINONE	4/22/2020
HYDROCORTISONE-KETOCONAZOLE	4/22/2020
INFLATHERM(DICLOFENAC-MENTHOL)	4/22/2020
KIVIK	4/22/2020
LACTIC ACID-NIACINAMIDE	4/22/2020
LIDOPURE PATCH	4/22/2020
LIDOVIX	4/22/2020

Drug Surveillance March 2020 (cont'd)	
Drug / Edit Name	Date effective
LIQUIVIDA HYDRATION KIT	4/22/2020
MICROVIX LP	4/22/2020
MINOXIDIL-PROGESTERN-TRETINOIN	4/22/2020
MINOXIDIL-PROGESTERONE	4/22/2020
NIACINAMIDE-SPIRONOLACTONE	4/22/2020
NIACINAMIDE-SULFACETAMIDE SOD	4/22/2020
NIACINAMIDE-TACROLIMUS	4/22/2020
NIACINAMIDE-TAZAROTENE	4/22/2020
NIACINAMIDE-TRETINOIN	4/22/2020
NIACINAMIDE-TRIAMCINOLONE ACET	4/22/2020
NUCARACLINPAK	4/22/2020
NUCARARXPAK	4/22/2020
NUDERMRXPAK	4/22/2020
ORAPEUTIC	4/22/2020
PEDIZOL PAK	4/22/2020
PRILO PATCH	4/22/2020
QUINIXIL	4/22/2020
QUTENZA	4/22/2020
SALICYLIC ACID-SULFACETAMIDE	4/22/2020
SCARCARE	4/22/2020
SILA III	4/22/2020
SILIPAC	4/22/2020
SOLARAVIX	4/22/2020
TACROLIMUS-PSEUDOCATALASE	4/22/2020
TOVET KIT	4/22/2020
VAROPHEN	4/22/2020
ZALVIT	4/22/2020

Express Scripts - Formulary Updates March 2020				
Trade Name	Effective Date	Basic (ID 2225)	ACA High Performance	National Preferred (ID 1702)
DEPEN 250 MG TITRATAB	03/20/20	NPB	EXCL	NPB
NAPROXEN-ESOMEPRAZ DR	03/20/20	GEN	GEN	GEN
VUMERITY DR 231 MG CAPSULE	03/20/20	SPECP	SPECP	SPECP
TRAZIMERA 420 MG VIAL	03/20/20	SPECP	SPECP	SPECP

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

Drug Surveillance March 2020	
Drug / Edit Name	Date effective
None	n/a

Coverage Management Policy Additions/Modifications March 2020		
Drug / Edit Name	Comments	Date effective
Afinitor, Afinitor Disperz, everolimus	Criteria update	3/10/2020
Austedo	Criteria update	3/10/2020
Cablivi	Criteria update	3/10/2020
Cometriq	Criteria update	3/10/2020
Cotellic	Criteria update	3/10/2020
Forteo, Bonsity	Criteria update	3/10/2020
Imbruvica	Criteria update	3/10/2020
Iressa	Criteria update	3/10/2020
Methotrexate (Xatmep)	Criteria update	3/10/2020
Omega-3 FA (Lovaza, Vascepa)	Criteria update	3/10/2020

**Coverage Management Policy  
Additions/Modifications  
March 2020 (cont'd)**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Onpattro	Criteria update	3/10/2020
Syprine	Criteria update	3/10/2020
Tarceva	Criteria update	3/10/2020
Targretin gel	Criteria update	3/10/2020
Ubrelvy	Criteria update	3/10/2020
Upravi	Criteria update	3/10/2020
Ayvakit	New Rule and Criteria	3/26/2020
capecitabine	Retire Rule	3/26/2020
Intranasal Steroids (Rhinocort Aqua, budesonide, Ticalast, triamcinolone)	Rule and Criteria update	3/26/2020
Iron Chelators Oral (Jadenu, Exjade, Ferriprox)	New Rule and Criteria	3/26/2020
Palforzia	New Rule and Criteria	3/26/2020
Riomet, Riomet ER	Rule and Criteria update	3/26/2020
Tazverik	New Rule and Criteria	3/26/2020
Valtoco	New Rule and Criteria	3/26/2020
Wellbutrin XL	New Rule and Criteria	3/26/2020
Xatmep	New Rule and Criteria	3/26/2020
Xeloda	Rule and Criteria update	3/26/2020

**Express Scripts - Formulary Updates  
February 2020**

<u>Trade Name</u>	<u>Effective Date</u>	<u>Basic (ID 2225)</u>	<u>ACA High Performance</u>	<u>National Preferred (ID 1702)</u>
ESPEROCT VIAL	02/21/20	SPECP	SPECP	SPECP
SECUADO PATCH	02/26/20			SPECNP
ORFADIN CAPSULE & SUSP	03/01/20			SPECNP
	03/01/20			NPB
RHOFADE 1% CREAM				
ZIOPTAN 0.0015% EYE DROPS	03/01/20	PB		PB
RUXIENCE VIAL	03/13/20	SPECP	SPECP	SPECP
TALICIA DR CAP	03/13/20	PB		PB
ZIEXTENZO SYRINGE	03/13/20	SPECP	SPECP	SPECP

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

**Coverage Management Policy  
Additions/Modifications  
February 2020**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Ravicti	Criteria update	1/31/2020
ADHD (Concerta)	Criteria update	2/6/2020
Fasenra	Criteria update	2/6/2020
Firdapse, Ruzurgi	Criteria update	2/6/2020
Interferon Beta (Avonex,	Criteria update	2/6/2020
Lovaza/Vascepa	Criteria update	2/6/2020
Nucala	Criteria update	2/6/2020
Oxervate	Criteria update	2/6/2020
Temodar	Criteria update	2/6/2020
Xeljanz/Xeljanz XR	Criteria update	2/6/2020
Xospata	Criteria update	2/6/2020
Xtandi	Criteria update	2/6/2020
Votrient	Criteria update	2/7/2020
Nexavar	Criteria update	2/10/2020

**Drug Surveillance  
February 2020**

<u>Drug / Edit Name</u>	<u>Date effective</u>
None	n/a

**Coverage Management Policy  
Additions/Modifications  
February 2020**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Ninlaro	Criteria update	2/10/2020
Revlimid	Criteria update	2/10/2020
Spravato	Criteria update	2/10/2020
Sutent	Criteria update	2/10/2020
Thalomid	Criteria update	2/10/2020
Glatiramer Acetate	Criteria update	2/17/2020
Lynparza	Criteria update	2/25/2020
Myalept	Criteria update	2/25/2020
Praluent	Criteria update	2/26/2020
Elzonris	Retire rule	2/26/2020
Antipsychotics (Caplyta)	Rule and Criteria update	2/26/2020
Exservan, Tiglutik, Rilutek	Rule and Criteria update	2/26/2020
GLP-1 Agonists (Ozempic,	Rule and Criteria update	2/26/2020
Inflammatory Conditions	Rule and Criteria update	2/26/2020
Care Value (Xeljanz XR,		
Stelara SC)		
Technivie, Viekira XR	Rule and Criteria update	2/26/2020
Ubrelvy	New Rule and Criteria	2/26/2020
Ruxience	New Rule and Criteria	2/27/2020
Ampyra	Criteria update	3/9/2020
Calcium Channel Blockers (Conjupri)	Rule and Criteria update	Pending
Hypnotics (Dayvigo, doxepin)	Rule and Criteria update	Pending
Methotrexate (RediTrex)	Rule and Criteria update	Pending
Topical Retinoids (arazlo)	Rule and Criteria update	Pending

**Express Scripts - Formulary Updates  
January 2020**

<u>Trade Name</u>	<u>Effective Date</u>	<u>Basic (ID 2225)</u>	<u>ACA High Performance</u>	<u>National Preferred (ID 1702)</u>
REBLOZYL VIAL	12/23/19			<b>SPECNP</b>
ABSORICA LD CAPSULE	02/07/20			<b>NPB</b>
ADAKVEO VIAL	02/07/20	<b>SPECP</b>	<b>SPECP</b>	<b>SPECP</b>
BRUKINSA CAPSULE	02/07/20			<b>SPECNP</b>
ENHERTU VIAL	02/07/20			<b>SPECNP</b>

**Coverage Management Policy  
Additions/Modifications  
January 2020**

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Egrifta	Criteria update	1/2/2020
Vosevi	Criteria update	1/2/2020
Epclusa, sofosbuvir- velpatasvir	Criteria update	1/8/2020
Viekira	Criteria update	1/8/2020
Xtandi	Criteria update	1/9/2020

Express Scripts - Formulary Updates January 2020 (cont'd)				
NOURIANZ TABLET	02/07/20			SPECNP
PADCEV VIAL	02/07/20			SPECNP
ZIRABEV VIAL	02/07/20	SPECP	SPECP	SPECP

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

Drug Surveillance January 2020	
Drug / Edit Name	Date effective
None	n/a

Coverage Management Policy Additions/Modifications January 2020 (cont'd)		
Harvoni,	Criteria update	1/10/2020
Soma	Criteria update	1/10/2020
Xolair	Criteria update	1/10/2020
Dupixent	Criteria update	1/14/2020
Daurismo	Criteria update	1/15/2020
Repatha	Criteria update	1/15/2020
Sovaldi	Criteria update	1/15/2020
Zepatier	Criteria update	1/15/2020
Fasenra	Criteria update	1/16/2020
Nucala	Criteria update	1/16/2020
Brukinsa	New Rule and Criteria	1/17/2020
Epinephrine Auto-Injectors	Rule and Criteria update	1/17/2020
Inflammatory Bowel	Rule and Criteria update	1/17/2020
Oxbryta	New Rule and Criteria	1/17/2020
Praluent	Criteria update	1/17/2020
Technivie	Retire rule	1/17/2020
Topical Retinoids	Rule and Criteria update	1/17/2020
Xcopri	New Rule and Criteria	1/17/2020
Gaucher Disease	Criteria update	1/21/2020
Reyvow	New Rule and Criteria	2/5/2020
Ruxience	New Rule and Criteria	2/17/2020
Mavyret	Criteria update	2/18/2020
Exservan	New Rule and Criteria	pending

Express Scripts - Formulary Updates December 2019				
Trade Name	Effective	Basic	ACA High	National Preferred
APRISO ER CAPSULE	01/17/20			NPB
BAXDELA TABLET	01/17/20	PB		PB
BD NANO 2 GEN PEN NEEDLE	01/17/20	PB	PB	PB
EGRIFTA SV VIAL	01/17/20	SPECP	SPECP	SPECP
EYLEA SYRINGE	01/17/20	SPECP	SPECP	SPECP
FASLODEX SYRINGE	01/17/20	NPB	EXCL	NPB
GAMMACORE	01/17/20	PB		PB
NUVARING VAGINAL RING	01/17/20	NPB	EXCL	NPB
OGIVRI VIAL	01/17/20	SPECP	SPECP	SPECP
TRAVATAN Z EYE DROP	01/17/20	NPB	EXCL	NPB
TRUXIMA VIAL	01/17/20	SPECP	SPECP	SPECP
ZELNORM TABLET	02/01/20			NPB

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

Coverage Management Policy Additions/Modifications December 2019		
Drug / Edit Name	Comments	effective
Ziextenzo	Rule and Criteria update	9/18/2019
Beta Blockers	Criteria update	11/15/2019
Diclegis	Criteria update	11/20/2019
Xarelto	Criteria update	12/9/2019
Crysvita	Criteria update	12/16/2019
ADHD stimulants	Criteria update	12/17/2019
Somatuline depot	Criteria update	12/17/2019
Xyrem	Criteria update	12/17/2019
Zejula	Criteria update	12/17/2019
Balversa	New Rule and Criteria	12/19/2019
Diacomit	New Rule and Criteria	12/19/2019
Inbrija	New Rule and Criteria	12/19/2019
Linzess	New Rule and Criteria	12/19/2019
Oxervate	New Rule and Criteria	12/19/2019
Siklos	New Rule and Criteria	12/19/2019
Trikafta	New Rule and Criteria	12/19/2019



Drug Surveillance December 2019 (cont'd)	
Drug / Edit Name	Date effective
CONSENSI TABLET	12/23/2019
ALA-QUIN 3-0.5% CREAM	1/1/2020
APLIGRAF DISK	1/1/2020
AQUA GLYCOLIC HC 2% KIT	1/1/2020
ARIDA GEL	1/1/2020
BALSAM PERU-CASTOR OIL OINT	1/1/2020
BP-50% UREA EMULSION	1/1/2020
BUCALSEP SOLUTION, SPRAY	1/1/2020
CELACYN POST PROCEDURE PACK	1/1/2020
DEBACTEROL	1/1/2020
DERMAGRAFT	1/1/2020
DERMASORB XM	1/1/2020
DERMAZENE	1/1/2020
DERMULCERA	1/1/2020
DRITHOCREME HP 1% CREAM	1/1/2020
ENDOFORM	1/1/2020
ENDOFORM FENESTRATED	1/1/2020
EPIFIX MEMBRANE	1/1/2020
ETHYL CHLORIDE SPRAY	1/1/2020
EXODERM LOTION	1/1/2020
GRAFIX XC, CORE, PRIME	1/1/2020
GREEN GLO 1.5 MG STRIPS	1/1/2020
HYDROCORTISONE-IODOQUINOL CRM	1/1/2020
KERALYT 6% GEL	1/1/2020
KERALYT SCALP COMPLETE KIT	1/1/2020
LACTIC ACID 10% E CREAM, LOTION	1/1/2020
LATRIX 50% TOPICAL SUSPENSION	1/1/2020
LOUTREX CREAM	1/1/2020
PAIN EASE MEDIUM STREAM SPRAY	1/1/2020
PAIN EASE MIST SPRAY	1/1/2020
PODOCON-25 LIQUID	1/1/2020
POTASSIUM HYDROXIDE 5% SOLN	1/1/2020
PROMISEB COMPLETE KIT, CREAM	1/1/2020
RADIAGEL	1/1/2020
SALACYN 6% CREAM, LOTION	1/1/2020
SALEX 6% CREAM, LOTION, SHAMPOO	1/1/2020
SALICYLIC ACID LIQUID, CREAM, FOAM, GEL,	1/1/2020
SALKERA 6% FOAM	1/1/2020
SALVAX	1/1/2020
SILVER NITRATE OINTMENT, SOLUTION,	1/1/2020
SILVRSTAT DRESSING GEL	1/1/2020
SPRAY AND STRETCH SPRAY	1/1/2020
STRAVIX MATRIX	1/1/2020
TRUSKIN MATRIX	1/1/2020
ULTRASAL-ER 28.5% SOLUTION	1/1/2020

Coverage Management Policy Additions/Modifications December 2019 (cont'd)		
Drug / Edit Name	Comments	effective
Vumerity	New Rule and Criteria	12/19/2019
Xermelo	New Rule and Criteria	12/19/2019
Topical Acne	Rule and Criteria update	12/19/2019
Enbrel	Criteria update	12/20/2019
Fasenra	Criteria update	12/20/2019
Zykadia	Criteria update	12/20/2019
Antidepressant Step	Criteria update	12/21/2019
Actemra SC	Criteria update	12/22/2019
Onpatro	Criteria update	12/22/2019
Orencia SC	Criteria update	12/22/2019
Simponi SC	Criteria update	12/22/2019
Skyrizi	Criteria update	12/22/2019
Stelara	Criteria update	12/22/2019
Tegsedi	Criteria update	12/22/2019
Tykerb	Criteria update	12/24/2019
Testosterone Injectables	Criteria update	12/26/2019
Testosterone Topical PA	Criteria update	12/26/2019
Testosterone Topical Step	Retire rule	12/26/2019
Daklinza	Retire rule	1/1/2020
Hepatitis C	Rule and Criteria update	1/1/2020
Immune Globulin,	Criteria update	1/3/2020
Reyvow	New Rule and Criteria	Pending
Humira/adalimumab	Rule and Criteria update	Pending

Drug Surveillance December 2019 (cont'd)	
Drug / Edit Name	Date effective
VASHE WOUND SOLUTION	1/1/2020
VENELEX OINTMENT	1/1/2020
VIRASAL ANTIVIRAL WART REMOVER	1/1/2020
XUREA 39% CREAM	1/1/2020
ZITHRANOL CREAM, SHAMPOO	1/1/2020

Express Scripts - Formulary Updates November 2019				
Trade Name	Effective Date	Basic (ID 2225)	ACA High Performance	National Preferred (ID 1702)
GVOKE SYRINGE	11/29/19	PB	PB	PB
RYBELSUS TABLET	11/29/19	PB		PB
TRIKAFTA	11/29/19	SPECP	SPECP	SPECP
CIPROFLOX-FLUOCINLN 0.3-0.025%	12/15/19			EXCL
DRIZALMA SPRINKLE DR CAP	12/15/19			EXCL
OZOBAX SOLUTION	12/15/19			EXCL
SYM TUZA TAB	12/15/19	SPECP		SPECP
AMZEEQ FOAM	12/20/19	PB		PB
PRALUENT PEN (NDC's beginning 72733)	01/01/20			PB
REPATHA (NDC's beginning 72511)	01/01/20			PB
DUAKLIR PRESSAIR INH	01/15/20			EXCL

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECPNP = Non-preferred Specialty, EXCL = Excluded

Drug Surveillance November 2019	
Drug / Edit Name	Date effective
n/a	n/a

Coverage Management Policy Additions/Modifications November 2019		
Drug / Edit Name	Comments	Date effective
Inrebic	Criteria update	10/1/2019
Glaucoma Beta Blockers	Criteria update	10/8/2019
Topical Corticosteroid	Criteria update	10/10/2019
Corticosteroid Inhalers	Criteria update	10/18/2019
Hepatitis C	Criteria update	10/18/2019
Hypnotics	Criteria update	10/21/2019
Antipsychotics	Criteria update	11/8/2019
Entresto	Criteria update	11/8/2019
Erectile Dysfunction	Criteria update	11/8/2019
GLP1 Step	Rule and Criteria update	11/8/2019
Nityr, Orfadin, nitisinone	Criteria update	11/9/2019
Ofev	Criteria update	11/9/2019
Ophthalmic NSAIDs	Criteria update	11/9/2019
Rinvoq	Criteria update	11/9/2019
Sovaldi	Criteria update	11/9/2019
Topical Antibiotics	Criteria update	11/9/2019
Turalio	Criteria update	11/9/2019
Zetia and Vytorin	Criteria update	11/9/2019
Gabapentin Sep	Criteria update	11/11/2019
Global QL Policy	Criteria update	11/11/2019
Olumiant	Criteria update	11/11/2019
Nucala	Criteria update	11/12/2019
Gilotrif	Criteria update	11/13/2019
Vizimpro	No change	11/13/2019
Xalkori	Criteria update	11/13/2019
Zelboraf	Criteria update	11/13/2019
Copiktra	Criteria update	11/14/2019
Erleada	Criteria update	11/14/2019
Inflammatory Conditions	Criteria update	11/14/2019
Jakafi	Criteria update	11/14/2019
Soliris	No change	11/14/2019
Sovaldi	Criteria update	11/14/2019
Tafinlar	Criteria update	11/14/2019
Xeljanz	Criteria update	11/14/2019
Actinic Keratosis ST	Rule and Criteria update	11/15/2019
Climara Pro	Criteria update	11/15/2019

Coverage Management Policy Additions/Modifications November 2019 (cont'd)		
<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date</u>
Ibsrela	New Rule and Criteria	11/15/2019
Navzilam	New Rule and Criteria	11/15/2019
Nouriaz	New Rule and Criteria	11/15/2019
Ophthalmic Prostaglandins	Rule and Criteria update	11/15/2019
PDE5 (Adcirca, Revatio & their generics)	New Rule and Criteria	11/15/2019
Topical Acne Products	Rule and Criteria update	11/15/2019
Topical Retinoids	New Rule and Criteria	11/15/2019
Topical tazarotene	Retire rule	11/15/2019
Topical tretinoin	Retire rule	11/15/2019
Harvoni	Criteria update	12/4/2019
Mavyret	Criteria update	12/9/2019
Harvoni	Criteria update	12/11/2019
Verzenio	No change	n/a
Mavyret	Criteria update	pending

Express Scripts - Formulary Updates October 2019				
<u>Trade Name</u>	<u>Effective Date</u>	<u>Basic (ID 2225)</u>	<u>ACA High Performance</u>	<u>National Preferred (ID 1702)</u>
ROZLYTREK CAPSULE	11/01/19	SPECP	SPECP	SPECP
TEMIXYS TABLET	11/01/19	SPECP	SPECP	SPECP
RELAFEN DS TABLET	11/15/19	No Change	No Change	EXCL
ZELNORM TABLET	11/15/19	No Change	No Change	EXCL
LETAIRIS TABLET	01/01/20	SPECNP	No Change	SPECNP
SABRIL POWDER PACKET, TABLET	01/01/20	SPECNP	EXCL	SPECNP
TEKURNA TABLET	01/01/20	NPB	No Change	NPB
TRACLEER TABLET	01/01/20	SPECNP	EXCL	SPECNP
VESICARE TABLET	01/01/20	NPB	No Change	NPB
ZOVIRAX 5% CREAM	01/01/20	NPB	No Change	NPB
ELIDEL 1% CREAM	01/01/20	NPB	No Change	No Change

GEN = Generic, PB = Preferred Brand, NPB = Non-preferred Brand, SPECP = Preferred Specialty, SPECNP = Non-preferred Specialty, EXCL = Excluded

Drug Surveillance October 2019	
<u>Drug / Edit Name</u>	<u>Date effective</u>
n/a	n/a

Coverage Management Policy Additions/Modifications October 2019		
<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
Galafold	Criteria update	9/27/2019
Juxtapid	Criteria update	9/27/2019
Takhzyro	Criteria update	9/27/2019
Eriedge	Criteria update	9/30/2019
Pomalyst	Criteria update	9/30/2019
Cialis 2.5 & 5mg tablets	Criteria update	10/1/2019
Crysvita	Criteria update	10/1/2019
Promacta	Criteria update	10/1/2019
Taltz	Criteria update	10/2/2019
Entyvio	Criteria update	10/3/2019
Global PA	Criteria update	10/3/2019
Strensiq	Criteria update	10/4/2019
Aranesp	Criteria update	10/10/2019
Cequa	Criteria update	10/10/2019
Epinephrine auto-injectors	Criteria update	10/10/2019
Epogen, Procrit, Retacrit	Criteria update	10/10/2019
Restasis	Criteria update	10/10/2019
Xiidra	Criteria update	10/10/2019
Amlodipine	New Rule and Criteria	10/18/2019
Inrebic	New Rule and Criteria	10/18/2019

**Coverage Management Policy  
Additions/Modifications  
October 2019 (cont'd)**

<b>Drug / Edit Name</b>	<b>Comments</b>	<b>Date effective</b>
Nascobal	New Rule and Criteria	10/18/2019
Nubeqa	New Rule and Criteria	10/18/2019
Rinvoq	New Rule and Criteria	10/18/2019
Rozlytrek	New Rule and Criteria	10/18/2019
Wakix	New Rule and Criteria	10/18/2019
Zelnorm	New Rule and Criteria	10/18/2019
Qbrexza	Criteria update	10/24/2019
Testosterone	Criteria update	10/24/2019
Glumetza, Fortamet	Criteria update	10/25/2019
Lenvima	Criteria update	10/25/2019
Ophthalmic prostaglandins (Xalatan, Xwipros, Vyzulta, Zioptan)	Rule and Criteria update	11/15/2019
Jublia	Retire rule (ACA specific)	1/1/2020
Ibsrela	Rule update	pending

**Express Scripts - Formulary Updates  
September 2019**

<b>Trade Name</b>	<b>Effective Date</b>	<b>Basic</b>	<b>ACA High Performance</b>	<b>National Preferred</b>
PRALUENT	09/01/19	No Change	<b>EXCL</b>	No Change
REPATHA	09/01/19	No Change	<b>PB</b>	No Change
RINVOQ ER TABLET	09/13/19	<b>SPECP</b>	<b>SPECP</b>	<b>SPECP</b>
BAQSIMI SPRAY	09/27/19	<b>PB</b>	<b>PB</b>	<b>PB</b>
KANJINTI VIAL	09/27/19	<b>SPECP</b>	<b>SPECP</b>	<b>SPECP</b>
MVASI VIAL	09/27/19	<b>SPECP</b>	<b>SPECP</b>	<b>SPECP</b>
NOXAFIL DR TABLET	09/27/19	<b>NPB</b>	<b>EXCL</b>	<b>NPB</b>
NUBEQA TABLET	09/27/19	<b>SPECP</b>	<b>SPECP</b>	<b>SPECP</b>
KATERZIA SUSPENSION	10/01/19	No Change	No Change	<b>EXCL</b>
SODIUM HYALURONATE 1% SYRINGE	10/01/19	No Change	No Change	<b>EXCL</b>
FIASP PENFILL	10/03/19	<b>PB</b>	No Change	<b>EXCL</b>
INREBIC CAPSULE	10/18/19	No Change	No Change	<b>EXCL</b>
NAYZILAM NASAL SPRAY	10/18/19	<b>PB</b>	<b>PB</b>	<b>PB</b>
ODOMZO CAPSULE	10/18/19	<b>SPECP</b>	<b>SPECP</b>	<b>SPECP</b>
VYNDAMAX CAPSULE	10/18/19	<b>SPECP</b>	<b>SPECP</b>	<b>SPECP</b>

**Coverage Management Policy  
Additions/Modifications  
September 2019**

<b>Drug / Edit Name</b>	<b>Comments</b>	<b>Date effective</b>
Firazyr	Criteria update	8/27/2019
Korlym	Criteria update	8/27/2019
Luzu	Criteria update	8/27/2019
Idhifa	Criteria update	8/28/2019
Nerlynx	Criteria update	8/28/2019
PCSK9 (Praluent,	Criteria update	9/1/2019
Diclegis	Criteria update	9/5/2019
Otezla	Criteria update	9/5/2019
Auvi-Q	Criteria update	9/6/2019
Epinephrine Auto-injectors	Criteria update	9/6/2019
Angiotensin receptor	Criteria update	9/11/2019
Follitropins	Criteria update	9/11/2019
Insulin (Novolin)	Rule and Criteria update	9/11/2019
Statins	Criteria update	9/11/2019
Trulance	Criteria update	9/11/2019
Otic Antibiotics	Criteria update	9/12/2019
Growth Hormone	Criteria update	9/16/2019
Epidiolex	Rule and Criteria update	9/18/2019

**Drug Surveillance  
September 2019**

Drug / Edit Name	Date effective
CIFEREX	9/17/2019
CIFRAZOL	9/17/2019
DERMACINRX PUREFOLIX	9/17/2019
DURACHOL	9/17/2019
FLUOVIX	9/17/2019
FOLIKA-D	9/17/2019
FOLIXAPURE	9/17/2019
FOLVITE-D	9/17/2019
GENICIN VITA-D	9/17/2019
INFLATHERM (DICLOFENAC-TROLAM)	9/17/2019
NOXIFOL-D3	9/17/2019
ORTHO DF	9/17/2019
PRIZOTRAL	9/17/2019
REVESTA	9/17/2019
ROXIFOL-D	9/17/2019
ZAVARA	9/17/2019
ZILACAINE PATCH	9/17/2019

**Coverage Management Policy  
Additions/Modifications  
September 2019 (cont'd)**

Drug / Edit Name	Comments	effective
Humira	Rule update	9/18/2019
Mavenclad	Rule and Criteria update	9/18/2019
Nayzilam	Global PA	9/18/2019
Ophthalmic Steroids	Rule and Criteria update	9/18/2019
Pancreatic Enzymes	Rule and Criteria update	9/18/2019
Testosterone propionate	Global PA	9/18/2019
Turalio	Rule and Criteria update	9/18/2019
Xeljanz	Criteria update	9/18/2019
Nourianze	Global PA	9/25/2019
Nubeqa	Global PA	10/3/2019

**Express Scripts - Formulary Updates  
August 2019**

Trade Name	Effective Date	Basic Plus	ACA/ High Performance Plus	National Preferred Plus
PRECISION XTRA	10/01/19	No Change	<b>PB</b>	No Change
FLAREX 0.1% EYE DROPS	09/01/19	<b>NPB</b>	No Change	No Change
TUDORZA PRESSAIR INHAL (NDC's starting with 72124)	09/01/19	No Change	No Change	<b>EXCL</b>
LYRICA ORAL SOLUTION	08/30/19	<b>NPB</b>	<b>EXCL</b>	<b>NPB</b>
ROZEREM TABLET	08/30/19	<b>NPB</b>	<b>EXCL</b>	<b>NPB</b>
EZALLOR SPRINKLE CAPSULE	09/01/19	No Change	No Change	<b>EXCL</b>
RABEPRAZOLE DR 10 MG SPRNKL CP	09/01/19	No Change	No Change	<b>EXCL</b>
XPOVIO ONCE WEEKLY DOSE	09/01/19	No Change	No Change	<b>EXCL</b>
ASPIRIN-OMEPRAZOLE DR YOSPRALA DR TABLET	09/01/19	No Change	No Change	<b>EXCL</b>
FREESTYLE CONTROL SOLUTION	10/01/19	No Change	No Change	<b>PB</b>
MEDISENSE CONTROL SOLUTION	10/01/19	No Change	<b>PB</b>	<b>PB</b>
FIRAZYR 30 MG/3 ML SYRINGE	09/06/19	<b>SPECNP</b>	<b>EXCL</b>	<b>SPECNP</b>

**Coverage Management Policy  
Additions/Modifications  
August 2019**

Drug / Edit Name	Comments	Effective Date
Braftovi	Criteria update	8/5/2019
Emflaza	Criteria update	8/5/2019
Gilenya	Criteria update	8/5/2019
Diabetic supplies	Criteria update	8/6/2019
Entresto	Criteria update	8/6/2019
Fentanyl (TIRF)	Criteria update	8/6/2019
Firdapse, Ruzurgi	Rule and Criteria update	8/6/2019
Revlimid	Criteria update	8/6/2019
Symdeko	Criteria update	8/6/2019
Mayzent	Criteria update	8/9/2019
Doptelet	Criteria update	8/12/2019
Soliris	Criteria update	8/12/2019
Vyleesi	Rule and Criteria update	8/13/2019
Noctiva, Nocdurna	Criteria update	8/15/2019
Buprenorphine (Belbuca, Butrans, Subutex)	Rule and Criteria update	8/21/2019
Dupixent	Criteria update	8/21/2019

**Drug Surveillance  
August 2019**

<b>Drug / Edit Name</b>	<b>Date effective</b>
Tudorza Pressair	8/3/2019
Lorzzone/chlorzoxazone	8/13/2019
PromiseB	8/21/2019

Immune Globulins	Rule and Criteria update	8/21/2019
Oxaydo	Rule and Criteria update	8/21/2019
TURALIO	Rule update	8/21/2019
Xpovio	Rule and Criteria update	8/21/2019
CGRP (Aimovig, Ajovy, Emgality)	Criteria update	8/24/2019
Praluent	Criteria update	9/1/2019
Repatha	Criteria update	9/1/2019
PDE5 Inhibitors (Adcirca, Revatio)	Criteria update	9/3/2019
Nucala	Criteria update	9/4/2019
Mektovi	Criteria update	9/6/2019
Bisphosphonates	Criteria update	9/9/2019
Isotretinoin	Criteria update	9/9/2019
Methotrexate	Criteria update	9/9/2019
Sedative Hypnotics	Criteria update	9/9/2019
Corlanor	Criteria update	9/10/2019
Ingrezza	Criteria update	9/10/2019
Ganirelix, Cetrotide	Criteria update	9/11/2019
Glumetza, Fortamet	No changes	n/a
Natpara	No changes	n/a

**Express Scripts - Formulary Updates  
July 2019**

<b>Trade Name</b>	<b>Effective Date</b>	<b>Basic Plus</b>	<b>ACA/ High Performance Plus</b>	<b>National Preferred Plus</b>
DYANAVEL XR SUSP	07/01/19	<b>PB</b>	No Change	<b>PB</b>
ELOCTATE NOMINAL	07/01/19	<b>SPECP</b>	<b>SPECP</b>	No Change
GLASSIA VIAL	07/01/19	<b>SPECP</b>	<b>SPECP</b>	<b>SPECP</b>
SYMJEPI SYRINGE	07/05/19	<b>PB</b>	No Change	<b>PB</b>
ELOCTATE NOMINAL	08/01/19	No Change	No Change	<b>SPECP</b>
EVENITY SYRINGE	08/01/19	No Change	No Change	<b>EXCL</b>

**Coverage Management Policy  
Additions/Modifications  
July 2019**

<b>Drug / Edit Name</b>	<b>Comments</b>	<b>Effective Date</b>
Inflammatory Conditions	Rule and Criteria update	6/5/2019
Apokyn	Criteria update	7/8/2019
Aubagio	Criteria update	7/8/2019
Gilenya	Criteria update	7/8/2019
Jakafi	Criteria update	7/8/2019
Mavyret	Criteria update	7/8/2019
Multiple Sclerosis - interferon beta	Criteria update	7/8/2019
Nexavar	Criteria update	7/8/2019
Nuplazid	Criteria update	7/8/2019
Tecfidera	Criteria update	7/8/2019
Tibsovo	Criteria update	7/8/2019
Venclexta	Criteria update	7/8/2019
Vyndaqel and Vyndamax	Criteria update	7/8/2019
Leuprolide Long Acting	Criteria update	7/9/2019
Praluent	Criteria update	7/9/2019
Zytiga	Criteria update	7/15/2019
Copaxone, Glatopa, glatiramer	Criteria update	7/22/2019
Erectile Dysfunction - tadalafil	Rule and Criteria update	7/22/2019
Gattex	New Rule and Criteria	7/22/2019

**Express Scripts - Formulary Updates  
June 2019**

Trade Name	Date	Basic Plus	Performance Plus	Plus
DYANAVEL XR SUSP	07/01/19	<b>PB</b>	No Change	<b>PB</b>
ELOCTATE NOMINAL	07/01/19	<b>SPECP</b>	<b>SPECP</b>	No Change
GLASSIA VIAL	07/01/19	<b>SPECP</b>	<b>SPECP</b>	<b>SPECP</b>
SYMJEPI SYRINGE	07/05/19	<b>PB</b>	No Change	<b>PB</b>
ELOCTATE NOMINAL	08/01/19	No Change	No Change	<b>SPECP</b>
EVENITY SYRINGE	08/01/19	No Change	No Change	<b>EXCL</b>

**Drug Surveillance  
June 2019**

Drug / Edit Name	Date effective
Cetacaine Anesthetic Liquid	6/4/2019
Deluo Cleanser	6/17/2019
Amrix ER brand and generic	6/24/2019
dexchlorpheniramine 2mg/5ml (Foxland)	6/24/2019
Fexmid	6/24/2019
glycopyrrolate 1.5mg tablet (Foxland)	6/24/2019
lactulose 10GM packet (Foxland Pharmaceuticals)	6/24/2019
Beser Kit	7/6/2019
Diclovix Kit	7/6/2019
Nuvakaan Kit	7/6/2019
Lido-sorb Lotion	7/10/2019

**Coverage Management Policy  
Additions/Modifications  
July 2019 (cont'd)**

Drug / Edit Name	Comments	Effective Date
Inflammatory Conditions	Rule and Criteria update	7/22/2019
Piqray	New Rule and Criteria	7/22/2019
Rexulti	New Rule and Criteria	7/22/2019
Long-acting opioids	Criteria update	7/23/2019
Auvi-Q	Criteria update	pending

**Coverage Management Policy  
Additions/Modifications  
June 2019**

Drug / Edit Name	Comments	Date
Mayzent	Criteria update	6/10/2019
Alunbrig	Criteria update	6/11/2019
Amitiza	Criteria update	6/11/2019
Antidepressants	Criteria update	6/11/2019
Atopic Dermatitis (Elidel)	Rule and Criteria update	6/11/2019
Benlysta	Criteria update	6/11/2019
CGRP (Aimovig, Ajovy)	Criteria update	6/11/2019
Cholbam	Criteria update	6/11/2019
Daliresp	Criteria update	6/11/2019
Doptelet	Criteria update	6/11/2019
Gleevec, imatinib	Criteria update	6/11/2019
H.P. Acthar gel PA	Criteria update	6/11/2019
Humira, adalimumab	Criteria update	6/11/2019
Kalydeco	Criteria update	6/11/2019
Letairis (ambrisentan)	Criteria update	6/11/2019
Movantik	Criteria update	6/11/2019
Ocaliva	Criteria update	6/11/2019
Opsumit (macitentan)	Criteria update	6/11/2019
Rydapt	Criteria update	6/11/2019
Sprycel	Criteria update	6/11/2019
Symproic	Criteria update	6/11/2019
Tavalisse	Criteria update	6/11/2019

Express Scripts - Formulary Updates May 2019				
Trade Name	Date	Basic Plus	Performance Plus	Plus
COMETRIQ DAILY-DOSE PACK	05/24/19	SPECP	SPECP	SPECP
DDAVP 10 MCG/0.1 ML SOLUTION	05/24/19	PB	PB	PB
HEMOFIL M NOMINAL	05/24/19	No Change	SPECP	No Change
INBRIJA INHALATION	05/24/19	PB	PB	PB
MESTINON 60 MG/5 ML SYRUP	05/24/19	NPB	EXCL	NPB
DELZICOL CAPSULE	06/01/19	NPB	No Change	No Change
DIACOMIT CAPSULE/POWDER PACKET	06/01/19	SPECP	SPECP	SPECP

Coverage Management Policy Additions/Modifications June 2019 (cont'd)		
Drug / Edit Name	Comments	Effective Date
Tracleer (bosentan)	Criteria update	6/11/2019
Venclexta	Criteria update	6/11/2019
Evenity	New Rule and Criteria	6/24/2019
Skyrizi	New Rule and Criteria	6/24/2019
Vyndaqel/Vyndamax	New Rule and Criteria	6/24/2019
Zulresso	New Rule and Criteria	6/24/2019
Trulance	Criteria update	7/1/2019
Amitiza	Criteria update	7/1/2019
Linzess	Criteria update	7/1/2019
Relistor	Criteria update	7/1/2019
Symproic	Criteria update	7/1/2019
ADHD Non-stimulants (Intuniv, Kapvay, Strattera)	Rule and Criteria update	7/4/2019
Bile Acid Sequestrants (Colestid, Welchol, Questran)	New Rule and Criteria	7/4/2019
Cox-2 (Celebrex)	New Rule and Criteria	7/4/2019
Eliquis, Xarelto	New Rule and Criteria	7/4/2019
Forteo	New Rule and Criteria	7/4/2019
Gout (Uloric)	New Rule and Criteria	7/4/2019
Omega-3 (Lovaza)	Rule and Criteria update	7/4/2019
Ophthalmic Antiallergy	New Rule and Criteria	7/4/2019
Overactive Bladder	New Rule and Criteria	7/4/2019
Pheochromocytoma	New Rule and Criteria	7/4/2019
Zovirax cream	Rule and Criteria update	7/4/2019
Thiola	Rule and Criteria update	6/24/2019
Viberzi	Rule and Criteria update	6/24/2019
Androgen-Testosterone	Rule and Criteria update	pending
Enbrel, etanercept	Rule and Criteria update	pending
Tremfya	Rule and Criteria update	pending
Triptans - Tosymra	Rule and Criteria update	pending

Coverage Management Policy Additions/Modifications May 2019		
Drug / Edit Name	Comments	Date
VYNDAMAX	Global PA	4/29/2019
Infliximab (Remicade, Inflectra, Renflexis, Ixifi)	Retire rule	5/1/2019
Dupixent	Criteria update	5/13/2019
Ibrance	Criteria update	5/13/2019
Iclusig	Criteria update	5/13/2019
Inlyta	Criteria update	5/13/2019
Kisqali and Kisqali Femara	Criteria update	5/13/2019



DOVATO TABLET	06/01/19	SPECP	SPECP	SPECP
EXJADE TABLET	06/01/19	SPECNP	EXCL	SPECNP
SKYRIZI	06/01/19	SPECP	SPECP	SPECP
BALVERSA TABLET	06/14/19	SPECP	SPECP	SPECP
TARCEVA TABLET	06/14/19	SPECNP	EXCL	SPECNP
QMIIZ ODT	07/01/19	No Change	No Change	NPB
REPATHA brand (Labeler ID A55513)	07/01/19	No Change	No Change	SPECP
ALOGLIPTIN-PIOGLITAZONE	07/01/19	No Change	No Change	EXCL
AMPYRA	07/01/19	No Change	No Change	EXCL
BARACLUDE TABLETS	07/01/19	No Change	No Change	EXCL
CINQAIR	07/01/19	No Change	No Change	EXCL
CLOCORTOLONE PIVALATE	07/01/19	No Change	No Change	EXCL
COMPLERA	07/01/19	No Change	No Change	EXCL
DUTOPROL	07/01/19	No Change	No Change	EXCL
INGREZZA	07/01/19	No Change	No Change	EXCL
KISQALI	07/01/19	No Change	No Change	EXCL
KISQALI FEMARA CO-PACK	07/01/19	No Change	No Change	EXCL
LIDOCAINE-TETRACAINE	07/01/19	No Change	No Change	EXCL
METOPROLOL SUCCINATE-HCTZ ER	07/01/19	No Change	No Change	EXCL
PATADAY	07/01/19	No Change	No Change	EXCL
PRAVACHOL	07/01/19	No Change	No Change	EXCL
PREZCOBIX	07/01/19	No Change	No Change	EXCL
PROLIA	07/01/19	No Change	No Change	EXCL
SPIRIVA HANDIHALER	07/01/19	No Change	No Change	EXCL
SPIRIVA RESPIMAT	07/01/19	No Change	No Change	EXCL
STIOLTO RESPIMAT	07/01/19	No Change	No Change	EXCL
STRIBILD	07/01/19	No Change	No Change	EXCL
TOPIRAMATE ER	07/01/19	No Change	No Change	EXCL
VELTASSA	07/01/19	No Change	No Change	EXCL
ZAVESCA	07/01/19	No Change	No Change	EXCL
ZORVOLEX	07/01/19	No Change	No Change	EXCL
ZYTIGA 250 MG	07/01/19	No Change	No Change	EXCL

Lidoderm and Ztildo	Criteria update	5/13/2019
Zejula	Criteria update	5/13/2019
Zydelig	Criteria update	5/13/2019
Cimzia	Criteria update	5/14/2019
GLP-1 (Diabetes)	Criteria update	5/28/2019
HMG Co-A Reductase Inhibitors Brands (Statins)	Criteria update	5/28/2019
Zetia and Vytorin	Criteria update	5/28/2019
Estrogen non-patch transdermals	Criteria update	5/29/2019
Gabapentin	Rule and Criteria update	5/29/2019
Glaucoma alpha blockers (Alphagan P, iopidine)	Criteria update	5/29/2019
Glaucoma Carbonic Anhydrase Inhibitors (Trusopt)	Criteria update	5/29/2019
Glaucoma combination products (Cosopt)	Criteria update	5/29/2019
Mayzent	New Rule and Criteria	5/29/2019
Oral tetracyclines	Criteria update	5/29/2019
Riomet	New Rule and Criteria	5/29/2019
Sunosi	New Rule and Criteria	5/29/2019
Topical Acne brand products	Criteria update	5/29/2019
Topical Acne cleansers	Criteria update	5/29/2019
Topical antifungals	Criteria update	5/29/2019
Topical Corticosteroids	Rule and Criteria update	5/29/2019
Branded Non-Steroidal Anti Inflammatory Drugs	Rule and Criteria update	5/31/2019
Entyvio	Criteria update	5/31/2019
Spravato	Criteria update	5/31/2019
Botulinum Toxins (Botox, Dysport, Myobloc, Xeomin)	Criteria update	6/3/2019

Drug Surveillance May 2019	
Drug / Edit Name	Date effective
Indocin Suspension	5/29/2019
Vivlodex	5/29/2019
Zorvolex	5/29/2019
Tivorbex	5/29/2019