

# 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 January 2020				
Trade Name	Effective Date	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)
REBLOZYL VIAL	12/23/19			SPECNP
ABSORICA LD CAPSULE	02/07/20			NPB
ADAKVEO VIAL	02/07/20	SPECP	SPECP	SPECP
BRUKINSA CAPSULE	02/07/20			SPECNP
ENHERTU VIAL	02/07/20			SPECNP
GIVLAARI VIAL	02/07/20			SPECNP
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		
Drug / Edit Name	Comments	Date effective
Egrifta	Criteria update	1/2/2020
Vosevi	Criteria update	1/2/2020
Epcusa, sofosbuvir-velpatasvir	Criteria update	1/8/2020
Viekira	Criteria update	1/8/2020
Xtandi	Criteria update	1/9/2020
Calquence	Criteria update	1/10/2020
Harvoni, ledipasvir/sofosbuvir	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 (Cerdelga, miglustat, Zavesca)	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**

<u>Trade Name</u>	<u>Effective Date</u>	<u>Basic (ID 2225)</u>	<u>ACA High Performance (ID 2988)</u>	<u>National Preferred (ID 1702)</u>
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

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

<u>Drug / Edit Name</u>	<u>Comments</u>	<u>Date effective</u>
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
Crysvida	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
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**

<u>Drug / Edit Name</u>	<u>Date effective</u>
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

Drug Surveillance December 2019, cont'd	
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, LOTION, SHAMPOO, SOLN	1/1/2020
SALKERA 6% FOAM	1/1/2020
SALVAX	1/1/2020
SILVER NITRATE OINTMENT, SOLUTION, APPLICATOR	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
VASHE WOUND SOLUTION	1/1/2020
VENEX 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 (ID 2988)	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
SYMITUZA 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

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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

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

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 Care Value	Criteria update	11/14/19 (taltz) 11/26/19 (siliq)
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
Ibsrela	New Rule and Criteria	11/15/2019
Nayzilam	New Rule and Criteria	11/15/2019
Nourianz	New Rule and Criteria	11/15/2019
Ophthalmic Prostaglandins	Rule and Criteria update	11/15/2019
PDE5 (Adcirca, Revatio &	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
Mavvret	Criteria update	12/9/2019
Harvoni	Criteria update	12/11/2019
Verzenio	No change	n/a
Mavvret	Criteria update	pending

Express Scripts - Formulary Updates October 2019				
Trade Name	Effective Date	Basic (ID 2225)	ACA High Performance (ID 2988)	National Preferred (ID 1702)
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

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Coverage Management Policy Additions/Modifications October 2019		
Drug / Edit Name	Comments	Date effective
Galafold	Criteria update	9/27/2019
Juxtapid	Criteria update	9/27/2019
Takhzyro	Criteria update	9/27/2019
Erivedge	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

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

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
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**

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

**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**

Drug / Edit Name	Comments	Date effective
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, Repatha)	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 blockers (ARB) S	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
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>

**Drug Surveillance August 2019**

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

**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, Nocurna	Criteria update	8/15/2019
Buprenorphine (Belbuca, Butrans, Subutex)	Rule and Criteria update	8/21/2019
Dupixent	Criteria update	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**

Trade Name	Effective Date	Basic Plus	ACA/ High Performance Plus	National Preferred 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>

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

Drug / Edit Name	Comments	Effective Date
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
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

**Express Scripts - Formulary Updates  
June 2019**

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

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

Drug / Edit Name	Comments	Effective 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, Eucrisa, Protopic, tacrolimus, pimecrolimus)	Rule and Criteria update	6/11/2019
Benlysta	Criteria update	6/11/2019
CGRP (Aimovig, Ajoovy, Emgality)	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
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
Linzees	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

**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)	6/24/2019
Beser Kit	7/6/2019
Diclovis Kit	7/6/2019
Nuvakaan Kit	7/6/2019
Lido-sorb Lotion	7/10/2019

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, Vascepa)	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 (Demser, Dibenzyline)	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 Injection, Oral, Topical, and Pellet	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

Express Scripts - Formulary Updates May 2019				
Trade Name	Effective Date	Basic Plus	ACA/ High Performance Plus	National Preferred 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
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

Coverage Management Policy Additions/Modifications May 2019		
Drug / Edit Name	Comments	Effective 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
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

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

Botulinum Toxins (Botox, Dysport, Myobloc, Xeomin)	Criteria update	6/3/2019
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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

**Express Scripts - Formulary Updates  
April 2019**

Trade Name	Effective Date	Basic Plus	ACA/ High Performance Plus	National Preferred Plus
JULUCA 50-25 MG TABLET	05/01/19	SPECP	SPECP	SPECP
GABLOFEN VIAL□	05/10/19	NPB	EXCL	NPB
SPRAVATO DOSE PACK	05/10/19	No Change	No Change	EXCL
ZOMETA 4 MG/100 ML INJECTION	05/10/19	SPECNP	EXCL	SPECNP
ACANYA GEL PUMP	07/01/19	NPB	No Change	NPB
CAFFEINE-SOD BENZOAT 250 MG/ML	07/01/19	No Change	EXCL	No Change
CANASA 1.000 MG SUPPOSITORY	07/01/19	NPB	EXCL	NPB
RANEXA ER	07/01/19	NPB	No Change	NPB
RAPAMUNE 1 MG/ML ORAL SOLN	07/01/19	SPECNP	EXCL	SPECNP
SENSIPAR TABLET	07/01/19	NPB	EXCL	NPB
SOLODYN ER TABLET	07/01/19	NPB	No Change	NPB

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

Drug / Edit Name	Comments	Effective Date
Addyi	Criteria update	4/10/2019
CGRP (Aimovig, Ajovy, Emgality)	Criteria update	4/10/2019
Cinryze/Haegarda	Criteria update	4/10/2019
Contraceptives	Criteria update	4/10/2019
Diabetes - SGLT2 (Farxiga, Invokana, Jardiance, Stelatro)	Criteria update	4/10/2019
Diabetes - SGLT2/DPP4 Combinations (Glyxambi, Qtern, Steglujan)	Criteria update	4/10/2019
Kalbitor	Criteria update	4/10/2019
Lyrica CR	Criteria update	4/10/2019
Onpattro	Criteria update	4/10/2019
Osphena	Criteria update	4/10/2019
Pradaxa	Criteria update	4/10/2019
Provigil/Nuvigil	Criteria update	4/10/2019
Ruconest	Criteria update	4/10/2019
Tegsedi	Criteria update	4/10/2019
Xgeva	Criteria update	4/10/2019
Lonsurf	Criteria update	4/15/2019
Actinic Keratosis	Rule and Criteria update	4/26/2019
ADHD Stimulants	Rule and Criteria update	4/26/2019
Beta-Blockers	Rule and Criteria update	4/26/2019
Cabivi	New Rule and Criteria	4/26/2019
Spravato	New Rule and Criteria	4/26/2019
Topical Acne Kits	Criteria update	4/26/2019
Topical Acne Rosacea	Rule and Criteria update	4/26/2019
Zulresso	Rule update - Global PA	Pending

**Drug Surveillance April 2019**

Drug / Edit Name	Date effective
Azesco Tablet	4/29/2019
Collatyl Wound Gel	4/29/2019
Protyl AG Wound Gel	4/29/2019
Solox Wound Gel	4/29/2019
Duobrii	5/1/2019

**Express Scripts - Formulary Updates  
March 2019**

Trade Name	Effective Date	Basic Plus	ACA/ High Performance Plus	National Preferred Plus
MINOCYCLINE ER 55 MG	03/08/19	GEN	GEN	GEN
ACCU-CHEK GUIDE ME GLUCOSE MTR	03/14/19	No Change	No Change	EXCL
APADAZ TABLET	04/01/19	No Change	No Change	EXCL
BENZHYDROCOD-ACETAMINOPHEN	04/01/19	No Change	No Change	EXCL
BIKTARVY	04/01/19	No Change	SPECP	No Change
CONTRAVE ER	04/01/19	No Change	No Change	NPB
NAMENDA XR TITRATION PACK	04/01/19	No Change	No Change	NPB
PRIMAQUINE	04/01/19	No Change	PB	No Change
TOLSURA 65 MG CAPSULE	04/01/19	No Change	No Change	EXCL
AUSTEDO	04/05/19	SPECP	No Change	SPECP
LOTEMAX SM 0.38% OPHTH GEL	04/05/19	PB	No Change	PB
LUPANETA PACK	04/05/19	SPECP	No Change	SPECP
LUPRON DEPOT-PED	04/05/19	SPECP	SPECP	SPECP
ORILISSA	04/05/19	PB	PB	PB
PRALUENT Authorized Product (NDCs starting with 72733)	04/05/19	No Change	No Change	EXCL
DICLOFENAC EPOLAMINE 1.3% PTCH	05/01/19	No Change	No Change	EXCL
INSULIN LISPRO 100 UNIT/ML PEN & VL	05/01/19	No Change	No Change	EXCL
QMIIZ ODT TABLET	05/01/19	No Change	No Change	EXCL
XERESE 5%-1% CREAM	05/01/19	No Change	No Change	NPB

**Drug Surveillance March 2019**

Drug / Edit Name	Effective Date
SulfaCleanse 8/4	3/29/2019
BenzePrO	3/29/2019
NaproPax	3/29/2019
NaproxenPax	3/29/2019
Urea topicals	3/29/2019

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

Drug / Edit Name	Comments	Effective Date
Cablivi	Rule update - global PA	3/6/2019
Ampyra	Criteria update	3/11/2019
Cotellic	Criteria update	3/11/2019
Imbruvica	Criteria update	3/11/2019
Intranasal Steroids	Criteria update	3/11/2019
Orenitram	Criteria update	3/11/2019
Promacta	Criteria update	3/11/2019
Tarceva	Criteria update	3/12/2019
Upravi	Criteria update	3/12/2019
Inhaled Prostaglandins - Tyvaso, Ventavis	Criteria update	3/14/2019
Epoprostenol - Veletri, Flolan	Criteria update	3/15/2019
Remodulin	Criteria update	3/15/2019
Exondys 51	Criteria update	3/18/2019
Infliximab	Criteria update	3/19/2019
PAH: Endothelin Receptor Antagonists - Tracleer, Letairis, Opsumit	Criteria update	3/19/2019
Adempas	Criteria update	3/27/2019
Stivarga	Criteria update	3/27/2019
Cabometyx	Rule and Criteria update	3/29/2019
Cometriq	Rule and Criteria update	3/29/2019
NULOJIX	Terminated	3/29/2019
PARSABIV	Terminated	3/29/2019
Botulinum Toxin - Botox, Dysport, Myobloc, Xeomin	Criteria update	n/a
Afinitor	Criteria update	pending
IVIG	Criteria update	pending
PAH: PDE5 Inhibitors - Adcirca, Revatio	Criteria update	pending
SCIG	Criteria update	pending



**Express Scripts - Formulary Updates  
February 2019**

Trade Name	Effective Date	Basic Plus	ACA/ High Performance Plus	National Preferred Plus
AJOVY 225 MG/1.5 ML SYRINGE	04/01/19	<b>PB</b>	No Change	<b>PB</b>
FARESTON 60 MG TABLET	03/08/19	<b>NPB</b>	No Change	<b>NPB</b>
ADVAIR DISKUS □	03/08/19	<b>NPB</b>	No Change	<b>NPB</b>

**Drug Surveillance February 2019**

Drug / Edit Name	Effective Date
chlorzoxazone 250mg	2/15/2019
cyclobenzaprine/fexmid 7.5mg	2/15/2019
fenoprofen	2/21/2019

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

Drug / Edit Name	Comments	Effective Date
Ninlaro	Criteria update	2/18/2019
Epinephrine Auto-Injectors	Rule and Criteria update	2/20/2019
Xeljanz/Xeljanz XR	Criteria update	2/25/2019
Calquence	Criteria update	2/26/2019
Farydak	Criteria update	2/26/2019
Kuvan	Criteria update	2/26/2019
Nuedexta	Criteria update	2/26/2019
Odomzo	Criteria update	2/26/2019
Ravicti	Criteria update	2/26/2019
Strensiq	Criteria update	2/26/2019
Thalomid	Criteria update	2/26/2019
Glatiramer Acetate - Copaxone, Glatopa	Criteria update	2/27/2019
Lynparza	Criteria update	2/27/2019
Nexavar	Criteria update	2/27/2019
Nplate	Criteria update	2/27/2019
Sutent	Criteria update	2/27/2019
Temodar	Criteria update	2/27/2019
Interferon Beta - Avonex, Betaseron, Extavia, Plegriid, Rebif	Criteria update	3/4/2019
MDS- Vidaza and Dacogen	Criteria update	3/4/2019
Atopic Dermatitis - Elidel, Eucrisa, Protopic	Rule and Criteria update	3/6/2019
CGRP-Aimovig, Ajovy, Emgality	Criteria update	3/6/2019
Firdapse	New Rule and Criteria	3/6/2019
Gamifant	New Rule and Criteria	3/6/2019
Kymriah	Criteria update	3/6/2019
Motegrity	New Rule and Criteria	3/6/2019
Proton Pump Inhibitor	Rule and Criteria update	3/6/2019
Spinraza	Criteria update	3/6/2019
Xospata	New Rule and Criteria	3/6/2019
Yescarta	Criteria update	3/6/2019
Elzonris	New Rule and Criteria	3/15/2019
Xofluza	New Rule and Criteria	3/15/2019
Ultomiris	New Rule and Criteria	6/6/2019
Erectile Dysfunction Oral	No change	N/A
Hepatitis C	No change	N/A