



## Commercial and Medicaid formulary changes effective 4/13/19

These additions and changes apply to commercial and Medicaid formularies.

These additions and changes are effective 4/13/19 unless specified below.

### **Additions:**

Ilumya (tildrakizumab-asmn) – Medical Benefit, PA Required & Non-Preferred Brand, PA Required and QL of 2 syringes per 28 days for initial fill then 1 syringe per 84 days.

Takhzyro (lanadelumab-flyo) – Non-Preferred Brand, PA Required and QL of 2 syringes per 28 days.

Epidiolex (cannabidiol) – Non-Preferred Brand, PA Required.

Ztildo (lidocaine) – Non-Preferred Brand, PA Required and QL of 1 patch per day.

Tiglutik (riluzole) – Non-Preferred Brand, PA Required and QL of 20ml per day.

Ajovy (fremanezumab-vfrm) – Non-Preferred Brand, PA Required and QL of 3 syringes per 90 days.

Xerava (eravacycline) – Medical Benefit, PA Required.

Altreno (tretinoin) – Non-Preferred Brand, PA Required.

Mulpleta (lusutrombopag) – Non-Preferred Brand, PA Required and QL of 7 tablets per 30 days.

Qbrexza (glycopyrronium) – Non-Preferred Brand, PA Required and QL of 1 cloth per day.

Arikayce (amikacin liposome) – Non-Preferred Brand, PA Required and QL of 1 vial per day.

Azedra (iobenguane) – Non-Preferred Brand, PA Required.

Copiktra (duvelisib) – Non-Preferred Brand, PA Required.

Libtayo (cemiplimab-rwlc) – Medical Benefit, PA Required.

Jivi [antihemophilic factor (recombinant) pegylated-aucl] – Medical Benefit, No PA.

Pifeltro (doravirine) – Non-Preferred Brand.

Delstrigo (doravirine-lamivudine-tenofovir) – Non-Preferred Brand.

Nivestym (filgrastim-aafi) – Non-Preferred Brand.

Plenvu (peg 3350-kcl-nacl-na sulfate-na ascorbate-c) – Non-formulary for commercial and EGWP and PA Required and QL of 1 kit per fill for Medicaid.

Minolira (minocycline) – Non-formulary for commercial and EGWP and PA Required for Medicaid.

Udenyca (pegfilgrastim-cbqv) – Medical Benefit, No PA & Non-Preferred Brand, No PA.

OTC lidocaine 4% patches – Preferred generic.

OTC Abreva cream – Non-Preferred Brand.

### **Changes:**

Delzicol (mesalamine) – Changed to Preferred Brand.

Soliqua (insulin glargine-lixisenatide) – Changed from PA Required to Step Therapy Required.

Oxtellar XR (oxcarbazepine) – Changed from PA Required to Step Therapy Required.

Denavir (penciclovir) – Updated Step Therapy Requirement (effective 4/20/19 – letters sent to members and providers).

Pentasa (mesalamine) – Added Step Therapy Requirement.

Asacol 800mg (mesalamine) – Added Step Therapy Requirement to generic and moved brand to Non-Formulary.

Dipentum (olsalazine) – Added Step Therapy Requirement.

Minocycline ER – Changed from PA Required to Step Therapy Required.

Tamiflu – Added Step Therapy Requirement to brand name only.

Edluar (zolpidem) – Added QL of 9 sublingual tablets per 30 days.

Zolpimist (zolpidem) – Added QL of 1 per day.

Xifaxan (rifaximin) – Added QL of 3 tablets per day.

Lidoderm 5% patches (lidocaine) – Added PA Requirement (effective 4/20/19 – letters sent to members and providers).

calcipotriene topical scalp solution – Added PA Requirement (effective 4/20/19 – letters sent to members and providers).

Calcitrene (calcipotriene ointment) – Added PA Requirement (effective 4/20/19 – letters sent to members and providers).

Dovonex (calcipotriene cream) – Added PA Requirement (effective 4/20/19 – letters sent to members and providers).

Rectiv (nitroglycerin) – Removed PA.

Envarsus XR (tacrolimus) – Removed PA.

Fuzeon (enfuvirtide) – Removed PA.

Avonex (interferon beta-1a) – Removed PA.

Plegridy (peginterferon beta-1a) – Removed PA.

**Brand name drugs moving to Non-Formulary:\***

Ala Scalp Lotion

Aclovate cream & ointment

Apexicon E Cream

Asacol HD

Azulfidine

Clobex Lotion & Spray Liquid

Clodan Shampoo

Cloderm Cream

Colazal

Cordan Ointment, Cream, & Lotion

Cutivate Lotion

Derma-Smoothe/FS body oil & scalp oil

Dermatop Cream & Ointment

Desonate Gel

DesOwen Cream & Lotion

Diprolene AF Cream & Ointment

Elocon Cream & Ointment

Halog Cream & Ointment

Impoyz Cream

Kenalog Aerosol Solution

Lialda

Locoid Cream, Lotion, & Solution

LoKara Lotion

Luxiq Foam

Micort-HC cream

Minolira

Nascobal Solution

Nolix Cream & Lotion

Olux Foam  
Olux-E Foam  
Pandel Cream  
Plenvu  
Psorcon Cream  
Psorcon E Cream  
Sernivo emulsion  
Solodyn  
Synalar Cream, Ointment, & Solution  
Temovate Cream, Ointment, & Solution  
Texacort solution 2.5% external  
Topicort Cream, Gel, Ointment, & Spray  
Trianex Ointment  
Tridesilon Cream  
Ultravate Cream  
Ultravate Ointment  
Vanos Cream  
Verdeso Foam  
Westcort Ointment  
Xenazine  
Ximino

\*Drugs moving to Non-Formulary apply to commercial plans effective 4/20/19. These drugs will require PA for Medicaid effective 4/20/19.

**Quantity Limit of 240 per 30 days added to the following Topical Steroids:**

alclometstone dipropionate  
desonide  
fluocinolone  
Flurandrenolide (cream, lotion)  
fluticasone propionate (lotion)  
hydrocortisone

**Quantity Limit of 180 per 30 days added to the following Topical Steroids:**

Amcinonide  
betamethasone dipropionate augmented (lotion)  
betamethasone valerate (lotion)  
clobetasol propionate  
desoximetasone  
diflorasone diacetate  
flurandrenolide (ointment)  
hydrocortisone butyrate  
hydrocortisone valerate  
prednicarbate  
triamcinolone (0.025%, 0.1% lotion)

**Quantity Limit of 160 per 30 days added to the following Topical Steroids:**

triamcinolone (0.025%, 0.1% cream, ointment)

**Quantity Limit of 150 per 30 days added to the following Topical Steroids:**

betamethasone dipropionate  
betamethasone dipropionate augmented (gel and ointment and cream)

betamethasone valerate (cream, ointment)  
fluocinonide  
fluticasone propionate (ointment, cream)  
halobetasol  
mometasone (cream, ointment)  
triamcinolone (0.5% cream, ointment)