Retiree RxCare

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**FORMULARY ADDITIONS UPDATE:**

**The following summary describes recent changes to the formulary effective October 1, 2019**

| FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG | | | | |
|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| ABIRATERONE TAB 250MG | Formulary Addition | 2/1/2019 | 4 | PA |
| AZELAIC ACID GEL 15% | Formulary Addition | 2/1/2019 | 1 | |
| BRAFTOVI CAP 50MG | Formulary Addition | 2/1/2019 | 4 | PA |
| BRAFTOVI CAP 75MG | Formulary Addition | 2/1/2019 | 4 | PA |
| CLOBAZAM SUS 2.5MG/ML | Formulary Addition | 2/1/2019 | 3 | |
| CLOBAZAM TAB 10MG | Formulary Addition | 2/1/2019 | 3 | |
| CLOBAZAM TAB 20MG | Formulary Addition | 2/1/2019 | 3 | |
| COPIKTRA CAP 15MG | Formulary Addition | 2/1/2019 | 4 | PA |
| COPIKTRA CAP 25MG | Formulary Addition | 2/1/2019 | 4 | PA |
| CYRED EQ TAB | Formulary Addition | 2/1/2019 | 1 | |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| DALFAMPRIDIN TAB 10MG ER | Formulary Addition | 2/1/2019 | 4 | QL,PA |
| DAPTOMYCIN SOL 350MG | Formulary Addition | 2/1/2019 | 4 | |
| DELSTRIGO TAB | Formulary Addition | 2/1/2019 | 4 | QL |
| DESOXIMETASO SPR 0.25% | Formulary Addition | 2/1/2019 | 3 | |
| DEXAMETHASON TAB 10-DAY | Formulary Addition | 2/1/2019 | 3 | |
| DEXAMETHASON TAB 13-DAY | Formulary Addition | 2/1/2019 | 3 | |
| DEXAMETHASON TAB 6-DAY | Formulary Addition | 2/1/2019 | 3 | |
| DORZOL/TIMOL SOL 22.3-6.8 | Formulary Addition | 2/1/2019 | 1 | |
| DULOXETINE CAP 40MG | Reduction in Preferred or Tiered Cost-Sharing Status | 2/1/2019 | 1 | |
| DUPIXENT INJ 200/1.14 | Formulary Addition | 2/1/2019 | 4 | QL,PA |

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|---|---|---|---|---|
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| EPIDIOLEX SOL 100MG/ML | Formulary Addition | 2/1/2019 | 4 | PA |
| ERTAPENEM INJ 1GM | Formulary Addition | 2/1/2019 | 1 | |
| FLAC OIL 0.01% | Formulary Addition | 2/1/2019 | 1 | |
| GALAFOLD CAP 123MG | Formulary Addition | 2/1/2019 | 4 | PA |
| GRANIX INJ 300/1ML | Formulary Addition | 2/1/2019 | 4 | ST |
| GRANIX INJ 480/1.6ML | Formulary Addition | 2/1/2019 | 4 | ST |
| GUANFACINE TAB 1MG ER | Removal of Utilization Management | 2/1/2019 | 3 | PA Removed |
| GUANFACINE TAB 2MG ER | Removal of Utilization Management | 2/1/2019 | 3 | PA Removed |
| GUANFACINE TAB 3MG ER | Removal of Utilization Management | 2/1/2019 | 3 | PA Removed |
| GUANFACINE TAB 4MG ER | Removal of Utilization Management | 2/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| HYDROCORTISO LOT 0.1% | Formulary Addition | 2/1/2019 | 1 | |
| ILUMYA SOL 100MG/ML | Formulary Addition | 2/1/2019 | 4 | PA |
| IMIQUIMOD CRE 3.75%PMP | Formulary Addition | 2/1/2019 | 4 | |
| ITRACONAZOLE SOL 10MG/ML | Formulary Addition | 2/1/2019 | 4 | PA |
| KETOPROFEN CAP 25MG | Formulary Addition | 2/1/2019 | 1 | |
| LACTULOSE PAK 10GM | Formulary Addition | 2/1/2019 | 1 | |
| LEDIP-SOFOSB TAB 90-400MG | Formulary Addition | 2/1/2019 | 4 | QL,PA |
| LENVIMA CAP 12MG | Formulary Addition | 2/1/2019 | 4 | PA |
| LENVIMA CAP 4MG | Formulary Addition | 2/1/2019 | 4 | PA |
| LORBRENA TAB 100MG | Formulary Addition | 2/1/2019 | 4 | PA |

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| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| LORBRENA TAB 25MG | Formulary Addition | 2/1/2019 | 4 | PA |
| MEKTOVI TAB 15MG | Formulary Addition | 2/1/2019 | 4 | PA |
| METHOTREXATE INJ 25MG/ML | Formulary Addition | 2/1/2019 | 1 | |
| MINOCYCLINE TAB 55MG ER | Formulary Addition | 2/1/2019 | 4 | |
| MOLINDONE TAB HCL 10MG | Formulary Addition | 2/1/2019 | 3 | |
| MOLINDONE TAB HCL 25MG | Formulary Addition | 2/1/2019 | 3 | |
| MOLINDONE TAB HCL 5MG | Formulary Addition | 2/1/2019 | 3 | |
| MONDOXYNE NL CAP 100MG | Formulary Addition | 2/1/2019 | 1 | |
| MONDOXYNE NL CAP 75MG | Formulary Addition | 2/1/2019 | 1 | |
| MORPHINE SUL CAP 40MG ER | Formulary Addition | 2/1/2019 | 3 | |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| MULPLETA TAB 3MG | Formulary Addition | 2/1/2019 | 4 | PA |
| NAFCILLIN INJ 2GM | Formulary Addition | 2/1/2019 | 3 | |
| NIVESTYM INJ 300/0.5ML | Formulary Addition | 2/1/2019 | 4 | ST |
| NIVESTYM INJ 480/0.8ML | Formulary Addition | 2/1/2019 | 4 | ST |
| NORVIR POW 100MG | Reduction in Preferred or Tiered Cost-Sharing Status | 2/1/2019 | 2 | |
| NUPLAZID CAP 34MG | Formulary Addition | 2/1/2019 | 4 | QL,PA |
| NUPLAZID TAB 10MG | Formulary Addition | 2/1/2019 | 4 | QL,PA |
| ORILISSA TAB 150MG | Formulary Addition | 2/1/2019 | 4 | QL,PA |
| ORILISSA TAB 200MG | Formulary Addition | 2/1/2019 | 4 | QL,PA |
| ORKAMBI GRA 100-125 | Formulary Addition | 2/1/2019 | 4 | QL,PA |

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| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| ORKAMBI GRA 150-188 | Formulary Addition | 2/1/2019 | 4 | QL,PA |
| PACERONE TAB 100MG | Formulary Addition | 2/1/2019 | 1 | |
| PANZYGA SOL 10GM/100ML | Formulary Addition | 2/1/2019 | 4 | PA |
| PANZYGA SOL 1GM/10ML | Formulary Addition | 2/1/2019 | 4 | PA |
| PANZYGA SOL 2.5GM/25ML | Formulary Addition | 2/1/2019 | 4 | PA |
| PANZYGA SOL 20GM/200ML | Formulary Addition | 2/1/2019 | 4 | PA |
| PANZYGA SOL 30GM/300ML | Formulary Addition | 2/1/2019 | 4 | PA |
| PANZYGA SOL 5GM/50ML | Formulary Addition | 2/1/2019 | 4 | PA |
| PIFELTRO TAB 100MG | Formulary Addition | 2/1/2019 | 4 | |
| RELEXXII TAB 72MG | Formulary Addition | 2/1/2019 | 1 | QL,PA |

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| SOFOS/VELPAT TAB 400-100 | Formulary Addition | 2/1/2019 | 4 | QL,PA |
| SOTALOL AF TAB 120MG | Formulary Addition | 2/1/2019 | 1 | |
| SYMTUZA TAB | Formulary Addition | 2/1/2019 | 4 | QL |
| TADALAFIL TAB 2.5MG | Formulary Addition | 2/1/2019 | 1 | QL,PA |
| TADALAFIL TAB 5MG | Formulary Addition | 2/1/2019 | 1 | QL,PA |
| TAKHZYRO INJ 300/2ML | Formulary Addition | 2/1/2019 | 4 | PA |
| TALZENNA CAP 0.25MG | Formulary Addition | 2/1/2019 | 4 | PA |
| TALZENNA CAP 1MG | Formulary Addition | 2/1/2019 | 4 | PA |
| TESTOSTERONE GEL 1.62% | Formulary Addition | 2/1/2019 | 2 | PA |
| TIBSOVO TAB 250MG | Formulary Addition | 2/1/2019 | 4 | QL,PA |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| TIGLUTIK SUS 50/10ML | Formulary Addition | 2/1/2019 | 4 | PA |
| VANCOMYCIN INJ 250MG | Formulary Addition | 2/1/2019 | 1 | |
| VANCOMYCIN INJ 750MG | Formulary Addition | 2/1/2019 | 1 | |
| VELTASSA POW 16.8GM | Formulary Addition | 2/1/2019 | 4 | |
| VELTASSA POW 25.2GM | Formulary Addition | 2/1/2019 | 4 | |
| VELTASSA POW 8.4GM | Formulary Addition | 2/1/2019 | 4 | |
| VENTOLIN HFA AER | Removal of Utilization Management | 2/1/2019 | 2 | ST Removed |
| VIZIMPRO TAB 15MG | Formulary Addition | 2/1/2019 | 4 | PA |
| VIZIMPRO TAB 30MG | Formulary Addition | 2/1/2019 | 4 | PA |
| VIZIMPRO TAB 45MG | Formulary Addition | 2/1/2019 | 4 | PA |

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| XARELTO TAB 2.5MG | Formulary Addition | 2/1/2019 | 2 | QL |
| XOLAIR INJ 150MG/ML | Formulary Addition | 2/1/2019 | 4 | PA |
| XOLAIR INJ 75/0.5 | Formulary Addition | 2/1/2019 | 4 | PA |
| XYOSTED INJ 100/0.5 | Formulary Addition | 2/1/2019 | 3 | PA |
| XYOSTED INJ 50/0.5 | Formulary Addition | 2/1/2019 | 3 | PA |
| XYOSTED INJ 75/0.5 | Formulary Addition | 2/1/2019 | 3 | PA |
| YUPELRI SOL | Formulary Addition | 2/1/2019 | 4 | QL,B/D |
| ZORTRESS TAB 1MG | Formulary Addition | 2/1/2019 | 4 | PA |
| ACTEMRA INJ ACTPEN | Formulary Addition | 3/1/2019 | 4 | QL,PA |
| AIMOVIG INJ 140DOSE | Formulary Addition | 3/1/2019 | 3 | QL,PA |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| BUTAL/APAP CAP 50-300MG | Reduction in Preferred or Tiered Cost-Sharing Status | 3/1/2019 | 3 | |
| DAURISMO TAB 100MG | Formulary Addition | 3/1/2019 | 4 | PA |
| DAURISMO TAB 25MG | Formulary Addition | 3/1/2019 | 4 | PA |
| HAILEY 24 TAB FE | Formulary Addition | 3/1/2019 | 1 | |
| LOKELMA PAK 10GM | Reduction in Preferred or Tiered Cost-Sharing Status | 3/1/2019 | 3 | |
| LOKELMA PAK 5GM | Reduction in Preferred or Tiered Cost-Sharing Status | 3/1/2019 | 3 | |
| MAFENIDE ACE PAK 5% | Reduction in Preferred or Tiered Cost-Sharing Status | 3/1/2019 | 3 | |
| MESALAMINE SUP 1000MG | Formulary Addition | 3/1/2019 | 4 | |
| NITYR TAB 10MG | Formulary Addition | 3/1/2019 | 4 | |
| NITYR TAB 2MG | Formulary Addition | 3/1/2019 | 4 | |

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| NITYR TAB 5MG | Formulary Addition | 3/1/2019 | 4 | |
| OXERVATE SOL 20MCG/ML | Formulary Addition | 3/1/2019 | 4 | QL,PA |
| POT CHLORIDE POW 20MEQ | Formulary Addition | 3/1/2019 | 1 | |
| SILODOSIN CAP 4MG | Formulary Addition | 3/1/2019 | 2 | |
| SILODOSIN CAP 8MG | Formulary Addition | 3/1/2019 | 2 | |
| SUMATRIPTAN INJ 6MG/0.5ML | Formulary Addition | 3/1/2019 | 3 | QL |
| TEGSEDI INJ 284/1.5ML | Formulary Addition | 3/1/2019 | 4 | PA |
| TIROSINT CAP 175MCG | Formulary Addition | 3/1/2019 | 3 | |
| TIROSINT CAP 200MCG | Formulary Addition | 3/1/2019 | 3 | |
| TOLSURA CAP 65MG | Formulary Addition | 3/1/2019 | 4 | PA |

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| TRI-ESTARYLL TAB | Formulary Addition | 3/1/2019 | 1 | |
| UDENYCA INJ 6MG/.6ML | Formulary Addition | 3/1/2019 | 4 | PA |
| VITRAKVI CAP 100MG | Formulary Addition | 3/1/2019 | 4 | PA |
| VITRAKVI CAP 25MG | Formulary Addition | 3/1/2019 | 4 | PA |
| VITRAKVI SOL 20MG/ML | Formulary Addition | 3/1/2019 | 4 | PA |
| XOSPATA TAB 40MG | Formulary Addition | 3/1/2019 | 4 | PA |
| ALBENDAZOLE TAB 200MG | Formulary Addition | 4/1/2019 | 4 | |
| ALYQ TAB 20MG | Formulary Addition | 4/1/2019 | 4 | QL,PA |
| AMLOD/OLMESA TAB 10-20MG | Formulary Addition | 4/1/2019 | 1 | |
| AMLOD/OLMESA TAB 10-40MG | Formulary Addition | 4/1/2019 | 1 | |

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| AMLOD/OLMESA TAB 5-20MG | Formulary Addition | 4/1/2019 | 1 | |
| AMLOD/OLMESA TAB 5-40MG | Formulary Addition | 4/1/2019 | 1 | |
| ARISTADA INJ INITIO | Formulary Addition | 4/1/2019 | 4 | |
| BUPRENORPHIN DIS 7.5/HR | Formulary Addition | 4/1/2019 | 2 | QL |
| CLOBETASOL AER 0.05% | Formulary Addition | 4/1/2019 | 3 | |
| FIRDAPSE TAB 10MG | Formulary Addition | 4/1/2019 | 4 | QL,PA |
| NEVIRAPINE SUS 50MG/5ML | Formulary Addition | 4/1/2019 | 3 | |
| NUZYRA INJ 100MG | Formulary Addition | 4/1/2019 | 4 | |
| NUZYRA TAB 150MG | Formulary Addition | 4/1/2019 | 4 | |
| PERSERIS INJ 120MG | Formulary Addition | 4/1/2019 | 4 | PA |

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| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| PERSERIS INJ 90MG | Formulary Addition | 4/1/2019 | 4 | PA |
| PIMECROLIMUS CRE 1% | Formulary Addition | 4/1/2019 | 1 | |
| PROMACTA POW 12.5MG | Formulary Addition | 4/1/2019 | 4 | PA |
| SYMPAZAN MIS 10MG | Formulary Addition | 4/1/2019 | 4 | |
| SYMPAZAN MIS 20MG | Formulary Addition | 4/1/2019 | 4 | |
| SYMPAZAN MIS 5MG | Formulary Addition | 4/1/2019 | 3 | |
| TRI-VYLIBRA TAB LO | Formulary Addition | 4/1/2019 | 1 | |
| ACYCLOVIR CRE 5% | Formulary Addition | 5/1/2019 | 4 | |
| AMABELZ TAB 0.5-0.1MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| AMABELZ TAB 1-0.5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

Retiree RxCare

Retiree RxCare may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug [and/or move a drug at a higher cost-sharing tier], we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, in which case we will immediately remove the drug from our formulary.

**FORMULARY ADDITIONS UPDATE:**

**The following summary describes recent changes to the formulary effective October 1, 2019**

| FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG | | | | |
|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| AMOXAPINE TAB 100MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| AMOXAPINE TAB 150MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| AMOXAPINE TAB 25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| AMOXAPINE TAB 50MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| BENZTROPINE TAB 0.5MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| BENZTROPINE TAB 1MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| BENZTROPINE TAB 2MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| BUPREN/NALOX MIS 12-3MG | Formulary Addition | 5/1/2019 | 3 | QL |
| BUPREN/NALOX MIS 2-0.5MG | Formulary Addition | 5/1/2019 | 3 | QL |
| BUPREN/NALOX MIS 4-1MG | Formulary Addition | 5/1/2019 | 3 | QL |

Retiree RxCare

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| BUPREN/NALOX MIS 8-2MG | Formulary Addition | 5/1/2019 | 1 | QL |
| BUT/APAP/CAF CAP | Removal of Utilization Management | 5/1/2019 | 3 | QL Removed |
| BUTAL/APAP CAP 50-300MG | Removal of Utilization Management | 5/1/2019 | 3 | QL Removed |
| BUTAL/APAP TAB 50-325MG | Removal of Utilization Management | 5/1/2019 | 3 | QL Removed |
| CLIMARA PRO DIS WEEKLY | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| CLOMIPRAMINE CAP 25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| CLOMIPRAMINE CAP 50MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| CLOMIPRAMINE CAP 75MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| COMBIPATCH DIS .05/.14 | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| COMBIPATCH DIS .05/.25 | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| DESIPRAMINE TAB 100MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DESIPRAMINE TAB 10MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DESIPRAMINE TAB 150MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DESIPRAMINE TAB 25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DESIPRAMINE TAB 50MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DESIPRAMINE TAB 75MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DICYCLOMINE CAP 10MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| DICYCLOMINE SOL 10MG/5ML | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| DICYCLOMINE TAB 20MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| DIGITEK TAB 0.25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| DIGOX TAB 0.25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DIGOXIN SOL 50MCG/ML | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| DIGOXIN TAB 0.25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DIPHEN/ATROP LIQ 2.5MG/5ML | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DIPYRIDAMOLE TAB 25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DIPYRIDAMOLE TAB 50MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DIPYRIDAMOLE TAB 75MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DISOPYRAMIDE CAP 100MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DISOPYRAMIDE CAP 150MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| DIVIGEL GEL 1MG/GM | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| ELESTRIN GEL 0.06% | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ERGOLOID MES TAB 1MG ORAL | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ESTRA/NORETH TAB 0.5-0.1MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ESTRA/NORETH TAB 1-0.5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ESTRADIOL DIS 0.025MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ESTRADIOL DIS 0.0375MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ESTRADIOL DIS 0.05MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ESTRADIOL DIS 0.06MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ESTRADIOL DIS 0.075MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ESTRADIOL DIS 0.1MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| ESTRADIOL TAB 0.5MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| ESTRADIOL TAB 1MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ESTRADIOL TAB 2MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| ESTROPIPATE TAB 0.75MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| FYAVOLV TAB 0.5-2.5MCG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| FYAVOLV TAB 1-5MCG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| GLYB/METFORM TAB 1.25-250MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| GLYB/METFORM TAB 2.5-500MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| GLYB/METFORM TAB 5-500MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| GLYBURID MCR TAB 1.5MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| GLYBURID MCR TAB 3MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| GLYBURID MCR TAB 6MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| GLYBURIDE TAB 1.25MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| GLYBURIDE TAB 2.5MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| GLYBURIDE TAB 5MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| GUANFACINE TAB 1MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| GUANFACINE TAB 2MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| HALOBETASOL AER 0.05% | Formulary Addition | 5/1/2019 | 4 | |
| IMIPRAM HCL TAB 10MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| IMIPRAM HCL TAB 25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| IMIPRAM HCL TAB 50MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| IMIPRAM PAM CAP 100MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| IMIPRAM PAM CAP 125MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| IMIPRAM PAM CAP 150MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| IMIPRAM PAM CAP 75MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| INBRIJA CAP 42MG | Formulary Addition | 5/1/2019 | 4 | PA |
| INDOMETHACIN CAP 25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| INDOMETHACIN CAP 50MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| INDOMETHACIN CAP 75MG ER | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| JASMIEL TAB 3-0.02MG | Formulary Addition | 5/1/2019 | 1 | |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| JINTELI TAB 1MG-5MCG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| KETOROLAC TAB 10MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| LANOXIN TAB 0.25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| MEGESTROL SUS 625MG/5ML | Removal of Utilization Management | 5/1/2019 | 4 | PA Removed |
| MENEST TAB 0.3MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| MENEST TAB 0.625MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| MENEST TAB 1.25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| MEPROBAMATE TAB 200MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| MEPROBAMATE TAB 400MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| METHYLD/HCTZ TAB 250/15MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| METHYLD/HCTZ TAB 250/25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| METHYLDOPA TAB 250MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| METHYLDOPA TAB 500MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| MIMVEY TAB 1-0.5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| MIMVEY LO TAB 0.5-0.1MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| MINOCYCLINE TAB 105MG ER | Formulary Addition | 5/1/2019 | 4 | |
| MINOCYCLINE TAB 80MG ER | Formulary Addition | 5/1/2019 | 4 | |
| NORETH/ETHIN TAB 0.5-2.5MCG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| NORETH/ETHIN TAB 1MG-5MCG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| NORPACE CAP 100MG CR | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| NORPACE CAP 150MG CR | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| NORTRIPTYLIN CAP 10MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| NORTRIPTYLIN CAP 25MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| NORTRIPTYLIN CAP 50MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| NORTRIPTYLIN CAP 75MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| NORTRIPTYLIN SOL 10MG/5ML | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| PAROXETIN ER TAB 12.5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PAROXETIN ER TAB 37.5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PAROXETINE TAB 10MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PAROXETINE TAB 20MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| PAROXETINE TAB 25MG ER | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PAROXETINE TAB 30MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PAROXETINE TAB 40MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PAXIL SUS 10MG/5ML | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PENTAZ/NALOX TAB 50-0.5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PEXEVA TAB 10MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PEXEVA TAB 20MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PEXEVA TAB 30MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PEXEVA TAB 40MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PRAZIQUANTEL TAB 600MG | Formulary Addition | 5/1/2019 | 3 | |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| PREMARIN TAB 0.3MG | Removal of Utilization Management | 5/1/2019 | 2 | PA Removed |
| PREMARIN TAB 0.45MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PREMARIN TAB 0.625MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PREMARIN TAB 0.9MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PREMARIN TAB 1.25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PREMPHASE TAB | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PREMPRO TAB .625-2.5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PREMPRO TAB 0.3-1.5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PREMPRO TAB 0.45-1.5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PREMPRO TAB 0.625-5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| PROPANTHELIN TAB 15MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| PROTRIPTYLIN TAB 10MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| PROTRIPTYLIN TAB 5MG | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| SCOPOLAMINE DIS 1MG/3DAY | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| SEVELAMER TAB 800MG | Formulary Addition | 5/1/2019 | 2 | |
| SIROLIMUS SOL 1MG/ML | Formulary Addition | 5/1/2019 | 4 | B/D |
| SYNJARDY XR TAB | Removal of Utilization Management | 5/1/2019 | 2 | QL Removed |
| SYNJARDY XR TAB 10-1000MG | Removal of Utilization Management | 5/1/2019 | 2 | QL Removed |
| SYNJARDY XR TAB 25-1000MG | Removal of Utilization Management | 5/1/2019 | 2 | QL Removed |
| SYNJARDY XR TAB 5-1000MG | Removal of Utilization Management | 5/1/2019 | 2 | QL Removed |

Retiree RxCare

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**FORMULARY ADDITIONS UPDATE:**

**The following summary describes recent changes to the formulary effective October 1, 2019**

| FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG | | | | |
|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| TENCON TAB 50-325MG | Removal of Utilization Management | 5/1/2019 | 3 | QL Removed |
| TOREMIFENE TAB 60MG | Formulary Addition | 5/1/2019 | 4 | |
| TRANSDERM-SC DIS 1.5MG | Formulary Addition | 5/1/2019 | 3 | |
| TRESIBA INJ 100UNIT | Formulary Addition | 5/1/2019 | 2 | |
| TRIHEXYPHEN ELX 0.4MG/ML | Removal of Utilization Management | 5/1/2019 | 1 | PA Removed |
| TRIHEXYPHEN TAB 2MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| TRIHEXYPHEN TAB 5MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| TRIMIPRAMINE CAP 100MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| TRIMIPRAMINE CAP 25MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |
| TRIMIPRAMINE CAP 50MG | Removal of Utilization Management | 5/1/2019 | 3 | PA Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| VIGABATRIN TAB 500MG | Formulary Addition | 5/1/2019 | 4 | PA |
| VIGADRONE POW 500MG | Formulary Addition | 5/1/2019 | 4 | PA |
| WIXELA INHUB AER 100/50 | Formulary Addition | 5/1/2019 | 2 | QL |
| WIXELA INHUB AER 250/50 | Formulary Addition | 5/1/2019 | 2 | QL |
| WIXELA INHUB AER 500/50 | Formulary Addition | 5/1/2019 | 2 | QL |
| XOFLUZA TAB 20MG | Formulary Addition | 5/1/2019 | 2 | QL |
| XOFLUZA TAB 40MG | Formulary Addition | 5/1/2019 | 2 | QL |
| ZEBUTAL CAP | Removal of Utilization Management | 5/1/2019 | 3 | QL Removed |
| AIMOVIG INJ 140MG/ML | Formulary Addition | 6/1/2019 | 3 | QL,PA |
| ALISKIREN TAB 150MG | Formulary Addition | 6/1/2019 | 3 | |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| ALISKIREN TAB 300MG | Formulary Addition | 6/1/2019 | 3 | |
| CABLIVI KIT 11MG | Formulary Addition | 6/1/2019 | 4 | QL,PA |
| CLOCORTOLONE CRE PIV 0.1% | Formulary Addition | 6/1/2019 | 3 | |
| CYCLOBENZAPR CAP 15MG ER | Formulary Addition | 6/1/2019 | 3 | PA |
| CYCLOBENZAPR CAP 30MG ER | Formulary Addition | 6/1/2019 | 3 | PA |
| DEXCHLORPHEN SYP 2MG/5ML | Formulary Addition | 6/1/2019 | 1 | PA |
| DOVATO TAB 50-300MG | Formulary Addition | 6/1/2019 | 4 | QL |
| FLUTIC/SALME AER 100/50 | Formulary Addition | 6/1/2019 | 2 | QL |
| FLUTIC/SALME AER 250/50 | Formulary Addition | 6/1/2019 | 2 | QL |
| FLUTIC/SALME AER 500/50 | Formulary Addition | 6/1/2019 | 2 | QL |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| IMVEXXY MAIN SUP 10MCG | Formulary Addition | 6/1/2019 | 2 | PA |
| IMVEXXY MAIN SUP 4MCG | Formulary Addition | 6/1/2019 | 2 | PA |
| IMVEXXY STRT SUP 10MCG | Formulary Addition | 6/1/2019 | 2 | PA |
| IMVEXXY STRT SUP 4MCG | Formulary Addition | 6/1/2019 | 2 | PA |
| INVELTYS SUS 1% | Formulary Addition | 6/1/2019 | 3 | |
| LEVORPHANOL TAB 3MG | Formulary Addition | 6/1/2019 | 4 | |
| LOTEMAX SM GEL 0.38% | Formulary Addition | 6/1/2019 | 3 | QL |
| NIVESTYM INJ 300MCG | Formulary Addition | 6/1/2019 | 4 | ST |
| NIVESTYM INJ 480MCG | Formulary Addition | 6/1/2019 | 4 | ST |
| PROGRAF GRA 0.2MG | Formulary Addition | 6/1/2019 | 4 | B/D |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| PROGRAF GRA 1MG | Formulary Addition | 6/1/2019 | 4 | B/D |
| PYRIDOSTIGMI SOL 60MG/5ML | Formulary Addition | 6/1/2019 | 4 | |
| RANOLAZINE TAB 1000MG | Formulary Addition | 6/1/2019 | 2 | |
| RANOLAZINE TAB 500MG ER | Formulary Addition | 6/1/2019 | 2 | |
| RYCLORA SYP 2MG/5ML | Formulary Addition | 6/1/2019 | 3 | PA |
| TARINA 24 FE TAB | Formulary Addition | 6/1/2019 | 1 | |
| TREMFYA INJ 100MG/ML | Formulary Addition | 6/1/2019 | 4 | PA |
| VERSACLOZ SUS 50MG/ML | Formulary Addition | 6/1/2019 | 4 | QL |
| AMBRISENTAN TAB 10MG | Formulary Addition | 7/1/2019 | 4 | QL,PA |
| AMBRISENTAN TAB 5MG | Formulary Addition | 7/1/2019 | 4 | QL,PA |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| BALVERSA TAB 3MG | Formulary Addition | 7/1/2019 | 4 | QL,PA |
| BALVERSA TAB 4MG | Formulary Addition | 7/1/2019 | 4 | QL,PA |
| BALVERSA TAB 5MG | Formulary Addition | 7/1/2019 | 4 | QL,PA |
| BROMFENAC SOL 0.09% OP | Formulary Addition | 7/1/2019 | 1 | |
| CHLORZOXAZON TAB 375MG | Formulary Addition | 7/1/2019 | 3 | PA |
| CHLORZOXAZON TAB 750MG | Formulary Addition | 7/1/2019 | 3 | PA |
| DEFERASIROX TAB 125MG | Formulary Addition | 7/1/2019 | 4 | PA |
| DEFERASIROX TAB 250MG | Formulary Addition | 7/1/2019 | 4 | PA |
| DEFERASIROX TAB 500MG | Formulary Addition | 7/1/2019 | 4 | PA |
| ERYTHROM ETH SUS 400/5ML | Formulary Addition | 7/1/2019 | 3 | |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| EVENITY INJ 105MG | Formulary Addition | 7/1/2019 | 4 | QL,PA |
| FULPHILA INJ 6/0.6ML | Formulary Addition | 7/1/2019 | 4 | PA |
| JYNARQUE TAB 15MG | Formulary Addition | 7/1/2019 | 4 | QL |
| JYNARQUE TAB 30MG | Formulary Addition | 7/1/2019 | 4 | QL |
| LOKELMA PAK 10GM | Removal of Utilization Management | 7/1/2019 | 3 | PA Removed |
| LOKELMA PAK 5GM | Removal of Utilization Management | 7/1/2019 | 3 | PA Removed |
| LOPREEZA TAB 1-0.5MG | Formulary Addition | 7/1/2019 | 3 | |
| OSPHENA TAB 60MG | Reduction in Preferred or Tiered Cost-Sharing Status | 7/1/2019 | 2 | |
| SEVELAMER TAB 400MG | Formulary Addition | 7/1/2019 | 2 | |
| SKYRIZI INJ 150DOSE | Formulary Addition | 7/1/2019 | 4 | PA |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| SOLIFENACIN TAB 10MG | Formulary Addition | 7/1/2019 | 2 | |
| SOLIFENACIN TAB 5MG | Formulary Addition | 7/1/2019 | 2 | |
| TADALAFIL TAB 20MG | Formulary Addition | 7/1/2019 | 4 | QL,PA |
| BALVERSA TAB 3MG | Removal of Utilization Management | 8/1/2019 | 4 | QL Removed |
| BALVERSA TAB 4MG | Removal of Utilization Management | 8/1/2019 | 4 | QL Removed |
| BALVERSA TAB 5MG | Removal of Utilization Management | 8/1/2019 | 4 | QL Removed |
| BESER LOT 0.05% | Formulary Addition | 8/1/2019 | 1 | |
| BOSENTAN TAB 125MG | Formulary Addition | 8/1/2019 | 4 | QL,PA |
| BOSENTAN TAB 62.5MG | Formulary Addition | 8/1/2019 | 4 | QL,PA |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| CINACALCET TAB 30MG | Formulary Addition | 8/1/2019 | 1 | |
| CINACALCET TAB 60MG | Formulary Addition | 8/1/2019 | 4 | |
| CINACALCET TAB 90MG | Formulary Addition | 8/1/2019 | 4 | |
| DUOBRII LOT | Formulary Addition | 8/1/2019 | 4 | PA |
| EMBEDA CAP 100-4MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |
| EMBEDA CAP 20-0.8MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |
| EMBEDA CAP 30-1.2MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |
| EMBEDA CAP 50-2MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |
| EMBEDA CAP 60-2.4MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| EMBEDA CAP 80-3.2MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |
| ERLOTINIB TAB 100MG | Formulary Addition | 8/1/2019 | 4 | QL,PA |
| ERLOTINIB TAB 150MG | Formulary Addition | 8/1/2019 | 4 | QL,PA |
| ERLOTINIB TAB 25MG | Formulary Addition | 8/1/2019 | 4 | QL,PA |
| EZETIM/SIMVA TAB 10-80MG | Removal of Utilization Management | 8/1/2019 | 1 | PA Removed |
| INGREZZA CAP 40-80MG | Formulary Addition | 8/1/2019 | 4 | QL,PA |
| INSULIN LISP INJ 100/ML | Formulary Addition | 8/1/2019 | 2 | |
| KALYDECO PAK 25MG | Formulary Addition | 8/1/2019 | 4 | PA |
| LATANOPROST SOL 0.005% | Removal of Utilization Management | 8/1/2019 | 1 | QL Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| LEXETTE AER 0.05% | Formulary Addition | 8/1/2019 | 4 | |
| LOTEPREDNOL SUS 0.5% | Formulary Addition | 8/1/2019 | 1 | |
| SIMVASTATIN TAB 80MG | Removal of Utilization Management | 8/1/2019 | 1 | PA Removed |
| VYNDAQEL CAP 20MG | Formulary Addition | 8/1/2019 | 4 | QL,PA |
| XTAMPZA ER CAP 13.5MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |
| XTAMPZA ER CAP 18MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |
| XTAMPZA ER CAP 27MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |
| XTAMPZA ER CAP 36MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |
| XTAMPZA ER CAP 9MG | Removal of Utilization Management | 8/1/2019 | 2 | ST Removed |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| ZYKADIA TAB 150MG | Formulary Addition | 8/1/2019 | 4 | PA |
| DOTTI DIS 0.025MG | Formulary Addition | 9/1/2019 | 3 | |
| DOTTI DIS 0.0375MG | Formulary Addition | 9/1/2019 | 3 | |
| DOTTI DIS 0.05MG | Formulary Addition | 9/1/2019 | 3 | |
| DOTTI DIS 0.075MG | Formulary Addition | 9/1/2019 | 3 | |
| DOTTI DIS 0.1MG | Formulary Addition | 9/1/2019 | 3 | |
| DOXYL/PYRID TAB 10-10MG | Formulary Addition | 9/1/2019 | 3 | QL |
| FENTANYL CIT TAB 100MCG | Formulary Addition | 9/1/2019 | 4 | PA |
| FENTANYL CIT TAB 200MCG | Formulary Addition | 9/1/2019 | 4 | PA |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| FENTANYL CIT TAB 400MCG | Formulary Addition | 9/1/2019 | 4 | PA |
| FENTANYL CIT TAB 600MCG | Formulary Addition | 9/1/2019 | 4 | PA |
| FENTANYL CIT TAB 800MCG | Formulary Addition | 9/1/2019 | 4 | PA |
| MAVENCLAD PAK 10MG(10) | Formulary Addition | 9/1/2019 | 4 | PA |
| MAVENCLAD PAK 10MG(4) | Formulary Addition | 9/1/2019 | 4 | PA |
| MAVENCLAD PAK 10MG(5) | Formulary Addition | 9/1/2019 | 4 | PA |
| MAVENCLAD PAK 10MG(6) | Formulary Addition | 9/1/2019 | 4 | PA |
| MAVENCLAD PAK 10MG(7) | Formulary Addition | 9/1/2019 | 4 | PA |
| MAVENCLAD PAK 10MG(8) | Formulary Addition | 9/1/2019 | 4 | PA |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| MAVENCLAD PAK 10MG(9) | Formulary Addition | 9/1/2019 | 4 | PA |
| NUCALA INJ 100MG/ML | Formulary Addition | 9/1/2019 | 4 | QL,PA |
| PIQRAY 200MG TAB DOSE | Formulary Addition | 9/1/2019 | 4 | PA |
| PIQRAY 250MG TAB DOSE | Formulary Addition | 9/1/2019 | 4 | PA |
| PIQRAY 300MG TAB DOSE | Formulary Addition | 9/1/2019 | 4 | PA |
| PYRIDOSTIGMI TAB 30MG | Formulary Addition | 9/1/2019 | 4 | |
| SILDENAFIL SUS 10MG/ML | Formulary Addition | 9/1/2019 | 4 | PA |
| ABILIFY MYCI TAB 10MG | Formulary Addition | 10/1/2019 | 4 | QL,ST |
| ABILIFY MYCI TAB 15MG | Formulary Addition | 10/1/2019 | 4 | QL,ST |

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| FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG | | | | |
|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| ABILIFY MYCI TAB 20MG | Formulary Addition | 10/1/2019 | 4 | QL,ST |
| ABILIFY MYCI TAB 2MG | Formulary Addition | 10/1/2019 | 4 | QL,ST |
| ABILIFY MYCI TAB 30MG | Formulary Addition | 10/1/2019 | 4 | QL,ST |
| ABILIFY MYCI TAB 5MG | Formulary Addition | 10/1/2019 | 4 | QL,ST |
| CEFIXIME CAP 400MG | Formulary Addition | 10/1/2019 | 2 | |
| ERYTHROMYCIN TAB 250MG EC | Formulary Addition | 10/1/2019 | 1 | |
| ERYTHROMYCIN TAB 333MG EC | Formulary Addition | 10/1/2019 | 1 | |
| ERYTHROMYCIN TAB 500MG EC | Formulary Addition | 10/1/2019 | 1 | |
| FEBUXOSTAT TAB 40MG | Formulary Addition | 10/1/2019 | 1 | |

Retiree RxCare

Retiree RxCare may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug [and/or move a drug at a higher cost-sharing tier], we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, in which case we will immediately remove the drug from our formulary.

**FORMULARY ADDITIONS UPDATE:**

**The following summary describes recent changes to the formulary effective October 1, 2019**

| FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG | | | | |
|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| FEBUXOSTAT TAB 80MG | Formulary Addition | 10/1/2019 | 1 | |
| ICATIBANT INJ 30MG/3ML | Formulary Addition | 10/1/2019 | 4 | PA |
| NUBEQA TAB 300MG | Formulary Addition | 10/1/2019 | 4 | PA |
| PERSERIS INJ 120MG | Removal of Utilization Management | 10/1/2019 | 4 | PA Removed |
| PERSERIS INJ 90MG | Removal of Utilization Management | 10/1/2019 | 4 | PA Removed |
| PREGABALIN CAP 100MG | Formulary Addition | 10/1/2019 | 1 | QL |
| PREGABALIN CAP 150MG | Formulary Addition | 10/1/2019 | 1 | QL |
| PREGABALIN CAP 200MG | Formulary Addition | 10/1/2019 | 1 | QL |
| PREGABALIN CAP 225MG | Formulary Addition | 10/1/2019 | 1 | QL |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| PREGABALIN CAP 25MG | Formulary Addition | 10/1/2019 | 1 | QL |
| PREGABALIN CAP 300MG | Formulary Addition | 10/1/2019 | 1 | QL |
| PREGABALIN CAP 50MG | Formulary Addition | 10/1/2019 | 1 | QL |
| PREGABALIN CAP 75MG | Formulary Addition | 10/1/2019 | 1 | QL |
| PREGABALIN SOL 20MG/ML | Formulary Addition | 10/1/2019 | 1 | QL |
| RAMELTEON TAB 8MG | Formulary Addition | 10/1/2019 | 1 | QL |
| ROCKLATAN DRO | Formulary Addition | 10/1/2019 | 2 | QL |
| SYMDEKO TAB 50-75MG | Formulary Addition | 10/1/2019 | 4 | QL,PA |
| THIOLA EC TAB 100MG | Formulary Addition | 10/1/2019 | 4 | |

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |
| THIOLA EC TAB 300MG | Formulary Addition | 10/1/2019 | 4 | |
| TURALIO CAP 200MG | Formulary Addition | 10/1/2019 | 4 | PA |
| XPOVIO PAK 100MG | Formulary Addition | 10/1/2019 | 4 | PA |
| XPOVIO PAK 60MG | Formulary Addition | 10/1/2019 | 4 | PA |
| XPOVIO PAK 80MG | Formulary Addition | 10/1/2019 | 4 | PA |

* Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate here is appropriate for you given the individualized nature of the drug therapy. Please consult your physician as to whether this is an appropriate drug for you.

**QL** = Quantity Limit, **PA** = Prior Authorization, **ST** = Step Therapy, **B/D** = Medicare Part B/D determination

**AER** = Aerosol, **CAP** = Capsule, **CON** = Concentrate, **CRE** = Cream, **DRO** = Drops, **ER** = Extended Release, **ENE** = Enema, **GRA** = Granules, **INH** = Inhalation, **INJ** = Injection, **LOT** = Lotion, **NEB** = Nebulizer, **ODT** = Orally Disintegrating, **OIN** = Ointment, **OP** = Ophthalmic, **POW** = Powder, **SHA** = Shampoo, **SOL** = Solution, **SPR** = Spray, **SUB** = Sublingual, **SUP** = Suppository, **SUS** = Suspension, **TAB** = Tablet, **CHW** = Chewable

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|---|---|---|---|---|
| **Drug Name** | **Description of Change** | **Effective Date of Change** | **Tier** | **Utilization Management Notes** |

**Formulary ID# 19156** **Last Updated: 10/1/2019**