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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**	**Utilization Management Notes**
ABIRATERONE TAB 250MG	Formulary Addition	2/1/2019	PA
AZELAIC ACID GEL 15%	Formulary Addition	2/1/2019	
BRAFTOVI CAP 50MG	Formulary Addition	2/1/2019	PA
BRAFTOVI CAP 75MG	Formulary Addition	2/1/2019	PA
CLOBAZAM SUS 2.5MG/ML	Formulary Addition	2/1/2019	
CLOBAZAM TAB 10MG	Formulary Addition	2/1/2019	
CLOBAZAM TAB 20MG	Formulary Addition	2/1/2019	
COPIKTRA CAP 15MG	Formulary Addition	2/1/2019	PA
COPIKTRA CAP 25MG	Formulary Addition	2/1/2019	PA
CYRED EQ TAB	Formulary Addition	2/1/2019	

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

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Drug Name	**Description of Change**	**Effective Date of Change**	**Utilization Management Notes**
EPIDIOLEX SOL 100MG/ML	Formulary Addition	2/1/2019	PA
ERTAPENEM INJ 1GM	Formulary Addition	2/1/2019	
FLAC OIL 0.01%	Formulary Addition	2/1/2019	
GALAFOLD CAP 123MG	Formulary Addition	2/1/2019	PA
GRANIX INJ 300/1ML	Formulary Addition	2/1/2019	ST
GRANIX INJ 480/1.6ML	Formulary Addition	2/1/2019	ST
GUANFACINE TAB 1MG ER	Removal of Utilization Management	2/1/2019	PA Removed
GUANFACINE TAB 2MG ER	Removal of Utilization Management	2/1/2019	PA Removed
GUANFACINE TAB 3MG ER	Removal of Utilization Management	2/1/2019	PA Removed
GUANFACINE TAB 4MG ER	Removal of Utilization Management	2/1/2019	PA Removed

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

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

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

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

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Drug Name	**Description of Change**	**Effective Date of Change**	**Utilization Management Notes**
SOFOS/VELPAT TAB 400-100	Formulary Addition	2/1/2019	QL,PA
SOTALOL AF TAB 120MG	Formulary Addition	2/1/2019	
SYMTUZA TAB	Formulary Addition	2/1/2019	QL
TADALAFIL TAB 2.5MG	Formulary Addition	2/1/2019	QL,PA
TADALAFIL TAB 5MG	Formulary Addition	2/1/2019	QL,PA
TAKHZYRO INJ 300/2ML	Formulary Addition	2/1/2019	PA
TALZENNA CAP 0.25MG	Formulary Addition	2/1/2019	PA
TALZENNA CAP 1MG	Formulary Addition	2/1/2019	PA
TESTOSTERONE GEL 1.62%	Formulary Addition	2/1/2019	PA
TIBSOVO TAB 250MG	Formulary Addition	2/1/2019	QL,PA

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

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Drug Name	**Description of Change**	**Effective Date of Change**	**Utilization Management Notes**
XARELTO TAB 2.5MG	Formulary Addition	2/1/2019	QL
XOLAIR INJ 150MG/ML	Formulary Addition	2/1/2019	PA
XOLAIR INJ 75/0.5	Formulary Addition	2/1/2019	PA
XYOSTED INJ 100/0.5	Formulary Addition	2/1/2019	PA
XYOSTED INJ 50/0.5	Formulary Addition	2/1/2019	PA
XYOSTED INJ 75/0.5	Formulary Addition	2/1/2019	PA
YUPELRI SOL	Formulary Addition	2/1/2019	QL,B/D
ZORTRESS TAB 1MG	Formulary Addition	2/1/2019	PA
ACTEMRA INJ ACTPEN	Formulary Addition	3/1/2019	QL,PA
AIMOVIG INJ 140DOSE	Formulary Addition	3/1/2019	QL,PA

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

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Drug Name	**Description of Change**	**Effective Date of Change**	**Utilization Management Notes**
NITYR TAB 5MG	Formulary Addition	3/1/2019	
OXERVATE SOL 20MCG/ML	Formulary Addition	3/1/2019	QL,PA
POT CHLORIDE POW 20MEQ	Formulary Addition	3/1/2019	
SILODOSIN CAP 4MG	Formulary Addition	3/1/2019	
SILODOSIN CAP 8MG	Formulary Addition	3/1/2019	
SUMATRIPTAN INJ 6MG/0.5ML	Formulary Addition	3/1/2019	QL
TEGSEDI INJ 284/1.5ML	Formulary Addition	3/1/2019	PA
TIROSINT CAP 175MCG	Formulary Addition	3/1/2019	
TIROSINT CAP 200MCG	Formulary Addition	3/1/2019	
TOLSURA CAP 65MG	Formulary Addition	3/1/2019	PA

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Drug Name	**Description of Change**	**Effective Date of Change**	**Utilization Management Notes**
TRI-ESTARYLL TAB	Formulary Addition	3/1/2019	
UDENYCA INJ 6MG/.6ML	Formulary Addition	3/1/2019	PA
VITRAKVI CAP 100MG	Formulary Addition	3/1/2019	PA
VITRAKVI CAP 25MG	Formulary Addition	3/1/2019	PA
VITRAKVI SOL 20MG/ML	Formulary Addition	3/1/2019	PA
XOSPATA TAB 40MG	Formulary Addition	3/1/2019	PA
ALBENDAZOLE TAB 200MG	Formulary Addition	4/1/2019	
ALYQ TAB 20MG	Formulary Addition	4/1/2019	QL,PA
AMLOD/OLMESA TAB 10-20MG	Formulary Addition	4/1/2019	
AMLOD/OLMESA TAB 10-40MG	Formulary Addition	4/1/2019	

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Drug Name	**Description of Change**	**Effective Date of Change**	**Utilization Management Notes**
AMLOD/OLMESA TAB 5-20MG	Formulary Addition	4/1/2019	
AMLOD/OLMESA TAB 5-40MG	Formulary Addition	4/1/2019	
ARISTADA INJ INITIO	Formulary Addition	4/1/2019	
BUPRENORPHIN DIS 7.5/HR	Formulary Addition	4/1/2019	QL
CLOBETASOL AER 0.05%	Formulary Addition	4/1/2019	
FIRDAPSE TAB 10MG	Formulary Addition	4/1/2019	QL,PA
NEVIRAPINE SUS 50MG/5ML	Formulary Addition	4/1/2019	
NUZYRA INJ 100MG	Formulary Addition	4/1/2019	
NUZYRA TAB 150MG	Formulary Addition	4/1/2019	
PERSERIS INJ 120MG	Formulary Addition	4/1/2019	PA

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

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Drug Name	**Description of Change**	**Effective Date of Change**	**Utilization Management Notes**
AMOXAPINE TAB 100MG	Removal of Utilization Management	5/1/2019	PA Removed
AMOXAPINE TAB 150MG	Removal of Utilization Management	5/1/2019	PA Removed
AMOXAPINE TAB 25MG	Removal of Utilization Management	5/1/2019	PA Removed
AMOXAPINE TAB 50MG	Removal of Utilization Management	5/1/2019	PA Removed
BENZTROPINE TAB 0.5MG	Removal of Utilization Management	5/1/2019	PA Removed
BENZTROPINE TAB 1MG	Removal of Utilization Management	5/1/2019	PA Removed
BENZTROPINE TAB 2MG	Removal of Utilization Management	5/1/2019	PA Removed
BUPREN/NALOX MIS 12-3MG	Formulary Addition	5/1/2019	QL
BUPREN/NALOX MIS 2-0.5MG	Formulary Addition	5/1/2019	QL
BUPREN/NALOX MIS 4-1MG	Formulary Addition	5/1/2019	QL

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

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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**	**Utilization Management Notes**
DESIPRAMINE TAB 100MG	Removal of Utilization Management	5/1/2019	PA Removed
DESIPRAMINE TAB 10MG	Removal of Utilization Management	5/1/2019	PA Removed
DESIPRAMINE TAB 150MG	Removal of Utilization Management	5/1/2019	PA Removed
DESIPRAMINE TAB 25MG	Removal of Utilization Management	5/1/2019	PA Removed
DESIPRAMINE TAB 50MG	Removal of Utilization Management	5/1/2019	PA Removed
DESIPRAMINE TAB 75MG	Removal of Utilization Management	5/1/2019	PA Removed
DICYCLOMINE CAP 10MG	Removal of Utilization Management	5/1/2019	PA Removed
DICYCLOMINE SOL 10MG/5ML	Removal of Utilization Management	5/1/2019	PA Removed
DICYCLOMINE TAB 20MG	Removal of Utilization Management	5/1/2019	PA Removed
DIGITEK TAB 0.25MG	Removal of Utilization Management	5/1/2019	PA Removed

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

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

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

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

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

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

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

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

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

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

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

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Drug Name	**Description of Change**	**Effective Date of Change**	**Utilization Management Notes**
TENCON TAB 50-325MG	Removal of Utilization Management	5/1/2019	QL Removed
TOREMIFENE TAB 60MG	Formulary Addition	5/1/2019	
TRANSDERM-SC DIS 1.5MG	Formulary Addition	5/1/2019	
TRESIBA INJ 100UNIT	Formulary Addition	5/1/2019	
TRIHEXYPHEN ELX 0.4MG/ML	Removal of Utilization Management	5/1/2019	PA Removed
TRIHEXYPHEN TAB 2MG	Removal of Utilization Management	5/1/2019	PA Removed
TRIHEXYPHEN TAB 5MG	Removal of Utilization Management	5/1/2019	PA Removed
TRIMIPRAMINE CAP 100MG	Removal of Utilization Management	5/1/2019	PA Removed
TRIMIPRAMINE CAP 25MG	Removal of Utilization Management	5/1/2019	PA Removed
TRIMIPRAMINE CAP 50MG	Removal of Utilization Management	5/1/2019	PA Removed

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

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

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

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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**	**Utilization Management Notes**
PROGRAF GRA 1MG	Formulary Addition	6/1/2019	B/D
PYRIDOSTIGMI SOL 60MG/5ML	Formulary Addition	6/1/2019	
RANOLAZINE TAB 1000MG	Formulary Addition	6/1/2019	
RANOLAZINE TAB 500MG ER	Formulary Addition	6/1/2019	
RYCLORA SYP 2MG/5ML	Formulary Addition	6/1/2019	PA
TARINA 24 FE TAB	Formulary Addition	6/1/2019	
TREMFYA INJ 100MG/ML	Formulary Addition	6/1/2019	PA
VERSACLOZ SUS 50MG/ML	Formulary Addition	6/1/2019	QL
AMBRISENTAN TAB 10MG	Formulary Addition	7/1/2019	QL,PA
AMBRISENTAN TAB 5MG	Formulary Addition	7/1/2019	QL,PA

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

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

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

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

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

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

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

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

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

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Drug Name	**Description of Change**	**Effective Date of Change**	**Utilization Management Notes**
ABILIFY MYCI TAB 20MG	Formulary Addition	10/1/2019	QL,ST
ABILIFY MYCI TAB 2MG	Formulary Addition	10/1/2019	QL,ST
ABILIFY MYCI TAB 30MG	Formulary Addition	10/1/2019	QL,ST
ABILIFY MYCI TAB 5MG	Formulary Addition	10/1/2019	QL,ST
CEFIXIME CAP 400MG	Formulary Addition	10/1/2019	
ERYTHROMYCIN TAB 250MG EC	Formulary Addition	10/1/2019	
ERYTHROMYCIN TAB 333MG EC	Formulary Addition	10/1/2019	
ERYTHROMYCIN TAB 500MG EC	Formulary Addition	10/1/2019	
FEBUXOSTAT TAB 40MG	Formulary Addition	10/1/2019	

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Drug Name	**Description of Change**	**Effective Date of Change**	**Utilization Management Notes**
FEBUXOSTAT TAB 80MG	Formulary Addition	10/1/2019	
ICATIBANT INJ 30MG/3ML	Formulary Addition	10/1/2019	PA
NUBEQA TAB 300MG	Formulary Addition	10/1/2019	PA
PERSERIS INJ 120MG	Removal of Utilization Management	10/1/2019	PA Removed
PERSERIS INJ 90MG	Removal of Utilization Management	10/1/2019	PA Removed
PREGABALIN CAP 100MG	Formulary Addition	10/1/2019	QL
PREGABALIN CAP 150MG	Formulary Addition	10/1/2019	QL
PREGABALIN CAP 200MG	Formulary Addition	10/1/2019	QL
PREGABALIN CAP 225MG	Formulary Addition	10/1/2019	QL

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

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

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