

**Virginia Premier Advantage Gold or Virginia Premier
Advantage Platinum
2019
Formulary Addendum**

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
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2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2019				
AMPHETAMINE- DEXTROAMPHET ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	NF	2 + QL 30	Formulary Enhancement	N/A
AMPHETAMINE- DEXTROAMPHET ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	NF	2 + QL 30	Formulary Enhancement	N/A
AMPHETAMINE- DEXTROAMPHET ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	NF	2 + QL 30	Formulary Enhancement	N/A
AMPHETAMINE- DEXTROAMPHET ER CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	NF	2 + QL 30	Formulary Enhancement	N/A
AMPHETAMINE- DEXTROAMPHET ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	NF	2 + QL 30	Formulary Enhancement	N/A
AMPHETAMINE- DEXTROAMPHET ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	NF	2 + QL 30	Formulary Enhancement	N/A
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH INHALATION	NF	3 + QL 60	Formulary Enhancement	N/A

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AURYXIA TABLET 1 GM 210 MG(FE) ORAL	4	4 + PA1	Formulary Update	N/A
BROMSITE SOLUTION 0.075 % OPHTHALMIC	NF	4	Formulary Enhancement	N/A
CIMDUO TABLET 300-300 MG ORAL	NF	5 + QL 30	Formulary Enhancement	N/A
DALFAMPRIDIN TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL	NF	5 + PA1 + LA	Formulary Enhancement	N/A
DIAZEPAM GEL 10 MG RECTAL	NF	4	Formulary Enhancement	N/A
DIAZEPAM GEL 2.5 MG RECTAL	NF	4	Formulary Enhancement	N/A
DIAZEPAM GEL 20 MG RECTAL	NF	4	Formulary Enhancement	N/A
ESTROPIPATE TABLET 1.5 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	NF	5 + PA1	Formulary Enhancement	N/A
HUMIRA PEN-PS/UV STARTER PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	NF	5 + PA1	Formulary Enhancement	N/A
INCASSIA TABLET 0.35 MG ORAL	NF	1	Formulary Enhancement	N/A
KETOPROFEN CAPSULE 75 MG ORAL	2	NF	CMS Required Deletion	N/A
PROLIA SOLUTION 60 MG/ML SUBCUTANEOUS	4 + PA1	4	Formulary Enhancement	N/A
SOTALOL HCL (AF) TABLET 160 MG ORAL	NF	2	Formulary Enhancement	N/A

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SOTALOL HCL (AF) TABLET 80 MG ORAL	NF	2	Formulary Enhancement	N/A
SOTALOL HCL TABLET 120 MG ORAL	NF	2	Formulary Enhancement	N/A
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL	NF	3 + QL 60	Formulary Enhancement	N/A
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	NF	3 + QL 60	Formulary Enhancement	N/A
THALOMID CAPSULE 100 MG ORAL	5 + PA2	5	Formulary Enhancement	N/A
THALOMID CAPSULE 150 MG ORAL	5 + PA2	5	Formulary Enhancement	N/A
THALOMID CAPSULE 200 MG ORAL	5 + PA2	5	Formulary Enhancement	N/A
THALOMID CAPSULE 50 MG ORAL	5 + PA2	5	Formulary Enhancement	N/A
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION	NF	3 + QL 60 + ST1	Formulary Enhancement	N/A
VESTURA TABLET 3-0.02 MG ORAL	2	NF	CMS Required Deletion	N/A
XELJANZ TABLET 10 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000 UNIT ORAL	3	NF	CMS Required Deletion	N/A

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ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL	NF	3	Formulary Enhancement	N/A
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000 UNIT ORAL	3	NF	CMS Required Deletion	N/A
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	3	NF	CMS Required Deletion	N/A
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-14000 UNIT ORAL	NF	3	Formulary Enhancement	N/A
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000 UNIT ORAL	3	NF	CMS Required Deletion	N/A
EFFECTIVE 02/01/2019				
ABIRATERONE ACETATE TABLET 250 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
ADAPALENE SOLUTION 0.1 % EXTERNAL	NF	4 + PA1	Formulary Enhancement	N/A
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL	5 + PA1 + LA	NF	Formulary Update	dalfampridine er tablet extended release 12 hour 10 mg oral, 5 + PA1
ANDROGEL GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL	3 + PA2	NF	Formulary Update	testosterone gel 20.25 mg/1.25gm (1.62%) transdermal, 2 + PA2

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
ANDROGEL GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL	3 + PA2	NF	Formulary Update	testosterone gel 40.5 mg/2.5gm (1.62%) transdermal, 2 + PA2
ANDROGEL PUMP GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	3 + PA2	NF	Formulary Update	testosterone gel 20.25 mg/act (1.62%) transdermal, 2 + PA2
ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION	NF	4 + PA1	Formulary Enhancement	N/A
BRAFTOVI CAPSULE 50 MG ORAL	NF	5 + PA2 + LA	Formulary Enhancement	N/A
BRAFTOVI CAPSULE 75 MG ORAL	NF	5 + PA2 + LA	Formulary Enhancement	N/A
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL	NF	2 + QL 30	Formulary Enhancement	N/A
CLINIMIX/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	3 + BvD	NF	CMS Required Deletion	N/A
CLINIMIX/DEXTROSE (4.25/20) SOLUTION 4.25 % INTRAVENOUS	3 + BvD	NF	CMS Required Deletion	N/A
CLOBAZAM SUSPENSION 2.5 MG/ML ORAL	NF	4 + QL 480	Formulary Enhancement	N/A
CLOBAZAM TABLET 10 MG ORAL	NF	4 + QL 120	Formulary Enhancement	N/A

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CLOBAZAM TABLET 20 MG ORAL	NF	4 + QL 60	Formulary Enhancement	N/A
COLESEVELAM HCL PACKET 3.75 GM ORAL	NF	2	Formulary Enhancement	N/A
COPIKTRA CAPSULE 15 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
COPIKTRA CAPSULE 25 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
CYRED EQ TABLET 0.15-30 MG-MCG ORAL	NF	1	Formulary Enhancement	N/A
DAPTOMYCIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS	NF	4 + BvD	Formulary Enhancement	N/A
DELSTRIGO TABLET 100-300-300 MG ORAL	NF	5 + QL 30	Formulary Enhancement	N/A
DICLOFENAC SODIUM GEL 1 % TRANSDERMAL	2 + PA1	2	Formulary Enhancement	N/A
DORZOLAMIDE HCL-TIMOLOL MAL PF SOLUTION 22.3-6.8 MG/ML OPHTHALMIC	NF	1	Formulary Enhancement	N/A
EPIDIOLEX SOLUTION 100 MG/ML ORAL	NF	4 + PA2	Formulary Enhancement	N/A
ERTAPENEM SODIUM SOLUTION RECONSTITUTED 1 GM INJECTION	NF	4 + BvD	Formulary Enhancement	N/A
GALAFOLD CAPSULE 123 MG ORAL	NF	4 + PA1 + LA	Formulary Enhancement	N/A
HEXALEN CAPSULE 50 MG ORAL	4 + PA2	NF	CMS Required Deletion	N/A

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HYDROCORTISONE BUTYRATE LOTION 0.1 % EXTERNAL	NF	2	Formulary Enhancement	N/A
INVANZ SOLUTION RECONSTITUTED 1 GM INJECTION	4 + BvD	NF	Formulary Update	ertapenem sodium solution reconstituted 1 gm injection, 4 + BvD
KETOPROFEN CAPSULE 25 MG ORAL	NF	2	Formulary Enhancement	N/A
KIMIDESS TABLET 0.15-0.02/0.01 MG (21/5) ORAL	2	NF	CMS Required Deletion	N/A
LENVIMA 12 MG DAILY DOSE CAPSULE THERAPY PACK 4 (3) MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
LIDOCAINE PATCH 5 % EXTERNAL	4 + QL 90 + PA1	2 + QL 90 + PA1	Formulary Enhancement	N/A
LORBRENA TABLET 100 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
LORBRENA TABLET 25 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
MEKTOVI TABLET 15 MG ORAL	NF	5 + PA2 + LA	Formulary Enhancement	N/A
MOLINDONE HCL TABLET 10 MG ORAL	NF	2	Formulary Enhancement	N/A
MOLINDONE HCL TABLET 25 MG ORAL	NF	2	Formulary Enhancement	N/A
MOLINDONE HCL TABLET 5 MG ORAL	NF	2	Formulary Enhancement	N/A

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MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	NF	3	Formulary Enhancement	N/A
NAFCILLIN SODIUM SOLUTION RECONSTITUTED 2 GM INJECTION	NF	4 + BvD	Formulary Enhancement	N/A
NECON 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	1	NF	CMS Required Deletion	N/A
NORVIR CAPSULE 100 MG ORAL	4 + QL 360	NF	CMS Required Deletion	N/A
NUPLAZID CAPSULE 34 MG ORAL	NF	5 + QL 30 + PA2 + LA + ST2	Formulary Enhancement	N/A
NUPLAZID TABLET 10 MG ORAL	NF	5 + QL 30 + PA2 + LA + ST2	Formulary Enhancement	N/A
ONFI SUSPENSION 2.5 MG/ML ORAL	5 + QL 480	NF	Formulary Update	clobazam suspension 2.5 mg/ml oral, 4 + QL 480
ONFI TABLET 10 MG ORAL	4 + QL 120	NF	Formulary Update	clobazam tablet 10 mg oral, 4 + QL 120
ONFI TABLET 20 MG ORAL	5 + QL 60	NF	Formulary Update	clobazam tablet 20 mg oral, 4 + QL 60
ORKAMBI PACKET 100-125 MG ORAL	NF	5 + PA1 + LA	Formulary Enhancement	N/A
ORKAMBI PACKET 150-188 MG ORAL	NF	5 + PA1 + LA	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
PIFELTRO TABLET 100 MG ORAL	NF	5 + QL 30	Formulary Enhancement	N/A
RISEDRONATE SODIUM TABLET 35 MG ORAL (12 PACK)	3	2	Formulary Enhancement	N/A
RISEDRONATE SODIUM TABLET 35 MG ORAL (4 PACK)	3	2	Formulary Enhancement	N/A
SODIUM CHLORIDE SOLUTION 2.5 MEQ/ML INJECTION	2 + BvD	NF	CMS Required Deletion	N/A
SUMATRIPTAN SUCCINATE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS	NF	2 + QL 8	Formulary Enhancement	N/A
SYMTUZA TABLET 800-150-200-10 MG ORAL	NF	5 + QL 30	Formulary Enhancement	N/A
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS	NF	5 + PA1 + LA	Formulary Enhancement	N/A
TALZENNA CAPSULE 0.25 MG ORAL	NF	5 + PA2 + LA	Formulary Enhancement	N/A
TALZENNA CAPSULE 1 MG ORAL	NF	5 + PA2 + LA	Formulary Enhancement	N/A
TESTOSTERONE GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL	NF	2 + PA2	Formulary Enhancement	N/A
TESTOSTERONE GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	NF	2 + PA2	Formulary Enhancement	N/A
TESTOSTERONE GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL	NF	2 + PA2	Formulary Enhancement	N/A
TIBSOVO TABLET 250 MG ORAL	NF	5 + PA2 + LA	Formulary Enhancement	N/A

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TIGLUTIK SUSPENSION 50 MG/10ML ORAL	NF	5 + PA1	Formulary Enhancement	N/A
VANCOMYCIN HCL SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	NF	4 + BvD	Formulary Enhancement	N/A
VANCOMYCIN HCL SOLUTION RECONSTITUTED 750 MG INTRAVENOUS	NF	4 + BvD	Formulary Enhancement	N/A
VERSACLOZ SUSPENSION 50 MG/ML ORAL	5 + ST2	NF	CMS Required Deletion	N/A
VIZIMPRO TABLET 15 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
VIZIMPRO TABLET 30 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
VIZIMPRO TABLET 45 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
WELCHOL PACKET 3.75 GM ORAL	3	NF	Formulary Update	colesevelam hcl packet 3.75 gm oral, 2
XARELTO TABLET 2.5 MG ORAL	NF	3 + QL 120	Formulary Enhancement	N/A
XOFLUZA TABLET THERAPY PACK 20 (2) MG ORAL	NF	3	Formulary Enhancement	N/A
XOFLUZA TABLET THERAPY PACK 40 (2) MG ORAL	NF	3	Formulary Enhancement	N/A
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	NF	5 + PA1	Formulary Enhancement	N/A
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	NF	5 + PA1	Formulary Enhancement	N/A

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ZORTRESS TABLET 1 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
ZYTIGA TABLET 250 MG ORAL	5 + PA2	NF	Formulary Update	abiraterone acetate tablet 250 mg oral, 5 + PA2
EFFECTIVE 03/01/2019				
ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR	5 + QL 1/28	5	Formulary Enhancement	N/A
ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR	5 + QL 1/28	5	Formulary Enhancement	N/A
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR	5 + QL 1/28	5	Formulary Enhancement	N/A
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR	5 + QL 1/28	5	Formulary Enhancement	N/A
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	NF	5 + PA1	Formulary Enhancement	N/A
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL	2 + PA1	2	Formulary Enhancement	N/A
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 8-2 MG SUBLINGUAL	2 + PA1	2	Formulary Enhancement	N/A

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CLINIMIX E/DEXTROSE (5/25) SOLUTION 5 % INTRAVENOUS	3 + BvD	NF	CMS Required Deletion	N/A
DAURISMO TABLET 100 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
DAURISMO TABLET 25 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	NF	1	Formulary Enhancement	N/A
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	NF	1	Formulary Enhancement	N/A
HAILEY 24 FE TABLET 1-20 MG-MCG(24) ORAL	NF	2	Formulary Enhancement	N/A
INVIRASE CAPSULE 200 MG ORAL	4 + QL 300	NF	CMS Required Deletion	N/A
LOKELMA PACKET 10 GM ORAL	NF	4	Formulary Enhancement	N/A
LOKELMA PACKET 5 GM ORAL	NF	4	Formulary Enhancement	N/A
LYNPARZA CAPSULE 50 MG ORAL	5 + PA2 + LA	NF	CMS Required Deletion	N/A
MESALAMINE SUPPOSITORY 1000 MG RECTAL	NF	4	Formulary Enhancement	N/A
METIPRANOLOL SOLUTION 0.3 % OPHTHALMIC	2	NF	CMS Required Deletion	N/A
MODERIBA 800 DOSE PACK TABLET 400 MG ORAL	4	NF	CMS Required Deletion	N/A
NOC DURNA TABLET SUBLINGUAL 27.7 MCG SUBLINGUAL	NF	4	Formulary Enhancement	N/A

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NOCDURNA TABLET SUBLINGUAL 55.3 MCG SUBLINGUAL	NF	4	Formulary Enhancement	N/A
OXERVATE SOLUTION 0.002 % OPHTHALMIC	NF	5 + PA1	Formulary Enhancement	N/A
POLYETHYLENE GLYCOL 3350 POWDER ORAL	1	NF	CMS Required Deletion	N/A
POTASSIUM CHLORIDE PACKET 20 MEQ ORAL	NF	2	Formulary Enhancement	N/A
RETACRIT SOLUTION 10000 UNIT/ML INJECTION	NF	3 + PA1	Formulary Enhancement	N/A
RETACRIT SOLUTION 2000 UNIT/ML INJECTION	NF	3 + PA1	Formulary Enhancement	N/A
RETACRIT SOLUTION 3000 UNIT/ML INJECTION	NF	3 + PA1	Formulary Enhancement	N/A
RETACRIT SOLUTION 4000 UNIT/ML INJECTION	NF	3 + PA1	Formulary Enhancement	N/A
RETACRIT SOLUTION 40000 UNIT/ML INJECTION	NF	3 + PA1	Formulary Enhancement	N/A
SILODOSIN CAPSULE 4 MG ORAL	NF	4 + QL 30	Formulary Enhancement	N/A
SILODOSIN CAPSULE 8 MG ORAL	NF	4 + QL 30	Formulary Enhancement	N/A
SOFOSBUVIR-VELPATASVIR TABLET 400-100 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
SUBOXONE FILM 12-3 MG SUBLINGUAL	4	3	Formulary Enhancement	N/A
SUBOXONE FILM 2-0.5 MG SUBLINGUAL	4	3	Formulary Enhancement	N/A

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SUBOXONE FILM 4-1 MG SUBLINGUAL	4	3	Formulary Enhancement	N/A
SUBOXONE FILM 8-2 MG SUBLINGUAL	4	3	Formulary Enhancement	N/A
SUMATRIPTAN SUCCINATE SOLUTION PREFILLED SYRINGE 6 MG/0.5ML SUBCUTANEOUS	NF	2 + QL 8	Formulary Enhancement	N/A
TEGSEDI SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS	NF	5 + PA1	Formulary Enhancement	N/A
TRI-ESTARYLLA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	NF	1	Formulary Enhancement	N/A
VITRAKVI CAPSULE 100 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
VITRAKVI CAPSULE 25 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
VITRAKVI SOLUTION 20 MG/ML ORAL	NF	5 + PA2	Formulary Enhancement	N/A
XOSPATA TABLET 40 MG ORAL	NF	5 + PA2	Formulary Enhancement	N/A
ZENCHENT TABLET 0.4-35 MG-MCG ORAL	1	NF	CMS Required Deletion	N/A
ZERIT SOLUTION RECONSTITUTED 1 MG/ML ORAL	3 + QL 2480	NF	CMS Required Deletion	N/A
EFFECTIVE 04/01/2019				
ALBENDAZOLE TABLET 200 MG ORAL	NF	4	Formulary Enhancement	N/A

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2019
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**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
LA - This prescription may be available only at certain pharmacies.**

2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
BUPRENORPHINE PATCH WEEKLY 10 MCG/HR TRANSDERMAL	4 + PA1	4	Formulary Enhancement	N/A
BUPRENORPHINE PATCH WEEKLY 15 MCG/HR TRANSDERMAL	4 + PA1	4	Formulary Enhancement	N/A
BUPRENORPHINE PATCH WEEKLY 20 MCG/HR TRANSDERMAL	4 + PA1	4	Formulary Enhancement	N/A
BUPRENORPHINE PATCH WEEKLY 5 MCG/HR TRANSDERMAL	4 + PA1	4	Formulary Enhancement	N/A
BUPRENORPHINE PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL	NF	4	Formulary Enhancement	N/A
MODERIBA 1200 DOSE PACK TABLET 600 MG ORAL	4	NF	CMS Required Deletion	N/A
MODERIBA TABLET 200 MG ORAL	4	NF	CMS Required Deletion	N/A
NEVIRAPINE SUSPENSION 50 MG/5ML ORAL	NF	4 + QL 1200	Formulary Enhancement	N/A
PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS	NF	5 + QL 30	Formulary Enhancement	N/A
PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS	NF	5 + QL 30	Formulary Enhancement	N/A
PIMECROLIMUS CREAM 1 % EXTERNAL	NF	4	Formulary Enhancement	N/A
PROMACTA PACKET 12.5 MG ORAL	NF	5 + QL 360 + PA1	Formulary Enhancement	N/A

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2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
RAPAFLO CAPSULE 4 MG ORAL	4 + QL 30	NF	Formulary Update	silodosin capsule 4 mg oral, 4 + QL 30
RAPAFLO CAPSULE 8 MG ORAL	4 + QL 30	NF	Formulary Update	silodosin capsule 8 mg oral, 4 + QL 30
SYMPAZAN FILM 10 MG ORAL	NF	5 + QL 120	Formulary Enhancement	N/A
SYMPAZAN FILM 20 MG ORAL	NF	5 + QL 60	Formulary Enhancement	N/A
SYMPAZAN FILM 5 MG ORAL	NF	4 + QL 240	Formulary Enhancement	N/A
TRI-VYLIBRA LO TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	NF	4	Formulary Enhancement	N/A
VIMPAT TABLET 200 MG ORAL	5 + QL 60	4 + QL 60	Formulary Enhancement	N/A
VYZULTA SOLUTION 0.024 % OPHTHALMIC	NF	4 + QL 2.5/25	Formulary Enhancement	N/A

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