



Formulary Changes- May 2019

Drug Name	Dosage Form	Strength	Therapeutic Category	Alternative Medicine	Formulary Status of Alternative Medication	Formulary Change and Reason	Update Tier Status	PA/QL/ST	Date Changed
VIGABATRIN	TABS	500MG	Anticonvulsants			ADD	3	PA	5/1/2019
WIXELA	MISC	0.1/0.05 MG/ACT	Respiratory Tract Pulmonary Agents			ADD	2	QL	5/1/2019
WIXELA	MISC	0.25/0.05 MG/ACT	Respiratory Tract Pulmonary Agents			ADD	2	QL	5/1/2019
WIXELA	MISC	0.5/0.05 MG/ACT	Respiratory Tract Pulmonary Agents			ADD	2	QL	5/1/2019
ALBUTEROL HFA	AERO	90MCG/ACT	Respiratory Tract Pulmonary Agents			ADD	1	QL	5/1/2019
BUPRENORP HINE/NALOX ONE ORAL STRIP	STRIPS	12/3MG	Anti-Addiction Substance Abuse Treatment Agents			ADD	2	QL	5/1/2019
BUPRENORP HINE/NALOX ONE ORAL STRIP	STRIPS	2/0.5MG	Anti-Addiction Substance Abuse Treatment Agents			ADD	2	QL	5/1/2019

BUPRENORP HINE/NALOX ONE ORAL STRIP	STRIPS	4/1MG	Anti-Addiction Substance Abuse Treatment Agents			ADD	2	QL	5/1/2019
BUPRENORP HINE/NALOX ONE ORAL STRIP	STRIPS	8/2MG	Anti-Addiction Substance Abuse Treatment Agents			ADD	2	QL	5/1/2019
TRESIBA	SOLN	100UNIT/ ML	Blood Glucose Regulators			ADD	2	QL	5/1/2019
TOREMIFEN E	TABS	60MG	Antineoplastics			ADD	4		5/1/2019
ZENPAP 105000/7900 0/25000	CPEP	0	Genetic or Enzyme Disorder/Replac ement/Modifiers Treatment			ADD	2		5/1/2019

Formulary Changes- April 2019

Drug Name	Dosage Form	Strength	Therapeutic Category	Alternativ e Medicine	Formular y Status of Alternativ e Medicatio n	Formulary Change and Reason	Update Tier Status	PA/ QL/ ST	Date Changed
TRI- ESTARYLLA 28 DAY	TABS	(0.035/0.18)/(0.035/0.215)/ (0.035/0.25) MG/MG	Hormonal Agents/Stimula nt/Replacement /Modifying (Sex Hormones Modifiers)			ADD	1		4/1/2019

PROMACTA	POWD	12.5MG	Blood Products/Modifiers/Volume Expanders				ADD	4	PA	4/1/2019
SYMPAZAN	FILM	10MG	Anticonvulsants				ADD	4		4/1/2019
SYMPAZAN	FILM	20MG	Anticonvulsants				ADD	4		4/1/2019
SYMPAZAN	FILM	5MG	Anticonvulsants				ADD	3		4/1/2019
PERSERIS 0.8ML PREFILLED SYR	SOLN	150MG/ML	Antipsychotics				ADD	4	ST	4/1/2019
PERSERIS 0.6ML PREFILLED SYR	SOLN	150MG/ML	Antipsychotics				ADD	4	ST	4/1/2019
EMGALITY 1ML PREFILLED SYR	SOLN	120MG/ML	Antimigraine Agents				ADD	3	QL	4/1/2019
ARISTADA 2.4 PREFILLED SYR	SOLN	281.3MG/ML	Antipsychotics				ADD	4	QL/PA	4/1/2019
ALBENDAZOLE	TABS	200MG	Antiparasitics				ADD	4		4/1/2019
BUPRENORPHINE TRANSDERMAL SYSTEM	PATCH	0.0075MG/H R	Analgesics				ADD	3	QL/PA	4/1/2019
PICROLIMUS	CREA	1%	Dermatological Agents				ADD	2	ST	4/1/2019
NEVIRAPINE	SUSP	50MG/5ML	Antivirals				ADD	2		4/1/2019

Formulary Changes- March 2019

Drug Name	Dosage Form	Strength	Therapeutic Category	Alternative Medicine	Formulary Status of Alternative Medication	Formulary Change and Reason	Update Tier Status	PA/QL/ST	Date Changed
ACTEMRA AUTO-INJECTOR	SOLN	180MG/ML	Immunological Agents			ADD	4	PA	3/1/2019
NITYR	TABS	2MG	Genetic or Enzyme Disorder/Replacement/Modifiers Treatment			ADD	4		3/1/2019
NITYR	TABS	5MG	Genetic or Enzyme Disorder/Replacement/Modifiers Treatment			ADD	4		3/1/2019
NITYR	TABS	10MG	Genetic or Enzyme Disorder/Replacement/Modifiers Treatment			ADD	4		3/1/2019
VITRAKVI	CAPS	100MG	Antineoplastics			ADD	4		3/1/2019
VITRAKVI	SOLN	20MG/ML	Antineoplastics			ADD	4		3/1/2019
VITRAKVI	CAPS	25MG	Antineoplastics			ADD	4		3/1/2019
XOSPATA	TABS	40MG	Antineoplastics			ADD	4		3/1/2019
DAURISMO	TABS	100MG	Antineoplastics			ADD	4		3/1/2019
DAURISMO	TABS	25MG	Antineoplastics			ADD	4		3/1/2019
TRULICITY AUTO INJECTOR	SOLN	1.5MG/ML	Blood Glucose Regulators			ADD	2	QL/ST	3/1/2019

TRULICITY AUTO INJECTOR	SOLN	3MG/M L	Blood Glucose Regulators			ADD	2	QL/ST	3/1/2019
SOTALOL HCL	TABS	120MG	Cardiovascular Agents			ADD	1		3/1/2019
NITROFURANT OIN MACROCRYST ALLINE	CAPS	100MG	Antibacterials			REMOVE PA	1		3/1/2019
NITROFURANT OIN MACROCRYST ALLINE	CAPS	100MG	Antibacterials			REMOVE PA	1		3/1/2019
NITROFURANT OIN MACROCRYST ALLINE	CAPS	MG	Antibacterials			REMOVE PA	1		3/1/2019

Formulary Changes- February 2019

Drug Name	Dosage Form	Strength	Therapeutic Category	Alternativ e Medicine	Formulary Status of Alternative Medication	Formulary Change and Reason	Update Tier Status	PA/ QL/ ST	Date Changed
BRAFTOVI	CAPS	50 MG	Antineoplastics			ADD	4	QL	2/1/2019
BRAFTOVI	CAPS	75 MG	Antineoplastics			ADD	4	QL	2/1/2019
COPIKTRA	CAPS	15 MG	Antineoplastics			ADD	4	QL	2/1/2019
COPIKTRA	CAPS	25 MG	Antineoplastics			ADD	4	QL	2/1/2019
DELSTRIGO	TABS	100/300 /300 MG	Antivirals			ADD	4	QL	2/1/2019

EMGALITY	SOLN	120 MG/ML	Antimigraine Agents			ADD	3	QL	2/1/2019
EPIDIOLEX	SOLN	100 MG/ML	Anticonvulsants			ADD	4		2/1/2019
GRANIX 1.6ML	SOLN	0.3 MG/ML	Blood Products/Modifi ers/Volume Expanders			ADD	4	PA	2/1/2019
GRANIX 1ML	SOLN	0.3 MG/ML	Blood Products/Modifi ers/Volume Expanders			ADD	4	PA	2/1/2019
LENVIMA 12	CAPS	4 MG	Antineoplastics			ADD	4	PA	2/1/2019
LENVIMA 4	CAPS	4 MG	Antineoplastics			ADD	4	PA	2/1/2019
LORBRENA	TABS	100 MG	Antineoplastics			ADD	4	QL	2/1/2019
LORBRENA	TABS	25 MG	Antineoplastics			ADD	4	QL	2/1/2019
MEKTOVI	TABS	15 MG	Antineoplastics			ADD	4	QL	2/1/2019
NUPLAZID	TABS	10 MG	Antipsychotics			ADD	4	QL	2/1/2019
NUPLAZID	CAPS	34 MG	Antipsychotics			ADD	4	QL	2/1/2019
ORKAMBI	GRAN	125/100 MG/MG	Respiratory Tract Pulmonary Agents			ADD	4	PA	2/1/2019
ORKAMBI	GRAN	188/150 MG/MG	Respiratory Tract Pulmonary Agents			ADD	4	PA	2/1/2019
PIFELTRO	TABS	100 MG	Antivirals			ADD	4	QL	2/1/2019
SYMTUZA	TABS	150/800 /200/10 MG/MG/ MG/MG	Antivirals			ADD	4	QL	2/1/2019
TALZENNA	CAPS	0.25 MG	Antineoplastics			ADD	4	QL	2/1/2019

TALZENNA	CAPS	1 MG	Antineoplastics			ADD	4	QL	2/1/2019
TIBSOVO	TABS	250 MG	Antineoplastics			ADD	4	QL	2/1/2019
VIZIMPRO	TABS	15 MG	Antineoplastics			ADD	4	QL	2/1/2019
VIZIMPRO	TABS	30 MG	Antineoplastics			ADD	4	QL	2/1/2019
VIZIMPRO	TABS	45 MG	Antineoplastics			ADD	4	QL	2/1/2019
XARELTO	TABS	2.5 MG	Blood Products/Modifiers/Volume Expanders			ADD	2	QL	2/1/2019
XOFLUZA 40 MG DOSE PACK (2 X 20 MG TABLETS)	TABS	20 MG	Antivirals			ADD	3	QL	2/1/2019
XOFLUZA 80 MG DOSE PACK (2 X 40 MG TABLETS)	TABS	20 MG	Antivirals			ADD	3	QL	2/1/2019
ZORTRESS	TABS	1 MG	Immunological Agents			ADD	4	PA	2/1/2019
DEXAMETHASONE	TABS	1.5 MG	Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal)			ADD	3		2/1/2019
DEXAMETHASONE	TABS	1.5 MG	Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal)			ADD	3		2/1/2019
DEXAMETHASONE	TABS	1.5 MG	Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal)			ADD	3		2/1/2019

DALFAMPRIDINE	ERTB	10 MG	Central Nervous System Agents			ADD	4	PA/QL	2/1/2019
ABIRATERONE ACETATE	TABS	250 MG	Antineoplastics			ADD	4	PA	2/1/2019
BUPROPION XL	TB24	450 MG	Antidepressants			ADD	3	QL	2/1/2019
CLOBAZAM	TABS	10 MG	Anticonvulsants			ADD	3		2/1/2019
CLOBAZAM	SUSP	2.5 MG/ML	Anticonvulsants			ADD	3		2/1/2019
CLOBAZAM	TABS	20 MG	Anticonvulsants			ADD	4		2/1/2019
DAPTOMYCIN	SOLN	350 MG	Antibacterials			ADD	4		2/1/2019
DORZOLAMIDE/TIMOLOL PRESERVATIVE FREE	SOLN	20/5 MG/ML	Ophthalmic Agents			ADD	1		2/1/2019
ERTAPENEM	SOLN	1 GM	Antibacterials			ADD	3		2/1/2019
IMIQUIMOD	CREA	37.5 MG/ML	Dermatological Agents			ADD	3		2/1/2019
KETOPROFEN 25 MG	CAPS	25 MG	Anti-inflammatory Agents			ADD	1		2/1/2019
LACTULOSE 10000 MG	POWDER	10000 MG	Gastrointestinal Agents			ADD	3		2/1/2019
LEDIPASVIR/SOFOSBUVIR	TABS	90/400 MG/MG	Antivirals			ADD	4	PA	2/1/2019
MOLINDONE	TABS	10 MG	Antipsychotics			ADD	3		2/1/2019
MOLINDONE	TABS	25 MG	Antipsychotics			ADD	3		2/1/2019
MOLINDONE	TABS	5 MG	Antipsychotics			ADD	3		2/1/2019
NAFCILLIN 2000 MG	SOLN	2000 MG	Antibacterials			ADD	1		2/1/2019

SOFOSBUVIR /VELPATASVI R	TABS	400/100 MG/MG	Antivirals			ADD	4	PA/ QL	2/1/2019
TESTOSTER ONE 0.0162 MG/MG	GEL	0.0162 MG/MG	Hormonal Agents/Stimulan t/Replacement/ Modifying (Sex Hormones Modifiers)			ADD	3	PA	2/1/2019
TESTOSTER ONE 0.0162 MG/MG	GEL	0.0162 MG/MG	Hormonal Agents/Stimulan t/Replacement/ Modifying (Sex Hormones Modifiers)			ADD	3	PA	2/1/2019
TESTOSTER ONE 20.25 MG/ACTUAT	ACT	20.25 MG/AC T	Hormonal Agents/Stimulan t/Replacement/ Modifying (Sex Hormones Modifiers)			ADD	3	PA	2/1/2019
VANCOMYCI N 250 MG	SOLN	250 MG/ML	Antibacterials			ADD	2		2/1/2019
VANCOMYCI N 750 MG	SOLN	500 MG/ML	Antibacterials			ADD	2		2/1/2019

For information on obtaining an updated coverage determination or an exception to a coverage determination please contact Freedom Health Member Services at 1-800-401-2740 for additional information. TTY users should call 711. From October 1 to March 31 from 8 a.m. to 8 p.m. 7 days a week and April 1 to September 30 from 8 a.m. to 8 p.m. Monday through Friday. Member Services also provides free language interpreter services for non-English speakers or visit www.freedomhealth.com.