

# Magellan Rx Precision Formulary

## Formulary Updates

First Quarter 2018

The Magellan Rx Management Pharmacy & Therapeutics Committee (P&T) and Value Assessment Committee (VAC) meet periodically to review the status of drugs on the formulary and make recommendations due to newly approved products, changes in practice guidelines, updates in FDA approved labeling and/or changes in financial implications.

Effective Date of Changes: **1/1/2018** (unless otherwise specified)

### Drug Inclusion

#### Additions to Formulary

DRUG NAME	TIER / PREFERENCE	EFFECTIVE DATE
Baxdela	Non-Preferred	1/1/2018
BevyxXa	Non-Preferred	1/1/2018
Carospir	Preferred	1/1/2018
Duzallo	Non-Preferred	1/1/2018
Flolipid	Preferred	1/1/2018
Mydayis	Non-Preferred	1/1/2018

#### Exclusions from Formulary

DRUG NAME	ALTERNATIVES	EFFECTIVE DATE
Amrix ER	<i>cyclobenzaprine</i>	1/1/2018
Centany At	<i>mupirocin cream</i>	1/1/2018
Clindacin Etz Kit	<i>generic clindamycin</i>	1/1/2018
Clindacin Pac Kit	<i>generic clindamycin</i>	1/1/2018
Gelclair	<i>Miracle mouthwash, Magic mouthwash (both are pharmacy OTC compounds)</i>	1/1/2018
Gelx	<i>Miracle mouthwash, Magic mouthwash (both are pharmacy OTC compounds)</i>	1/1/2018
levorphanol	<i>morphine sulfate ER, fentanyl patch, hydromorphone ER</i>	1/1/2018
Lialda	<i>Apriso, mesalamine 1.2 gm tab</i>	1/1/2018
Mugard	<i>Miracle mouthwash, Magic mouthwash (both are pharmacy OTC compounds)</i>	1/1/2018
Oramagicrx	<i>Miracle mouthwash, Magic mouthwash (both are pharmacy OTC compounds)</i>	1/1/2018
Pennsaid Pump	<i>diclofenac topical solution</i>	1/1/2018
Qudexy Xr	<i>topiramate ER, topiramate</i>	1/1/2018

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DRUG NAME	ALTERNATIVES	EFFECTIVE DATE
Trokendi Xr	<i>topiramate ER, topiramate</i>	1/1/2018

## Tier / Preference Changes

DRUG NAME	TIER / PREFERENCE	EFFECTIVE DATE
Testosterone Gel	Preferred	1/1/2018
Transderm-Scop	Non-Preferred	1/1/2018

## Utilization Management (UM)

### UM Edits Additions

Drug	PA	ST	QL	AE
Aciphex		x		
albuterol ipratropium inhalation solution			x	
Alsuma		x		
Altabax	x			
Amerge		x		
Antara	x			
Axert		x		
Bactroban Nasal	x			
budesonide EC	x			
calcipotriene- betamethasone dp Oint	x			
Centany	x			
Clarinet Rx Syrup	x			
Clindagel	x			
D.H.E.45	x		x	
diclofenac Gel	x			
dihydroergotamine	x			
doxepin Cream	x			
doxycycline DR Tabs		x		
Durlaza	x			
Elmiron	x			
Enstilar Foam	x			
Enstilar Foam	x			
Entocort Ec	x			

Drug	PA	ST	QL	AE
esomeprazole 24.65, 49.3 mg caps		x		
Fabior	x			
Flu Vaccines				x
Frova		x		
Horizant Er	x			
Imitrex		x		
Lipofen	x			
Maxalt		x		
Mepron	x			
Migranal	x			
minocycline ER		x		
Nexium		x		
Omeclamox-Pak	x			
omeprazole / sodium bicarbonate		x		
Oracea	x			
Paxil Suspension	x			
Pexeva	x			
Prevacid		x		
Prevpac	x			
Prudoxin Cream	x			
Pylera	x			
Relpax		x		
Semprex D		x		
Solaraze Gel	x			
Solodyn	x			

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Drug	PA	ST	QL	AE
Sprix	x			
Sumavel		x		
Taclonex Suspension & Oint	x			
tretinoin micro gel	x			
Triglide	x			
Voltaren	x			

Drug	PA	ST	QL	AE
Zipsor	x			
Zomig		x		
Zomig Nasal Spray		x		
Zonalon Cream	x			

### UM Edit Removals

If a drug is available in brand and generic edits would be removed from both products

Drug	PA	ST	QL	AE
Oracea		x		
Solodyn		x		

## Specialty Drug List

For plans that do not have a defined specialty drug benefit utilizing the MRx Specialty Drug List, the drugs below will be tiered based on the drug's brand or generic status. Generic drugs (italics>) will be Tier 1 and brand drugs will be Tier 3.

### Additions to Formulary

Drug	PA	QL	AE	EFFECTIVE DATE
Gocovri	x	x		1/1/2018
Haegarda	x	x		1/1/2018
Idhifa	x	x	x	1/1/2018
Mavyret	x	x	x	10/6/2017

Drug	PA	QL	AE	EFFECTIVE DATE
Nerlynx	x	x	x	1/1/2018
Nityr	x			1/1/2018
Tremfya	x	x	x	1/1/2018
Vosevi	x	x	x	10/6/2017

### Removals from Formulary

None

### UM Edit Additions

Drug	PA	QL	AE
Benlysta		x	x
Cystagon	x	x	
Cystaran	x	x	

Drug	PA	QL	AE
Lynparza			x
Procysbi	x	x	
Thyrogen	x		

### UM Edits Removals

NONE

Legend: PA: Prior Authorization

QL: Quantity Limit

ST: Step Therapy

AE: Age Edit

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