

Magellan Rx Precision Formulary

Formulary Updates

Second 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: **4/1/2018** (unless otherwise specified)

Traditional Drug List*

*Non-Specialty Drugs

Additions to Formulary

DRUG NAME	TIER / PREFERENCE	EFFECTIVE DATE
Benznidazole	Preferred	4/1/2018
Freestyle Libre Reader	Preferred	4/1/2018
Heplisav-B	Preferred	4/1/2018
Ixiaro	Preferred	4/1/2018
Odactra	Non-Preferred	4/1/2018
Shingrix	Preferred	4/1/2018
Trimpex	Non-Preferred	4/1/2018

Exclusions from Formulary

DRUG NAME	ALTERNATIVES	EFFECTIVE DATE
Alevicyn	Granulex Spray, mupirocin ointment	4/1/2018
Alevicyn antipruritic SG Gel	Ammonium Lactate Cream, Ammonium Lactate Lotion, OTC Emollients	4/1/2018
Atrapro hydrogel	OTC emollient combinations	4/1/2018
Fiasp	Humalog, Novolog	4/1/2018
hydrocortisone acetate/iodoquinol/aloe vera	hydrocortisone cream, desonide cream, triamcinolone cream, clobetasol cream	4/1/2018
hydrocortisone-pramoxine generics	hydrocortisone cream, desonide cream, triamcinolone cream, clobetasol cream	4/1/2018
Ozempic	Byetta, Bydureon, Trulicity, Victoza	4/1/2018
Qtern	Invokamet, Invokana, Jardiance, Synjardy	4/1/2018
Radiaplexrx Gel	OTC Hyaluronic Acid	4/1/2018
Sebuderm Gel	Ammonium Lactate Cream, Ammonium Lactate Lotion, OTC Emollients	4/1/2018
Sulfamylon powder packet	silver sulfadiazine, SSD cream	4/1/2018
Symproic	Amitiza	4/1/2018
Trelegly Ellipta	Spiriva, Advair, Breo Ellipta, Serevent	4/1/2018

Magellan Rx Management will continue to update you as new information becomes available. If you have questions on this update, please contact your Magellan Rx Management account manager or sales representative. This document is not intended for member distribution.

DRUG NAME	ALTERNATIVES	EFFECTIVE DATE
Vytone cream	hydrocortisone cream, desonide cream, triamcinolone cream, clobetasol cream	4/1/2018
Vyzulta	latanoprost, travoprost, LUMIGAN, TRAVATAN	4/1/2018
Xhance	OTC or Rx fluticasone propionate	4/1/2018
Ximino	minocycline, doxycycline, tetracycline	4/1/2018
Zanabin hydrogel	OTC emollient combinations	4/1/2018
Zilretta	prednisone, triamcinolone acetonide, hydrocortisone, dexamethasone	4/1/2018

Tier / Preference Changes

DRUG NAME	TIER / PREFERENCE	EFFECTIVE DATE
Elmiron	Preferred	1/1/2018
Emverm	Preferred	4/1/2018
Narcan	Preferred	4/1/2018

Utilization Management (UM)

UM Edits Additions

Drug	PA	ST	QL	AE
Benznidazole			x	x
Freestyle Libre Reader			x	x
Namzaric				x
Odactra	x		x	

Drug	PA	ST	QL	AE
Razadyne				x
Shingrix				x
Symlin	x			
Trimpex			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
Aricept		x		
Coreg CR		x		
Diclofenac 1% gel	x			
Mirapex ER		x		
Requip XL			x	
Voltaren gel	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.

New Specialty Drugs

Drug	PA	QL	AE	EFFECTIVE DATE
Calquence	x	x	x	4/1/2018
Endari	x	x		4/1/2018
Gocovri ER	x	x		4/1/2018

Drug	PA	QL	AE	EFFECTIVE DATE
Hemlibra	x	x		4/1/2018
Juluca		x		4/1/2018
Nutrestore				4/1/2018

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Drug	PA	QL	AE	EFFECTIVE DATE
Prevymis Oral	x		x	4/1/2018
Tabloid				4/1/2018

Drug	PA	QL	AE	EFFECTIVE DATE
Verzenio	x	x	x	4/1/2018

UM Edits Removals

Drug	PA	QL	AE
Trisenox	x		

UM Edit Additions

Drug	PA	QL	AE
Apokyn		x	

Removals from Formulary

NONE

Legend: PA: Prior Authorization

QL: Quantity Limit

ST: Step Therapy

AE: Age Edit