

# Magellan Rx Precision Formulary

## Formulary Updates

Third Quarter 2017

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: **7/1/2017** (unless otherwise specified)

### NON SPECIALTY DRUGS

#### Drug Inclusions

##### Additions to Formulary

DRUG NAME	TIER / PREFERENCE	EFFECTIVE DATE
<i>acetaminophen-caffeine- dihydrocodeine (325 mg -60 mg -16 mg) tablet</i>	Generic	5/1/2017
Arymo ER	Non-Preferred	7/1/2017
Daxbia	Non-Preferred	
<i>desvenlafaxine succinate er (PRISTIQ ER)</i>	Generic	4/1/2017
Eucrisa	Non-Preferred	7/1/2017
<i>ezetimibe-simvastatin (VYTORIN)</i>	Generic	6/1/2017
<i>fluticasone-salmeterol (AIRDUO RESPICLICK)</i>	Generic	7/1/2017
<i>prednisolone solution (VERIPRED)</i>	Generic	4/1/2017
Rhofade	Non-Preferred	7/1/2017
Ryvent	Non-Preferred	
Soliqua	Non-Preferred	
<i>tazarotene 0.1% cream (TAZORAC)</i>	Generic	5/1/2017
Trulance	Non-Preferred	7/1/2017

\* Generic drugs are denoted in italics. For generic additions, the corresponding brand products may be moved to the non-preferred tier.

##### Exclusions from Formulary

DRUG NAME	ALTERNATIVES
AirDuo Resplick (brand)	Breo Ellipta, Advair HFA/Diskus, Symbicort, fluticasone-salmeterol
Alcortin	hydrocortisone topical
Cordran Tape	fluticasone, fluocinolone, mometasone
Epipen	epinephrine auto injector (mylan manufacturer only)
Evzio	naloxone, Narcan
Movantik	Amitiza

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.

Siliq (specialty drug)	Enbrel, Humira
Xtampza ER	oxycodone ER, morphine sulfate ER, tramadol ER, Embeda ER

## Tier / Preference Changes

DRUG NAME	TIER / PREFERENCE
Dexpak	Non-Preferred
Dilatrate- SR	Non-Preferred
Epiduo	Non-Preferred
Gelnique	Non-Preferred
Isordil 40 mg tab	Non-Preferred
Millipred*	Non-Preferred
Nitro-dur 0.8 mg/patch	Non-Preferred
Nitrolingual spray	Non-Preferred
Onexton	Non-Preferred
Pristiq ER*	Non-Preferred
Vytorin*	Non-Preferred
Zileuton	Non-Preferred

\*Muti-source brand uptier dates may vary

## Utilization Management (UM)

### UM Edits Additions

Drug	PA	ST	QL	AE
Aptensio XR		X		
Arymo ER	X		X	
Daxbia		X		
Dexedrine		X		
Diclegis	X		X	
Eucrisa	X		X	X
Focalin		X		
Gelnique		X		
Latuda				X
Methylin		X		
Narcan			X	
Nuvigil			X	

Drug	PA	ST	QL	AE
Omnel	X			
Oxytrol		X		
Questran Light Packet			X	
Rhofade	X		X	
Ritalin		X		
Ryvent		X		
Soliqua	X		X	
Trulance	X		X	X
Vascepa		X		
Zenzedi		X		
Zileuton		X		
Zyflo		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
Augmentin			X	
Ceftin			X	
Durezol			X	
Metozolv			X	
Oravig			X	
prednisolone eye drops			X	

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.

## SPECIALTY DRUGS

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
<i>bevacizumab</i> (AVASTIN)	X			6/1/2017
Emflaza	X		X	7/1/2017
Inflectra	X	X		
Rubraca	X	X	X	
Xermelo	X		X	

### Removals from Formulary

None

### UM Edit Additions

Drug	PA	QL	AE
Glatopa	X		
Hexalen	X		
Kuvan	X		
Mircera	X		
Moderiba		X	
Orenitram		X	
Rebetol		X	
Ribasphere		X	
RibaTab		X	

### UM Edits Removals

Drug	PA	QL	AE
Descovy	X		
Lupaneta Pack	X		
Nilandron	X		
Selzentry	X		
Triumeq	X		
Tybost	X		

Legend: PA: Prior Authorization

QL: Quantity Limit

ST: Step Therapy

AE: Age Edit