

Magellan Rx Precision Formulary

Formulary Updates

Fourth 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: **10/1/2017** (unless otherwise specified)

Drug Inclusion

Additions to Formulary

DRUG NAME	TIER / PREFERENCE	EFFECTIVE DATE
Bevespi	Non-Preferred	10/1/2017
Intrarosa	Non-Preferred	10/1/2017
Stamaril	Preferred	10/1/2017
Xadago	Non-Preferred	10/1/2017
Xatmep	Non-Preferred	10/1/2017

Exclusions from Formulary

DRUG NAME	ALTERNATIVES	EFFECTIVE DATE
Aloxi	<i>ondansetron, granisetron</i>	10/1/2017
Avidoxy dk kit	<i>doxycycline</i>	10/1/2017
Cordran	<i>fluocinonide, fluticasone, halobetasol, hydrocortisone</i>	10/1/2017
flurandrenolide lotion, cream, and oint	<i>Fluocinonide, fluticasone, halobetasol, hydrocortisone</i>	10/1/2017
Inova Pad (all strengths)	<i>benzoyl peroxide, salicylic acid</i>	10/1/2017
Minocin kit	<i>minocycline</i>	10/1/2017
Morgidox kit	<i>doxycycline</i>	10/1/2017
Neuac Kit	<i>clindamycin, benzoyl peroxide</i>	10/1/2017

Tier / Preference Changes

DRUG NAME	TIER / PREFERENCE	EFFECTIVE DATE
Allzital	Non-Preferred	10/1/2017
Androgel 1.62%	Preferred	10/1/2017
Bupap	Non-Preferred	10/1/2017
Butalbital-Acetaminophen	Non-Preferred	10/1/2017
<i>norethindrone-ethinyl estradiol</i>	Non-Preferred	10/1/2017
Renvela powder packet	Non-Preferred	10/1/2017

Utilization Management (UM)

UM Edits Additions

Drug	PA	ST	QL	AE
Abstral				x
Actiq				x
Actoplus Met XR		x		
Bevespi		x	x	
Butorphanol				x
Capital				x
Cefaclor ER			x	
Cipro oral susp and tab			x	
Cipro XR			x	
Codeine sulfate				x
Daxbia			x	
Demerol				x
Dilaudid				x
Doxycycline hyclate		x		
Endocan				x
Endocet				x
Factive	x			
Fentora				x
Fiorinal with codeine				x
Hycet				x
Ibudone				x
Intrarosa				x
Lazanda				x
Levorphanol				x
Lorcet				x
Lortab				x
Luzu	x			
Morphine IR				x
Norco				x
Nucynta				x

Drug	PA	ST	QL	AE
Opana				x
Oxaydo				x
Oxycodone / ibuprofen				x
pentazocine/naloxone				x
Percocet				x
Percodan				x
Primlev				x
Reprexain				x
Roxicet				x
Roxicodone				x
Subsys				x
Synalgos				x
Teflaro	x			
Trezix				x
Tylenol #3				x
Tylenol #4				x
Ultracet				x
Ultram				x
Vicodin				x
Vicoprofen				x
Xadago	x		x	x
Xartemis XR				x
Xatmep	x		x	x
Xodol				x
Xylon				x
Zamicet				x
Zorvolex	x			
Zyvox	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
Ciclodan solution	x			
Ciclopirox 8% solution	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
Alunbrig	x	x	x
Austedo	x	x	x
Dupixent	x	x	x
Ingrezza	x	x	x
Kevzara	x	x	x
Kisqali	x	x	x
Kyleena			
Renflexis	x	x	
Rydapt	x	x	x
Tymlos	x	x	x
Zejula	x	x	x

Removals from Formulary

None

UM Edit Additions

Drug	PA	QL	AE
Advate	x		
Alphanate	x		
Astagraf XL		x	
Bebulin	x		
BeneFIX	x		
Esbriet		x	
Exjade	x		
Eylea	x		
Faslodex	x	x	
Feiba	x		
Helixate	x		
Hemofil	x		
Humate-P	x		
Koate-DVI	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.

Kogenate	x		
Lucentis	x	x	
Macugen	x	x	
Mononine	x		
NovoSeven	x		
Profilnine	x		
Ravicti	x		
Recombinate	x		
Rixubis	x		
Sensipar	x	x	
Syprine	x		
Wilate	x		
Xeloda	x	x	
Xyntha	x		

UM Edits Removals

NONE

Legend: PA: Prior Authorization

QL: Quantity Limit

ST: Step Therapy

AE: Age Edit