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# Quartz



# Formulary Update

**Quartz Standard Choice  
Drug Formulary Updates**

October 1, 2018 to  
December 31, 2018

## Recent Drug Approvals:

Drug Name (class)	Formulary Status/Notes
<b>October 2018:</b>	
Arikayce (antibiotic)	Nonpreferred, restricted (QL)
Copiktra (cancer)	Nonpreferred, restricted (PA, QL)
Emgality (headache)	Nonpreferred, restricted (PA, QL)
Epidolex (seizures)	Nonpreferred
Minolira (antibiotic)	Nonpreferred, restricted (PA)
Nocdurnia (fluid regulation)	Nonpreferred
Novolin 70/30 Flexpen (diabetes)	Preferred, restricted (QL)
Ryclora (allergies)	Nonpreferred
Talzenna (cancer)	Nonpreferred, restricted (PA, QL)
Tegsedi (hereditary amyloidosis)	Nonpreferred, restricted (PA, QL)
Tiglutik (ALS)	Nonpreferred
Vizimpro (oncology)	Nonpreferred, restricted (PA, QL)
Xepi (antibiotic)	Nonpreferred
Xofluza (antiviral)	Nonpreferred, restricted (QL)
<b>November 2018:</b>	
Arakoda (antimalarial)	Nonpreferred
Granix (low blood cell counts)	Preferred
Inveltys (eye inflammation)	Nonpreferred
Lexette (topical steroid)	Nonpreferred, restricted (PA)
Lorbrena (cancer)	Nonpreferred, restricted (PA, QL)
Sympazan (seizures)	Nonpreferred, restricted (PA)
Xyosted (hormone replacement)	Nonpreferred, restricted (PA)
Yupelri (COPD)	Nonpreferred, restricted (QL)
<b>December 2018:</b>	
Abilify Mycite (antipsychotic)	Nonpreferred, restricted (PA, QL)
Cequia (dry eyes)	Nonpreferred
Daurismo (oncology)	Nonpreferred, restricted (PA, QL)
Nuzyra (antibiotic)	Nonformulary
Oxervate (eye inflammation)	Nonpreferred, restricted (PA)
Seysara (antibiotic)	Nonformulary
Tolsura (antifungal)	Nonformulary
Udenyca (low blood cell counts)	Nonpreferred, restricted (PA, QL)

Drug Name (class)	Formulary Status/Notes
Vitrakvi (oncology)	Nonpreferred, restricted (PA, QL)
Xospata (oncology)	Nonpreferred, restricted (PA, QL)

PA = prior authorization required, QL = quantity limit

## Pharmacy and Therapeutics Committee Formulary Changes:

Drug Name	Change/Effective Date
<b>November 2018:</b>	
Cyclobenzaprine 7.5 mg tablet, Noritate 1% cream, Zuplenz film	Change to nonformulary – effective 1/2/2019
Saliva substitutes (e.g. Neutrasal)	Change to excluded – effective 1/2/2019
Bioadhesive gels (e.g. Gelclair), Orafate	Change to restricted (PA) – effective 1/2/2019
Omega-3 fatty acids (generic of Lovaza), eplerenone	Change to preferred – effective 1/2/2019
Cyramza, Kepivance, Krystexxa, Portrazza, Sylvant, Yervoy, Yondelis	Change to Medical Benefit, restricted (PA) – effective 1/2/2019

PA = prior authorization required, QL = quantity limit

## New Generic Drugs:

New Generic Drug	Brand Equivalent	Formulary Status/Notes
<b>October 2018:</b>		
Albendazole	Albenza	Preferred
Amphetamine	Evekeo	Nonpreferred, restricted (PA)
Bupropion ER 450 mg	ForFivo	Nonpreferred, restricted (PA)
Clindamycin 1% gel	CliindaGel	Nonpreferred, restricted (PA)
Clobazam	Onfi	Nonpreferred
Fenofibrate 160 mg	Triglide	Nonpreferred, restricted (PA)
Hydrocodone/guaifenesin solution	Obredon	Nonpreferred
Lactulose 10 g packet	Kristalose	Nonpreferred

<b>New Generic Drug</b>	<b>Brand Equivalent</b>	<b>Formulary Status/Notes</b>
Ledipasvir/sofosbuvir	Harvoni	Preferred, restricted (PA, QL)
Morphine ER 40 mg capsule	Kadian	Preferred, restricted (PA)
Testosterone 1.6% gel packets,pump	Androgel	Preferred, restricted (PA)
<b>November 2018:</b>		
Azelaic acid 15%	Finacea	Nonpreferred, restricted (PA)
Estradiol Patches	Minivelle	Preferred, restricted (QL)
Minocycline ER 55 mg	Solodyn	Nonpreferred, restricted (PA)
<b>December 2018:</b>		
Abiraterone	Zytiga	Nonpreferred, restricted (PA), restricted to the specialty pharmacy network
Aminocaproic acid	Amicar	Preferred
Sildenafil	Rapaflo	Nonpreferred
Sofosbuvir/velpatasvir	Epclusa	Preferred, restricted (PA, QL), restricted to the specialty pharmacy network

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