



Formulary Updates

Standard Drug Formulary

January 1 to March 1, 2021

Recent Drug Approvals:

Most new drug products are nonformulary until reviewed by the Pharmacy and Therapeutics Committee

Drug Name (class)	Formulary Status/Notes
January 2021:	
Iclusig (Oncology)	Nonformulary
Klisyri (Topical)	Nonformulary
Orladeyo (Hereditary angioedema)	Non-Preferred, restricted (PA, QL)
Reditrex (Syr)	Nonformulary
Thyquidity (Thyroid)	Nonformulary
February 2021:	
Bronchitol (Respiratory)	Nonformulary
Lupkynis (Lupus)	Nonformulary
Reltone (Gastrointestinal)	Nonformulary
Tepmetko (Oncology)	Nonformulary
Ukoniq (Oncology)	Nonformulary
Verquvo (Heart)	Nonformulary
Vesicare LS (Anticholinergic)	Nonformulary
Vocabria (HIV)	Nonformulary
Xeljanz Soln (Antirheumatic)	Non-preferred, restricted (PA, QL) (restricted to the specialty pharmacy network)
March 2021:	
Elepsia XR (Anticonvulsant)	Nonformulary
Fotivda (MS)	Nonformulary
Hetlioz LQ (Hypnotic)	Non-preferred, restricted (PA, QL)
Plegridy (MS)	Nonformulary (specialty)
Ponvory (MS)	Nonformulary
Prolate Liq. (Opiate)	Nonformulary

PA = prior authorization required, QL = quantity limit

Pharmacy and Therapeutics (P&T) Committee Formulary Changes:

February 2021 P&T Meeting: Changes Effective 4/15/2021	
Drug Name (class)	Formulary Status/Notes
Dexcom G6 (Diabetes CGM)	Preferred, restricted (PA, QL)
Dificid (Antibiotic)	Preferred, restricted (PA, QL)
Dimethyl Fumarate (Multiple Sclerosis DMT)	Preferred, restricted (PA, QL) (restricted to the specialty pharmacy network)
Freestyle Libre 2 (Diabetes CGM)	Preferred, restricted (PA, QL)
Kesimpta Pen (Monoclonal antibody)	Non-preferred, restricted (PA, QL) (restricted to the specialty pharmacy network)
Mavneclad (Immunosuppressant)	Non-preferred, restricted (PA, QL) (restricted to the specialty pharmacy network)
Mayzent (Multiple Sclerosis DMT)	Nonformulary, restricted to the specialty pharmacy network

February 2021 P&T Meeting: Changes Effective 4/15/2021	
Drug Name (class)	Formulary Status/Notes
Omnipod Dash (Insulin Pump)	Non-preferred, requires PA through Quartz Medical Management
Orgovyx (Antigonadotropin)	Non-preferred, restricted (PA)
Oxytrol (Antimuscarinic)	Nonformulary
Plegridy (Multiple Sclerosis DMT)	Preferred, restricted (PA, QL) (restricted to the specialty pharmacy network)
Zokinvy (Progeria)	Preferred, restricted (PA)

AL = age limit, PA = prior authorization required, QL = quantity limit

February 2021 P&T Meeting: No Change	
Drug Name (class)	Formulary Status/Notes
Basaglar (Diabetes)	Preferred, QL
Lantus (Diabetes)	Nonformulary
Levemir (Diabetes)	Non-preferred, restricted (PA, QL)
Orladeyo (Hereditary angioedema)	Nonformulary
Semglee (Diabetes)	Nonformulary
Toujeo (Diabetes)	Nonformulary
Tresiba (Diabetes)	Preferred, restricted (PA, QL)

AL = age limit, PA = prior authorization required, QL = quantity limit

New Generic Drugs:

The brand equivalent is nonformulary once an FDA approved generic is available

New Generic Drug	Brand Equivalent	Formulary Status/Notes
January 2021:		
February 2021:		
Imiquimod (Topical)	Zyclara	Non-preferred, restricted (PA)
Zolmitriptan (nasal spray)	Zomig	Non-preferred, restricted (QL)
March 2021:		
Abiraterone (Prostate cancer)	Zytiga	Nonformulary
Brinzolamide (Ophthalmic)	Azopt	Preferred
Droxidopa (Hypotension)	Northera	Nonformulary
Hydrocodone Bitartrate ER (Opiate)	Hysingla ER	Nonformulary
Levothyroxine sodium (Thyroid)	Tirosint	Nonformulary
Tavaborole (Topical antifungal)	Kerydin 5%	Non-preferred, restricted (PA)
Tazarotene (Topical acne)	Fabior	Preferred, restricted (PA)

PA = prior authorization required, QL = quantity limit, ST = step therapy