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**Quartz**



# Formulary Update

Quartz Standard Drug Formulary  
Updates

January 1, 2019 to  
March 31, 2019

## Recent Drug Approvals: most new drug product are nonformulary until reviewed by the Pharmacy and Therapeutics Committee

Drug Name (class)	Formulary Status/Notes
<b>January 2019:</b>	
Aemcolo (travelers' diarrhea)	Nonformulary
Divigel (hormone)	Nonformulary
D-penammine (chelating agent)	Nonformulary
Firdapse (LEMS)	Nonformulary
Gamifant (hemophagocytic lymphohistiocytosis)	Medical Benefit, restricted (PA)
Krintafel (antimalarial)	Nonformulary
Symjepi (allergic reactions)	Nonformulary
Ultomiris (paroxysmal nocturnal hemoglobinuria)	Medical Benefit, restricted (PA)
Xelpros (increased eye pressure)	Nonformulary
<b>February 2019:</b>	
Apadaz (pain)	Nonformulary
Bijuva (hormone replacement)	Nonformulary
Dsuvia (pain)	Nonformulary
Inbrija (Parkinson's disease)	Nonformulary
Levorphanol 3 mg (pain)	Nonformulary
Motegrity (constipation)	Nonformulary
<b>March 2019:</b>	
Dxevo (inflammation)	Nonformulary
Elzonris (cancer)	Medical Benefit-restricted (PA)
Levorphanol 3 mg (pain)	Nonformulary
Lotemax SM (eye inflammation)	Nonformulary
Nivestym (low immune cells)	Preferred, restricted (PA)
Prograf packets (immune suppression)	Nonformulary
Qmiz (pain)	Nonformulary
Spravato (depression)	Nonformulary
Tuxarin ER (cold symptoms)	Nonformulary

PA = prior authorization required, QL = quantity limit

## Pharmacy and Therapeutics Committee Formulary Changes:

Drug Name	Change/Effective Date
<b>February 2019: Changes Effective 4/01/2019</b>	
Alterno (acne)	Change to preferred
Aimovig, Emgality (headache)	Change to preferred, restricted (PA, QL)
Fabrazyme (Fabry's disease)	Change to medical benefit, restricted (PA)
Firdapse (LEMS)	Change nonpreferred, restricted (PA, QL)
Humira 10, 20 mg; Ilumya; Kevzara; Oluminat; and Siliq	Change to include restriction to the Quartz specialty pharmacy network
Libtayo, Lumoxiti (oncology)	Change to medical benefit, restricted (PA)
Nocdurna (overactive bladder)	Change to nonpreferred, restricted (QL)
Nuzyra (antibiotic)	Change to nonpreferred, restricted (PA, QL)
Olmesartan, olmesartan/hctz	Change to preferred
Otezla (inflammatory disorders)	Change to preferred, restricted (PA, QL)
Praluent (high cholesterol)	Change to nonpreferred, restricted (PA, QL)
Qbrexza (sweating)	Change to nonpreferred, restricted (PA)
Seysara (acne)	Change to nonpreferred, restricted (PA, QL)
Sumatriptan syringe (headache)	Change to preferred, restricted (QL)
Tiglutik (ALS)	Change to nonpreferred, restricted (PA)
Tolsura (antifungal)	Change to nonpreferred, restricted (PA)
Tramadol ER 150 mg cap	Change to nonformulary

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

## New Generic Drugs:

New Generic Drug	Brand Equivalent	Formulary Status/Notes
<b>January 2019:</b>		
Albuterol	Provenil HFA, Ventolin HFA	Nonformulary
Cinacalcet	Sensipar	Preferred
Halobetasol 0.05% foam	Lexette	Nonpreferred, restricted (PA)
Mesalamine suppository	Canasa	Preferred
Pimecrolimus topical	Elidel	Preferred
Vigabatrin	Sabril	Nonpreferred, restricted (PA)
<b>February 2019:</b>		
Acyclovir 5% cream	Zovirax	Nonformulary
Buprenorphine/naloxone film	Suboxone	Preferred
Fluticasone/salmeterol (generic, Wixela Inhub)	Advair Diskus	Nonformulary
Minocycline ER 80 mg, 105 mg	Solodyn	Nonpreferred, restricted (PA)
Sevelamer	Renagel	Preferred
Sirolimus solution	Rapamune	Preferred
Toremifene	Fareston	Preferred
<b>March 2019:</b>		
Acetaminophen/benzhydrocodone	Apadaz	Nonformulary
Aliskiren	Tekturna	Nonpreferred, restricted (PA, QL)
Cyclobenzaprine ER	Amrix	Nonpreferred, restricted (PA, QL)
Diclofenac 1.3% patch	Flector	Nonpreferred, restricted (PA)
Erythromycin 400 mg/5 ml	Eryped	Preferred
Ranolazine ER	Ranexa	Preferred
Pyridostigmine syrup	Mestinon	Preferred

PA = prior authorization required, QL = quantity limit