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**Quartz**



# Formulary Update

Quartz Standard Drug Formulary  
Updates

April 1, 2019 to  
June 30, 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>April 2019:</b>	
Diacomit (seizures)	Nonformulary
Dovato (antiviral)	Nonformulary
Evenity (osteoporosis)	Medical Benefit, restricted (PA)
Mavenclad (multiple sclerosis)	Nonformulary
Mayzent (multiple sclerosis)	Nonformulary
Rocklatan (eye pressure)	Nonformulary
Skyrizi (psoriasis)	Nonformulary
<b>May 2019:</b>	
Duobrii (psoriasis)	Nonformulary
Egaten (anthelmintic)	Nonformulary
Jornay PM (ADHD)	Nonformulary
Vyndaqel (cardiomyopathy)	Nonformulary
<b>June 2019:</b>	
Adhansia XR (attention deficit)	Nonformulary
Nucala (asthma)	Nonformulary
Piqray (cancer)	Nonformulary
Ruzurgi (LEMS)	Nonpreferred, restricted (PA, QL)

PA = prior authorization required, QL = quantity limit

## Pharmacy and Therapeutics Committee Formulary Changes:

Drug Name	Change/Effective Date
<b>May 2019: Changes Effective 7/01/2019</b>	
Bijuva, Divigel (hormone replacement); Inbrija (Parkinson's disease); Krintafel (anti-infective); levorphanol 3 mg (pain); Lotemax SM (eye inflammation); Motegrity (constipation); Tuxarin ER (cough and cold)	Change from nonformulary to nonpreferred, restricted (PA)
Cablivi (decreased platelets)	Change from nonformulary to nonpreferred, restricted (PA, QL). Change to Medical Benefit, restricted (PA)
Elzonris (oncology)	Change to Medical Benefit, restricted (PA)
Fulphilia, Udenyca (increase blood cells)	Change to preferred, restricted (PA)
Gamifant (immune cell disorder)	Change to medical benefit, restricted (PA)
Levorphanol 2 mg (pain)	Change to nonpreferred, restricted (PA)
Neupogen, Nivestym, Zarxio (increase blood cells)	Change to nonpreferred, restricted (PA); Neupogen brand – change to Medical Benefit, restricted (PA)
Norethindrone 5 mg	Change to preferred
Osphena (menopausal symptoms)	Change from excluded to nonpreferred, restricted (PA)
Pradaxa (blood clotting)	Change to nonpreferred, restricted (PA)
Prograf packets (immune suppression)	Change from nonformulary to preferred, restricted (PA)
Spravato (depression)	Change to medical benefit, restricted (PA)
Symjepi (allergic reactions)	Change from nonformulary to preferred, restricted (QL)

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

## New Generic Drugs: the brand equivalent is nonformulary once a FDA approved generic is available

New Generic Drug	Brand Equivalent	Formulary Status/Notes
<b>April 2019:</b>		
Adapalene swabs	Plixda	Nonpreferred, restricted (PA)
Albuterol HFA	Proventil HFA	Preferred
Ambrisentan	Letairis	Preferred, restricted (PA)
Aspirin/omeprazole	Yosprala	Nonformulary
Chlorzoxazone	Lorzone	Nonpreferred
Deferasirox	Exjade	Nonpreferred
Fenofibrate nanocrystalized	Triglide	Nonformulary
Insulin lispro U100	Humalog	Nonpreferred, restricted (PA, QL)
Solifenacin	Vesicare	Nonpreferred, restricted (ST, QL)
<b>May 2019:</b>		
Bosentan	Tracleer	Preferred, restricted (PA)
Cefixime 400 mg capsule	Suprax	Nonpreferred
Erlotinib	Tarceva	Nonpreferred, restricted (PA, QL), restricted to the specialty pharmacy network
Loteprednol eye drops	Lotemax	Nonpreferred
Mesalamine	Delzicol	Nonpreferred
Mifepristone	Mifeprex	Nonpreferred
Penicillamine	Cuprimine	Preferred
<b>June 2019:</b>		
Fentanyl tablets	Fentora	Nonpreferred, restricted (PA, QL)
Naftifine 1% gel	Naftin	Nonpreferred
Sildenafil 10 mg/mL	Revatio	Preferred, restricted (PA)

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