

# Formulary Updates

Standard Choice/Choice Quality Drug Formulary



**Recent Drug Approvals: Most new drug products are nonformulary until reviewed by the Pharmacy and Therapeutics Committee Date**

July 1 <sup>st</sup> - September 30 <sup>th</sup> 2024: Drug name (use)	Formulary Status/Notes
Afluria (Flu Vaccine)	Preferred- \$0
Austedo XR Titration Kit (Tardive Dyskinesia)	Non-formulary
Brimonidine Tartrate/Dorzolamide (Ophthalmic)	Non-formulary
Clobetasol Propionate (Ophthalmic Suspension)	Non-formulary
Corlanor (Cardiovascular)	Non-formulary
Entresto (Heart Failure)	Preferred, QL
Fluad (Flu Vaccine)	Preferred- \$0
Fluarix (Flu Vaccine)	Preferred- \$0
Flublok (Flu Vaccine)	Preferred- \$0
Flucelvax (Flu Vaccine)	Preferred- \$0
Flulaval (Flu Vaccine)	Preferred- \$0
Fluzone/ HD (Flu Vaccine)	Preferred- \$0
Ivabradine (Cardiovascular)	Nonpreferred, PA, QL
Lazcluze	Nonformulary
Livdelzi	Nonformulary
Livmarli	Nonpreferred, PA, QL
Lofexidine	Nonformulary (For IA,MN,WI plans)
Moderna (Covid Vaccine)	Preferred- \$0
Moxifloxacin-Bromfenac (Ophthalmic )	Non-formulary

Q2 4/1/24-6/30/2024

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Novavax (Covid Vaccine)	Preferred- \$0
Ohtuvayre (COPD)	Non-formulary
Onyda XR (Antihypertensive)	Non-formulary
Oxtellar XR (Antisiezure)	Non-formulary
Retevmo (Cancer)	Non-formulary
Scartrate Cream (Topical)	Non-formulary
Sofdra (Anticholinergic)	Non-formulary
Sunitinib Malate (Cancer)	Preferred, PA, QL, Specialty
Timolol/ Brimonidine Tartrate/Dorzolamide/Bimatoprost (Ophthalmic) (combo eye drops)	Non-formulary
Timolol/ Brimonidine Tartrate/Dorzolamide (Ophthalmic) (combo eye drops)	Non-formulary
Tryvio (Antihypertensive)	Non-formulary
Vafseo (Anemia)	Non-formulary
Veltassa (Hyperkalemia)	Nonpreferred, QL, PA
Vigafyde (Anti-Siezure)	Non-formulary
Zoryve Cream (Skin conditions) Entresto	Non-formulary

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

7/16/2024 P&T meeting: Changes Effective 10/01/2024

Drug name (use)	Formulary Status/Notes
Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5% (Acne)	Nonpreferred, PA
Enoxaparin (Anticoagulant)	Preferred

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7/16/2024 P&T meeting: Changes Effective 10/01/2024

Drug name (use)	Formulary Status/Notes
Firdapse	Nonpreferred, PA, QL increased
Fondaparinux (Anticoagulant)	Nonpreferred, PA
Fragmin (Anticoagulant)	Preferred
Miebo (Ophthalmic)	Preferred
Vevye (Ophthalmic)	Nonformulary
Xiidra (Ophthalmic)	Preferred

**New Generic Drugs: The brand equivalent is nonformulary once and FDA approve generic is available. Unless other wise noted on the formulary**

July 1<sup>st</sup>– September 30<sup>th</sup> 2024

New Generic Drug name (use)	Brand Equivalent	Formulary Status/Notes
Dabigatran (Anticoagulant)	Pradaxa	Nonpreferred, QL, PA
Ivabradine (Cardiovascular)	Corlanor	Nonpreferred, PA, QL
Tazarotene Cream, (0.05%) (Acne)	Tazorac	Preferred, PA