



Quartz



Formulary Update

**Quartz Standard Drug
Formulary Updates**

July 1, 2020 to
September 30, 2020

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

Drug Name (class)	Formulary Status/Notes
July 2020:	
Afluria (flu vaccine)	\$0 copay
Bynfezia (cancer-related diarrhea)	Nonformulary
Dojolvi (FDA-approved medical food)	Nonformulary
Fintepla (seizures)	Nonformulary
Fluad (flu vaccine)	\$0 copay
Fluarix (flu vaccine)	\$0 copay
Flublok (flu vaccine)	\$0 copay
Flucelvax (flu vaccine)	\$0 copay
Flumist (flu vaccine)	\$0 copay
Fluzone (flu vaccine)	\$0 copay
Ortikos (Crohn's)	Nonformulary
Rukobia (HIV)	Nonformulary
Tpoxx (smallpox)	Nonformulary
Twirla (contraceptive)	\$0 copay
August 2020:	
Airduo Digihaler (asthma)	Nonformulary
Bafiertam (multiple sclerosis)	Nonformulary
Breztri Aerosphere (COPD)	Nonformulary
Enspryng (NMO/SD)	Nonformulary
Evrysdi (SMA)	Nonformulary
Inqovi (cancer)	Nonformulary
Kesimpta Pen (multiple sclerosis)	Nonformulary
Mycapssa (acromegaly)	Nonformulary
Upneeq (droopy eyelid)	Nonformulary
Zcort (corticosteroid)	Nonformulary
September 2020:	
Cystadrops (corneal cystinosis)	Nonformulary
Gavreto (cancer)	Nonformulary
Gimoti (diabetic gastroparesis)	Nonformulary
Hemady (corticosteroid)	Nonformulary
Ongentys (Parkinson's)	Nonformulary
Onureg (cancer)	Nonformulary
Semglee (diabetes)	Nonformulary
Xywav (narcolepsy)	Nonformulary
Armonair Digihaler (asthma)	Nonformulary
Lampit (Chagas disease)	Nonformulary
Conjupri (hypertension)	Nonformulary

PA = prior authorization required, QL = quantity limit

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

August 2020 P&T Meeting: Changes Effective 10/1/2020

Drug Name (class)	Formulary Status/Notes
Abiraterone 250mg (cancer)	Preferred, restricted (PA, QL),restricted to the specialty pharmacy network
Avsola (TNFi)	Medical benefit only, restricted (PA)
Cerdelga (Gaucher's)	Non-preferred, restricted (PA, QL)
Darzalex Faspro (cancer)	Medical benefit only, restricted (PA)
Fensolvi (precocious puberty)	Medical benefit only, restricted (PA)
Fentanyl patches 12mcg, 25mcg, 50mg & 100mcg (pain)	Preferred, restricted (QL)
Fentanyl patches 37.5mcg, 62.5mcg & 87.5mcg (pain)	Non-preferred, restricted (QL, PA)
Fintepla (Dravet syndrome)	Non-preferred, restricted (PA)
Frovatriptan (migraine)	Nonformulary
Gvoke (hypoglycemia)	Preferred, QL
Imatinib (cancer)	Preferred, restricted (PA, QL)
Koselugo (cancer)	Non-preferred, restricted (PA, QL),restricted to the specialty pharmacy network
Nurtec ODT (migraine)	Non-preferred, restricted (PA, QL)
Oxervate (corneal keratitis)	Non-preferred, restricted (PA, QL)
Pemazyre (cancer)	Non-preferred, restricted (PA)
Phexxi (contraceptive)	\$0 copay
Qinlock (cancer)	Non-preferred, restricted (PA, QL)
Quazepam (insomnia)	Non-formulary
Retevmo (cancer)	Non-preferred, restricted (PA, QL),restricted to the specialty pharmacy network
Reyvow (migraine)	Non-preferred, restricted (PA, QL)
Tabrecta (cancer)	Non-preferred, restricted (PA, QL),restricted to the specialty pharmacy network
Targretin 1% (skin cancer)	Non-preferred, restricted (PA),restricted to the specialty pharmacy network
Tetracycline 250mg and 500mg	Non-preferred, restricted (PA)
Tpoxx (smallpox)	Non-preferred, restricted (PA)
Trodelvy (cancer)	Medical benefit only, restricted (PA)
Tukysa (cancer)	Non-preferred, restricted (PA, QL),restricted to the specialty pharmacy network
Ubrelvy (migraine)	Non-preferred, restricted (PA, QL)
Vacomycin 750mg vial (antibiotic)	Preferred
Zepzelca (cancer)	Medical benefit only, restricted (PA)
Zytiga 500mg (cancer)	Nonformulary

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

August 2020 P&T Meeting: No Change	
Drug Name (class)	Formulary Status/Notes
Bynfezia (diarrhea, acromegaly)	Nonformulary
Dayvigo (insomnia)	Nonformulary
Halog 0.1% Solution (dermatoses)	Nonformulary

Drug Name (class)	Formulary Status/Notes
Isturisa (Cushing disease)	Nonformulary
Kynmobi (Parkinson's)	Nonformulary
Lyumjev (diabetes)	Nonformulary
Nymalize (subarachnoid hemorrhage)	Nonformulary
Oriahnn (uterine fibroids)	Nonformulary
Osmolex ER (Parkinson's)	Nonformulary
Zeposia (multiple sclerosis)	Nonformulary
Zilxi (rosacea)	Nonformulary

AL= 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
July 2020:		
None		
August 2020:		
Ciprofloxacin-Dexamethasone	Ciprodex OTIC	Preferred
Deferasirox	Jadenu Sprinkles	Non-preferred, restricted (PA)
Dimethyl Fumarate	Tecfidera	Preferred, restricted (PA, QL), restricted to the specialty pharmacy network
Metyrosine	Demser	Non-preferred, restricted (PA)
Pantoprazole Sodium	Protonix Packets	Preferred, restricted (QL)
September 2020:		
Peg3350-Sod Sul-NACL-KCL-Asb-C	Moviprep	Preferred, restricted (QL)
Emtricitabine	Emtriva	Preferred, restricted to the specialty pharmacy network
Sapropterin Dihydrochloride	Kuvan	Non-preferred, restricted (PA)
Efavirenz/Lamivu/Tenofovir	Symfi (Lo)	Preferred, restricted to the specialty pharmacy network
Diltiazem 24h ER(XR)	Dilt XR	Preferred
Diclofenac submicronized	Zorvolex	Nonformulary
Tobramycin inhalation	Bethkis	Nonformulary
Deferiprone	Ferriprox	Non-preferred, restricted (PA)

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