



Formulary Updates

Standard Choice Drug Formulary

July 1 to September 30, 2021

Recent Drug Approvals:

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

Drug Name (Use)	Formulary Status/Notes
July 2021:	
Azstarys (Stimulant)	Nonformulary
Brexafemme (Oral Anti-fungal)	Nonformulary
Bylvay (Liver)	Nonformulary
Kerendia (Resistant Hypertension)	Nonformulary
Kloxxado (Opioid Antagonist) (Higher dose Nasal Spray)	Nonformulary
Rezurock (ROCK Kinase)	Nonformulary
Tirosint Soln (Thyroid)	Nonformulary
Xofluza (Oral Influenza)	Nonformulary
Aug 2021	
Plenity (Anti-Obesity)	Excluded
Sept 2021	
Exkivity (Oral Oncology)	Nonformulary
Loreev XR (Benzodiazepine)	Nonformulary
Lybalvi (Anitpsychotic)	Nonformulary
Opzelur (Topical, dermatitis)	Nonformulary
Thalitone (New lower dose) (Diuretic)	Nonformulary
Trudhesa (Migraine)	Nonformulary
Welireg (Oral Oncology)	Nonformulary

PA = prior authorization required, QL = quantity limit

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

August 2021 P&T Meeting: Changes Effective 10/15/2021	
Drug Name (Use)	Formulary Status/Notes
Ala-Cort Crm 1% (Topical Corticosteroid)	Excluded
Ammonium Lactate lotion 12% (Topical Emollient)	Excluded
Biktarvy (Antiviral)	Preferred, Specialty
Ciclopirox Solution (Antifungal)	Non-Preferred, QL
Dovato (Antiviral)	Preferred, Specialty
Hydrocortisone Crm 1% (Topical Corticosteroid)	Excluded
Lidocaine Crm 3% (Topical Anesthetic)	Excluded
Lansoprazole (acid reflux) (OTC)	Preferred
Olopatadine (Ophthalmic, allergy) (OTC)	Preferred
Xolair	Preferred, Specialty, PA

AL = age limit, PA = prior authorization required, QL = quantity limit ST = step therapy, OTC= over-the-counter

August 2021 P&T Meeting: No Change	
Drug Name (Use)	Formulary Status/Notes
Alecensa (Oral Oncology)	Non-Preferred, Specialty
Ayvakit	Non-Preferred, PA, QL
Cabometyx (Oral Oncology)	Non-Preferred, Specialty
Clemastine Fumarate (Antihistamine)	Non-Preferred,
Cosentyx (Psoriatic Arthritis, Psoriasis)	Preferred, Specialty, PA
Dupixent (Respiratory, eczema)	Preferred, Specialty, PA
Exservan (Central nervous system agent)	Nonformulary
Gilotrif (Oral Oncology)	Non-Preferred, Specialty
Ingrezza (Central nervous system agent)	Non-Preferred, PA, QL
Inrebic Oral Oncology)	Non-Preferred, Specialty
Lumakras (Oral Oncology)	Nonformulary
Myfembree (Uterine Fibroids)	Nonformulary
Nextstellis (Contraceptive)	Nonformulary
Nubeqa (Oral Oncology)	Non-Preferred, Specialty
Qelbree (ADHD)	Nonformulary
Retevmo (Oral Oncology)	Non-Preferred, Specialty
Roszet (Cholesterol)	Nonformulary
Rubraca (Oral Oncology)	Non-Preferred, Specialty
Skyrizi (Anti- psoriatic)	Preferred, Specialty, PA
Tazverik (Oral Oncology)	Non-Preferred, Specialty
Trikafta (Cystic Fibrosis)	Non-Preferred, PA, QL
Truseltiq (Oral Oncology)	Nonformulary
Xcopri (Anticonvulsant)	Non-Preferred, PA
Xpovio	Non-Preferred, PA
Zegalogue (Antihypoglycemic)	Nonformulary
Zejula (Oral Oncology)	Non-Preferred, Specialty

August 2021 P&T Meeting: No Change (Contraceptives)	
Drug Name (Use)	Formulary Status/Notes
Balcoltra (oral contraceptive)	Nonformulary
Beyaz (oral contraceptive)	Nonformulary
Femcom FE(oral contraceptive)	Nonformulary
Generess FE (oral contraceptive)	Nonformulary
Lo Loestrin FE (oral contraceptive)	Nonformulary
LoSeasonique (oral contraceptive)	Nonformulary
Lybrel (oral contraceptive)	Nonformulary
Minastrin 24 FE (oral contraceptive)	Nonformulary
Natazia(oral contraceptive)	Nonformulary
Ovcon-35 (oral contraceptive)	Nonformulary
Quartette (oral contraceptive)	Nonformulary
Taytulla (oral contraceptive)	Nonformulary

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New Generic Drugs:

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

New Generic Drug (Use)	Brand Equivalent	Formulary Status/Notes
July 2021:		
Varenicline Tartrate (Quit Smoking)	Chantix (0.5mg)	Preferred, QL (coverage may vary)
August 2021:		
Buprenorphine HCL (Opioid use)	Belbuca	Non-Preferred
Dextroamphetamine Sulfate (Stimulant)	Zenzedi	Non-Preferred
Ibuprofen/Famotidine (NSAID)	Duexisi	Nonformulary
Enalapril Maleate Oral Solution (Hypertension)	Epaned	Preferred
Sunitinib (Oral Oncology)	Sutent	Non-Preferred
September 2021		
Difluprednate (Ophthalmic Corticosteroid)	Durezol	Non-Preferred
Nebivolol (Anti- Hypertensive)	Bystolic	Non-Preferred
Ursodiol (Gastrointestinal)	Reltone	Nonformulary

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