

## Priority Health July 1 formulary changes for commercial group and individual members

Formulary additions and tier changes for commercial group and individual members

Additions to formulary	
Drug name	What's changing?
<b>Diclofenac epolamine 1.3% patch</b>	Will be added to formulary at tier 3 with step therapy requirements through diclofenac 1% gel and generic oral NSAIDs
<b>Glycopyrrolate 1mg/5ml oral solution</b>	Will be added to formulary at tier 3 with an age limit of up to 9 years
<b>Heparin Sodium (porcine) solution</b> (1,000 unit/mL, 5,000 unit/mL, 10,000 unit/mL injection)	Will be added to formulary at tier 1
<b>Klisyri 1% ointment</b>	Will be added to formulary at tier 5 with step therapy requirements through topical fluorouracil and imiquimod.
<b>Levalbuterol</b> 45mcg/act HFA	Will be added to formulary at tier 2
<b>Mavenclad®</b> 10mg tablet	Will be added to formulary at tier 5 with prior authorization requirements
<b>Nourianz®</b> 20mg & 40mg tablets	Will be added to formulary at tier 5 with prior authorization requirements
<b>Rocklatan®</b> 0.02%/0.005% ophthalmic	Will be added to formulary at tier 3 with step therapy requirements through two trials of a generic eye drop for glaucoma (e.g. latanoprost, bimatoprost, travoprost, timolol, betaxolol, dorzolamide, dorzolamide/timolol, brimonidine).
<b>Rytary®</b> (all strengths)	Will be added to formulary at tier 5 with prior authorization requirements
Tier changes	
<b>Alosetron HCl</b> , 0.5 mg and 1 mg tablets	Will move from tier 5 to tier 1
<b>Tafluprost</b> 0.0015% ophthalmic	Will move from tier 3 to tier 2
<b>Acyclovir</b> 5% ointment	Will move from tier 1 to tier 3. Step therapy requirements will be removed
<b>Tremfya®</b>	Will move from tier 4 to tier 5 for members currently being treated with Tremfya. As a reminder, <a href="#">Tremfya was removed from coverage beginning April 1 for members who aren't already receiving treatment</a>

## Formulary removals, prior authorization and step therapy requirement changes for commercial group and individual members

Removals from formulary	
Drug name	Preferred alternative
<b>FIRST®-lansoprazole 3 mg/ml</b> oral solution	Lansoprazole capsules
<b>FIRST®-omeprazole 2 mg/ml</b> oral solution	Omeprazole capsules
<b>Relistor®</b> - 150 mg tablet, 8 mg and 12 mg injection	Movantik or Symproic.
Removal of brand from formulary with generic available	
<b>Alphagan®</b> (all strengths)	Brimonidine tartrate eye drops
<b>Alrex®</b> 0.2% ophthalmic	Loteprednol etabonate eye drops
<b>Betoptic®-S</b> 0.25% Ophthalmic	Betaxolol HCl eye drops
<b>Bromsite®</b> 0.075% ophthalmic	Bromfenac sodium eye drops
<b>Lumigan®</b> 0.01% ophthalmic	Bimatoprost eye drops
<b>Timoptic®</b> (all strengths)	Timolol maleate eye drops
<b>Travatan Z®</b> 0.004% ophthalmic	Travoprost eye drops
<b>Xalatan®</b> 0.005% ophthalmic	Latanoprost eye drops
<b>Zioptan®</b> 0.0015% ophthalmic	Tafluprost eye drops
<b>Oxistat®</b> 1% topical cream	Oxiconazole 1% cream
<b>Temovate®</b> 0.05% ointment	Clobetasol propionate ointment
<b>Tracleer®</b> (all strengths)	Bosentan tablets
<b>Revatio®</b> 20mg tablet	Sildenafil 20 mg tablets
Step therapy requirement changes for members new to treatment	
Drug name	Requirements
<b>Alogliptin/pioglitazone</b> (all strengths)	Step therapy requirements through Januvia, Janumet or Janumet XR will be added for members new to treatment
Prior authorization requirement changes for members new to treatment	
<b>Tretten®</b> (all strengths)	Prior authorization requirements will be added for members new to treatment

Beginning July 1, drug changes impacting our commercial group and individual members will take effect that will either remove or add a specialty drug to the SaveOnSP drug list. Drugs included in the SaveOnSP program are available at \$0 out-of-pocket to participating members.

### SaveOnSP drug list changes

Added to the SaveOnSP drug list	
Drug name	Member impact
<b>Alhemo®</b>	Members participating in the SaveOnSP program will be able to purchase these drugs at a \$0 cost share.
<b>Aqneursa™</b>	
<b>Attruby™</b>	
<b>Crenessity™</b>	
<b>Itovebi™</b>	
<b>Livdelzi®</b>	
<b>Nemluvio®</b>	
<b>Pyzchiva</b>	
<b>Revuforj®</b>	

Selarsdi™	
Voranigo®	
Wezlana	
Yargesa™	
Yesintek	
Yorvipath®	
Removed from the SaveOnSP drug list	
Drug name	Member impact
Betaseron®	Members participating in the SaveOnSP program will no longer be able to purchase these drugs at a \$0 cost share, and final cost may depend on the specific copay assistance available for each drug.
Carbaglu®	
Oxbryta	
Rystiggo®	
Sprycel®	
Stelara®	
Tegsedi	
Udenyca®	
Ziextenzo®	

#### Site of service requirement changes for commercial group and individual members

<b>Site of service requirements added</b>	
<b>Drug name</b>	<b>Requirements</b>
<b>Adcetris®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Besponsa®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Blinicyto®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Cablivi®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Cyramza®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Danyelza®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Empliciti®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Enhertu®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Epkinly®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Evkeeza®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Margenza®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Pluvicto®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Polivy®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Tzield®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment
<b>Unituxin®</b>	Must be administered at a Priority Health preferred site of service for patients new to treatment

The Priority Health Pharmacy & Therapeutics (P&T) Committee meets six times a year to review drugs, policies and prior authorization criteria, updating our formulary to reflect any changes in drug coverage. You can find the latest updates for upcoming formulary changes on our [\*\*Formulary updates page\*\*](#) in the Provider Manual.

For information on the Priority Health formularies, visit the [\*\*Drug information page\*\*](#).