



April 10, 2019

Alliance Formulary Update

The Alliance's April 1, 2019 pharmacy benefit change, listed below, has been reviewed and approved by the Pharmacy & Therapeutics (P&T) committee.

Name	Action
Cyclosporine Modified Solution	Added to the formulary for children <12 years of age
Mycophenolate mofetil suspension	Added to the formulary for children <12 years of age
Xatmep	Added to the formulary for children <12 years of age
Heparin	Added to the formulary
Heparin Flush	Added to the formulary
Lovenox	Added to the formulary
Cyclosporine Modified Solution	Added to the formulary for children <12 years of age
Xofluza	Added to formulary
Nexplanon implant	Added to formulary
Methergine (brand name)	Added to formulary
Estradiol once-weekly patch (generic of Climara)	Added to formulary
Yuvaferm and generic estradiol vaginal tablet	Added to formulary
Premarin cream	Added to formulary for children ages 3 and under (for use in labial adhesion), Modified prior authorization criteria
Intrarosa vaginal insert	Added to formulary
Diclofenac-misoprostol tablet	Removed from formulary, Added prior authorization criteria
Meclofenamate capsule	Removed from formulary, Added prior authorization criteria
Tropium ER capsule	Removed from formulary, Added prior authorization criteria
Potassium citrate-citric acid solution	Added to formulary
Sodium citrate-citric acid solution	Added to formulary
Fyavolv (brand name)	Removed from formulary, Added prior authorization criteria
Solu-cortef (brand name)	Added to formulary
Oxytrol for Women patch (OTC)	Added to formulary
Oxytrol patch (Rx)	Modified prior authorization criteria
Climara, Menostar, Vivelle-Dot, Minivelle, Alora, EstroGel, Elestrin, Divigel, Evamist	Modified prior authorization criteria
Estring, Femring	Modified prior authorization criteria
Prempro, Premphase	Added prior authorization criteria
Climara-Pro, Combipatch	Added prior authorization criteria
Duavee	Added prior authorization criteria
Covaryx, Covaryx H.S.	Added prior authorization criteria
Prometrium	Added prior authorization criteria
Xyosted	Added prior authorization criteria
Berinert	Added prior authorization criteria
Durolane, Euflexxa, Gel-One, Gelsyn-3, GenVisc 805, Supartz, Supartz FX, Hyalgan, Hymovisc, Monovisc, Orthovisc, Synvisc, Synvisc-One, TriVisc, Visco-3	Modified prior authorization criteria
Rayos	Added prior authorization criteria
Zipsor	Added prior authorization criteria
Tivorbex	Added prior authorization criteria
Ketorolac	Added prior authorization criteria
Meclofenamate capsule	Added prior authorization criteria
Vivlodex	Added prior authorization criteria
Triptodur	Modified prior authorization criteria
Belviq XR	New PA criteria
Zembrace SymTouch	New prior authorization criteria
Isometheptene/ caffeine/ acetaminophen	New prior authorization criteria
Butalbital/ acetaminophen 50/325mg tablet	New quantity limit
Butalbital/ acetaminophen/ caffeine 50/325/40 mg tablet	New quantity limit
Non-formulary butalbital formulations	Modified prior authorization criteria quantity limit
Aimovig	Modified prior authorization criteria



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Name	Action
Emgality	Modified prior authorization criteria
Ajovy	Modified prior authorization criteria
Actiq	Modified prior authorization criteria
Fentora	Modified prior authorization criteria
Onsolis	Modified prior authorization criteria
Abstral	Modified prior authorization criteria
Subsys	Modified prior authorization criteria
Lazanda	Modified prior authorization criteria
Butrans	New prior authorization criteria
Methadone	Modified prior authorization criteria
Primlev	New prior authorization criteria
Nalocet	Remove from formulary, New prior authorization criteria
Oxycodone/ ibuprofen	New prior authorization criteria
Oxycodone/ aspirin	New prior authorization criteria
Tramadol extended-release capsule	New prior authorization criteria
RoxyBond	New prior authorization criteria
Pentazocine/ naloxone	New prior authorization criteria
Embeda	New prior authorization criteria
Lidocaine gel syringes & applicators	New prior authorization criteria