



2019 Priority Partners Formulary Changes

The table below outlines all the changes to our formulary since the formulary list was last printed on 10/01/2018.

Drug Name	Description of Change*	Copay Amount	Effective Date of Change
Advair Diskus	Removal of ST edit for age less than 19. NF for age 19 and older. Preferred Product is Airduo at \$0 copay	\$3	01/01/2019
Advair HFA	Removal of ST edit for age less than 19. NF for age 19 and older. Preferred Product is Airduo at \$0 copay	\$3	01/01/2019
Symbicort	Removal of ST edit for age less than 19. NF for age 19 and older. Preferred Product is Airduo at \$0 copay	\$3	01/01/2019

*QL = Quantity Limit, PA = Prior Authorization, ST = Step Therapy, NF= Non Formulary