

2019 Priority Partners Formulary Changes

The table below outlines all the changes to our formulary since the formulary list was last printed on 01/01/2019.

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
Admelog SoloStar	Addition to formulary with QL (15mL per month)	\$0	04/01/2019
Lantus vial, Lantus SoloStar	Formulary Deletion-All current Lantus users should contact their providers. Preferred product is Basaglar KwikPen available at \$0 copay.	N/A	04/01/2019
Levemir FlexTouch, Levemir vial	Formulary Deletion-All current Levemir users should contact their providers. Preferred product is Basaglar KwikPen available at \$0 copay.	N/A	04/01/2019
Humalog KwikPen N-100, Humalog N-100 vial,	Formulary Deletion-All current Humalog N-100 users should contact their providers. Preferred products are Admelog SoloStar and Admelog vial available at \$0 copay.	N/A	04/01/2019
Novolog FlexPen N-100, Novolog Pen Fill N-100 cartridge, Novolog N-100 vial	Formulary Deletion-All current Novolog N-100 users should contact their providers. Preferred products are Admelog SoloStar and Admelog vial available at \$0 copay.	N/A	04/01/2019
Orilissa	Addition to formulary with PA	\$3	04/01/2019
Tibsovo	Addition to formulary with PA	\$3	04/01/2019
Copiktra	Addition to formulary with PA	\$3	04/01/2019
Fexofenadine oral solution (OTC)	Addition to formulary	\$1	04/01/2019
Cetirizine oral solution (OTC)	Addition to formulary	\$1	04/01/2019
Vizimpro	Addition to formulary with PA	\$3	07/01/2019
Talzenna	Addition to formulary with PA	\$3	07/01/2019
Daurismo	Addition to formulary with PA	\$3	07/01/2019
Vitrakvi	Addition to formulary with PA	\$3	07/01/2019
Lorbrena	Addition to formulary with PA	\$3	07/01/2019
Intrauterine Devices Kyleena, Liletta, Mirena, and Skyla	Addition to formulary	\$3	07/01/2019
Lindane shampoo 1%	Addition to formulary	\$1	07/01/2019
Moexipril-hydrochlorothiazide	Formulary Deletion-Product is no longer available from manufacturer	N/A	07/01/2019
Ajovy	Addition to formulary with PA	\$3	10/01/2019
Lindane shampoo 1%	Addition to formulary	\$1	10/01/2019
Bismuth subsalicylate oral	Addition to formulary	\$1	10/01/2019
Chlordiazepoxide-clidinium	Addition to formulary	\$1	10/01/2019

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