



Summary of Key 2019 Commercial Formulary Changes with therapeutic alternatives

Please note that this is not a comprehensive list of all medications with formulary changes. NHPRI's Commercial Product may also be referred to as Exchange, Individual or Small Business

MEDICATIONS ON THE LEFT SIDE WILL NO LONGER BE ON THE FORMULARY IN 2019

Analgesics	2019 Formulary Option
Flector Patches 1.3%	DICLOFENAC GEL 1%, LIDOCAINE PATCH 5%
Indomethacin Capsule 75mg ER	INDOMETHACIN 25MG OR 50MG CAP

Anti-Infective Category	2019 Formulary Option
Ketoconazole Tab	FLUCONAZOLE TAB (PA REQUIRED), ITRACONAZOLE CAP (PA REQUIRED), TERBINAFINE TAB (PA REQUIRED), VORICONAZOLE TAB (PA REQUIRED)
Viekira Pak	EPCLUSA TAB (PA REQUIRED), HARVONI TAB 90-400MG (PA REQUIRED), ZEPATIER TAB (PA REQUIRED), VOSEVI TAB (PA REQUIRED)
Mavyret	

Anti-Psychotics	2019 Formulary Option
Invega Sustenna	ARISTADA INJ
Risperdal Consta	

CNS Agents	2019 Formulary Option
Chlordiazepoxide	CLORAZEPATE TAB, DIAZEPAM TAB, OXAZEPAM CAP
Flurazepam	SILENOR (Step Therapy & PA REQUIRED), TEMAZEPAM CAP, ZOLPIDEM IR TAB, ZOLPIDEM ER TAB, ESZOPICLONE TAB, ZALEPLON CAP, DOXYLAMINE SUCCINATE TAB, ROZEREM TAB (Step Therapy & PA REQUIRED)
Estazolam	
Diazepam Gel	NO COMPARABLE FORMULARY ALTS - SUBMIT PRIOR AUTHORIZATION

Diabetic Medications	2019 Formulary Option
Byetta	VICTOZA (Step Therapy & PA REQUIRED), BYDUREON (Step Therapy & PA REQUIRED), OZEMPIC (Step Therapy & PA REQUIRED), TRULICITY (Step Therapy & PA REQUIRED)
Humalog	Novolog Inj, Fiasp Flex Touch, Fiasp Inj
Toujeo Solostar	BASAGLAR KWIKPEN, LEVEMIR INJ FLEXTOUCH, TRESIBA



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Endocrine Agents	<i>2019 Formulary Option</i>
Follistim AQ, Menopur	GONAL-F INJ (PA REQUIRED), GONAL-F RFF INJ (PA REQUIRED)
Cetrotide, Ganirelix	LEUPROLIDE ACETATE INJ KIT 5MG/ML (PA REQUIRED)

Gastrointestinal Agents	<i>2019 Formulary Option</i>
Asacol HD 800mg Tablet	APRISO CAP 0.375GM, BALSALAZIDE 750 MG CAP, SULFASALAZINE TAB
Pentasa Capsule	
Hydrocortisone AC Suppository 25mg	CANASA SUPPOSITORY, PROCTOSOL HC CREAM, PROCTOZONE HC CREAM

Genitourinary Agents	<i>2019 Formulary Option</i>
Renagel	SEVELAMER PACKET, SEVELAMER TABLET, LANTHANUM CHEW, FOSRENOL POWDER

Hormonal Agents	<i>2019 Formulary Option</i>
Estring	YUVAFEM TAB, PREMARIN VAGINAL CREAM, ESTRADIOL TRANSDERMAL PATCH WEEKLY (PA REQUIRED IF 65 AND OLDER), ESTRADIOL VAGINAL CREAM
Premphase	JINTELI, MIMVEY, MIMVEY LO, NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB
Prempro Tablets	
Testosterone Gel 1% (50mg)	TESTOSTERONE TD GEL 10MG/ACT (2%) (PA REQUIRED), TESTOSTERONE TD GEL 25MG/2.5GM (1%) (PA REQUIRED)
Armour Thyroid	LEVOTHYROXINE TAB, LEVOXYL TAB, LIOTHYRONINE TAB, SYNTHROID TAB, THYROLAR TAB, UNITHROID TAB

Ophthalmic/Otic/Nasal	<i>2019 Formulary Option</i>
Qnasl, Beconase AQ, Zetonna, Mometasone SPR 50 mcg	FLUNISOLIDE NASAL SOLUTION, FLUTICASONE PROP NASAL SUSPENSION, OMNARIS SPRAY, OTC TRIAMCINOLONE NASAL SUSPENSION 55MCG/ACT

Respiratory Agents/Cough	<i>2019 Formulary Option</i>
Atrovent HFA	SPIRIVA AER, SPIRIVA CAP HANDIHLR, SPIRIVA SPR 2.5MCG, TUDORZA PRES AER 400/ACT, INCRUSE ELPT INH 62.5MCG
Stiolto	ANORO ELLIPTA, BEVESPI, COMBIVENT
Zyflo	MONTELUKAST SODIUM TAB, ZAFIRLUKAST TAB
Xolair	NO COMPARABLE FORMULARY ALTS - SUBMIT PRIOR AUTHORIZATION



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Weight Loss Medications	<i>2019 Formulary Option</i>
Qsymia, Belviq, Contrave, Phentermine Tablet and Capsule	ALLI CAP 60MG