

Changes to the currently posted Formulary 4/AON: *Table last updated 1/1/19*

Any branded tier 2 medication with a generic equivalent may be moved to tier 3.

Name of Agent	Tier	Prior authorization required	A step edit applies to this drug	Specific quantity limits apply	Access restricted to a specialty pharmacy
Aimovig	3	X		X	
Retacrit	3				X
Xultophy	3			X	
Soliqua	3			X	
Xyosted	3	X			
Sympazan	3	X			
Lorbrena	3	X			X
Orkambi granules	3	X		X	
vardenafil (generic Levitra)	1			X	
Talzenna	3	X			X
vardenafil ODT (generic Staxyn)	1			X	
Revcovi	3	X			
Fenofibrate (brand)	3				
azelaic acid 15% gel	3				
abiraterone acetate 250mg	1	X		X	X
Zytiga 250mg	3	X		X	X
silodosin	3				
Abilify Mycite	3	X		X	
Vitlakvi	3	X			
Xospata	3	X			
epinephrine auto-injector	1				
Epinephrine 0.15mg/0.3ml (Mylan)	2				
Epinephrine (Impax)	2				
buprenorphine TD patch	3				
Buprenorphine 7.5mg TD patch	3				
Mitigare	2			X	
Tudorza	2				
Trulicity	2			X	
Udenyca	3	X			
Daurismo	3	X			