

2019 Large Group Formulary Changes

Formulary Tier Changes

Drug Name Brand (Generic)	2018 Formulary	2019 Formulary
UPTRAVI (SELEXIPAG)	Tier 4	Tier 5
NINLARO (IXAZOMIB CITRATE)	Tier 4	Tier 5
ALCENSA (ALECTINIB)	Tier 4	Tier 5
GLEOSTINE (LOMUSTINE)	Tier 4	Tier 5
SPRYCEL (DASATINIB)	Tier 4	Tier 5
TARCEVA (ERLOTINIB)	Tier 4	Tier 5
SEROSTIM (SOMATROPIN)	Tier 3	Tier 5- PA Required
SAIZEN (SOMATROPIN)	Tier 3	Tier 5- PA Required
OMNITROPE (SOMATROPIN)	Tier 3	Tier 5- PA Required
NUTROPIN (SOMATROPIN)	Tier 3	Tier 5- PA Required
NEUPOGEN (FILGRASTIM)	Tier 3	Tier 5
ARANESP (DARBEPOETIN ALFA)	Tier 3	Tier 5
(TEMOZOLOMIDE)	Tier 2	Tier 5
DALIRESP (ROFLUMILAST)	Tier 3	Tier 4- PA Required
TOUJEO SOLOSTAR PEN (INSULIN GLARGINE SOLN PEN)	Not Covered	Tier 4- ST Required
TRESIBA FLEXTOUCH SOLN PEN (INSULIN DEGLUDEC SOLN PEN)	Not Covered	Tier 3- PA Requirement
(CELECOXIB)	Tier 2- PA Required	Tier 2