



DEPARTMENT OF

**Professional &  
Financial Regulation**

STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF PROF. AND OCC. REGULATION

# **Quarterly Report of Formulary Changes for 1<sup>st</sup> Quarter 2019**

**January 1 through March 31, 2019**

Prepared by the Maine Bureau of Insurance  
July 2019

Janet T. Mills  
Governor

Anne L. Head  
Commissioner

Eric A. Cioppa  
Superintendent

# Quarterly Report of Insurance Carrier Formulary Changes for Q1 First Quarter 2019 January 1 to March 31, 2019

## Background

Pursuant to P.L. 2017, ch. 429, the Bureau of Insurance is required to report to the Maine Legislature's Committee on Health Coverage, Insurance and Financial Services on any changes made by carriers, or any Pharmacy Benefits Manager contracted by carriers, to any prescription drug formulary for a health plan offered between January 1, 2019 and December 31, 2019.

### **24-A M.R.S. § 4311 B-1 states:**

**Sec. B-1. Report on formulary changes.** *As determined by the Department of Professional and Financial Regulation, Bureau of Insurance, a carrier subject to the requirements of the Maine Revised Statutes, Title 24-A, section 4311, subsection 1 shall report quarterly no less than 30 days following the end of each quarter on any changes made by the carrier or any pharmacy benefits manager contracted by the carrier to any prescription drug formulary for a health plan offered in this State between January 1, 2019 and December 31, 2019. For purposes of this section, a change to a prescription drug formulary includes the movement of a prescription drug to a tier with higher cost sharing for that drug or the removal of a prescription drug from the formulary. The report must be in a form and manner determined by the Bureau of Insurance and include a list of formulary changes made by the carrier and the effective date of each formulary change; the prescription drugs affected by each formulary change by name and manufacturer; the number of enrollees affected by each formulary change; the expected impact of each formulary change on cost sharing for affected enrollees; a written explanation of the reasons for each formulary change; the number of exception requests made by enrollees with regard to each formulary change; and the number of exception requests granted, denied or withdrawn with regard to each formulary change. (Emphasis added.) No less than 60 days following the end of each quarter, as determined by the Bureau of Insurance, the bureau shall compile this data for those carriers required by the bureau to report and submit a report to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters. The joint standing committee of the Legislature having jurisdiction over insurance and financial services matters may report out legislation related to the report to any regular or special session of the 129th Legislature.*

The information published in this report is based upon the self-reported data furnished by insurance companies to the Bureau of Insurance. All carriers that use a formulary were surveyed. This included the 6 largest carriers in Maine and the largest prescription TPA: Anthem, Aetna, Community Health Options, Cigna, Harvard Pilgrim/HPHC, United and Express Scripts. Those carriers, the Bureau of Insurance and the State of Maine Employee Health Benefits Department worked together to develop the form used to gather the required data.

# Table of Contents

Background .....	i
Summary for the first quarter of 2019: .....	2
Table 1: Changes made on the 329 drugs listed for Q1 2019 .....	2
Table 2: Top drugs changed for Q1 2019 .....	3
Table 3: Number of enrollees the changes affected for Q1 2019.....	3
Table 4: Expected impact and the number of enrollees affected by the impact for Q1 2019 .....	4
Table 5: Number of enrollees affected by the formulary changes, number of exceptions requested, granted, denied and withdrawn.....	4
Table 6: Number of exceptions granted and denied by change made in Q1 2019 .....	4
Table 7: Reasons given by carriers for the changes for Q1 2019.....	5
Table 8: Changes Made by Drug Name Q1 2019 .....	5
Table 9: Number of affected enrollees by drug name Q1 2019: .....	13
Table 10: Number of exceptions made by drug name Q1 2019:.....	15

### Summary for the first quarter of 2019:

- 329 drugs were subject to formulary changes (excluding duplicative drugs due to various dosages or dispensing type, there are 196 drugs).
- Approximately half the changes were to add new drugs. Almost a quarter of the changes were to remove drugs.
- These changes affected 377 enrollees.
- Of these enrollees, 51% (193) filed for exceptions. 52% were granted; 48% were denied.
- 23% of enrollees were impacted by lower or no change in cost; 11 % by higher costs and 77% by higher costs IF they continued use of the drug that was removed from formulary.

**Table 1: Changes made on the 329 drugs listed for Q1 2019**

<b>Change Made</b>	<b>Number of Drugs Affected</b>
Add drugs	158
Remove drugs	55
Add prior authorization	45
Move drug to higher tier	21
Add quantity limit	19
Add step therapy	14
Move drug to lower tier	10
Drug becomes over the counter	6
Decrease quantity limit	1
<b>Total</b>	<b>329</b>

**Table 2: Top drugs changed for Q1 2019**

<b>Drug</b>	<b>Number of Changes</b>
Vitamin D3	30
Acyclovir	20
Tirosint	15
Focalin	12

Vitamin D is used to treat and prevent bone disorders (such as rickets, osteomalacia). Vitamin D is made by the body when skin is exposed to sunlight. Sunscreen, protective clothing, limited exposure to sunlight, dark skin, and age may prevent getting enough vitamin D from the sun.

Acyclovir is used to treat infections caused by certain types of viruses. It treats cold sores around the mouth (caused by herpes simplex), shingles (caused by herpes zoster), and chickenpox. This medication is also used to treat outbreaks of genital herpes.

Tirosint (levothyroxine sodium) is a replacement for a hormone that is normally produced by your thyroid gland to regulate the body's energy and metabolism used to treat hypothyroidism (low thyroid hormone).

Focalin (dexamethylphenidate) is a mild stimulant to the central nervous system. It affects chemicals in the brain that contribute to hyperactivity and impulse control. Focalin is used to treat attention deficit hyperactivity disorder (ADHD). Focalin may also be used for purposes not listed in this medication guide.

**Table 3: Number of enrollees the changes affected for Q1 2019**

<b>Change</b>	<b>Number of Affected Enrollees</b>
Add drugs	0
Remove drugs	211
Add prior authorization	36
Move drug to higher tier	43
Add quantity limit	33
Add step therapy	14
Move drug to lower tier	0
Drug becomes over the counter	39
Decrease quantity limit	1
<b>Total</b>	<b>377</b>

**Table 4: Expected impact and the number of enrollees affected by the impact for Q1 2019**

Expected Impact	Number of Affected Enrollees
Responsible for full cost of drug *	250
No change	86
Higher cost	41
Lower cost	0
<b>Total</b>	<b>377</b>

*\*Results from removal of drug from formulary, which could result in higher cost to enrollee if they do not change to a different drug.*

*23% of enrollees are impacted by lower or no change in cost*

*11% of enrollees are impacted by higher costs or*

*77% of enrollees are impacted by higher costs (if they continue to use the removed drug from formulary)*

**Table 5: Number of enrollees affected by the formulary changes, number of exceptions requested, granted, denied and withdrawn**

# of Enrollees Affected	Total Exceptions Requested	Granted Exceptions	Denied Exceptions	Withdrawn
377	193	100	93	0

*51% of all enrollees affected filed for exceptions:*

*52% granted, 48% denied*

**Table 6: Number of exceptions granted and denied by change made in Q1 2019**

Change Made	Granted	Denied
Add drugs	0	0
Remove drugs	33	66
Add prior authorization	58	12
Move drug to higher tier	3	1
Add quantity limit	0	9
Add step therapy	6	5
Move drug to lower tier	0	0
Drug becomes over the counter	0	0
Decrease quantity limit	0	0
<b>Total</b>	<b>100</b>	<b>93</b>

**Table 7: Reasons given by carriers for the changes for Q1 2019.**

Formulary Change Reasons	Total Drugs per Reason
Added Upon Release to Market	205
Business Decision Team Decision-generic equivalent	131
To ensure clinically appropriate usage of drug	36
Business Decision Team Decision to exclude drug from formulary	30
Business Decision Team Decision to add Prior Authorization	27
Business Decision Team Decision to add Quantity Limits	18
To ensure clinically appropriate dosage of drug	17
Additional therapy option for enrollees	17
Generic version approved and added at lower tier	16
Clinically appropriate alternatives on formulary	11
Lower cost option for enrollees	10
AB rated (therapeutically equivalent) substitutable	8
Medication not approved by FDA as a drug	6
Business Decision Team Decision to move	3
Multisource brand (MSB) removal	2
Promote appropriate use and minimize overuse/waste	1
Anesthesia medication that must be administered by MD	1
To encourage appropriate use of preferred agents	4
<b>Total</b>	<b>543</b>

**Table 8: Changes Made by Drug Name Q1 2019**

Drug Name	Change Made
ABACAVIR SOLN	MOVE DRUG TO LOWER TIER
ABACAVIR TAB 300MG	MOVE DRUG TO LOWER TIER
ABILIFY MYCITE	ADD STEP THERAPY
ABLYSINOL 99% AMPULE	ADD DRUGS
ACETAMINOPHEN-CODEINE 120-12 MG, 300-30 MG SOLUTIONI	ADD PRIOR AUTHORIZATION
ACYCLOVIR 5% CREAM	ADD DRUGS
ACYCLOVIR 5% OINTMENT	REMOVE DRUGS
ACZONE 7.5% GEL PUMP	REMOVE DRUGS
ADDERALL XR 10 MG CAPSULE	REMOVE DRUGS
ADDERALL XR 15 MG CAPSULE	REMOVE DRUGS
ADDERALL XR 20 MG CAPSULE	REMOVE DRUGS
ADDERALL XR 25 MG CAPSULE	REMOVE DRUGS
ADDERALL XR 30 MG CAPSULE	REMOVE DRUGS
AEMCOLO DR 194 MG TABLET	ADD DRUGS
AFREZZA 90-8 UNIT / 90-12 UNIT	ADD DRUGS

AFREZZA 90-8 UNIT / 90-12 UNIT	ADD PRIOR AUTHORIZATION
AFREZZA 90-8 UNIT / 90-12 UNIT	ADD QUANTITY LIMIT
ALBUMINAR-25 IV SOLUTION	ADD DRUGS
ALBUTEROL SUL HFA 90 MCG INH	ADD DRUGS
ALISKIREN 150 MG TABLET	ADD DRUGS
ALISKIREN 300 MG TABLET	ADD DRUGS
ALTOPREV	ADD STEP THERAPY
ALYQ 20 MG TABLET	ADD DRUGS
AMICAR 1,000 MG TABLET	REMOVE DRUGS
AMICAR 500 MG TABLET	REMOVE DRUGS
AMINO ACID 50 G/1,000 ML-NS	ADD DRUGS
AMINOPROTECT 25-25 G/1,000 ML	ADD DRUGS
ANDEXXA 200 MG VIAL	ADD DRUGS
APADAZ 4.08-325 MG TABLET	ADD DRUGS
APADAZ 6.12-325 MG TABLET	ADD DRUGS
APADAZ 8.16-325 MG TABLET	ADD DRUGS
APRISO	ADD STEP THERAPY
APTIOM 400 MG TABLET	ADD PRIOR AUTHORIZATION
ASCOMP WITH CODEINE CAPSULE	ADD PRIOR AUTHORIZATION
AUBAGIO TAB 14MG, 7MG	REMOVE DRUGS
AXUMIN 10 MCI (370 MBQ) VIAL	ADD DRUGS
AZELEX 20% CREAM	REMOVE DRUGS
BACLOFEN 10 MG/20 ML VIAL	ADD DRUGS
BACLOFEN 20,000 MCG/20 ML VIAL	ADD DRUGS
BACLOFEN 40 MG/20 ML VIAL	ADD DRUGS
BALSAM PERU-CASTOR OIL OINT	ADD DRUGS
BENZHYDROCOD-ACETAMIN 4.08-325	ADD DRUGS
BENZHYDROCOD-ACETAMIN 6.12-325	ADD DRUGS
BENZHYDROCOD-ACETAMIN 8.16-325	ADD DRUGS
BETAMETHASONE SP-AC 30 MG/5 ML	ADD DRUGS
BIJUVA 1 MG-100 MG CAPSULE	ADD DRUGS
BIKTARVY 50-200-25 MG TABLET	MOVE DRUG TO LOWER TIER
BIKTARVY TAB	ADD DRUGS
BPCO	REMOVE DRUGS
BRIVIACT 100 MG TABLET	ADD PRIOR AUTHORIZATION
BRIVIACT 25 MG TABLET	ADD PRIOR AUTHORIZATION
BUPRENO-NALOX 2-0.5 MG SL FILM	ADD DRUGS
BUPRENOR-NALOX 12-3 MG SL FILM	ADD DRUGS
BUPRENORP-NALOX 4-1 MG SL FILM	ADD DRUGS
BUTALBITAL-CAFFEINE-ACETAMINOPHEN-CODEINE CAPSULE	ADD PRIOR AUTHORIZATION
BYETTA 10 MCG DOSE PEN INJ	ADD QUANTITY LIMIT



BYETTA 5 MCG DOSE PEN INJ	ADD QUANTITY LIMIT
CABLIVI 11 MG KIT	ADD DRUGS
CALCIUM GLUC 1,000MG/50ML-NACL	ADD DRUGS
CEFAZOLIN 3 GRAM/100 ML-D5W	ADD DRUGS
CHERATUSSIN AC	ADD PRIOR AUTHORIZATION
CINACALCET HCL 30 MG TABLET	ADD DRUGS
CINACALCET HCL 30MG, 60MG, 90MG TABLET	ADD DRUGS
CINACALCET HCL 60 MG TABLET	ADD DRUGS
CINACALCET HCL 90 MG TABLET	ADD DRUGS
CINVANTI	ADD PRIOR AUTHORIZATION
CLINDAMYCIN GEL	ADD STEP THERAPY
CLINDAMYCIN LOT	ADD STEP THERAPY
CLOBETASOL PROPIONATE E	ADD STEP THERAPY
CLOBETASOL SOL	ADD STEP THERAPY
CODEINE SULFATE 15 MG, 30 MG, 60 MG	ADD PRIOR AUTHORIZATION
COLCHICINE TAB 0.6MG	ADD DRUGS
COLCHICINE TAB 0.6MG	ADD PRIOR AUTHORIZATION
CONCERTA ER 18 MG TABLET	REMOVE DRUGS
CONCERTA ER 27 MG TABLET	REMOVE DRUGS
CONCERTA ER 36 MG TABLET	REMOVE DRUGS
CONCERTA ER 54 MG TABLET	REMOVE DRUGS
CUPRIMINE 250 MG CAPSULE	ADD PRIOR AUTHORIZATION
DAURISMO	ADD PRIOR AUTHORIZATION
DAURISMO	ADD QUANTITY LIMIT
DAYTRANA 10 MG/9 HR PATCH	ADD PRIOR AUTHORIZATION
DAYTRANA 30 MG/9 HOUR PATCH	ADD PRIOR AUTHORIZATION
DENAVIR 1% CREAM	REMOVE DRUGS
DERM-SILK 2"X5.5" PAD	ADD DRUGS
DERMUCLERA	REMOVE DRUGS
DESFLURANE INHALATION LIQUID	ADD DRUGS
DEXCHLORPHENIRAMINE 2 MG/5 ML	ADD DRUGS
DEXILANT DR 30 MG CAPSULE	ADD QUANTITY LIMIT
DIDANOSINE DR CAP 250MG, 400MG, 125MG, 200MG	MOVE DRUG TO LOWER TIER
DIGOXIN MICRONIZED POWDER	ADD DRUGS
DIVIGEL 0.75 MG GEL PACKET	ADD DRUGS
DOTAREM 2.5 MMOL/5 ML VIAL	ADD DRUGS
D-PENAMINE 125 MG TABLET	ADD DRUGS
DSUVIA 30 MCG SUBLINGUAL TAB	ADD DRUGS
ELIDEL	MOVE DRUG TO HIGHER TIER
ELZONRIS 1,000 MCG/ML VIAL	ADD DRUGS
EMGALITY 120 MG/ML SYRINGE	ADD DRUGS

EPCLUSA TAB	REMOVE DRUGS
EPICYN FACIAL CLEANSER SPRAY	ADD DRUGS
EPIDUO FORTE 0.3-2.5% GEL PUMP	REMOVE DRUGS
EPIPEN JR	REMOVE DRUGS
EPTIFIBATIDE 75 MG/100 ML BAG	ADD DRUGS
ERBITUX SOLN	ADD DRUGS
ERBITUX SOLN	ADD PRIOR AUTHORIZATION
ESOMEPRAZOLE MAG DR 20 MG CAP	ADD QUANTITY LIMIT
FABIOR 0.1% FOAM	REMOVE DRUGS
FARESTON 60MG	MOVE DRUG TO HIGHER TIER
FARESTON 60MG TABLET	MOVE DRUG TO HIGHER TIER
FIRDAPSE	ADD QUANTITY LIMIT
FIRDAPSE 10 MG TABLET	ADD DRUGS
FLECTOR 1.3% TRANSERMAL PATCH	MOVE DRUG TO HIGHER TIER
FLOWTUSS SOLN	ADD DRUGS
FLUTICASONE-SALMETEROL 100-50	ADD DRUGS
FLUTICASONE-SALMETEROL 250-50	ADD DRUGS
FLUTICASONE-SALMETEROL 500-50	ADD DRUGS
FOCALIN XR 15 MG CAPSULE	REMOVE DRUGS
FOCALIN XR 20 MG CAPSULE	REMOVE DRUGS
FOCALIN XR 30 MG CAPSULE	REMOVE DRUGS
FOCALIN XR 40 MG CAPSULE	REMOVE DRUGS
FYCOMPA 2 MG TABLET	ADD PRIOR AUTHORIZATION
GAMIFANT 10 MG/2 ML VIAL	ADD DRUGS
GAMIFANT 50 MG/10 ML VIAL	ADD DRUGS
GEL-FLOW NT SYRINGE	ADD DRUGS
GLATIRAMER INJ 40MG/ML	ADD DRUGS
GLATIRAMER INJ 40MG/ML	ADD PRIOR AUTHORIZATION
GLATOPA INJ 40MG/ML	ADD DRUGS
GLATOPA INJ 40MG/ML	ADD PRIOR AUTHORIZATION
GLYCOPYRROLATE 0.2 MG/ML SYRNG	ADD DRUGS
GLYCOPYRROLATE 0.4 MG/2 ML SYR	ADD DRUGS
GUAIFENESIN-CODEINE LIQUID	ADD PRIOR AUTHORIZATION
GUAITUSSIN AC LIQUID	ADD PRIOR AUTHORIZATION
HAILEY 24 FE 1 MG-20 MCG TAB	ADD DRUGS
HALOBETASOL AER 0.05%	ADD STEP THERAPY
HALOBETASOL PROP 0.05% FOAM	ADD DRUGS
HARVONI	REMOVE DRUGS
HEXALEN	ADD PRIOR AUTHORIZATION
HIDEX 6 DAY 1.5 MG TABLET	ADD DRUGS
HUMIRA	MOVE DRUG TO HIGHER TIER

HUMIRA PEN	MOVE DRUG TO HIGHER TIER
HYDROMORPHONE 1 MG/ML-WATER	ADD DRUGS
INBRIJA 42 MG INHALATION CAP	ADD DRUGS
INNOSPIRE GO NEBULIZER	ADD DRUGS
INVOKANA	MOVE DRUG TO HIGHER TIER
JASMIEL 3 MG-0.02 MG TABLET	ADD DRUGS
KELOTOP 4.7"X5.7" SHEET	ADD DRUGS
KEPPRA 250 MG TABLET	REMOVE DRUGS
KEPPRA 500 MG TABLET	REMOVE DRUGS
KEPPRA XR 500 MG TABLET	REMOVE DRUGS
KETAMINE 100 MG/10 ML-NACL SYR	ADD DRUGS
KRINTAFEL	ADD QUANTITY LIMIT
KRINTAFEL 150 MG TABLET	ADD DRUGS
LAMICTAL 200 MG TABLET	REMOVE DRUGS
LAMIVUDINE TAB 150MG, 300MG	MOVE DRUG TO LOWER TIER
LEVICYN SOL DERMAL	REMOVE DRUGS
LEVORPHANOL 3 MG TABLET	ADD DRUGS
LEVORPHANOL 3 MG TABLET	ADD PRIOR AUTHORIZATION
LEVORPHANOL 3 MG TABLET	ADD QUANTITY LIMIT
LEVORPHANOL 3MG TABLET	ADD QUANTITY LIMIT
LIDOCAINE 0.5MG INTRADERM SYST	ADD DRUGS
LIDOCAINE 50 MG/5 ML (1%) SYRG	ADD DRUGS
LIOTHYRONINE SOD 1:1000 DILUTN	ADD DRUGS
LIPIODOL 4.8 GM/10 ML AMPUL	ADD DRUGS
LIQUIVIDA HYDRATION KIT	ADD DRUGS
LIVALO 1 MG TABLET	REMOVE DRUGS
LIVALO 2 MG TABLET	REMOVE DRUGS
LIVALO 4 MG TABLET	REMOVE DRUGS
LOPINAVIR-RITONAVIR SOLN	MOVE DRUG TO LOWER TIER
LORBRENA	ADD PRIOR AUTHORIZATION
LORBRENA	ADD QUANTITY LIMIT
LOTEMAX SM 0.38% OPHTH GEL	ADD DRUGS
MEPERIDINE INJ	ADD DRUGS
MESALAMINE 1,000 MG SUPP	ADD DRUGS
MESTINON SYRUP 60MG/5ML	MOVE DRUG TO HIGHER TIER
METFORMIN ER TAB 500MG, 1000MG (GENERIC FORTAMET ONLY)	REMOVE DRUGS
MINOCYCLINE ER 105 MG TABLET	ADD DRUGS
MINOCYCLINE ER 80 MG TABLET	ADD DRUGS
MITOXANTRONE 2MG/ML	ADD DRUGS
MORPHINE 1MG/2ML SYRINGE	ADD QUANTITY LIMIT
MOTEGRITY	ADD PRIOR AUTHORIZATION

MOTEGRITY	ADD QUANTITY LIMIT
MOXIFLOXACIN TAB 400MG	ADD DRUGS
MULPLETA	ADD PRIOR AUTHORIZATION
MULPLETA	ADD QUANTITY LIMIT
NEVIRAPINE TAB 200MG; SOLN 50MG	MOVE DRUG TO LOWER TIER
NEXIUM	ADD STEP THERAPY
NIVESTYM 300 MCG/ML VIAL	ADD DRUGS
NIVESTYM 480 MCG/1.6 ML VIAL	ADD DRUGS
NUCYNTA TAB 50MG, 75MG 100MG	REMOVE DRUGS
NUZYRA 100 MG VIAL	ADD DRUGS
NUZYRA 150 MG TABLET	ADD DRUGS
NUZYRA 150 MG TABLET-7 DAY	ADD DRUGS
NUZYRA 150 MG-7 DAY WITH LOAD	ADD DRUGS
OMNIPAQUE 9 MG/ML ORAL SOLN	ADD DRUGS
ORFADIN 2 MG, 5 MG, 10 MG, 20 MG	ADD PRIOR AUTHORIZATION
OXAZEPAM CAP 10MG, 15MG, 30MG	ADD DRUGS
OXYCONTIN TAB 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG	REMOVE DRUGS
OZEMPIC INJ	ADD DRUGS
OZEMPIC INJ	ADD STEP THERAPY
PARSABIV	ADD PRIOR AUTHORIZATION
PENLEN SPRAY EMULSION	ADD DRUGS
PIMECROLIMUS 1% CREAM	ADD DRUGS
POTASSIUM CL 20MEQ/100ML-WATER	ADD DRUGS
PRALUENT 150 MG/ML PEN	REMOVE DRUGS
PRALUENT 75 MG/ML PEN	REMOVE DRUGS
PRODIGEN CAPSULES	REMOVE DRUGS
PROGRAF 1 MG CAPSULE	MOVE DRUG TO HIGHER TIER
PROMACTA 12.5 MG SUSPEN PACKET	ADD DRUGS
PROMETHAZINE-CODEINE SYRUP	ADD PRIOR AUTHORIZATION
PROMETHAZINE-PE-CODEINE SYRUP	ADD PRIOR AUTHORIZATION
PROTHELIAL 1 GM/10 ML PASTE	ADD DRUGS
PROVAD CAPSULES	REMOVE DRUGS
PYRIDOSTIGMINE 60 MG/5 ML SOLN	ADD DRUGS
QBREXZA	ADD PRIOR AUTHORIZATION
QBREXZA	ADD QUANTITY LIMIT
QUILLICHEW ER 20 MG CHEW TAB	REMOVE DRUGS
QUILLICHEW ER 40 MG CHEW TAB	REMOVE DRUGS
RANEXA 1000MG TABLET	MOVE DRUG TO HIGHER TIER
RANEXA 500MG TABLET	MOVE DRUG TO HIGHER TIER
RANOLAZINE ER 1,000 MG TABLET	ADD DRUGS
RANOLAZINE ER 500 MG TABLET	ADD DRUGS

RAPAMUNE SOLUTION 1MG/1ML	MOVE DRUG TO HIGHER TIER
RELPAK	ADD STEP THERAPY
RENAGEL 400MG	MOVE DRUG TO HIGHER TIER
RENAGEL 400MG TABLET	MOVE DRUG TO HIGHER TIER
RENAGEL 800MG	MOVE DRUG TO HIGHER TIER
RENAGEL 800MG TABLET	MOVE DRUG TO HIGHER TIER
RESTASIS	REMOVE DRUGS
RETAVASE VIAL FULL KIT	ADD DRUGS
RETAVASE VIAL HALF-KIT	ADD DRUGS
RETIN-A MICRO PUMP 0.06% GEL	REMOVE DRUGS
ROPIVACAINE 0.2% 200 MG/100 ML	ADD DRUGS
ROPIVACAINE 0.2% 400 MG/200 ML	ADD DRUGS
ROPIVACAINE 0.2%-NAACL BAG	ADD DRUGS
SABRIL 500MG	MOVE DRUG TO HIGHER TIER
SENSIPAR	ADD PRIOR AUTHORIZATION
SEVELAMER HCL 400 MG TABLET	ADD DRUGS
SEVELAMER HCL 800 MG TABLET	ADD DRUGS
SIROLIMUS 1 MG/ML SOLUTION	ADD DRUGS
SODIUM BICRB 150 MEQ/1,000-D5W	ADD DRUGS
SODIUM PHOS 15 MMOL/100 ML-NS	ADD DRUGS
SOVALDI TAB 400MG	REMOVE DRUGS
SPRAVATO 56 MG DOSE PACK	ADD DRUGS
SPRAVATO 84 MG DOSE PACK	ADD DRUGS
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG, SOLN 1MG	MOVE DRUG TO LOWER TIER
STAVUDINE CAP SOLN 1MG	MOVE DRUG TO LOWER TIER
STELARA INJ 90MG	DECREASE QUANTITY LIMIT
SUPRANE INHALATION	REMOVE DRUGS
SURGIFOAM SPONGE SIZE 100C	ADD DRUGS
SURGIFOAM SPONGE SIZE 12-7	ADD DRUGS
SYMJEPI	ADD QUANTITY LIMIT
SYMJEPI	ADD STEP THERAPY
TAPERDEX 7 DAY 1.5 MG TAB PACK	ADD DRUGS
TAZORAC 0.05% CREAM	REMOVE DRUGS
TAZORAC 0.1% CREAM	REMOVE DRUGS
TECHNIVIE TAB	REMOVE DRUGS
TEKTURNA 150MG	MOVE DRUG TO HIGHER TIER
TEKTURNA 300MG	MOVE DRUG TO HIGHER TIER
TIROSINT 175 MCG CAPSULE	ADD DRUGS
TIROSINT 200 MCG CAPSULE	ADD DRUGS
TIROSINT-SOL 100 MCG/ML SOLN	ADD DRUGS
TIROSINT-SOL 112 MCG/ML SOLN	ADD DRUGS

TIROSINT-SOL 125 MCG/ML SOLN	ADD DRUGS
TIROSINT-SOL 13 MCG/ML SOLN	ADD DRUGS
TIROSINT-SOL 137 MCG/ML SOLN	ADD DRUGS
TIROSINT-SOL 150 MCG/ML SOLN	ADD DRUGS
TIROSINT-SOL 175 MCG/ML SOLN	ADD DRUGS
TIROSINT-SOL 200 MCG/ML SOLN	ADD DRUGS
TIROSINT-SOL 25 MCG/ML SOLN	ADD DRUGS
TIROSINT-SOL 50 MCG/ML SOLN	ADD DRUGS
TIROSINT-SOL 75 MCG/ML SOLN	ADD DRUGS
TIROSINT-SOL 88 MCG/ML SOLN	ADD DRUGS
TOLSURA 65 MG CAPSULE	ADD DRUGS
TOREMIFENE CITRATE 60 MG TAB	ADD DRUGS
TREPROSTINIL 100 MG/20 ML VIAL	ADD DRUGS
TREPROSTINIL 20 MG/20 ML VIAL	ADD DRUGS
TREPROSTINIL 200 MG/20 ML VIAL	ADD DRUGS
TREPROSTINIL 50 MG/20 ML VIAL	ADD DRUGS
TRILEPTAL 300 MG TABLET	REMOVE DRUGS
TRISODIUM CITRAT CRRT 0.5% SOL	ADD DRUGS
TRI-VYLIBRA LO TABLET	ADD DRUGS
TROKENDI XR	ADD STEP THERAPY
TUXARIN ER 8-54.3 MG TABLET	ADD DRUGS
TUXARIN ER TAB	ADD PRIOR AUTHORIZATION
TUXARIN ER TAB	ADD QUANTITY LIMIT
TUZISTRA XR	ADD PRIOR AUTHORIZATION
ULTOMIRIS	ADD PRIOR AUTHORIZATION
ULTOMIRIS 300 MG/30 ML VIAL	ADD DRUGS
VANCOMYCIN 1 GRAM/200 ML BAG	ADD DRUGS
VANCOMYCIN 1.5 GRAM/300 ML BAG	ADD DRUGS
VANCOMYCIN HCL 1.25 GRAM VIAL	ADD DRUGS
VASHE CLEANS SOLUTION	REMOVE DRUGS
VIEKIRA PAK	REMOVE DRUGS
VIGABATRIN 500 MG TABLET	ADD DRUGS
VIMPAT 100 MG TABLET	ADD PRIOR AUTHORIZATION
VIMPAT 150 MG TABLET	ADD PRIOR AUTHORIZATION
VIMPAT 200 MG TABLET	ADD PRIOR AUTHORIZATION
VIRAMUNE SUSPENSION 50MG/5ML	MOVE DRUG TO HIGHER TIER
VIRTUSSIN AC	ADD PRIOR AUTHORIZATION
VITAMIN D3 1000 UNIT TABLET	DRUG BECOMES OVER THE COUNTER
VITAMIN D3 2000 UNIT SOFTGEL	DRUG BECOMES OVER THE COUNTER

VITAMIN D3 2000 UNIT TABLET	DRUG BECOMES OVER THE COUNTER
VITAMIN D3 400 UNIT TAB CHEW	DRUG BECOMES OVER THE COUNTER
VITAMIN D3 400 UNIT TABLET	DRUG BECOMES OVER THE COUNTER
VITAMIN D3 50000 UNITS CAPS	DRUG BECOMES OVER THE COUNTER
VITRAKVI	ADD PRIOR AUTHORIZATION
VITRAKVI	ADD QUANTITY LIMIT
VIVITROL	REMOVE DRUGS
VOSEVI TAB	ADD DRUGS
VOSEVI TABLET	ADD PRIOR AUTHORIZATION
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	ADD DRUGS
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	ADD PRIOR AUTHORIZATION
WIXELA 100-50 INHUB	ADD DRUGS
WIXELA 250-50 INHUB	ADD DRUGS
WIXELA 500-50 INHUB	ADD DRUGS
XEROSTOMIA RELIEF SPRAY	ADD DRUGS
XIIDRA	ADD DRUGS
XIIDRA	ADD PRIOR AUTHORIZATION
XOFLUZA 20 MG TABLET	ADD DRUGS
XOFLUZA 40 MG TABLET	ADD DRUGS
XOFLUZA TAB 20MG, 40MG	ADD DRUGS
XOSPATA	ADD PRIOR AUTHORIZATION
XOSPATA	ADD QUANTITY LIMIT
YUPELRI	ADD QUANTITY LIMIT
YUTIQ 0.18 MG IMPLANT	ADD DRUGS
ZIDOVUDINE SYRUP 10MG; CAP 100MG, TAB 300MG	MOVE DRUG TO LOWER TIER
ZOLEDRONIC ACID 4 MG/100 ML	ADD DRUGS
ZOLEDRONIC ACID 4 MG/100 ML	ADD PRIOR AUTHORIZATION
ZOMIG	ADD STEP THERAPY

**Table 9: Number of affected enrollees by drug name Q1 2019:**

<b>Drug Name</b>	<b>Affected Enrollees</b>
ACYCLOVIR 5% OINTMENT	45
ACZONE 7.5% GEL PUMP	12
ADDERALL XR 10 MG CAPSULE	9
ADDERALL XR 15 MG CAPSULE	3
ADDERALL XR 20 MG CAPSULE	9
ADDERALL XR 25 MG CAPSULE	3

ADDERALL XR 30 MG CAPSULE	12
ALTOPREV	1
APRISO	1
APTIOM 400 MG TABLET	3
AZELEX 20% CREAM	6
BRIVIACT 100 MG TABLET	3
BRIVIACT 25 MG TABLET	3
BYETTA 10 MCG DOSE PEN INJ	12
BYETTA 5 MCG DOSE PEN INJ	6
CLINDAMYCIN GEL	2
CLINDAMYCIN LOT	1
CLOBETASOL PROPIONATE E	1
CLOBETASOL SOL	2
CONCERTA ER 18 MG TABLET	3
CONCERTA ER 27 MG TABLET	3
CONCERTA ER 36 MG TABLET	3
CONCERTA ER 54 MG TABLET	3
DAYTRANA 10 MG/9 HR PATCH	9
DAYTRANA 30 MG/9 HOUR PATCH	6
DENAVIR 1% CREAM	9
DEXILANT DR 30 MG CAPSULE	3
ELIDEL	1
EPIDUO FORTE 0.3-2.5% GEL PUMP	9
ESOMEPRAZOLE MAG DR 20 MG CAP	12
FABIOR 0.1% FOAM	3
FARESTON 60mg tablet	1
FLECTOR 1.3% transdermal patch	1
FOCALIN XR 15 MG CAPSULE	3
FOCALIN XR 20 MG CAPSULE	3
FOCALIN XR 30 MG CAPSULE	12
FOCALIN XR 40 MG CAPSULE	3
FYCOMPA 2 MG TABLET	3
HUMIRA	1
HUMIRA PEN	4
INVOKANA	4
KEPPRA 250 MG TABLET	3
KEPPRA 500 MG TABLET	3
KEPPRA XR 500 MG TABLET	3
LAMICTAL 200 MG TABLET	3
LIVALO 1 MG TABLET	6
LIVALO 2 MG TABLET	6



LIVALO 4 MG TABLET	6
NEXIUM	2
PRALUENT 150 MG/ML PEN	3
PRALUENT 75 MG/ML PEN	6
PROGRAF 1 MG CAPSULE	18
QUILLICHEW ER 20 MG CHEW TAB	3
QUILLICHEW ER 40 MG CHEW TAB	3
RANEXA 1000mg tablet	2
RANEXA 500mg tablet	11
RELPAX	1
RETIN-A MICRO PUMP 0.06% GEL	3
STELARA INJ 90MG	1
TAZORAC 0.05% CREAM	3
TAZORAC 0.1% CREAM	3
TRILEPTAL 300 MG TABLET	3
TROKENDI XR	2
VIMPAT 100 MG TABLET	3
VIMPAT 150 MG TABLET	3
VIMPAT 200 MG TABLET	3
VITAMIN D3 1000 UNIT TABLET	9
VITAMIN D3 2000 UNIT SOFTGEL	12
VITAMIN D3 2000 UNIT TABLET	6
VITAMIN D3 400 UNIT TAB CHEW	3
VITAMIN D3 400 UNIT TABLET	3
VITAMIN D3 50000 UNITS CAPS	6
VIVITROL	1
ZOMIG	1
<b>TOTAL</b>	<b>377</b>

**Table 10: Number of exceptions made by drug name Q1 2019:**

Drug Name	Granted	Denied	Withdrawn	Total Exception Requests
ACYCLOVIR 5% OINTMENT	0	15	0	15
ACZONE 7.5% GEL PUMP	0	3	0	3
ADDERALL XR 10 MG CAPSULE	0	3	0	3
ADDERALL XR 15 MG CAPSULE	3	3	0	6
ADDERALL XR 20 MG CAPSULE	0	12	0	12
ADDERALL XR 30 MG CAPSULE	0	3	0	3
AFREZZA 90-8 UNIT / 90-12 UNIT	1	0	0	1
ALTOPREV	0	1	0	1

ASCOMP WITH CODEINE CAPSULE	0	1	0	1
AZELEX 20% CREAM	3	3	0	6
BRIVIACT 100 MG TABLET	3	0	0	3
BUTALBITAL-CAFFEINE-ACETAMINOPHEN-CODEINE CAPSULE	1	0	0	1
CLINDAMYCIN LOT	1	0	0	1
CLOBETASOL PROPIONATE E	1	0	0	1
CLOBETASOL SOL	0	2	0	2
COLCHICINE TAB 0.6MG	0	2	0	2
CONCERTA ER 36 MG TABLET	3	6	0	9
CONCERTA ER 54 MG TABLET	3	0	0	3
DAYTRANA 10 MG/9 HR PATCH	6	3	0	9
DAYTRANA 30 MG/9 HOUR PATCH	3	6	0	9
EPIDUO FORTE 0.3-2.5% GEL PUMP	6	6	0	12
ESOMEPRAZOLE MAG DR 20 MG CAP	0	9	0	9
GLATOPA INJ 40MG/ML	1	0	0	1
GUAIFENESIN-CODEINE LIQUID	1	0	0	1
HUMIRA	0	1	0	1
HUMIRA PEN	3	0	0	3
KEPPRA 500 MG TABLET	3	0	0	3
LIVALO 1 MG TABLET	0	3	0	3
LIVALO 2 MG TABLET	6	0	0	6
LIVALO 4 MG TABLET	3	0	0	3
NEXIUM	2	0	0	2
QUILLICHEW ER 40 MG CHEW TAB	3	0	0	3
RELPAX	1	0	0	1
VIMPAT 100 MG TABLET	12	0	0	12
VIMPAT 150 MG TABLET	3	0	0	3
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	22	0	0	22
XOSPATA	1	0	0	1
ZOMIG	1	0	0	1
<b>TOTAL</b>	<b>100</b>	<b>93</b>	<b>0</b>	<b>193</b>