

Magellan Rx Precision Formulary

2019 Formulary Updates

The Magellan Rx Management Pharmacy & Therapeutics Committee (P&T) and Value Assessment Committee (VAC) meet periodically to review the status of drugs on the formulary and make recommendations due to newly approved products, changes in practice guidelines, updates in FDA approved labeling and/or changes in financial implications.

Effective Date of Changes: **1/1/2019**

Traditional Drug List*

*Non-Specialty Drugs

Additions to Formulary

DRUG NAME	TIER / PREFERENCE
Roxybond	Non-Preferred
Orilissa	Non-Preferred
Eliquis	Preferred

Exclusions from Formulary

DRUG NAME	ALTERNATIVES
Bevespi Aerosphere	Anoro Ellipta & Stiolto Respimat
Utibron Neohaler	Anoro Ellipta & Stiolto Respimat
Seebri Neohaler	Incruse Ellipta & Spiriva
Sprix	Generics
Clindagel 1%	Generics
Zypitamag	Generic statins
Nucynta IR	Generic pain medications
Amitiza	Lactulose, Polyethylene glycol, Linzess
Reilstor	Lactulose, Polyethylene glycol, Linzess
Jublia 10%	Ciclopirox, Terbinafine
Kerydin 5%	Ciclopirox, Terbinafine

Tier / Preference Changes

DRUG NAME	TIER / PREFERENCE
Acuvail	Non-Preferred
Floplipid	Non-Preferred
Renvela	Non-Preferred
Fosrenol	Non-Preferred
Topiramate ER	Non-Preferred

Specialty Drug List

For plans that do not have a defined specialty drug benefit utilizing the MRx Specialty Drug List, the drugs below will be tiered based on the drug's brand or generic status. Generic drugs (italics) will be Tier 1 and brand drugs will be Tier 3.

New Specialty Drugs

Drug	PA	QL	AE	Medical
Palynziq	X	X		
Sublocade	X	X		
Hydroxyprogesterone	X			

Tier/Preference Changes

Tier / Preference Changes

DRUG NAME	TIER / PREFERENCE
Glatopa	Non-Preferred

Removals from Formulary

NONE

Legend: PA: Prior Authorization

QL: Quantity Limit

ST: Step Therapy

AE: Age Edit