

Formulary Update

The information contained herein is believed to be accurate at the time of posting, but changes may occur at anytime without prior notice.

4/1/2017

The following grid lists the outcomes of the **1st quarter 2017** Pharmacy and Therapeutics Process meetings held on March 6, 2017. Members should refer to their benefit agreement to understand how changes to non-Formulary status may affect them. For additional information regarding their benefits, members should contact Customer Service at the phone number on their ID card.

Drug Name	Active Ingredient	National Tier Status Change	Preferred Tier Status Change	Essential Tier Status Change	Effective Date
Adrenaclick	epinephrine	Tier 3 to NF	Tier 3 to NF	NF (N/C)	4/1/2017
Auvi-Q	epinephrine	Tier 3 to NF	NF (N/C)	NF (N/C)	4/1/2017
Colcrys	colchicine	Tier 3 to Tier 2	Tier 3 to Tier 2	NF (N/C)	4/1/2017
Descovy	emtricitabine/tenofovir alafenam	Tier 3 (N/C)	Tier 3 (N/C)	NF to F	4/1/2017
Epinephrine auto-injector (generic Adrenaclick)	epinephrine	Tier 2 to NF	Tier 2 to NF	Tier 2 to NF	4/1/2017
Epinephrine auto-injector (generic Epipen)	epinephrine	Tier 3 to Tier 1	Tier 3 to Tier 1	NF to Tier 1	3/1/2017
Epipen	epinephrine	Tier 2 to NF	Tier 2 to NF	Tier 2 to NF	4/1/2017
Movantik	naloxegol	Tier 3 to Tier 2	Tier 3 to Tier 2	NF (N/C)	4/1/2017
omeprazole/sodium bicarbonate	omeprazole/sodium bicarbonate	Tier 1 to Tier 3	Tier 1 to Tier 3	NF (N/C)	10/1/2017
Otovel	ciprofloxacin hcl/fluocinolone	Tier 3 to Tier 2	Tier 3 to Tier 2	NF to Tier 2	4/1/2017
Rabeprazole	rabeprazole	Tier 1 to Tier 3	Tier 1 to Tier 3	NF (N/C)	10/1/2017
Synjardy XR	empagliflozin/metformin	Tier 2	Tier 2	Tier 2	4/1/2017
Tivicay	dolutegravir	Tier 3 (N/C)	Tier 3 (N/C)	NF to F	4/1/2017
Tybost	cobicistat	Tier 3 (N/C)	Tier 3 (N/C)	NF to F	4/1/2017
Vitekta	elvitegravir	Tier 3 (N/C)	Tier 3 (N/C)	NF to F	4/1/2017

*Members should refer to their member handbook for benefit details regarding applicable copayments or coinsurance

In addition to the formulary changes listed above, the following drugs will be added to the Clinically Equivalent Medication program where applicable:

Effective date 10/1/17:

- omeprazole/sodium bicarbonate (generic Zegerid)
- Zegerid

1/1/2017

The following grid lists the outcomes of the **4th quarter 2016** Pharmacy and Therapeutics Process meetings held on December 7, 2016. Members should refer to their benefit agreement to understand how changes to non-Formulary status may affect them. For additional information regarding their benefits, members should contact Customer Service at the phone number on their ID card.

Drug Name	Active Ingredient	National Tier Status Change	Preferred Tier Status Change	Essential Tier Status Change	Effective Date
Adderall XR	dextroamphetamine/amphetamine ER	No Change	No Change	NF to Tier 1	1/1/2017
Apriso	mesalamine	No Change	Tier 2 to Tier 3	No Change	4/1/2017
Cialis 10 & 20mg	tadalafil	No Change	No Change	NF to Tier 2	1/1/2017
desloratadine	desloratadine	No Change	No Change	NF to Tier 3	1/1/2017
Entresto	sacubitril/valsartan	No Change	Tier 2 to Tier 3	No Change	4/1/2017
dextroamphetamine/amphetamine ER	dextroamphetamine/amphetamine ER	No Change	No Change	Tier 1 to NF	4/1/2017
fluticasone/salmeterol diskus	fluticasone/salmeterol	Tier 3***	Tier 3***	NF***	TBD***
Lotemax gel	loteprednol etabonate	Tier 3 to Tier 2	Tier 3 to Tier 2	NF to Tier 2	1/1/2017
Lotemax Suspension, Ointment	loteprednol etabonate	Tier 2 to Tier 3**	Tier 2 to Tier 3	Tier 2 to Tier 3	4/1/2017
metformin ER (generic Fortamet)	metformin ER	Tier 1 to Tier 3	Tier 1 to Tier 3	Tier 1 to NF	4/1/2017
Minivelle	estradiol	Tier 3 to Tier 2	Tier 3 to Tier 2	NF to Tier 2	1/1/2017
Myrbetriq	mirabegron	No Change	No Change	Tier 2 to Tier 3	4/1/2017
omeprazole	omeprazole	No Change	No Change	NF to Tier 1	1/1/2017
Plegridy	peginterferon beta-1a	No Change	No Change	NF to F	1/1/2017
Remicade	infliximab	No Change	No Change	NF to F	1/1/2017
Toviaz	fesoterodine fumarate	No Change	No Change	Tier 2 to Tier 3	4/1/2017
Vesicare	solifenacin succinate	No Change	No Change	Tier 2 to Tier 3	4/1/2017
Viagra	sildenafil	No Change	No Change	Tier 3 to Tier 2	1/1/2017

*Members should refer to their member handbook for benefit details regarding applicable copayments or coinsurance

** Change in formulary status is for Anthem National Open Formulary only

***Effective upon its release into the market

In addition to the formulary changes listed above, the following drug will no longer be covered as it is available over the counter without a prescription:

Effective date 4/1/17:

- Budesonide Nasal Spray

10/1/2016

The following grid lists the outcomes of the 3rd quarter 2016 Pharmacy and Therapeutics Process meetings held on September 7, 2016. Members should refer to their benefit agreement to understand how changes to non-Formulary status may affect them. For additional information regarding their benefits, members should contact Customer Service at the phone number on their ID card.

Drug Name	Active Ingredient	National Tier Status Change	Preferred Tier Status Change	Essential Tier Status Change	Effective Date
Androgel 1.62%	testosterone	No Change	NF to Tier 2	NF to Tier 2	10/1/2016
Axiron	testosterone	No Change	Tier 2 to NF	Tier 2 to NF	10/1/2016
Entresto	sacubitril/valsartan	Tier 2 to Tier 3***	No Change	Tier 2 to Tier 3	4/1/2017
Epclusa	sofosbuvir/velpata svir	NF to Tier 2**	No Change	No Change	10/1/2016
Estrace Cream	estradiol	Tier 3 to Tier 2	Tier 3 to Tier 2	NF to Tier 2	10/1/2016
Estring	estradiol	Tier 2 to Tier 3	Tier 2 to Tier 3	Tier 2 to NF	4/1/2017
Hemangeol	propranolol	NF to Tier 2**	No Change	NF to Tier 3	10/1/2016
Namzaric	memantine/donep ezil	Tier 3 to Tier 2	Tier 3 to Tier 2	No Change	10/1/2016
Olmesartan	olmesartan	Tier 3****	Tier 3****	Tier 1	TBD****
Olmesartan/hctz	olmesartan/hctz	Tier 3****	Tier 3****	Tier 1	TBD****
Quetiapine ER	quetiapine	Tier 3****	Tier 3****	NF****	TBD****
Repatha Pushtronix	evolocumab	NF to Tier 2**	No Change	NF to F	10/1/2016
Restasis	cyclosporine	Tier 2 to Tier 3***	Tier 2 to Tier 3	Tier 2 to Tier 3	4/1/2017
Symbicort	budesonide/formot erol fumarate	No Change	NF to Tier 2	NF to Tier 2	1/1/2017
Toujeo	insulin glargine	Tier 3 to Tier 2***	Tier 3 to Tier 2	NF to Tier 2	10/1/2016
Trulicity	dulaglutide	Tier 3 to Tier 2	NF to Tier 2	NF to Tier 2	10/1/2016
Victoza	liraglutide	No Change	NF to Tier 2	NF to Tier 2	10/1/2016

*Members should refer to their member handbook for benefit details regarding applicable copayments or coinsurance

** Change in formulary status is for Anthem National Closed Formulary only

*** Change in formulary status is for Anthem National Open Formulary only

****Effective upon its release into the market and until generic exclusivity expires

7/1/2016

The following grid lists the outcomes of the **2nd quarter 2016** Pharmacy and Therapeutics Process meeting held on June 13, 2016. Members should refer to their benefit agreement to understand how changes to non-Formulary status may affect them. For additional information regarding their benefits, members should contact Customer Service at the phone number on their ID card.

Drug Name	Active Ingredient	National Tier Status Change	Preferred Tier Status Change	Essential Tier Status Change	Effective Date
Antara	fenofibrate	No Change	Tier 3 to NF	No Change	11/15/16
Beconase AQ	beclomethasone	No Change	Tier 3 to NF	No Change	11/15/16
Cuprimine	penicillamine	Tier 2 to Tier 3	Tier 2 to Tier 3	Tier 2 to NF	10/01/16
Diclofenac 1.5% solution (generic Pennsaid 1.5%)	diclofenac	Tier 1 to Tier 3	Tier 1 to NF	Tier 1 to NF	11/15/16
Fenofibrate 40, 120mg tablets, 50, 150mg capsules	fenofibrate	No Change	Tier 3 to NF	No Change	11/15/16
Fenoglide	fenofibrate	No Change	Tier 3 to NF	No Change	11/15/16
Fibricor	fenofibric acid	No Change	Tier 3 to NF	No Change	11/15/16
Flector Patch	diclofenac epolamine	No Change	Tier 3 to NF	No Change	11/15/16

Flunisolide nasal spray	flunisolide	Tier 1 to Tier 3	Tier 3 to NF	No Change	11/15/16
Gralise	gabapentin	Tier 3 to Tier 2	Tier 3 to Tier 2	No Change	7/1/16
Kerydin	tavaborole	No Change	Tier 3 to NF	No Change	11/15/16
Lipofen	fenofibrate	No Change	Tier 3 to NF	No Change	11/15/16
Lofibra	fenofibrate	No Change	Tier 3 to NF	No Change	11/15/16
Lopid	gemfibrozil	No Change	Tier 3 to NF	No Change	11/15/16
Lovaza	omega-3 acid ethyl esters	No Change	Tier 3 to NF	No Change	11/15/16
Mometasone nasal spray	mometasone nasal spray	Tier 1 to Tier 3	Tier 1 to Tier 3	NF to Tier 3****	11/15/16
Monovisc	hyaluronate sodium	NF to Tier 2**	No Change	NF to F	7/1/16
Narcain Nasal Spray	naloxone	Tier 3 to Tier 2	Tier 3 to Tier 2	NF to Tier 2	7/1/16
Nasonex	mometasone	No Change	Tier 3 to NF	No Change	11/15/16
Omega-3 acid ethyl esters	omega-3 acid ethyl esters	Tier 1 to Tier 3	Tier 1 to NF	Tier 1 to NF	11/15/16
Omnaris	ciclesonide	No Change	Tier 3 to NF	No Change	11/15/16
Orthovisc	hyaluronate sodium	NF to Tier 2**	No Change	NF to F	7/1/16
Pennsaid (1.5% and 2%)	diclofenac	No Change	Tier 3 to NF	No Change	11/15/16
Pradaxa	dabigatran	Tier 2 to Tier 3***	Tier 2 to Tier 3	Tier 2 to Tier 3	10/01/16
Qnasl	beclomethasone	No Change	Tier 3 to NF	No Change	11/15/16
Savaysa	edoxaban	NF to Tier 2**	No Change	NF to Tier 3	7/1/16
Synvisc	hyaluronate sodium	NF to Tier 2**	No Change	NF to F	7/1/16
Synvisc-One	hyaluronate sodium	NF to Tier 2**	No Change	NF to F	7/1/16
Syprine	trientine	Tier 3 to Tier 2	Tier 3 to Tier 2	NF to F	7/1/16
Tricor	fenofibrate	No Change	Tier 3 to NF	No Change	11/15/16
Triglide	fenofibrate	No Change	Tier 3 to NF	No Change	11/15/16
Trilipix	fenofibric acid	No Change	Tier 3 to NF	No Change	11/15/16
Trokendi	topiramate	Tier 3 to Tier 2	Tier 3 to Tier 2	No Change	7/1/16
Vascepa	icosapent ethyl	No Change	Tier 3 to NF	No Change	11/15/16
Veramyst	fluticasone furoate	No Change	Tier 3 to NF	No Change	11/15/16
Voltaren Gel	diclofenac	No Change	Tier 3 to NF	No Change	11/15/16
Zetonna	ciclesonide	No Change	Tier 3 to NF	No Change	11/15/16

*Members should refer to their member handbook for benefit details regarding applicable copayments or coinsurance

** Change in formulary status is for Anthem National Closed Formulary only

*** Change in formulary status is for Anthem National Open Formulary only

****Effective 7/1/16

In addition to the formulary changes listed above, the following drugs will be added to the Clinically Equivalent Medication program where applicable:

Effective date 11/15/16:

- Antara
- Diclofenac 1.5% solution (generic Pennsaid 1.5% solution)
- Fenofibrate 40, 120mg tablets & 50, 150mg capsules

- Fenoglide
- Fibracor
- Flector Patch
- Flunisolide nasal spray
- Lipofen
- Lofibra
- Lopid
- Pennsaid (1.5% and 2%)
- Tricor
- Triglide
- Trilipix
- Voltaren Gel

In addition to the formulary changes listed above, the following drug will no longer be covered as it is available over the counter without a prescription:

Effective date 11/15/16:

- Rhinocort Nasal Spray

Please note: Drug list/formulary tier status changes impact commercial members using the Anthem National, Preferred, and Essential drug lists. The drug tier status changes reflected here do not impact drug coverage for members enrolled in a health insurance exchange or members who have prescription drug coverage through the Affordable Care Act