



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 3rd Quarter 2019

July 1 through September 30, 2019

Prepared by the Maine Bureau of Insurance
January 2020

Janet T. Mills
Governor

Anne L. Head
Commissioner

Eric A. Cioppa
Superintendent

Quarterly Report of Insurance Carrier Formulary Changes for Q3 Third Quarter 2019 July 1 to September 30, 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made by enrollees with regard to each formulary change; and the number of exception requests granted, denied or withdrawn with regard to each formulary change.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 third quarter of 2019:	2
Table 1: Changes made on the 328 drugs listed for Q3 2019	2
Table 2: Top drugs changed for Q3 2019	2
Table 3: Number of enrollees affected by changes during Q3 2019	3
Table 4: Expected impact and the number of enrollees affected by the impact for Q3 2019	3
Table 5: Number of enrollees affected by the formulary changes, number of exceptions requested, granted, denied and withdrawn.....	3
Table 6: Number of exceptions granted and denied by change made in Q3 2019	4
Table 7: Reasons given by carriers for the changes for Q3 2019.....	4
Table 8: Changes Made by Drug Name Q3 2019	5
Table 9: Number of affected enrollees by drug name Q3 2019:	13
Table 10: Number of exceptions made by drug name Q3 2019:.....	14

Summary for the third quarter of 2019:

- 328 drugs were subject to formulary changes (excluding duplicative drugs due to various dosages or dispensing type, there are 209 drugs).
- Approximately half the changes were to add new drugs. 22% were to remove drugs.
- These changes affected 287 enrollees.
- Of these enrollees, 32% (92) filed for exceptions. 91% were granted; 9% were denied.
- 85% of enrollees were impacted by lower or no change in cost; 5% by higher costs and 15% by higher costs IF they continued use of the drug that was removed from formulary.

Table 1: Changes made on the 328 drugs listed for Q3 2019

Change Made	Number of Drugs Affected
Add drugs	166
Remove drugs	76
Add prior authorization	5
Remove prior authorization	2
Move drug to higher tier	49
Add quantity limit	17
Add step therapy	1
Remove step therapy	1
Move drug to lower tier	11
Drug becomes over the counter	0
Decrease quantity limit	0
Total	328

Table 2: Top drugs changed for Q3 2019

Drug	Number of Changes
Pregabalin	252
Tramadol	63

Pregabalin is used to treat pain caused by fibromyalgia, or nerve pain in people with diabetes (diabetic neuropathy), herpes zoster (post-herpetic neuralgia), or spinal cord injury. Pregabalin is also used with other medications to treat partial onset seizures in adults and children who are at least 4 years old.

Tramadol is a narcotic-like pain reliever. Tramadol is used to treat moderate to severe pain in adults. The extended-release form of tramadol is for around-the-clock treatment of pain. The extended-release form of tramadol is not for use on an as-needed basis for pain.

Table 3: Number of enrollees affected by changes during Q3 2019

Change	Number of Affected Enrollees
Add drugs	53
Remove drugs	29
Add prior authorization	42
Remove prior authorization	1
Move drug to higher tier	20
Add quantity limit	132
Add step therapy	6
Remove step therapy	1
Move drug to lower tier	3
Drug becomes over the counter	0
Decrease quantity limit	0
Total	287

Table 4: Expected impact and the number of enrollees affected by the impact for Q3 2019

Expected Impact	Number of Affected Enrollees
Responsible for full cost of drug *	29
No change	192
Higher cost	13
Lower cost	53
Total	287

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

85% of enrollees are impacted by lower or no change in cost

6% of enrollees are impacted by higher costs or

15% 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
287	92	84	8	0

32% of all enrollees affected filed for exceptions:

91% granted, 9% denied

Table 6: Number of exceptions granted and denied by change made in Q3 2019

Change Made	Granted	Denied	Withdrawn
Add drugs	0	0	
Remove drugs	20	3	
Add prior authorization	0	0	
Move drug to higher tier	3	3	
Remove prior authorization	1	0	
Add step therapy	0	0	
Remove step therapy	0	0	
Move drug to lower tier	1	0	
Drug becomes over the counter	0	0	
Decrease quantity limit	0	0	
Add quantity limits	59	2	
Total	84	8	0

Table 7: Reasons given by carriers for the changes for Q3 2019.

Formulary Change Reasons	Total Drugs per Reason
Added Upon Release to Market	606
Business Decision Team Decision-generic equivalent	103
To ensure clinically appropriate usage of drug	2
Business Decision Team Decision to exclude drug from formulary	113
Business Decision Team Decision to add Prior Authorization	2
Business Decision Team Decision to add Quantity Limits	0
To ensure clinically appropriate dosage of drug	3
Additional therapy option for enrollees	48
Generic version approved and added at lower tier	6
Clinically appropriate alternatives on formulary	2
Lower cost option for enrollees	7
AB rated (therapeutically equivalent) substitutable	8
Medication not approved by FDA as a drug	0
Business Decision Team Decision to remove PA	0
Multisource brand (MSB) removal	26
Promote appropriate use and minimize overuse/waste	12
Not step therapy, already existing step	2
To encourage appropriate use of preferred agents	0
Cosmetic use/not covered	2
Total	942

Table 8: Changes Made by Drug Name Q3 2019

Drug Name	Change Made
ACANYA GEL PUMP	Move Drug to Higher Tier
AFIRMELLE-28 TABLET	Add Drugs
AFLURIA QUAD INJ 2019-20	Add Drugs
AIMOVIG	Remove Drugs
AJOVY	Move Drug to Lower Tier
ALLZITAL	Remove Drugs
ALOGLIPTIN-PIOGLIT 12.5-15 MG	Remove Drugs
ALOGLIPTIN-PIOGLIT 12.5-30 MG	Remove Drugs
ALOGLIPTIN-PIOGLIT 12.5-45 MG	Remove Drugs
ALOGLIPTIN-PIOGLIT 25-15 MG TB	Remove Drugs
ALOGLIPTIN-PIOGLIT 25-30 MG TB	Remove Drugs
ALOGLIPTIN-PIOGLIT 25-45 MG TB	Remove Drugs
AMINOCAPROIC SOL 0.25/ML	Add Drugs
AMPYRA ER 10 MG TABLET	Remove Drugs
ANNOVERA MIS	Add Drugs
ARSENIC TRIO INJ 12MG/6ML	Add Drugs
ATOPADERM	Remove Drugs
ATROPINE SUL EMU 0.01%	Add Drugs
AUROVELA FE 1.5 MG-30 MCG TAB	Add Drugs
AYUNA-28 TABLET	Add Drugs
AZESCO 13-1MG	Remove Drugs
BAQSIMI ONE POW 3MG/DOSE	Add Drugs
BAQSIMI TWO POW 3MG/DOSE	Add Drugs
BARACLUDE 0.5 MG TABLET	Remove Drugs
BARACLUDE 1 MG TABLET	Remove Drugs
BELBUCA, BUPRENORPHINE PATCH, BUTORPHANOL SPRAY, BUTRANS, TRAMODOL, TRAMADOL ER, ULTRAM	Add Prior Authorization
BENZEPRO AER 5.2%	Add Drugs
BENZEPRO AER 9.7%	Add Drugs
BENZEPRO LIQ 6.8%	Add Drugs
BENZEPRO MIS 5.8%	Add Drugs
BENZONTATE 150MG	Remove Drugs
BENZOYL PERX LIQ 6.9%	Add Drugs
BERINERT INJ 500UNIT	Add Drugs
BETAMETHASONE DIPROPIONATE	Add Quantity Limit
BEVACIZUMAB INJ 2.5/.1ML	Add Drugs
BEVACIZUMAB INJ 3.25/.13	Add Drugs
BEVACIZUMAB INJ 3.75/.15	Add Drugs
Budesonide ER	Add Prior Authorization

BUDESONIDE ER, UCERIS	Add Prior Authorization
BUPRENORPHINE 10 MCG/HR PATCH	Add Quantity Limit
BUPRENORPHINE 15 MCG/HR PATCH	Add Quantity Limit
BUPRENORPHINE 20 MCG/HR PATCH	Add Quantity Limit
BUPRENORPHINE 7.5 MCG/HR PATCH	Add Quantity Limit
BUTRANS 7.5 MCG/HR PATCH	Add Quantity Limit
CAL GLU/NAACL INJ 2/100ML	Add Drugs
CALCIPOTRIENE	Add Quantity Limit
CANASA 1,000 MG SUPPOSITORY	Move Drug to Higher Tier
CANASA BRAND ONLY	Remove Drugs
CARBINOXAMINE 6MG	Remove Drugs
CARBOPRO TRO INJ 250MCG	Add Drugs
CERAMEX	Remove Drugs
CHLORZOXAZONE 250 MG TABLET	Remove Drugs
CHLORZOXAZONE 250MG	Remove Drugs
CIALIS BRAND ONLY	Remove Drugs
CINQAIR 100 MG/10 ML VIAL	Remove Drugs
CINRYZE	Remove Drugs
CLOCORTOLONE CRE 0.1%	Add Drugs
CLOCORTOLONE PIVALATE 0.1% CRM	Remove Drugs
CLOZAPINE TAB 200MG	Move Drug to Lower Tier
CLOZAPINE TAB 50MG	Move Drug to Lower Tier
COMPLERA TABLET	Remove Drugs
COPAXONE INJ 40MG/ML	Add Quantity Limit
CORLANOR SOL 5MG/5ML	Add Drugs
CYCLOPHOSPH CAP 25MG	Move Drug to Lower Tier
CYCLOPHOSPH CAP 50MG	Move Drug to Lower Tier
DAPTOMYCIN SOL 350MG	Add Drugs
DEXAMETH-BUP INJ .01-.375	Add Drugs
DEXILANT	Remove Prior Authorization
DEXOPIN KIT	Add Drugs
DICLEGIS (DOXYLAMINE SUCCINATE/PYRIDOXINE HCL) 10MG-10MG TABLET	Move Drug to Higher Tier
DOTATOC INJ GA 68	Add Drugs
DUAKLIR AER 400/12	Add Drugs
DULOXETINE HCL DR 20 MG, 30 MG, 40MG, 60 MG CAP	Remove Prior Authorization
DUTOPROL 100-12.5 MG TABLET	Remove Drugs
DUTOPROL 25-12.5 MG TABLET	Remove Drugs
DUTOPROL 50-12.5 MG TABLET	Remove Drugs
DYMISTA	Add Drug to Formulary
DYMISTA	Remove Step Therapy
DYNREUM 100MG	Move Drug to Higher Tier

DYNREUM 50MG	Move Drug to Higher Tier
EASY COMFORT PEN NDL 33G 4MM, 5MM, 6MM	Add Drugs
EMGALITY	Move Drug to Lower Tier
EPHEDRINE INJ 25MG/5ML	Add Drugs
EPHEDRINE INJ 50/10ML	Add Drugs
EPHEDRINE INJ 50MG/5ML	Add Drugs
EPINEPHRINE INJ 0.15MG	Add Drugs
ERY-TAB 250MG EC	Move Drug to Higher Tier
ERY-TAB 333MG EC	Move Drug to Higher Tier
ERY-TAB 500MG EC	Move Drug to Higher Tier
EUCRISA	Add Quantity Limit
EVEKEO ODT TAB 10MG	Add Drugs
EVEKEO ODT TAB 15MG	Add Drugs
EVEKEO ODT TAB 20MG	Add Drugs
EVEKEO ODT TAB 5MG	Add Drugs
FEBUXOSTAT TAB 40MG	Add Drugs
FEBUXOSTAT TAB 80MG	Add Drugs
FEBUXOSTAT 40 MG, 80 MG TABLET	Add Drugs
FEBUXOSTAT 40 MG, 80 MG TABLET	Add Step Therapy
FENOPROFEN 200 MG CAPSULE	Remove Drugs
FENOPROFEN 200MG, FENORTHO	Remove Drugs
FENTANYL CIT TAB 200MCG	Add Drugs
FENTANYL CIT TAB 400MCG	Add Drugs
FENTANYL CIT TAB 600MCG	Add Drugs
FENTANYL CIT TAB 800MCG	Add Drugs
FERRIPROX TAB 1000MG	Add Drugs
FEXMID TAB 7.5MG	Move Drug to Lower Tier
FIRAZYR INJ 30MG/3ML	Add Drugs
FIRAZYR 30 MG/3 ML SYRINGE	Move Drug to Higher Tier
FLUAD INJ 2019-20	Add Drugs
FLUARIX QUAD INJ 2019-20	Add Drugs
FLUBLOK QUAD INJ 2019-20	Add Drugs
FLUCLVX QUAD INJ 2019-20	Add Drugs
FLULAVAL QUA INJ 2019-20	Add Drugs
FLUMIST QUAD NASAL 2019-20 VAC	Add Drugs
FLUMIST QUAD SUS 2019-20	Add Drugs
FLUZONE HD INJ PF 19-20	Add Drugs
FLUZONE QUAD INJ 2019-20	Add Drugs
FOLITE TAB	Add Drugs
FOSAPREPITAN SOL 150MG	Add Drugs
GEN7T LOT 3.5%	Add Drugs

GEN7T PAD 3.5%	Add Drugs
GEN7T PLUS LOT 3.5-7%	Add Drugs
GEN7T PLUS PAD 3.5-7%	Add Drugs
GENADUR	Remove Drugs
GENADUR KIT	Remove Drugs
GVOKE PFS INJ	Add Drugs
HAILEY 21 1.5 MG-30 MCG TAB	Add Drugs
HALCINONIDE CRE 0.1%	Add Drugs
HALOG CREAM 0.1%	Move Drug to Higher Tier
HEPARIN SOD INJ 5000/0.5	Add Drugs
HEPARIN SOD INJ 5000/ML	Add Drugs
HEPMED KIT	Move Drug to Higher Tier
INDOCIN 25 MG/5 ML SUSPENSION^^	Remove Drugs
INDOCIN SUSPENSION	Remove Drugs
INFLATHERM PAK	Add Drugs
INGREZZA 40 MG CAPSULE	Remove Drugs
INGREZZA 80 MG CAPSULE	Remove Drugs
INGREZZA INITIATION PACK	Remove Drugs
INREBIC CAP 100MG	Add Drugs
INSULIN SRYG MIS 1ML/32G	Add Drugs
INSULIN SYRG MIS 0.5/32G	Add Drugs
INSULIN SYRING 0.5 ML 27GX1/2"	Add Drugs
INTRALIPID INJ 20%	Move Drug to Higher Tier
KALBITOR INJ 10MG/ML	Add Drugs
KALLIGA 28 DAY TABLET	Add Drugs
KANJINTI INJ 420MG	Add Drugs
KATERZIA SUS 1MG/ML	Add Drugs
KETAMINE HCL INJ 0.6MG/ML	Add Drugs
KETOCONAZOLE	Add Quantity Limit
KETO-ROP-KET INJ 30/50ML	Add Drugs
KISQALI 200 MG DAILY DOSE	Remove Drugs
KISQALI 400 MG DAILY DOSE	Remove Drugs
KISQALI 600 MG DAILY DOSE	Remove Drugs
KISQALI FEMARA 200 MG CO-PACK	Remove Drugs
KISQALI FEMARA 400 MG CO-PACK	Remove Drugs
KISQALI FEMARA 600 MG CO-PACK	Remove Drugs
LEVITRA BRAND ONLY	Remove Drugs
LEVOLEUCOVOR SOL 250MG/25	Move Drug to Lower Tier
LIDO/DEXTROS SOL 3MG/ML	Add Drugs
LIDOCAINE-TETRACAINE 7%-7% CRM	Remove Drugs
LOTEPREDNOL SUS 0.5%	Add Drugs

LO-ZUMANDIMINE 3 MG-0.02 MG TB	Add Drugs
LYRICA 100 MG CAPSULE	Move Drug to Higher Tier
LYRICA 150 MG CAPSULE	Move Drug to Higher Tier
LYRICA 20 MG/ML ORAL SOLUTION	Move Drug to Higher Tier
LYRICA 200 MG CAPSULE	Move Drug to Higher Tier
LYRICA 225 MG CAPSULE	Move Drug to Higher Tier
LYRICA 25 MG CAPSULE	Move Drug to Higher Tier
LYRICA 300 MG CAPSULE	Move Drug to Higher Tier
LYRICA 50 MG CAPSULE	Move Drug to Higher Tier
LYRICA 75 MG CAPSULE	Move Drug to Higher Tier
MACRODANTIN 25MG	Move Drug to Higher Tier
MAXICOMFORT II PEN NDL 31GX6MM	Add Drugs
MESALAMINE 4 GM/60 ML KIT	Add Drugs
METOPROLOL ER-HCTZ 100-12.5 MG	Remove Drugs
METOPROLOL ER-HCTZ 25-12.5 MG	Remove Drugs
METOPROLOL ER-HCTZ 50-12.5 MG	Remove Drugs
MORPHINE SUL INJ 5MG/5ML	Add Drugs
MVASI INJ 100MG	Add Drugs
MVASI INJ 400MG	Add Drugs
MYXREDLIN SOL 1UNIT/ML	Add Drugs
NAYZILAM SPR 5MG	Add Drugs
NEOSTIGMINE INJ 5MG/5ML	Add Drugs
NITISINONE CAP 10MG	Add Drugs
NITISINONE CAP 2MG	Add Drugs
NITISINONE CAP 5MG	Add Drugs
NOURIANZ TAB 20MG	Add Drugs
NOURIANZ TAB 40MG	Add Drugs
NOXAFIL 100MG	Move Drug to Higher Tier
NOXAFIL DR 100 MG TABLET	Move Drug to Higher Tier
NUBEQA TAB 300MG	Add Drugs
NUCARACLINPA KIT	Add Drugs
NUCARARXPAK KIT	Add Drugs
NUDERMRXPAK PAK 120	Add Drugs
NUDERMRXPAK PAK 60	Add Drugs
NUTRILIPID EMU 20%	Move Drug to Higher Tier
NUVIGIL BRAND ONLY	Remove Drugs
NYSTATIN/TRIAMCINOLONE	Add Quantity Limit
OCTAGAM INJ 30/300ML	Add Drugs
OMEPRAZOLE	Add Quantity Limit
ONZETRA XSAIL	Remove Drugs
OZEMPIC	Add Drug to Formulary

PANTOPRAZOLE SODIUM	Add Quantity Limit
PATADAY 0.2% EYE DROPS	Remove Drugs
PEG TROCHE MIS BASE	Add Drugs
PHENYLEPHRIN INJ 0.5/5ML	Add Drugs
PHENYLEPHRIN INJ 10MG/ML	Move Drug to Higher Tier
PIPER/TAZOBA INJ 12-1.5GM	Move Drug to Lower Tier
POSACONAZOLE TAB 100MG DR	Move Drug to Lower Tier
PRAVACHOL 20 MG TABLET	Remove Drugs
PRAVACHOL 40 MG TABLET	Remove Drugs
PRAVACHOL 80 MG TABLET	Remove Drugs
PRED MOXIFLO SUS BROMFEN	Add Drugs
PREDNISOLONE SOL MOX-BROM	Add Drugs
PREGABALIN CAP 100MG	Add Drugs
PREGABALIN CAP 150MG	Add Drugs
PREGABALIN CAP 200MG	Add Drugs
PREGABALIN CAP 225MG	Add Drugs
PREGABALIN CAP 25MG	Add Drugs
PREGABALIN CAP 300MG	Add Drugs
PREGABALIN CAP 50MG	Add Drugs
PREGABALIN CAP 75MG	Add Drugs
PREGABALIN SOL 20MG/ML	Add Drugs
PREGABALIN 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 225 MG, 300 MG TAB; 20 MG/ML ORAL SOL	Add Drugs
PREGABALIN 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 225 MG, 300 MG TAB; 20 MG/ML ORAL SOL	Add Prior Authorization
PREGENNA TAB	Add Drugs
PREZCOBIX 800 MG-150 MG TABLET	Remove Drugs
PRIMLEV	Remove Drugs
PROAIR DIGIH AER 108MCG	Add Drugs
PROGRAF 0.5 MG CAPSULE+	Move Drug to Higher Tier
PROGRAF 5 MG CAPSULE+	Move Drug to Higher Tier
PROGRAF CAPSULE	Move Drug to Higher Tier
PROLIA 60 MG/ML SYRINGE	Remove Drugs
QUINIXIL PAK 0.1%-5%	Add Drugs
RAMELTEON TAB 8MG	Add Drugs
RAMELTEON 8 MG TAB	Add Drugs
RANEXA ER 1,000 MG TABLET	Move Drug to Higher Tier
RANEXA ER 500 MG TABLET	Move Drug to Higher Tier
RANITIDINE INJ 25MG/ML	Add Drugs
RELAFEN DS TAB 1000MG	Add Drugs
REMEDIENT CAP	Add Drugs
RINVOQ TAB 15MG ER	Add Drugs

RITONAVIR	Add Quantity Limit
ROP-CLON-KET INJ 15/50ML	Add Drugs
ROPIDEX KIT	Add Drugs
Rozerem 8mg	Move Drug to Higher Tier
ROZEROM 8MG TABLET	Move Drug to Higher Tier
ROZLYTREK CAP 100MG	Add Drugs
ROZLYTREK CAP 200MG	Add Drugs
RUCONEST INJ 2100UNIT	Add Drugs
RYVENT	Remove Drugs
RYVENT, CARBINOXAMINE 6MG	Remove Drugs
SELENIOS AC INJ 60MCG/ML	Add Drugs
SENSIPAR 30 MG TABLET	Move Drug to Higher Tier
SENSIPAR 60 MG TABLET	Move Drug to Higher Tier
SENSIPAR 90 MG TABLET	Move Drug to Higher Tier
SEREVENT DISKUS	Move Drug to Higher Tier
SIMPESSE 0.15-0.03-0.01 MG TAB	Add Drugs
SLYND TAB 4MG	Add Drugs
SOLODYN ER 105 MG TABLET	Move Drug to Higher Tier
SOLODYN ER 115 MG TABLET	Move Drug to Higher Tier
SOLODYN ER 55 MG TABLET	Move Drug to Higher Tier
SOLODYN ER 65 MG TABLET	Move Drug to Higher Tier
SOLODYN ER 80 MG TABLET	Move Drug to Higher Tier
SPIRIVA RESPIMAT 1.25 MCG INH	Remove Drugs
SPIRIVA RESPIMAT 2.5 MCG INH	Remove Drugs
ST. JOSEPH ASPIRIN EC 81 MG TB	Add Drugs
STIOLTO RESPIMAT INHAL SPRAY	Remove Drugs
STRIBILD TABLET	Remove Drugs
SUCCINYL CHO INJ 100/5ML	Add Drugs
SUCCINYL CHO INJ 140/7ML	Add Drugs
SUCCINYL CHO INJ 200/10ML	Add Drugs
SUCRAID	Add Prior Authorization
SUNOSI TAB 150MG	Add Drugs
SUNOSI TAB 75MG	Add Drugs
SYMJEPI INJ 0.15MG	Add Drugs
SYMJEPI 0.15 MG/0.3 ML SYRINGE	Add Drugs
TAKHZYRO INJ 300/2ML	Add Drugs
THIOLA EC TAB 100MG	Add Drugs
THIOLA EC TAB 300MG	Add Drugs
TOPIRAMATE ER 100 MG CAPSULE	Remove Drugs
TOPIRAMATE ER 150 MG CAPSULE	Remove Drugs
TOPIRAMATE ER 200 MG CAPSULE	Remove Drugs

TOPIRAMATE ER 25 MG CAPSULE	Remove Drugs
TOPIRAMATE ER 50 MG CAPSULE	Remove Drugs
TOSYMRA SOL 10MG	Add Drugs
TRADJENTA	Move Drug to Higher Tier
TRAMADOL HCL 50 MG TABLET	Add Quantity Limit
TRAMADOL HCL CAP 150MG ER	Move Drug to Lower Tier
TRANEXAMIC INJ ACID	Add Drugs
TRANILAST CRY	Add Drugs
TRIAMCINOLONE CRE 0.1%	Add Quantity Limit
TRIAMCINOLONE OIN 0.1%	Add Quantity Limit
TRIAMTERENE CAP 100MG	Add Drugs
TRIAMTERENE CAP 50MG	Add Drugs
TRI-LO-MILI TABLET	Add Drugs
TRINAZ TAB 12-1MG	Add Drugs
TROP-PHENYL SOL 1-2.5%	Add Drugs
TURALIO CAP 200MG	Add Drugs
ULORIC (FEBUXOSTAT) 40MG TABLET	Move Drug to Higher Tier
ULORIC 40 MG TABLET	Move Drug to Higher Tier
ULORIC 40MG	Remove Drugs
ULORIC 80 MG TABLET	Move Drug to Higher Tier
ULTRA THIN PEN NDL 32G X 4MM	Add Drugs
VANCOMYCIN SOL 2G/400ML	Add Drugs
VELTASSA 16.8 GM POWDER PACKET	Remove Drugs
VELTASSA 25.2 GM POWDER PACKET	Remove Drugs
VELTASSA 8.4 GM POWDER PACKET	Remove Drugs
VITATURE	Move Drug to Higher Tier
VYLEESI INJ 1.75/0.3	Add Drugs
VYNDAMAX CAP 61MG	Add Drugs
WAKIX TAB 17.8MG	Add Drugs
WAKIX TAB 4.45MG	Add Drugs
XENLETA INJ 150/15ML	Add Drugs
XENLETA TAB 600MG	Add Drugs
XMET XCYS MAXAMAID POWDER	Add Drugs
XPOVIO PAK 100MG	Add Drugs
XPOVIO PAK 60MG	Add Drugs
XPOVIO PAK 80MG	Add Drugs
XTANDI	Move Drug to Higher Tier
ZAVESCA 100 MG CAPSULE	Remove Drugs
ZOLPIMIST	Remove Drugs
ZORVOLEX 18 MG CAPSULE	Remove Drugs
ZORVOLEX 35 MG CAPSULE	Remove Drugs

ZUMANDIMINE 3 MG-0.03 MG TAB	Add Drugs
ZYTIGA 250 MG TABLET	Remove Drugs

Table 9: Number of affected enrollees by drug name Q3 2019:

Drug Name	# Affected
AIMOVIG	4
AJOVY	2
ALLZITAL	0
AMPYRA ER 10 MG TABLET	1
BETAMETHASONE DIPROPIONATE	2
BUPRENORPHINE 10 MCG/HR PATCH	3
BUPRENORPHINE 15 MCG/HR PATCH	3
BUPRENORPHINE 20 MCG/HR PATCH	6
BUPRENORPHINE 7.5 MCG/HR PATCH	3
BUTRANS 7.5 MCG/HR PATCH	3
CALCIPOTRIENE	1
CHLORZOXAZONE 250 MG TABLET	3
COMPLERA TABLET	1
COPAXONE INJ 40MG/ML	2
DEXILANT	1
DICLEGIS (DOXYLAMINE SUCCINATE/PYRIDOXINE HCL) 10MG-10MG TABLET	2
DYMISTA	2
EMGALITY	1
EUCRISA	1
FEBUXOSTAT 40 MG, 80 MG TABLET	12
FENOPROFEN 200 MG CAPSULE	3
INDOCIN 25 MG/5 ML SUSPENSION^^	3
KETOCONAZOLE	1
LYRICA 300 MG CAPSULE	1
NYSTATIN/TRIAMCINOLONE	1
OCTAGAM INJ 30/300ML	0
OMEPRAZOLE	44
ONZETRA XSAIL	0
OZEMPIC	2
PANTOPRAZOLE SODIUM	26
PREGABALIN 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 225 MG, 300 MG TAB; 20 MG/ML ORAL SOL	84
PREZCOBIX 800 MG-150 MG TABLET	3
PROGRAF 0.5 MG CAPSULE+	3
PROGRAF 5 MG CAPSULE+	3

RAMELTEON 8 MG TAB	2
RANEXA ER 500 MG TABLET	1
RITONAVIR	1
SENSIPAR 60 MG TABLET	1
SEREVENT DISKUS	2
SPIRIVA RESPIMAT 1.25 MCG INH	2
SPIRIVA RESPIMAT 2.5 MCG INH	6
STIOLTO RESPIMAT INHAL SPRAY	1
STRIBILD TABLET	2
TRADJENTA	2
TRAMADOL HCL 50 MG TABLET	30
TRIAMCINOLONE CRE 0.1%	3
TRIAMCINOLONE OIN 0.1%	2
ULORIC (FEBUXOSTAT) 40MG TABLET	5
Total	287

Table 10: Number of exceptions made by drug name Q3 2019:

Drug Name	Granted	Denied	Withdrawn	Total Exception Requests
AIMOVIG	2	0	0	2
AMPYRA ER 10 MG TABLET	0	1	0	1
COMPLERA TABLET	1	0	0	1
COPAXONE INJ 40MG/ML	1	0	0	1
DEXILANT	1	0	0	1
EMGALITY	1	0	0	1
LYRICA 150 MG CAPSULE	1	0	0	1
LYRICA 225 MG CAPSULE	0	1	0	1
OMEPRAZOLE	35	1	0	36
PANTOPRAZOLE SODIUM	22	1	0	23
PREZCOBIX 800 MG-150 MG TABLET	4	0	0	4
SEREVENT DISKUS	1	1	0	2
SPIRIVA RESPIMAT 1.25 MCG INH	2	0	0	2
SPIRIVA RESPIMAT 2.5 MCG INH	7	1	0	8
STIOLTO RESPIMAT INHAL SPRAY	2	0	0	2
STRIBILD TABLET	2	0	0	2
TRADJENTA	1	1	0	2
TRIAMCINOLONE OIN 0.1%	1	0	0	1
VELTASSA 8.4 GM POWDER PACKET	0	1	0	1
Totals	84	8	0	92