Magellan Rx Precision Formulary

Formulary Updates

Fourth Quarter 2018

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: **10/1/2018** (unless otherwise specified)

Traditional Drug List*

*Non-Specialty Drugs

Additions to Formulary

DRUG NAME	TIER / PREFERENCE	EFFECTIVE DATE
Bonjesta	Non-Preferred	10/1/2018
Imvexxy	Non-Preferred	10/1/2018
Lucemyra	Non-Preferred	10/1/2018
Rhopressa Eye Drops	Non-Preferred	10/1/2018
Symproic	Non-Preferred	10/1/2018

Exclusions from Formulary

DRUG NAME	ALTERNATIVES	EFFECTIVE DATE
Lidotral 3.88% Cream	Lidocaine 4% cream	7/1/2018

Tier / Preference Changes

DRUG NAME	TIER / PREFERENCE	EFFECTIVE DATE
Corlanor	Non-Preferred	10/1/2018
Xulane	Non-Preferred	10/1/2018

Utilization Management (UM)

UM Edits Additions

Drug	PA	ST	QL	AE
Bonjesta	X		X	
Lescol Xl 80 Mg			X	
Lucemyra	X		X	
Rayos	X			

Drug	PA	ST	QL	AE
Rhopressa Eye Drops	X		X	
Symproic	X		X	
Uceris Tablet	X			
Zypitamag		X		

Magellan Rx Management will continue to update you as new information becomes available. If you have questions on this update, please contact your Magellan Rx Management account manager or sales representative. This document is not intended for member distribution.

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UM Edit Removals

If a drug is available in brand and generic edits would be removed from both products

Drug	PA	ST	QL	AE
Entresto	X			

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	EFFECTIVE DATE
Fasenra	X			X	10/1/2018
Jynarque	X	X			10/1/2018
Retacrit	X				10/1/2018

Drug	PA	QL	AE		EFFECTIVE DATE
Tavalisse	X				10/1/2018
Yonsa	X	X			10/1/2018

UM Edits Removals

NONE

UM Edit Additions

Drug	PA	QL	AE
Xiaflex	X		

Removals from Formulary

NONE

Legend: PA: Prior Authorization QL: Quantity Limit ST: Step Therapy AE: Age Edit

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