



## Pharmacy Bulletin

### #142 – Medicaid Formulary Changes

#### Formulary Additions

| Drug                           | Status                | Effective Date |
|--------------------------------|-----------------------|----------------|
| Toujeo Max Solostar            | Addition to formulary | 10-01-18       |
| Segluromet                     | Addition to formulary | 10-01-18       |
| Steglatro                      | Addition to formulary | 10-01-18       |
| Arnuity Ellipta 50 mcg         | Addition to formulary | 10-22-18       |
| Baclofen 5 mg                  | Addition to formulary | 10-22-18       |
| Cimduo                         | Addition to formulary | 10-22-18       |
| Enbrel 50 mg/mL Mini Cartridge | Addition to formulary | 10-22-18       |
| Gilenya 0.25 mg                | Addition to formulary | 10-22-18       |
| Norvir powder packets          | Addition to formulary | 10-22-18       |
| Olmesartan                     | Addition to formulary | 10-22-18       |
| Olmesartan/HCTZ                | Addition to formulary | 10-22-18       |
| Shingrix                       | Addition to formulary | 10-22-18       |
| Symfi                          | Addition to formulary | 10-22-18       |
| Symfi Lo                       | Addition to formulary | 10-22-18       |
| Symtuza                        | Addition to formulary | 10-22-18       |
| Vigadrone 500 mg powder packet | Addition to formulary | 10-22-18       |

#### Formulary Removals

| Drug                  | Status                 | Effective Date |
|-----------------------|------------------------|----------------|
| Necon 1-50-28 tablet  | Removal from formulary | 10-22-18       |
| Necon 10-11-28 tablet | Removal from formulary | 10-22-18       |
| Jardiance             | Removal from formulary | 10-22-18       |

#### Prior Authorization Additions

| Drug                             | Status  | Effective Date |
|----------------------------------|---|----------------|
| Aimovig                          | New prior authorization                           | 10-22-18       |
| Aristada Initio ER 675 mg/2.4 mL | Add to Long-Acting Injectable<br>Antipsychotic PA | 10-22-18       |
| Enbrel 50 mg/mL Mini Cartridge   | Add to Enbrel PA                                  | 10-22-18       |
| Gilenya 0.25 mg                  | Add to Gilenya PA                                 | 10-22-18       |
| VMAT2 Inhibitors                 | New prior authorization                           | 10-22-18       |

#### Prior Authorization Removals

| Drug  | Status                         | Effective Date |
|---|--------------------------------|----------------|
| Buprenorphine tablets – remove from<br>Buprenorphine for MAT PA | Removal of Prior Authorization | 10-22-18       |
| Ingrezza (combined into VMAT2 Inhibitors)                       | Removal of Prior Authorization | 10-22-18       |

## Quantity Limit Additions

| Drug                               | Status                     | Limit   | Effective Date |
|------------------------------------|----------------------------|---|----------------|
| Toujeo Max Solostar                | Addition of quantity limit | 12 mL/30 days   | 10-01-18       |
| Segluromet                         | Addition of quantity limit | 60/30 days  | 10-01-18       |
| Steglatro                          | Addition of quantity limit | 30/30 days  | 10-01-18       |
| Apidra vial                        | Change in quantity limit   | 40 mL/30 days   | 10-22-18       |
| Apidra Solostar                    | Change in quantity limit   | 45 mL/30 days   | 10-22-18       |
| Aristada 1064 mg/3.9 mL            | Addition of quantity limit | 3.9 mL/56 days  | 10-22-18       |
| Aristada Initio ER 675 mg/2.4 mL   | Addition of quantity limit | 2.4 mL/42 days  | 10-22-18       |
| Arnuity Ellipta 50 mcg             | Addition of quantity limit | 1 inhaler/30 days   | 10-22-18       |
| Baclofen 5 mg                      | Addition of quantity limit | 120/30 days   | 10-22-18       |
| Cimduo                             | Addition of quantity limit | 30/30 days  | 10-22-18       |
| Enbrel 50 mg/mL Mini Cartridge     | Addition of quantity limit | 8 mL/28 days  | 10-22-18       |
| Formulary oral contraceptive pills | Addition of quantity limit | 1 pack/month (21- or 28-day packs)  | 10-22-18       |
| Humira Pediatric Crohn's 80-40 mg  | Addition of quantity limit | 2 syringes/28 days  | 10-22-18       |
| Januvia                            | Change in quantity limit   | 25 mg, 50 mg – 30/30 days   | 10-22-18       |
| Lonhala Magnair                    | Addition of quantity limit | 60/30 days  | 10-22-18       |
| Medroxyprogesterone                | Change in quantity limit   | 5 mg, 10 mg – 90/30 days  | 10-22-18       |
| Norvir powder packets              | Addition of quantity limit | 360/30 days   | 10-22-18       |
| Olanzapine                         | Change in quantity limit   | 10 mg – increase to 3/day<br>15 mg – increase to 2/day<br>20 mg – increase to 2/day | 10-22-18       |
| Olmesartan                         | Addition of quantity limit | 30/30 days  | 10-22-18       |
| Olmesartan/HCTZ                    | Addition of quantity limit | 30/30 days  | 10-22-18       |
| Orencia                            | Addition of quantity limit | 50 mg/0.4 mL – 1.6 mL/28 days<br>87.5 mg/0.7 mL – 2.8 mL/28 days                    | 10-22-18       |
| Shingrix                           | Addition of quantity limit | 2 injections/lifetime   | 10-22-18       |
| Symfi                              | Addition of quantity limit | 30/30 days  | 10-22-18       |
| Symfi Lo                           | Addition of quantity limit | 30/30 days  | 10-22-18       |
| Symtuza                            | Addition of quantity limit | 30/30 days  | 10-22-18       |
| Ventolin                           | Addition of quantity limit | 2 inhalers/month  | 10-22-18       |
| Vigadrone                          | Addition of quantity limit | 120/30 days   | 10-22-18       |
| Xulane Patch                       | Addition of quantity limit | 3 patches/28 days   | 10-22-18       |

## Quantity Limit Removals

| Drug   | Status                    | Effective Date |
|--|---------------------------|----------------|
| Buprenorphine-containing products for MAT (Bunavail, Zubsolv, Suboxone film strips, buprenorphine/naloxone tablets and films, buprenorphine tablets) – remove coded QL | Removal of quantity limit | 10-22-18       |

## Age Edit Additions

| Drug                             | Status               | Limit  | Effective Date |
|----------------------------------|----------------------|--|----------------|
| Toujeo Max Solostar              | Addition of age edit | pay 18 and older (deny 17 and under)               | 10-01-18       |
| Aristada Initio ER 675 mg/2.4 mL | Addition of age edit | pay 18 and older (deny 17 and under)               | 10-22-18       |
| Arnuity Ellipta 50 mcg           | Addition of age edit | pay 5 and older (deny 4 and under)                 | 10-22-18       |
| Gilenya                          | Addition of age edit | pay 10 and older (deny 9 and under)                | 10-22-18       |
| Norvir powder packets            | Addition of age edit | pay 12 and under (deny 13 and older)               | 10-22-18       |
| Shingrix                         | Addition of age edit | pay 50 and older (deny 49 and under)               | 10-22-18       |
| Symtuza                          | Addition of age edit | pay 18 and older (deny 17 and under)               | 10-22-18       |
| Vigadrone                        | Addition of age edit | pay under 2 (deny 2 and older)                     | 10-22-18       |
| Vimpat                           | Change in age edit   | change to pay 4 years and older (deny 3 and under) | 10-22-18       |

## Age Edit Removals

| Drug               | Status              | Effective Date |
|--------------------|---------------------|----------------|
| Descovy            | Removal of age edit | 10-22-18       |
| Truvada 200-300 mg | Removal of age edit | 10-22-18       |
| Genvoya            | Removal of age edit | 10-22-18       |
| Tivicay            | Removal of age edit | 10-22-18       |

## DUR Edit Additions

| Drug                    | DUR edit   | Lookback  | Effective Date |
|-------------------------|--|---|----------------|
| Aristada 1064 mg/3.9 mL | 2-way edit with Abilify Maintena, Invega Sustenna, Invega Trinza, Risperdal Consta, Zyprexa Relprevv   | 1 day supply in the previous 24 days; 6 day supply in the previous 84 days (Invega Trinza only) | 10-22-18       |
| Mavyret                 | 1-way edit (Mavyret will pay) with atazanavir, darunavir, efavirenz, lopinavir/ritonavir, ritonavir, rifampin, bosentan, eltrombopag, phenytoin, carbamazepine, St John's Wort | 6 day supply in the previous 30 days  | 10-22-18       |
| Toujeo                  | 2-way edit with Basaglar, Lantus, Levemir, Toujeo Max Solostar, Tresiba  | 6 day supply in the previous 30 days  | 10-22-18       |
| Toujeo Max Solostar     | 2-way edit with Basaglar, Lantus, Levemir, Toujeo, Tresiba   | 6 day supply in the previous 30 days  | 10-22-18       |

## Grandfather Edit Additions

| Drug      | Lookback                             | Effective Date |
|-----------|--------------------------------------|----------------|
| Jardiance | 6 day supply in the previous 75 days | 10-22-18       |

## Grandfather Edit Removals

| Drug            | Status                      | Effective Date |
|-----------------|-----------------------------|----------------|
| Olmesartan      | Removal of grandfather edit | 10-22-18       |
| Olmesartan/HCTZ | Removal of grandfather edit | 10-22-18       |