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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 2nd Quarter 2019 April 1 through June 30, 2019

Prepared by the Maine Bureau of Insurance
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Quarterly Report of Insurance Carrier Formulary Changes for Q2 Second Quarter 2019 April 1 to June 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made by enrollees with regard to each formulary change; and the number of exception requests granted, denied or withdrawn with regard to each formulary change.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.

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Summary for the second quarter of 2019:

- 329 drugs were subject to formulary changes (excluding duplicative drugs due to various dosages or dispensing type, there are 173 drugs).
- Approximately half the changes were to add new drugs. 15% were to remove drugs.
- These changes affected 2,886 enrollees.
- Of these enrollees, 5% (151) filed for exceptions. 67% were granted; 32% were denied; 1% were withdrawn.
- 46% of enrollees were impacted by lower or no change in cost; 46% by higher costs and 54% by higher costs IF they continued use of the drug that was removed from formulary.

Table 1: Changes made on the 329 drugs listed for Q2 2019

Change Made	Number of Drugs Affected
Add drugs	172
Remove drugs	48
Add prior authorization	16
Remove prior authorization	12
Move drug to higher tier	35
Add quantity limit	11
Add step therapy	7
Move drug to lower tier	21
Drug becomes over the counter	0
Decrease quantity limit	7
Total	329

Table 2: Top drugs changed for Q2 2019

Drug	Number of Changes
Ambrisentan	28
Flovent	19
Healthwise Insulin Syringes and Pen Needle	13

Ambrisentan is used to treat high blood pressure in the lungs (pulmonary arterial hypertension). This condition is thought to be caused by increased levels of a certain natural substance (endothelin-1). This medication blocks the effects of endothelin-1, thereby helping to decrease the blood pressure in the lungs, slow the worsening of symptoms, and improve the ability to exercise.

Flovent or Fluticasone is used to control and prevent symptoms (such as wheezing and shortness of breath) caused by asthma. It works by reducing swelling (inflammation) of the airways in the lungs to make breathing easier. Controlling symptoms of asthma helps maintain normal activities and decreases time lost from work or school. Fluticasone belongs to a class of drugs known as corticosteroids. This medication must be used regularly to be effective.

Healthwise Insulin syringes and pen needles are a specific brand used to administer insulin to control diabetes.

Table 3: Number of enrollees affected by changes during Q2 2019

Change	Number of Affected Enrollees
Add drugs	756
Remove drugs	348
Add prior authorization	1
Remove prior authorization	87
Move drug to higher tier	1208
Add quantity limit	0
Add step therapy	4
Move drug to lower tier	465
Drug becomes over the counter	0
Decrease quantity limit	17
Total	2886

Table 4: Expected impact and the number of enrollees affected by the impact for Q2 2019

Expected Impact	Number of Affected Enrollees
Responsible for full cost of drug *	242
No change	391
Higher cost	1317
Lower cost	936
Total	2886

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

46% of enrollees are impacted by lower or no change in cost

46% of enrollees are impacted by higher costs or

54% 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
2886	151	102	48	1

*5% of all enrollees affected filed for exceptions:
68% granted, 32% denied*

Table 6: Number of exceptions granted and denied by change made in Q2 2019

Change Made	Granted	Denied	Withdrawn
Add drugs	54	30	
Remove drugs	16	6	
Add prior authorization	1	0	
Move drug to higher tier	0	0	
Remove prior authorization	3	3	
Add step therapy	3	0	
Move drug to lower tier	24	9	
Drug becomes over the counter	0	0	
Decrease quantity limit	1	0	1
Total	102	48	1

Table 7: Reasons given by carriers for the changes for Q2 2019.

Formulary Change Reasons	Total Drugs per Reason
Added Upon Release to Market	377
Business Decision Team Decision-generic equivalent	183
To ensure clinically appropriate usage of drug	107
Business Decision Team Decision to exclude drug from formulary	30
Business Decision Team Decision to add Prior Authorization	27
Business Decision Team Decision to add Quantity Limits	18
To ensure clinically appropriate dosage of drug	55
Additional therapy option for enrollees	47
Generic version approved and added at lower tier	47
Clinically appropriate alternatives on formulary	20
Lower cost option for enrollees	98
AB rated (therapeutically equivalent) substitutable	20
Medication not approved by FDA as a drug	13
Business Decision Team Decision to remove Prior Authorization	5
Multisource brand (MSB) removal	3

Formulary Change Reasons	Total Drugs per Reason
Promote appropriate use and minimize overuse/waste	8
Anesthesia medication that must be administered by MD	1
To encourage appropriate use of preferred agents	19
Cosmetic use/not covered	1
Total	1079

Table 8: Changes Made by Drug Name Q2 2019

Drug Name	Change Made
TRACLEER 62.5MG	MOVE DRUG TO HIGHER TIER
ACCU-CHEK GUIDE ME GLUCOSE MTR	ADD DRUGS
ACTEMRA (TOCILIZUMAB) 162 MG/0.9 ML ACTPEN PREFILLED AUTOINJECTOR	ADD STEP THERAPY
ADAPALENE 0.1% SWAB	ADD DRUGS
ADDERALL XR	REMOVE DRUGS
ADVAIR 100-50 DISKUS	MOVE DRUG TO HIGHER TIER
ADVAIR 100-50 DISKUS	REMOVE DRUGS
ADVAIR 100-50, 250-50 DISKUS	REMOVE DRUGS
ADVAIR 250-50 DISKUS	MOVE DRUG TO HIGHER TIER
ADVAIR 250-50 DISKUS	REMOVE DRUGS
ADVAIR 500-50 DISKUS	MOVE DRUG TO HIGHER TIER
ADVAIR 500-50 DISKUS	REMOVE DRUGS
AEMCOLO	ADD QUANTITY LIMIT
AG HUMALOG (INSULIN LISPRO)	ADD DRUGS
AIMOVIG INJ 140DOSE	DECREASE QUANTITY LIMIT
AIMOVIG INJ 70MG/ML	DECREASE QUANTITY LIMIT
AIMOVIG 140 MG DOSE-2 AUTOINJ	ADD DRUGS
AIMOVIG 140 MG/ML AUTOINJECTOR	ADD DRUGS
AIMOVIG 70 MG/ML AUTOINJECTOR	ADD DRUGS
ALBUTEROL HFA 90 MCG INHALER	ADD DRUGS
ALBUTEROL SUL HFA 90 MCG INH	MOVE DRUG TO LOWER TIER
AMBRISENTAN 10 MG TABLET	ADD DRUGS
AMBRISENTAN 5 MG TABLET	ADD DRUGS
ANTICOAG SODIUM CITRATE 4% SYR	ADD DRUGS
APADAZ	ADD PRIOR AUTHORIZATION
APADAZ	REMOVE PRIOR AUTHORIZATION
APRIZIO PAK	ADD DRUGS
ARIKAYCE	ADD PRIOR AUTHORIZATION
ASMANEX TWISTHALER	DECREASE QUANTITY LIMIT
ATRIPLA	ADD STEP THERAPY

AUROVELA 1 MG-20 MCG TABLET	ADD DRUGS
AUROVELA 21 1.5-30 TABLET	ADD DRUGS
AUROVELA 24 FE 1 MG-20 MCG TAB	ADD DRUGS
AUROVELA FE 1-20 TABLET	ADD DRUGS
AVENOVA	REMOVE DRUGS
AVENOVA NEUTROX	REMOVE DRUGS
AZESCO TABLET	ADD DRUGS
BALVERSA 3 MG TABLET	ADD DRUGS
BALVERSA 4 MG TABLET	ADD DRUGS
BALVERSA 5 MG TABLET	ADD DRUGS
BD NANO 2 GEN PEN NDL 32GX4MM	ADD DRUGS
BELRAPZO 100 MG/4 ML VIAL	ADD DRUGS
BESER 0.05% LOTION	ADD DRUGS
BIJUVA	ADD PRIOR AUTHORIZATION
BIJUVA	ADD QUANTITY LIMIT
BOSENTAN 125 MG TABLET	ADD DRUGS
BOSENTAN 62.5 MG TABLET	ADD DRUGS
BUTORPHANOL 10 MG/ML SPRAY	REMOVE PRIOR AUTHORIZATION
CANASA 1,000 MG SUPPOSITORY	MOVE DRUG TO HIGHER TIER
CANASA 1,000 MG SUPPOSITORY	REMOVE DRUGS
CARAFATE 1 GM/10 ML SUSP	MOVE DRUG TO LOWER TIER
CEFIXIME 400 MG CAPSULE	ADD DRUGS
CEQUA	ADD QUANTITY LIMIT
CHLORZOXAZONE 375 MG TABLET	ADD DRUGS
CHLORZOXAZONE 375 MG, 750 MG TABLET	ADD DRUGS
CHLORZOXAZONE 750 MG TABLET	ADD DRUGS
CHORIONIC GONAD 12,000 UNIT VL	ADD DRUGS
CHORIONIC GONAD 6,000 UNIT VL	ADD DRUGS
CIPRODEX OTIC SUSP	REMOVE PRIOR AUTHORIZATION
COLLATYL WOUND GEL	ADD DRUGS
COMBIGAN 0.2%-0.5% EYE DROPS	MOVE DRUG TO LOWER TIER
COSENTYX 150 MG/ML SYRINGE	MOVE DRUG TO LOWER TIER
COSENTYX 300 MG DOSE-2 PENS	MOVE DRUG TO LOWER TIER
CRESTOR	REMOVE DRUGS
CUTAQUIG 16.5% (1 G/6 ML) VIAL	ADD DRUGS
CUTAQUIG 16.5% (1.65 G/10 ML)	ADD DRUGS
CUTAQUIG 16.5% (2 G/12 ML) VL	ADD DRUGS
CUTAQUIG 16.5% (3.3 G/20 ML)	ADD DRUGS
CUTAQUIG 16.5% (4 G/24 ML) VL	ADD DRUGS
CUTAQUIG 16.5% (8 G/48 ML) VL	ADD DRUGS
DAURISMO	ADD PRIOR AUTHORIZATION

DEFERASIROX 125 MG TABLET	ADD DRUGS
DEFERASIROX 250 MG TABLET	ADD DRUGS
DEFERASIROX 500 MG TABLET	ADD DRUGS
DELZICOL 400MG	MOVE DRUG TO HIGHER TIER
DELZICOL 400MG TAB	MOVE DRUG TO HIGHER TIER
DEXCOM G4 TRANSMITTER KIT	MOVE DRUG TO HIGHER TIER
DEXCOM G5 TRANSMITTER KIT	MOVE DRUG TO HIGHER TIER
DEXCOM G6 SENSOR	ADD DRUGS
DEXCOM G6 TRANSMITTER	MOVE DRUG TO HIGHER TIER
DEXMEDETOMIDIN 400MCG/100ML-NS	ADD DRUGS
DEXMEDETOMIDINE 200MCG/50ML-NS	ADD DRUGS
DEXMEDETOMIDINE 80 MCG/20ML-NS	ADD DRUGS
DEXTENZA 0.4 MG INSERT	ADD DRUGS
DIACOMIT	ADD QUANTITY LIMIT
DIACOMIT 250 MG CAPSULE	ADD DRUGS
DIACOMIT 250 MG POWDER PACKET	ADD DRUGS
DIACOMIT 500 MG CAPSULE	ADD DRUGS
DIACOMIT 500 MG POWDER PACKET	ADD DRUGS
DICLEGIS	ADD PRIOR AUTHORIZATION
DICLOFEX DC PACK	ADD DRUGS
DOVATO 50-300 MG TABLET	ADD DRUGS
DULERA	DECREASE QUANTITY LIMIT
DUOBRII 0.01%-0.045% LOTION	ADD DRUGS
DXEVO 11 DAY 1.5 MG TABLET	ADD DRUGS
ELIDEL 1% CREAM	MOVE DRUG TO HIGHER TIER
ELIDEL 1% CREAM	REMOVE DRUGS
ELZONRIS	ADD QUANTITY LIMIT
EMGALITY 120 MG/ML PEN	ADD DRUGS
EMGALITY 120 MG/ML SYRINGE	ADD DRUGS
EPINEPHRINE 0.3 MG AUTO-INJECT	REMOVE PRIOR AUTHORIZATION
EPINEPHRINE 0.3MG AUTO-INJECT	ADD DRUGS
EPINEPHRINE 1 MG/10 ML-NACL	ADD DRUGS
ERLOTINIB HCL 100 MG TABLET	ADD DRUGS
ERLOTINIB HCL 150 MG TABLET	ADD DRUGS
ERLOTINIB HCL 25 MG TABLET	ADD DRUGS
ERYPED SUSPENSION 400MG/5ML	MOVE DRUG TO HIGHER TIER
ERYTHROMYCIN 400 MG/5 ML SUSP	ADD DRUGS
ESTRADIOL HEMIHYDRATE MICR PWD	ADD DRUGS
EVENITY	ADD PRIOR AUTHORIZATION
EVENITY	ADD QUANTITY LIMIT
EVENITY 105 MG/1.17 ML SYRINGE	ADD DRUGS

EVENITY 210 MG DOSE-2 SYRINGES	ADD DRUGS
EXEMESTANE 25 MG TABLET	REMOVE PRIOR AUTHORIZATION
EXJADE 125MG	MOVE DRUG TO HIGHER TIER
EXJADE 250MG	MOVE DRUG TO HIGHER TIER
EXJADE 500MG	MOVE DRUG TO HIGHER TIER
FARESTON 60 MG	REMOVE DRUGS
FARESTON 60 MG TABLET	MOVE DRUG TO HIGHER TIER
FARESTON 60 MG TABLET	REMOVE DRUGS
FINACEA 15% GEL	MOVE DRUG TO HIGHER TIER
FINACEA 15% GEL	REMOVE DRUGS
FLECTOR 1.3% PATCH	MOVE DRUG TO HIGHER TIER
FLOVENT 100 MCG DISKUS	ADD DRUGS
FLOVENT 250 MCG DISKUS	ADD DRUGS
FLOVENT 50 MCG DISKUS	ADD DRUGS
FLOVENT HFA	DECREASE QUANTITY LIMIT
FLOVENT HFA 110 MCG INHALER	ADD DRUGS
FLOVENT HFA 220 MCG INHALER	ADD DRUGS
FLOVENT HFA 44 MCG INHALER	ADD DRUGS
FLUTICASONE PROPIONATE/SALMETEROL	DECREASE QUANTITY LIMIT
FONDAPARINUX 2.5 MG, 5 MG, 7.5 MG, 10 MG/0.5 ML SYR	REMOVE PRIOR AUTHORIZATION
FREESTYLE LIBRE 10 DAY SENSOR	ADD DRUGS
FREESTYLE LIBRE 14 DAY SENSOR	ADD DRUGS
FULPHILA 6 MG/0.6 ML SYRINGE	ADD DRUGS
GAMIFANT	ADD PRIOR AUTHORIZATION
GELCLAIR	REMOVE DRUGS
GENVOYA	ADD STEP THERAPY
GLEOLAN 1,500 MG/50 ML SOLN	ADD DRUGS
HEALON 10 MG/ML SYRINGE	ADD DRUGS
HEALON GV 14 MG/ML SYRINGE	ADD DRUGS
HEALON5 23 MG/ML SYRINGE	ADD DRUGS
HEALTHWISE INS 0.3ML 30GX5/16"	ADD DRUGS
HEALTHWISE INS 0.3ML 31GX5/16"	ADD DRUGS
HEALTHWISE INS 0.5ML 30GX5/16"	ADD DRUGS
HEALTHWISE INS 0.5ML 31GX5/16"	ADD DRUGS
HEALTHWISE INS 1 ML 30GX5/16"	ADD DRUGS
HEALTHWISE INS 1 ML 31GX5/16"	ADD DRUGS
HEALTHWISE PEN NEEDLE 31G 5MM	ADD DRUGS
HEPARIN SOD 5,000 UNIT/0.5 ML	ADD DRUGS
HERCEPTIN HYLECTA 600MG-10,000	ADD DRUGS
HYDROCORT-PRAMOXINE 2.5-1% CRM	ADD DRUGS
IMIQUIMOD	DECREASE QUANTITY LIMIT

INFUGEM 1,200 MG/120 ML BAG	ADD DRUGS
INFUGEM 1,300 MG/130 ML BAG	ADD DRUGS
INFUGEM 1,400 MG/140 ML BAG	ADD DRUGS
INFUGEM 1,500 MG/150 ML BAG	ADD DRUGS
INFUGEM 1,600 MG/160 ML BAG	ADD DRUGS
INFUGEM 1,700 MG/170 ML BAG	ADD DRUGS
INFUGEM 1,800 MG/180 ML BAG	ADD DRUGS
INFUGEM 1,900 MG/190 ML BAG	ADD DRUGS
INFUGEM 2,000 MG/200 ML BAG	ADD DRUGS
INFUGEM 2,200 MG/220 ML BAG	ADD DRUGS
INGREZZA INITIATION PACK	ADD DRUGS
INSULIN LISPRO 100 UNIT/ML PEN	ADD DRUGS
INSULIN LISPRO 100 UNIT/ML VL	ADD DRUGS
JORNAY PM 100 MG CAPSULE	ADD DRUGS
JORNAY PM 20 MG CAPSULE	ADD DRUGS
JORNAY PM 40 MG CAPSULE	ADD DRUGS
JORNAY PM 60 MG CAPSULE	ADD DRUGS
JORNAY PM 80 MG CAPSULE	ADD DRUGS
JYNARQUE 15 MG TABLET	ADD DRUGS
JYNARQUE 30 MG TABLET	ADD DRUGS
KALYDECO 25 MG GRANULES PACKET	ADD DRUGS
KETAMINE 50 MG/ML-WATER SYRING	ADD DRUGS
KETOCAL 2.5:1 MCT MULTIFIBR LQ	ADD DRUGS
L.E.T.(LIDO-EPINEPH-TETRA) GEL	ADD DRUGS
LATUDA 20 MG TABLET	MOVE DRUG TO LOWER TIER
LATUDA 40 MG TABLET	MOVE DRUG TO LOWER TIER
LATUDA 60 MG TABLET	MOVE DRUG TO LOWER TIER
LATUDA 80 MG TABLET	MOVE DRUG TO LOWER TIER
LETAIRIS 10MG	REMOVE DRUGS
LETAIRIS 5MG	REMOVE DRUGS
LEVETIRACETAM ER 500 MG, 750 MG	REMOVE PRIOR AUTHORIZATION
LEXAPRO	ADD STEP THERAPY
LEXAPRO	REMOVE DRUGS
LIALDA	ADD STEP THERAPY
LIALDA	REMOVE DRUGS
LORBRENA	ADD PRIOR AUTHORIZATION
LORBRENA	ADD QUANTITY LIMIT
LOTEPREDNOL ETABONATE 0.5% DRP	ADD DRUGS
LUMIGAN 0.01% EYE DROPS	MOVE DRUG TO LOWER TIER
MAGNESIUM 20 GRAM/290 ML-LR	ADD DRUGS
MAVENCLAD	ADD PRIOR AUTHORIZATION

MAVENCLAD 10 MG X 10 TABLET PK	ADD DRUGS
MAVENCLAD 10 MG X 4 TABLET PK	ADD DRUGS
MAVENCLAD 10 MG X 5 TABLET PK	ADD DRUGS
MAVENCLAD 10 MG X 6 TABLET PK	ADD DRUGS
MAVENCLAD 10 MG X 7 TABLET PK	ADD DRUGS
MAVENCLAD 10 MG X 8 TABLET PK	ADD DRUGS
MAVENCLAD 10 MG X 9 TABLET PK	ADD DRUGS
MAYZENT	ADD PRIOR AUTHORIZATION
MAYZENT 0.25 MG TABLET	ADD DRUGS
MAYZENT 2 MG TABLET	ADD DRUGS
MESALAMINE DR 400 MG CAPSULE	ADD DRUGS
MESTINON 60 MG/5 ML SYRUP	MOVE DRUG TO HIGHER TIER
MESTINON 60 MG/5 ML SYRUP	REMOVE DRUGS
METHOXSALEN 10 MG	REMOVE PRIOR AUTHORIZATION
MIFEPRISTONE 200 MG TABLET	ADD DRUGS
M-NATAL PLUS TABLET	ADD DRUGS
MOTEGRITY 2 MG TABLET	ADD DRUGS
MULPLETA	ADD PRIOR AUTHORIZATION
NEUPOGEN 300 MCG/0.5 ML SYR	REMOVE DRUGS
NEUPOGEN 300 MCG/ML VIAL	REMOVE DRUGS
NEUPOGEN 480 MCG/0.8 ML SYR	REMOVE DRUGS
NEUPOGEN 480 MCG/1.6 ML VIAL	REMOVE DRUGS
NOCDURNA	ADD QUANTITY LIMIT
NORDITROPIN FLEXPPO 10 MG/1.5	ADD DRUGS
NORDITROPIN FLEXPPO 30 MG/3 ML	ADD DRUGS
NORDITROPIN FLEXPPO 5 MG/1.5	ADD DRUGS
NORGESIC FORTE 50-770-60MG TB	ADD DRUGS
NUZYRA	ADD QUANTITY LIMIT
ODACTRA 12 SQ-HDM SL TABLET	ADD DRUGS
OFEV 150 MG CAPSULE	MOVE DRUG TO LOWER TIER
ONETOUCH ULTRA2 GLUCOSE SYST	ADD DRUGS
OXERVATE	ADD PRIOR AUTHORIZATION
OXERVATE	ADD STEP THERAPY
PALONOSETRON HCL 0.25 MG/5 ML	ADD DRUGS
PALONOSETRON HCL 0.25 MG/5 ML	MOVE DRUG TO LOWER TIER
PENICILLAMINE 250 MG CAPSULE	ADD DRUGS
PENTAMIDINE 300 MG VIAL	ADD DRUGS
PLENAMINE 15% SOLUTION	ADD DRUGS
PRILOVIX LITE 2.5%-2.5% CREAM	ADD DRUGS
PRISTIQ	REMOVE DRUGS
PROGRAF 0.2 MG GRANULE PACKET	ADD DRUGS

PROGRAF 1 MG GRANULE PACKET	ADD DRUGS
PROTYL AG WOUND GEL	ADD DRUGS
QMIIZ ODT	ADD PRIOR AUTHORIZATION
QMIIZ ODT	ADD STEP THERAPY
RANEXA 500 MG	REMOVE DRUGS
RANEXA ER 1,000 MG TABLET	MOVE DRUG TO HIGHER TIER
RANEXA ER 1,000 MG TABLET	REMOVE DRUGS
RANEXA ER 500 MG TABLET	MOVE DRUG TO HIGHER TIER
RANEXA ER 500 MG TABLET	REMOVE DRUGS
RAPAFLO 4 MG, 8 MG	REMOVE DRUGS
RAPAMUNE 1 MG/ML ORAL SOLN	MOVE DRUG TO HIGHER TIER
RAPAMUNE 1 MG/ML ORAL SOLN	REMOVE DRUGS
RAPAMUNE 1 MG/ML ORAL SOLUTION	REMOVE DRUGS
REMODULIN 1 MG/ML VIAL	REMOVE DRUGS
REMODULIN 1 MG/ML, 2.5 MG/ML, 5 MG/ML, 10 MG/ML	REMOVE DRUGS
REMODULIN 10 MG/ML VIAL	REMOVE DRUGS
REMODULIN 2.5 MG/ML VIAL	REMOVE DRUGS
REMODULIN 5 MG/ML VIAL	REMOVE DRUGS
RESOTRA RX	REMOVE DRUGS
RETACRIT 10,000 UNIT/ML VIAL	ADD DRUGS
RETACRIT 2,000 UNIT/ML VIAL	ADD DRUGS
RETACRIT 3,000 UNIT/ML VIAL	ADD DRUGS
RETACRIT 4,000 UNIT/ML VIAL	ADD DRUGS
RETACRIT 40,000 UNIT/ML VIAL	ADD DRUGS
REVCOVI	ADD PRIOR AUTHORIZATION
ROCKLATAN 0.02%-0.005% EYE DRP	ADD DRUGS
ROCURONIUM 75 MG/7.5 ML SYRING	ADD DRUGS
SCARCIN ROLL ON	REMOVE DRUGS
SCARSILK 5 CM X 14 CM PAD	ADD DRUGS
SCARSILK GEL	ADD DRUGS
SENSIPAR 30 MG TABLET	REMOVE DRUGS
SENSIPAR 30 MG, 60 MG, 90 MG	REMOVE DRUGS
SENSIPAR 60 MG TABLET	REMOVE DRUGS
SENSIPAR 90 MG TABLET	REMOVE DRUGS
SEYSARA	ADD PRIOR AUTHORIZATION
SIMLIYA 28 DAY TABLET	ADD DRUGS
SKYRIZI	ADD PRIOR AUTHORIZATION
SOFOSBUVIR-VELPATASVIR 400-100	ADD DRUGS
SOFOSBUVIR-VELPATASVIR 400-100MG TABLET (GENERIC EPCLUSA)	ADD DRUGS
SOLIFENACIN 10 MG TABLET	ADD DRUGS
SOLIFENACIN 5 MG TABLET	ADD DRUGS

SOLOX WOUND GEL	ADD DRUGS
SOOLANTRA 1% CREAM	MOVE DRUG TO LOWER TIER
STERILE DILUENT-TREPROSTINIL	ADD DRUGS
STRONG IODINE 7% TINCTURE	ADD DRUGS
SUBLOCADE	REMOVE PRIOR AUTHORIZATION
SUBOXONE 12 MG-3 MG SL FILM	MOVE DRUG TO HIGHER TIER
SUBOXONE 12 MG-3 MG SL FILM	REMOVE DRUGS
SUBOXONE 2 MG-0.5 MG SL FILM	MOVE DRUG TO HIGHER TIER
SUBOXONE 2 MG-0.5 MG SL FILM	REMOVE DRUGS
SUBOXONE 4 MG-1 MG SL FILM	MOVE DRUG TO HIGHER TIER
SUBOXONE 4 MG-1 MG SL FILM	REMOVE DRUGS
SUBOXONE 8 MG-2 MG SL FILM	MOVE DRUG TO HIGHER TIER
SUBOXONE 8 MG-2 MG SL FILM	REMOVE DRUGS
SYMFI 600-300-300 MG TABLET	ADD DRUGS
SYMFI 600-300-300 MG TABLET	MOVE DRUG TO LOWER TIER
SYMFI LO 400-300-300 MG TABLET	ADD DRUGS
SYMFI LO 400-300-300 MG TABLET	MOVE DRUG TO LOWER TIER
SYMJEPI 0.3 MG/0.3 ML SYRINGE	ADD DRUGS
SYMJEPI 0.3MG/0.3ML SYRINGE	ADD DRUGS
TARCEVA 100MG	MOVE DRUG TO HIGHER TIER
TARCEVA 150MG	MOVE DRUG TO HIGHER TIER
TARCEVA 25MG	MOVE DRUG TO HIGHER TIER
TARINA 24 FE 1 MG-20 MCG TAB	ADD DRUGS
TECENTRIQ 840 MG/14 ML VIAL	ADD DRUGS
TEKTURNA 150 MG, 300 MG TABLET	REMOVE DRUGS
TERBINAFINE 25 MG TABLET	REMOVE PRIOR AUTHORIZATION
TRACLEER 125MG	MOVE DRUG TO HIGHER TIER
TREMFYA 100 MG/ML SYRINGE	MOVE DRUG TO LOWER TIER
VALRUBICIN 200 MG/5 ML VIAL	ADD DRUGS
VANCOMYCIN 1,250 MG/12.5 ML VL	ADD DRUGS
VANCOMYCIN 1,500 MG/15ML-WATER	ADD DRUGS
VANCOMYCIN 1,750 MG/17.5 ML VL	ADD DRUGS
VANCOMYCIN 2,000 MG/20ML-WATER	ADD DRUGS
VESICARE 10MG	MOVE DRUG TO HIGHER TIER
VESICARE 10MG TAB	MOVE DRUG TO HIGHER TIER
VESICARE 5MG	MOVE DRUG TO HIGHER TIER
VESICARE 5MG TAB	MOVE DRUG TO HIGHER TIER
VIVITROL	ADD QUANTITY LIMIT
VSL #3 DS	REMOVE DRUGS
VYNDAQEL	ADD QUANTITY LIMIT
VYNDAQEL 20 MG CAPSULE	ADD DRUGS

VYVANSE 20 MG CHEWABLE TABLET	REMOVE PRIOR AUTHORIZATION
XELJANZ 10 MG TABLET	MOVE DRUG TO LOWER TIER
XELJANZ 5 MG TABLET	MOVE DRUG TO LOWER TIER
XELJANZ XR 11 MG TABLET	MOVE DRUG TO LOWER TIER
XIFAXAN 200 MG TABLET	MOVE DRUG TO LOWER TIER
XIFAXAN 550 MG TABLET	MOVE DRUG TO LOWER TIER
ZARXIO 300 MCG/0.5 ML SYRINGE	ADD DRUGS
ZARXIO 480 MCG/0.8 ML SYRINGE	ADD DRUGS
ZILEUTON ER 600 MG TABLET	REMOVE PRIOR AUTHORIZATION
ZYKADIA 150 MG TABLET	ADD DRUGS
ZYTIGA 250 MG TABLET	MOVE DRUG TO HIGHER TIER
ZYTIGA 250 MG TABLET	REMOVE DRUGS

Table 9: Number of affected enrollees by drug name Q2 2019:

ADDERALL XR	1
ADVAIR 100-50 DISKUS	299
ADVAIR 100-50, 250-50 DISKUS	93
ADVAIR 250-50 DISKUS	620
ADVAIR 500-50 DISKUS	161
AIMOVIG INJ 140DOSE	1
AIMOVIG INJ 70MG/ML	1
AIMOVIG 140 MG DOSE-2 AUTOINJ	12
AIMOVIG 70 MG/ML AUTOINJECTOR	90
ASMANEX TWISTHALER	2
Avenova	1
CANASA 1,000 MG SUPPOSITORY	17
CARAFATE 1 GM/10 ML SUSP	39
COMBIGAN 0.2%-0.5% EYE DROPS	72
COSENTYX 150 MG/ML SYRINGE	3
COSENTYX 300 MG DOSE-2 PENS	30
CRESTOR	1
Delzicol 400mg tab	14
DEXCOM G6 SENSOR	75
DEXCOM G6 TRANSMITTER	1
DICLEGIS	1
DULERA	4
ELIDEL 1% CREAM	54
Elzonris	0
EMGALITY 120 MG/ML PEN	18

EMGALITY 120 MG/ML SYRINGE	3
EPINEPHRINE 0.3 MG AUTO-INJECT	84
FARESTON 60 MG TABLET	2
FINACEA 15% GEL	60
Flector 1.3% Patch	1
FLOVENT 100 MCG DISKUS	12
FLOVENT 250 MCG DISKUS	6
FLOVENT 50 MCG DISKUS	3
FLOVENT HFA	7
FLOVENT HFA 110 MCG INHALER	204
FLOVENT HFA 220 MCG INHALER	54
FLOVENT HFA 44 MCG INHALER	132
FLUTICASONE PROPIONATE/SALMETEROL	1
FREESTYLE LIBRE 10 DAY SENSOR	6
FREESTYLE LIBRE 14 DAY SENSOR	120
GENVOYA	1
IMIQUIMOD	1
LATUDA 20 MG TABLET	27
LATUDA 40 MG TABLET	33
LATUDA 60 MG TABLET	30
LATUDA 80 MG TABLET	24
Letairis 10mg	0
LEXAPRO	4
LIALDA	2
LUMIGAN 0.01% EYE DROPS	45
MAGNESIUM 20 GRAM/290 ML-LR	0
MOTEGRITY 2 MG TABLET	9
NEUPOGEN 480 MCG/0.8 ML SYR	2
NORDITROPIN FLEXPPO 10 MG/1.5	3
NORDITROPIN FLEXPPO 30 MG/3 ML	3
NORDITROPIN FLEXPPO 5 MG/1.5	3
ODACTRA 12 SQ-HDM SL TABLET	3
OFEV 150 MG CAPSULE	3
PRISTIQ	1
RANEXA 500 MG	2
RANEXA ER 1,000 MG TABLET	12
RANEXA ER 500 MG TABLET	25
RAPAFLO 4 MG, 8 MG	1
SENSIPAR 30 MG, 60 MG, 90 MG	2
SOOLANTRA 1% CREAM	21
SUBOXONE 12 MG-3 MG SL FILM	6

SUBOXONE 2 MG-0.5 MG SL FILM	21
SUBOXONE 4 MG-1 MG SL FILM	7
SUBOXONE 8 MG-2 MG SL FILM	115
TREMFYA 100 MG/ML SYRINGE	9
Vesicare 10mg tab	16
Vesicare 5mg tab	15
VYVANSE 20 MG CHEWABLE TABLET	3
XELJANZ 10 MG TABLET	6
XELJANZ 5 MG TABLET	18
XELJANZ XR 11 MG TABLET	27
XIFAXAN 200 MG TABLET	6
XIFAXAN 550 MG TABLET	72
ZYTIGA 250 MG TABLET	3

Table 10: Number of exceptions made by drug name Q2 2019:

ADDERALL XR	1	0	0	1
ADVAIR 100-50 DISKUS	1	0	0	1
AIMOVIG INJ 140DOSE	1	0	0	1
AIMOVIG INJ 70MG/ML	0	0	1	1
AIMOVIG 140 MG DOSE-2 AUTOINJ	9	6	0	15
AIMOVIG 70 MG/ML AUTOINJECTOR	12	3	0	15
COSENTYX 300 MG DOSE-2 PENS	12	0	0	12
DICLEGIS	1	0	0	1
ELIDEL 1% CREAM	2	0	0	2
EMGALITY 120 MG/ML PEN	3	12	0	15
EMGALITY 120 MG/ML SYRINGE	3	0	0	3
FREESTYLE LIBRE 10 DAY SENSOR	3	0	0	3
FREESTYLE LIBRE 14 DAY SENSOR	6	3	0	9
LEXAPRO	4	0	0	4
LIALDA	2	0	0	2
MOTEGRITY 2 MG TABLET	3	0	0	3
NEUPOGEN 300 MCG/0.5 ML SYR	2	0	0	2

NEUPOGEN 300 MCG/ML VIAL	1	0	0	1
NEUPOGEN 480 MCG/0.8 ML SYR	1	2	0	3
NORDITROPIN FLEXPRO 10 MG/1.5	3	3	0	6
NORDITROPIN FLEXPRO 30 MG/3 ML	3	3	0	6
OFEV 150 MG CAPSULE	0	3	0	3
VYVANSE 20 MG CHEWABLE TABLET	3	3	0	6
XELJANZ 10 MG TABLET	3	0	0	3
XELJANZ XR 11 MG TABLET	6	3	0	9
ZYTIGA 250 MG TABLET	1	0	0	1