

# Formulary Changes effective Jan. 1, 2019

The following medications will be excluded from the formulary:

Therapeutic category	Medication	Preferred alternatives
Asthma/COPD	<b>Dulera</b>	Advair Diskus, Advair HFA, fluticasone/salmeterol, Breo Ellipta, Symbicort
Cholesterol	<b>Livalo</b>	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, and simvastatin
Diabetes	<b>Tradjenta, Jentadueto, Jentadueto XR</b>	Janumet, Januvia
Diabetes	<b>Actoplus Met XR</b>	pioglitazone, metformin
NSAID	<b>Naprelan</b>	Naproxen IR, naproxen ER
Overactive bladder	<b>Oxytrol Patch</b>	tolterodine, oxybutynin (oral), darifenacin, Myrbetriq, Vesicare, Toviaz
Non-FDA approved products	<b>Selenium sulfide shampoo, Salicylic acid shampoo</b>	N/A – removal of non-FDA approved product from formulary. Products available in various strengths in the shampoo aisle.

If Patients have an active prior authorization for any of the above medications, that will remain in place through the end of the prior authorization period on the authorization letter. Note that providers may submit a prior authorization coverage request for excluded medications for medical necessity review to the PHP pharmacy department.