

Formulary Changes effective Jan. 1, 2019

The following medications are being added to the formulary:

Therapeutic category	Medication	Tier
Autoimmune	Xeljanz, Xeljanz XR	2, PA
Asthma/COPD	Fluticasone/salmeterol (generic)	1

*PA = prior authorization required

The following medications will have tier changes:

Therapeutic category	Medication	Tiering change
Asthma/COPD	Incruse Ellipta	Moving to preferred tier
	Spiriva Respimat	Moving to preferred tier
	Bevespi Aerosphere	Moving to preferred tier
	Arnuity Ellipta	Moving to preferred tier
	Tudorza	Moving to non-preferred tier
Dry Eye	Xiidra	Moving to preferred tier
IBS – Constipation	Linzess	Moving to preferred tier
Overactive bladder	Myrbetriq	Moving to preferred tier
	Vesicare	Moving to preferred tier
HIV	Prezista, Prezcofix	Moving to preferred tier
	Isentress, Isentress HD	Moving to preferred tier
	Emtriva	Moving to preferred tier
	Atripla	Moving to non-preferred tier
	Stribild	Moving to non-preferred tier
	Selzentry	Moving to non-preferred tier