

UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

UPPER PENINSULA HEALTH PLAN MI HEALTH 5-TIER (H2161) Updates

December, 2018

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|---|--|---------------------|----------------|----------------------------|
| 1/1/2019 | ZENPEP DR 3,000 UNIT CAPSULE | <i>lipase/protease/amylase</i> | ADD TO FORMULARY | | Tier 3 |
| 1/1/2019 | ZENPEP DR 15,000 UNIT CAPSULE | <i>lipase/protease/amylase</i> | ADD TO FORMULARY | | Tier 3 |
| 1/1/2019 | <i>Haloperidol lac</i> <i>5mg/ml syringe</i> | <i>Haloperidol lac</i> | ADD TO FORMULARY | | Tier 2 |
| 1/1/2019 | HUMIRA(CF) PEN CRHN-UC-HS 80MG | <i>adalimumab</i> | ADD TO FORMULARY | | Tier 5, PA |
| 1/1/2019 | HUMIRA(CF) PEN PS- UV-AHS 80-40 | <i>adalimumab</i> | ADD TO FORMULARY | | Tier 5, PA |
| 1/1/2019 | TRELEGY ELLIPTA 100- 62.5-25 | <i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i> | ADD TO FORMULARY | | Tier 3, 60 per 30 days |
| 1/1/2019 | RHOPRESSA 0.02% OPHTH SOLUTION | <i>netarsudil mesylate</i> | ADD TO FORMULARY | | Tier 3, 2.5 per 25 days |
| 1/1/2019 | CIMDUO 300-300 MG TABLET | <i>lamivudine/tenofovir disoproxil fumarate</i> | ADD TO FORMULARY | | Tier 5, 30 per 30 days |
| 1/1/2019 | XELJANZ 10 MG TABLET | <i>tofacitinib citrate</i> | ADD TO FORMULARY | | Tier 5, PA |
| 1/1/2019 | <i>Incassia 0.35mg tablet</i> | <i>norethindrone</i> | ADD TO FORMULARY | | Tier 2 |
| 1/1/2019 | <i>atazanavir sulfate</i> <i>150mg capsule</i> | <i>atazanavir sulfate</i> | ADD TO FORMULARY | | Tier 5 |
| 1/1/2019 | <i>atazanavir sulfate</i> <i>200mg capsule</i> | <i>atazanavir sulfate</i> | ADD TO FORMULARY | | Tier 5 |
| 1/1/2019 | <i>atazanavir sulfate</i> <i>300mg capsule</i> | <i>atazanavir sulfate</i> | ADD TO FORMULARY | | Tier 5 |
| 1/1/2019 | ALPHAGAN P 0.1% DROPS | <i>brimonidine tartrate</i> | ADD TO FORMULARY | | Tier 3 |

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UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

UPPER PENINSULA HEALTH PLAN MI HEALTH 5-TIER (H2161) Updates

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|----------|---|-----------------------------|----------------------------------|--------|------------|
| 1/1/2019 | AURYXIA 210 MG TABLET | <i>ferric citrate</i> | CHANGE UM: PA | | Tier 5, PA |
| 1/1/2019 | COTELLIC 20 MG TABLET | <i>cobimetinib fumarate</i> | CHANGE UM: REMOVE QUANTITY | | Tier 5, PA |
| 1/1/2019 | NORVIR 100 MG POWDER PACKET | <i>ritonavir</i> | CHANGE: TIER | Tier 5 | Tier 4 |
| 1/1/2019 | <i>duloxetine hcl DR</i> <i>40mg capsule</i> | <i>duloxetine hcl</i> | CHANGE: TIER | Tier 4 | Tier 2 |
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UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

January, 2019

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|---------------------|---------------------------|---------------------|----------------|-------------|
| 01/01/2019 | SPIRIVA RESPIMAT | <i>tiotropium bromide</i> | CHANGE UM: QUANTITY | 4 / 30 days | 8 / 28 DAYS |

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UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

February, 2019

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|----------------------------|--|------------------|----------------|--------------|
| 02/01/2019 | <i>abiraterone acetate</i> | <i>abiraterone acetate</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>azelaic acid</i> | <i>azelaic acid</i> | ADD TO FORMULARY | | Generics |
| 02/01/2019 | MEKTOVI | <i>binimetinib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | EPIDIOLEX | <i>cannabidiol (cbd) extract</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>clobazam</i> | <i>clobazam</i> | ADD TO FORMULARY | | Covered |
| 02/01/2019 | <i>clobazam</i> | <i>clobazam</i> | ADD TO FORMULARY | | Covered |
| 02/01/2019 | <i>clobazam</i> | <i>clobazam</i> | ADD TO FORMULARY | | Covered |
| 02/01/2019 | SYMTUZA | <i>darunavir eth/cobicistat/emtricitabine/enofovir alafenamide</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | SYMTUZA | <i>darunavir eth/cobicistat/emtricitabine/enofovir alafenamide</i> | ADD UM: QUANTITY | | 30 / 30 DAYS |
| 02/01/2019 | VIZIMPRO | <i>dacomitinib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | VIZIMPRO | <i>dacomitinib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | VIZIMPRO | <i>dacomitinib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>dalfampridine er</i> | <i>dalfampridine</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>dalfampridine er</i> | <i>dalfampridine</i> | ADD UM: QUANTITY | | 60 / 30 DAYS |
| 02/01/2019 | <i>daptomycin</i> | <i>daptomycin</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>desoximetasone</i> | <i>desoximetasone</i> | ADD TO FORMULARY | | Covered |
| 02/01/2019 | <i>dexamethasone</i> | <i>dexamethasone</i> | ADD TO FORMULARY | | Covered |
| 02/01/2019 | <i>dexamethasone</i> | <i>dexamethasone</i> | ADD TO FORMULARY | | Covered |
| 02/01/2019 | <i>dexamethasone</i> | <i>dexamethasone</i> | ADD TO FORMULARY | | Covered |

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UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|----------------------------|--|------------------|----------------|----------------|
| 02/01/2019 | PIFELTRO | <i>doravirine</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | DELSTRIGO | <i>doravirine/lamivudine/tenofovir disoproxil fumarate</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | DELSTRIGO | <i>doravirine/lamivudine/tenofovir disoproxil fumarate</i> | ADD UM: QUANTITY | | 30 / 30 DAYS |
| 02/01/2019 | <i>dorzolamide-timolol</i> | <i>dorzolamide hcl/timolol maleate/pf</i> | ADD TO FORMULARY | | Generics |
| 02/01/2019 | <i>mondoxyne nl</i> | <i>doxycycline monohydrate</i> | ADD TO FORMULARY | | Generics |
| 02/01/2019 | DUPIXENT | <i>dupilumab</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | DUPIXENT | <i>dupilumab</i> | ADD UM: QUANTITY | | 4.56 / 28 DAYS |
| 02/01/2019 | COPIKTRA | <i>duvelisib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | COPIKTRA | <i>duvelisib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | ORILISSA | <i>elagolix sodium</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | ORILISSA | <i>elagolix sodium</i> | ADD UM: QUANTITY | | 30 / 30 DAYS |
| 02/01/2019 | ORILISSA | <i>elagolix sodium</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | ORILISSA | <i>elagolix sodium</i> | ADD UM: QUANTITY | | 60 / 30 DAYS |
| 02/01/2019 | BRAFTOVI | <i>encorafenib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | BRAFTOVI | <i>encorafenib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>ertapenem</i> | <i>ertapenem sodium</i> | ADD TO FORMULARY | | Generics |
| 02/01/2019 | ZORTRESS | <i>everolimus</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | NIVESTYM | <i>filgrastim-aafi</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | NIVESTYM | <i>filgrastim-aafi</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>flac otic oil</i> | <i>fluocinolone acetonide oil</i> | ADD TO FORMULARY | | Generics |
| 02/01/2019 | <i>imiquimod</i> | <i>imiquimod</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | PANZYGA | <i>immune globulin,gamma(igg)-ifas human/glycine</i> | ADD TO FORMULARY | | Specialty |

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|----------------|------------------------------|---|------------------|----------------|---------------------|
| 02/01/2019 | PANZYGA | <i>immune globulin, gamma(igg)-ifas human/glycine</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | PANZYGA | <i>immune globulin, gamma(igg)-ifas human/glycine</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | PANZYGA | <i>immune globulin, gamma(igg)-ifas human/glycine</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | PANZYGA | <i>immune globulin, gamma(igg)-ifas human/glycine</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | PANZYGA | <i>immune globulin, gamma(igg)-ifas human/glycine</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>itraconazole</i> | <i>itraconazole</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | ORKAMBI | <i>lumacaftor/ivacaftor</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | ORKAMBI | <i>lumacaftor/ivacaftor</i> | ADD UM: QUANTITY | | 56 / 28 DAYS |
| 02/01/2019 | ORKAMBI | <i>lumacaftor/ivacaftor</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | ORKAMBI | <i>lumacaftor/ivacaftor</i> | ADD UM: QUANTITY | | 56 / 28 DAYS |
| 02/01/2019 | TIBSOVO | <i>ivosidenib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | TIBSOVO | <i>ivosidenib</i> | ADD UM: QUANTITY | | 60 / 30 DAYS |
| 02/01/2019 | <i>ketoprofen</i> | <i>ketoprofen</i> | ADD TO FORMULARY | | Generics |
| 02/01/2019 | <i>lactulose</i> | <i>lactulose</i> | ADD TO FORMULARY | | Generics |
| 02/01/2019 | TAKHZYRO | <i>lanadelumab-flyo</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>ledipasvir-sofosbuvir</i> | <i>ledipasvir/sofosbuvir</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>ledipasvir-sofosbuvir</i> | <i>ledipasvir/sofosbuvir</i> | ADD UM: QUANTITY | | 168 / 365 OVER TIME |

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UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|-------------------------------|-------------------------------|------------------|----------------|------------------|
| 02/01/2019 | LENVIMA | <i>lenvatinib mesylate</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | LENVIMA | <i>lenvatinib mesylate</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | LORBRENA | <i>lorlatinib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | LORBRENA | <i>lorlatinib</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | MULPLETA | <i>lusutrombopag</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>relexxii</i> | <i>methylphenidate hcl</i> | ADD TO FORMULARY | | Generics |
| 02/01/2019 | <i>relexxii</i> | <i>methylphenidate hcl</i> | ADD UM: QUANTITY | | 30 / 30 DAYS |
| 02/01/2019 | GALAFOLD | <i>migalastat hcl</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>morphine sulfate er</i> | <i>morphine sulfate</i> | ADD TO FORMULARY | | Covered |
| 02/01/2019 | XOLAIR | <i>omalizumab</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | XOLAIR | <i>omalizumab</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | NUPLAZID | <i>pimavanserin tartrate</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | NUPLAZID | <i>pimavanserin tartrate</i> | ADD UM: QUANTITY | | 30 / 30 DAYS |
| 02/01/2019 | NUPLAZID | <i>pimavanserin tartrate</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | NUPLAZID | <i>pimavanserin tartrate</i> | ADD UM: QUANTITY | | 30 / 30 DAYS |
| 02/01/2019 | YUPELRI | <i>revedfenacin</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | YUPELRI | <i>revedfenacin</i> | ADD UM: QUANTITY | | 90 / 30 DAYS |
| 02/01/2019 | TIGLUTIK | <i>riluzole</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | XARELTO | <i>rivaroxaban</i> | ADD TO FORMULARY | | Preferred Brands |
| 02/01/2019 | XARELTO | <i>rivaroxaban</i> | ADD UM: QUANTITY | | 60 / 30 DAYS |
| 02/01/2019 | <i>sofosbuvir-velpatasvir</i> | <i>sofosbuvir/velpatasvir</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>sofosbuvir-velpatasvir</i> | <i>sofosbuvir/velpatasvir</i> | ADD UM: QUANTITY | | 84 / 365 DAYS |
| 02/01/2019 | <i>sotalol</i> | <i>sotalol hcl</i> | ADD TO FORMULARY | | Generics |

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UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|------------------------------------|--|---------------------|----------------|-----------------------|
| 02/01/2019 | TALZENNA | <i>talazoparib tosylate</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | GRANIX | <i>tbo-filgrastim</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | GRANIX | <i>tbo-filgrastim</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>testosterone</i> | <i>testosterone</i> | ADD TO FORMULARY | | Preferred Brands |
| 02/01/2019 | <i>testosterone</i> | <i>testosterone</i> | ADD TO FORMULARY | | Preferred Brands |
| 02/01/2019 | <i>testosterone</i> | <i>testosterone</i> | ADD TO FORMULARY | | Preferred Brands |
| 02/01/2019 | XYOSTED | <i>testosterone enanthate</i> | ADD TO FORMULARY | | Covered |
| 02/01/2019 | XYOSTED | <i>testosterone enanthate</i> | ADD TO FORMULARY | | Covered |
| 02/01/2019 | XYOSTED | <i>testosterone enanthate</i> | ADD TO FORMULARY | | Covered |
| 02/01/2019 | ILUMYA | <i>tildrakizumab-asmn</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>vancomycin hcl</i> | <i>vancomycin hcl</i> | ADD TO FORMULARY | | Generics |
| 02/01/2019 | VELTASSA | <i>patiomer calcium sorbitex</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | VELTASSA | <i>patiomer calcium sorbitex</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | VELTASSA | <i>patiomer calcium sorbitex</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | NORVIR | <i>ritonavir</i> | CHANGE TIER | Covered | Preferred Brands |
| 02/01/2019 | STIOLTO RESPIMAT | <i>tiotropium bromide/olodaterol hcl</i> | CHANGE UM: QUANTITY | 4 / 30 days | 8 / 28 DAYS |
| 02/01/2019 | TALZENNA | <i>talazoparib tosylate</i> | ADD TO FORMULARY | | Specialty |
| 02/01/2019 | <i>sofosbuvir- velpatasvir</i> | <i>sofosbuvir/velpatasvir</i> | CHANGE UM: QUANTITY | 84 / 365 DAYS | 84 / 365 OVER TIME |

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UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

March, 2019

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|---------------------------------|---|------------------|----------------|------------------|
| 03/01/2019 | <i>hailey 24 fe</i> | <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> | ADD TO FORMULARY | | Generics |
| 03/01/2019 | <i>silodosin</i> | <i>silodosin</i> | ADD TO FORMULARY | | Preferred Brands |
| 03/01/2019 | <i>silodosin</i> | <i>silodosin</i> | ADD TO FORMULARY | | Preferred Brands |
| 03/01/2019 | TIROSINT | <i>levothyroxine sodium</i> | ADD TO FORMULARY | | Covered |
| 03/01/2019 | TIROSINT | <i>levothyroxine sodium</i> | ADD TO FORMULARY | | Covered |
| 03/01/2019 | <i>mafenide acetate</i> | <i>mafenide acetate</i> | ADD TO FORMULARY | | Covered |
| 03/01/2019 | <i>mesalamine</i> | <i>mesalamine</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | TEGSEDI | <i>inotersen sodium</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | UDENYCA | <i>pegfilgrastim-cbqv</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | VITRAKVI | <i>larotrectinib sulfate</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | VITRAKVI | <i>larotrectinib sulfate</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | VITRAKVI | <i>larotrectinib sulfate</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | XOSPATA | <i>gilteritinib fumarate</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | DAURISMO | <i>glasdegib maleate</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | DAURISMO | <i>glasdegib maleate</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | TOLSURA | <i>itraconazole</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | <i>butalbital-acetaminophen</i> | <i>butalbital/acetaminophen</i> | ADD UM: QUANTITY | | 180 / 30 DAYS |
| 03/01/2019 | LOKELMA | <i>sodium zirconium cyclosilicate</i> | ADD TO FORMULARY | | Covered |
| 03/01/2019 | LOKELMA | <i>sodium zirconium cyclosilicate</i> | ADD UM: QUANTITY | | 90 / 30 DAYS |

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|----------------|---|---------------------------------------|------------------|----------------|---------------|
| 03/01/2019 | LOKELMA | <i>sodium zirconium cyclosilicate</i> | ADD TO FORMULARY | | Covered |
| 03/01/2019 | LOKELMA | <i>sodium zirconium cyclosilicate</i> | ADD UM: QUANTITY | | 90 / 30 DAYS |
| 03/01/2019 | OXERVATE | <i>cenegermin-bkbj</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | OXERVATE | <i>cenegermin-bkbj</i> | ADD UM: QUANTITY | | 56 / 28 DAYS |
| 03/01/2019 | ACTEMRA ACTPEN | <i>tocilizumab</i> | ADD TO FORMULARY | | Specialty |
| 03/01/2019 | ACTEMRA ACTPEN | <i>tocilizumab</i> | ADD UM: QUANTITY | | 3.6 / 28 DAYS |
| 03/01/2019 | AIMOVIG AUTOINJECTOR ,AIMOVIG AUTOINJECTOR (2 PACK) | <i>erenumab-aooe</i> | ADD TO FORMULARY | | Covered |
| 03/01/2019 | AIMOVIG AUTOINJECTOR ,AIMOVIG AUTOINJECTOR (2 PACK) | <i>erenumab-aooe</i> | ADD UM: QUANTITY | | 2 / 30 DAYS |

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UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

April, 2019

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|-----------------------|---|------------------|----------------|---------------|
| 04/01/2019 | <i>tri-vylibra lo</i> | <i>norgestimate-ethinyl estradiol</i> | ADD TO FORMULARY | | Generics |
| 04/01/2019 | <i>pimecrolimus</i> | <i>pimecrolimus</i> | ADD TO FORMULARY | | Generics |
| 04/01/2019 | SYMPAZAN | <i>clobazam</i> | ADD TO FORMULARY | | Covered |
| 04/01/2019 | <i>nevirapine</i> | <i>nevirapine</i> | ADD TO FORMULARY | | Covered |
| 04/01/2019 | <i>albendazole</i> | <i>albendazole</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | FIRDAPSE | <i>amifampridine phosphate</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | FIRDAPSE | <i>amifampridine phosphate</i> | ADD UM: QUANTITY | | 240 / 30 DAYS |
| 04/01/2019 | ARISTADA INITIO | <i>aripiprazole lauroxil, submicronized</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | SYMPAZAN | <i>clobazam</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | SYMPAZAN | <i>clobazam</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | PROMACTA | <i>eltrombopag olamine</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | NUZYRA | <i>omadacycline tosylate</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | NUZYRA | <i>omadacycline tosylate</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | NUZYRA | <i>omadacycline tosylate</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | NUZYRA | <i>omadacycline tosylate</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | PERSERIS | <i>risperidone</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | PERSERIS | <i>risperidone</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | <i>alyq</i> | <i>tadalafil</i> | ADD TO FORMULARY | | Specialty |
| 04/01/2019 | <i>alyq</i> | <i>tadalafil</i> | ADD UM: QUANTITY | | 60 / 30 DAYS |

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs are lower-case italics.*

UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

May, 2019

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|---------------------------------|--|---------------------|----------------|------------------|
| 05/01/2019 | <i>tencon</i> | <i>butalbital/acetaminophen</i> | REMOVE UM: QUANTITY | 360 / 30 days | |
| 05/01/2019 | SYNJARDY XR | <i>empagliflozin/metformin hcl</i> | REMOVE UM: QUANTITY | 30 / 30 DAYS | |
| 05/01/2019 | SYNJARDY XR | <i>empagliflozin/metformin hcl</i> | REMOVE UM: QUANTITY | 60 / 30 DAYS | |
| 05/01/2019 | SYNJARDY XR | <i>empagliflozin/metformin hcl</i> | REMOVE UM: QUANTITY | 30 / 30 DAYS | |
| 05/01/2019 | SYNJARDY XR | <i>empagliflozin/metformin hcl</i> | REMOVE UM: QUANTITY | 60 / 30 DAYS | |
| 05/01/2019 | <i>butalbital-acetaminophen</i> | <i>butalbital/acetaminophen</i> | REMOVE UM: QUANTITY | 360 / 30 days | |
| 05/01/2019 | <i>butalbital-acetaminophen</i> | <i>butalbital/acetaminophen</i> | REMOVE UM: QUANTITY | 180 / 30 DAYS | |
| 05/01/2019 | <i>buprenorphine-naloxone</i> | <i>buprenorphine hcl/naloxone hcl</i> | ADD TO FORMULARY | | Generics |
| 05/01/2019 | <i>buprenorphine-naloxone</i> | <i>buprenorphine hcl/naloxone hcl</i> | ADD UM: QUANTITY | | 90 / 30 DAYS |
| 05/01/2019 | <i>jasmiel</i> | <i>ethinyl estradiol/drospirenone</i> | ADD TO FORMULARY | | Generics |
| 05/01/2019 | <i>sevelamer hcl</i> | <i>sevelamer hcl</i> | ADD TO FORMULARY | | Preferred Brands |
| 05/01/2019 | TRESIBA | <i>insulin degludec</i> | ADD TO FORMULARY | | Preferred Brands |
| 05/01/2019 | <i>wixela inhub</i> | <i>fluticasone propionate/salmeterol xinafoate</i> | ADD TO FORMULARY | | Preferred Brands |
| 05/01/2019 | <i>wixela inhub</i> | <i>fluticasone propionate/salmeterol xinafoate</i> | ADD UM: QUANTITY | | 60 / 30 DAYS |
| 05/01/2019 | <i>wixela inhub</i> | <i>fluticasone propionate/salmeterol xinafoate</i> | ADD TO FORMULARY | | Preferred Brands |

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs are lower-case italics.*

UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|-------------------------------|--|------------------|----------------|-------------------|
| 05/01/2019 | <i>wixela inhub</i> | <i>fluticasone propionate/salmeterol xinafoate</i> | ADD UM: QUANTITY | | 60 / 30 DAYS |
| 05/01/2019 | <i>wixela inhub</i> | <i>fluticasone propionate/salmeterol xinafoate</i> | ADD TO FORMULARY | | Preferred Brands |
| 05/01/2019 | <i>wixela inhub</i> | <i>fluticasone propionate/salmeterol xinafoate</i> | ADD UM: QUANTITY | | 60 / 30 DAYS |
| 05/01/2019 | XOFLUZA | <i>baloxavir marboxil</i> | ADD TO FORMULARY | | Preferred Brands |
| 05/01/2019 | XOFLUZA | <i>baloxavir marboxil</i> | ADD UM: QUANTITY | | 4 / 365 OVER TIME |
| 05/01/2019 | XOFLUZA | <i>baloxavir marboxil</i> | ADD TO FORMULARY | | Preferred Brands |
| 05/01/2019 | XOFLUZA | <i>baloxavir marboxil</i> | ADD UM: QUANTITY | | 4 / 365 OVER TIME |
| 05/01/2019 | <i>buprenorphine-naloxone</i> | <i>buprenorphine hcl/naloxone hcl</i> | ADD TO FORMULARY | | Covered |
| 05/01/2019 | <i>buprenorphine-naloxone</i> | <i>buprenorphine hcl/naloxone hcl</i> | ADD UM: QUANTITY | | 360 / 30 DAYS |
| 05/01/2019 | <i>buprenorphine-naloxone</i> | <i>buprenorphine hcl/naloxone hcl</i> | ADD TO FORMULARY | | Covered |
| 05/01/2019 | <i>buprenorphine-naloxone</i> | <i>buprenorphine hcl/naloxone hcl</i> | ADD UM: QUANTITY | | 180 / 30 DAYS |
| 05/01/2019 | <i>buprenorphine-naloxone</i> | <i>buprenorphine hcl/naloxone hcl</i> | ADD TO FORMULARY | | Covered |
| 05/01/2019 | <i>buprenorphine-naloxone</i> | <i>buprenorphine hcl/naloxone hcl</i> | ADD UM: QUANTITY | | 60 / 30 DAYS |
| 05/01/2019 | <i>acyclovir</i> | <i>acyclovir</i> | ADD TO FORMULARY | | Specialty |
| 05/01/2019 | <i>vigabatrin</i> | <i>vigabatrin</i> | ADD TO FORMULARY | | Specialty |
| 05/01/2019 | <i>toremifene citrate</i> | <i>toremifene citrate</i> | ADD TO FORMULARY | | Specialty |

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs are lower-case italics.*

UPHP Advantage (HMO) (H2161-002) and UPHP Choice (HMO) (H2161-003) Updates

| Effective Date | Brand Name | Generic Name | Type of Change | Previous Value | New Value |
|----------------|-------------------------------|-------------------------------|------------------|----------------|-----------|
| 05/01/2019 | <i>sirolimus</i> | <i>sirolimus</i> | ADD TO FORMULARY | | Specialty |
| 05/01/2019 | <i>halobetasol propionate</i> | <i>halobetasol propionate</i> | ADD TO FORMULARY | | Specialty |
| 05/01/2019 | <i>vigadrone</i> | <i>vigabatrin</i> | ADD TO FORMULARY | | Specialty |
| 05/01/2019 | INBRIJA | <i>levodopa</i> | ADD TO FORMULARY | | Specialty |

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