

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

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	ORLISSA	<i>elagolix sodium</i>	ADD TO FORMULARY		Specialty
02/01/2019	ORLISSA	<i>elagolix sodium</i>	ADD UM: QUANTITY		30 / 30 DAYS
02/01/2019	ORLISSA	<i>elagolix sodium</i>	ADD TO FORMULARY		Specialty
02/01/2019	ORLISSA	<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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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
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>patiromer calcium sorbitex</i>	ADD TO FORMULARY		Specialty
02/01/2019	VELTASSA	<i>patiromer calcium sorbitex</i>	ADD TO FORMULARY		Specialty
02/01/2019	VELTASSA	<i>patiromer 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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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
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

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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

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

June, 2019

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2019	<i>dexchlorpheniramine maleate</i>	<i>dexchlorpheniramine maleate</i>	CHANGE TIER	Covered	Generics
06/01/2019	<i>tarina 24 fe</i>	<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	ADD TO FORMULARY		Generics
06/01/2019	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD TO FORMULARY		Preferred Brands
06/01/2019	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: QUANTITY		60 / 30 DAYS
06/01/2019	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD TO FORMULARY		Preferred Brands
06/01/2019	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: QUANTITY		60 / 30 DAYS
06/01/2019	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD TO FORMULARY		Preferred Brands
06/01/2019	<i>fluticasone-salmeterol</i>	<i>fluticasone propionate/salmeterol xinafoate</i>	ADD UM: QUANTITY		60 / 30 DAYS
06/01/2019	<i>ranolazine er</i>	<i>ranolazine</i>	ADD TO FORMULARY		Preferred Brands
06/01/2019	<i>ranolazine er</i>	<i>ranolazine</i>	ADD TO FORMULARY		Preferred Brands
06/01/2019	IMVEXXY	<i>estradiol</i>	ADD TO FORMULARY		Preferred Brands
06/01/2019	IMVEXXY	<i>estradiol</i>	ADD TO FORMULARY		Preferred Brands
06/01/2019	IMVEXXY	<i>estradiol</i>	ADD TO FORMULARY		Preferred Brands

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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
06/01/2019	IMVEXXY	<i>estradiol</i>	ADD TO FORMULARY		Preferred Brands
06/01/2019	<i>aliskiren</i>	<i>aliskiren hemifumarate</i>	ADD TO FORMULARY		Covered
06/01/2019	<i>aliskiren</i>	<i>aliskiren hemifumarate</i>	ADD TO FORMULARY		Covered
06/01/2019	<i>ryclora</i>	<i>dexchlorpheniramine maleate</i>	ADD TO FORMULARY		Covered
06/01/2019	AIMOVIG AUTOINJECTOR	<i>erenumab-aooe</i>	ADD TO FORMULARY		Covered
06/01/2019	AIMOVIG AUTOINJECTOR	<i>erenumab-aooe</i>	ADD UM: QUANTITY		1 / 30 DAYS
06/01/2019	LOTEMAX SM	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Covered
06/01/2019	LOTEMAX SM	<i>loteprednol etabonate</i>	ADD UM: QUANTITY		20 / 365 OVER TIME
06/01/2019	INVELTYS	<i>loteprednol etabonate</i>	ADD TO FORMULARY		Covered
06/01/2019	TRANSDERM-SCOP	<i>scopolamine</i>	ADD TO FORMULARY		Covered
06/01/2019	CABLIVI	<i>caplacizumab-yhdp</i>	ADD TO FORMULARY		Specialty
06/01/2019	CABLIVI	<i>caplacizumab-yhdp</i>	ADD UM: QUANTITY		30 / 30 DAYS
06/01/2019	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD TO FORMULARY		Specialty
06/01/2019	NIVESTYM	<i>filgrastim-aafi</i>	ADD TO FORMULARY		Specialty
06/01/2019	DOVATO	<i>dolutegravir sodium/lamivudine</i>	ADD UM: QUANTITY		30 / 30 DAYS
06/01/2019	NIVESTYM	<i>filgrastim-aafi</i>	ADD TO FORMULARY		Specialty
06/01/2019	TREMFYA	<i>guselkumab</i>	ADD TO FORMULARY		Specialty
06/01/2019	<i>pyridostigmine bromide</i>	<i>pyridostigmine bromide</i>	ADD TO FORMULARY		Specialty
06/01/2019	PROGRAF	<i>tacrolimus</i>	ADD TO FORMULARY		Specialty
06/01/2019	PROGRAF	<i>tacrolimus</i>	ADD TO FORMULARY		Specialty

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