

Formulary Changes effective 1/1/2021:

Tier Changes:

Therapeutic category	Medication	Action
Asthma/COPD	Symbicort	Downtier from branded to generic tier
COPD: Triple Therapy	Trelegy	Downtier from non-preferred to preferred tier ; prior authorization removed
HIV – Initial Regimen	Dovato	Downtier from non-preferred specialty to preferred specialty tier
	Triumeq	Downtier from non-preferred specialty to preferred specialty tier
Breast Cancer	Ibrance	Downtier from non-preferred specialty to preferred specialty tier
	Verzenio	Downtier from non-preferred specialty to preferred specialty tier
Migraine	Nurtec	Downtier from non-preferred specialty to preferred specialty tier

New Benefit Coverage:

Therapeutic category	Medication	Status
Asthma/COPD	Breztri	Added to preferred tier

Medications removed from formulary:

Therapeutic category	Medication	Status	Preferred Medication
Breast Cancer	Kisqali	Excluded	Ibrance or Verzenio
Migraine	Ubrelvy	Excluded	Nurtec
	Reyvow	Excluded	Nurtec
Growth Hormone	Norditropin	Excluded	Genotropin

*Patients that have an active prior authorization for any of the above excluded medications, that authorization 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.