



**Pharmacy and Therapeutics Committee Decisions
June 17, 2016**

Type of Review	Drug/Therapeutic Class	P&T Decision				
New Medication	<p>Xuriden™ (uridine triacetate oral granules – Wellstat Therapeutics Corporation)</p> <table border="1" data-bbox="384 784 1318 987"> <thead> <tr> <th data-bbox="384 784 1026 873">Drug Name</th> <th data-bbox="1026 784 1318 873">Formulary Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="384 873 1026 987">Xuriden™ (uridine triacetate oral granules – Wellstat Therapeutics)</td> <td data-bbox="1026 873 1318 987">NF</td> </tr> </tbody> </table>	Drug Name	Formulary Status	Xuriden™ (uridine triacetate oral granules – Wellstat Therapeutics)	NF	<p>Recommendation</p> <p>1. Maintain non-formulary status of Xuriden</p> <p>Decision: Approved</p> <p>1) Tony 2) Putter</p>
Drug Name	Formulary Status					
Xuriden™ (uridine triacetate oral granules – Wellstat Therapeutics)	NF					
	<p>Vistogard® (uridine triacetate oral granules – BTG International Inc.)</p> <table border="1" data-bbox="384 1122 1325 1284"> <thead> <tr> <th data-bbox="384 1122 1026 1198">Drug Name</th> <th data-bbox="1026 1122 1325 1198">Formulary Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="384 1198 1026 1284">Vistogard® (uridine triacetate oral granules – BTG International)</td> <td data-bbox="1026 1198 1325 1284">NF</td> </tr> </tbody> </table>	Drug Name	Formulary Status	Vistogard® (uridine triacetate oral granules – BTG International)	NF	<p>Recommendation</p> <p>1. Change status to formulary with prior authorization</p> <p>Decision: Approved</p> <p>1) Tony 2) Erica</p>
Drug Name	Formulary Status					
Vistogard® (uridine triacetate oral granules – BTG International)	NF					
	Upravi® (selexipag tablets – Actelion)	Recommendation				

	<p>Pharmaceuticals US, Inc.)</p> <table border="1"> <thead> <tr> <th data-bbox="384 272 1215 347">Drug Name</th> <th data-bbox="1215 272 1472 347">Formulary Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="384 347 1215 386">Uptravi tablets (selexipag - Actelion)</td> <td data-bbox="1215 347 1472 386">NF</td> </tr> <tr> <td data-bbox="384 386 1215 456">Flolan; Veletri IV infusion (epoprostenol – GlaxoSmithKline; Actelion)</td> <td data-bbox="1215 386 1472 456">F</td> </tr> <tr> <td data-bbox="384 456 1215 526">Tyvaso inhalation solution (treprostinil – United Therapeutics)</td> <td data-bbox="1215 456 1472 526">NF</td> </tr> <tr> <td data-bbox="384 526 1215 596">Remodulin IV or subcutaneous infusion (treprostinil – United Therapeutics)</td> <td data-bbox="1215 526 1472 596">NF</td> </tr> <tr> <td data-bbox="384 596 1215 665">Orenitram ER tablet (treprostinil – United Therapeutics)</td> <td data-bbox="1215 596 1472 665">NF</td> </tr> <tr> <td data-bbox="384 665 1215 732">Ventavis inhalation solution (iloprost - Actelion)</td> <td data-bbox="1215 665 1472 732">F</td> </tr> </tbody> </table>	Drug Name	Formulary Status	Uptravi tablets (selexipag - Actelion)	NF	Flolan; Veletri IV infusion (epoprostenol – GlaxoSmithKline; Actelion)	F	Tyvaso inhalation solution (treprostinil – United Therapeutics)	NF	Remodulin IV or subcutaneous infusion (treprostinil – United Therapeutics)	NF	Orenitram ER tablet (treprostinil – United Therapeutics)	NF	Ventavis inhalation solution (iloprost - Actelion)	F	<p>1. Retain non-formulary status with attached criteria for coverage</p> <p>Decision: Approved 1) Erica 2) Jamie</p>
Drug Name	Formulary Status															
Uptravi tablets (selexipag - Actelion)	NF															
Flolan; Veletri IV infusion (epoprostenol – GlaxoSmithKline; Actelion)	F															
Tyvaso inhalation solution (treprostinil – United Therapeutics)	NF															
Remodulin IV or subcutaneous infusion (treprostinil – United Therapeutics)	NF															
Orenitram ER tablet (treprostinil – United Therapeutics)	NF															
Ventavis inhalation solution (iloprost - Actelion)	F															
	<p>Alecensa® (alectinib capsules – Genentech)</p> <table border="1"> <thead> <tr> <th data-bbox="384 764 1203 803">Drug Name</th> <th data-bbox="1203 764 1457 803">Formulary Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="384 803 1203 873">Alecensa® (alectinib capsules – Genentech)</td> <td data-bbox="1203 803 1457 873">NF</td> </tr> <tr> <td data-bbox="384 873 1203 943">Zykadia (ceritinib capsules – Novartis)</td> <td data-bbox="1203 873 1457 943">NF</td> </tr> <tr> <td data-bbox="384 943 1203 974">Xalkori (crizotinib capsules - Pfizer)</td> <td data-bbox="1203 943 1457 974">F [PA]</td> </tr> </tbody> </table>	Drug Name	Formulary Status	Alecensa® (alectinib capsules – Genentech)	NF	Zykadia (ceritinib capsules – Novartis)	NF	Xalkori (crizotinib capsules - Pfizer)	F [PA]	<p>Recommendation</p> <ol style="list-style-type: none"> 1. Retain non-formulary with formulary coverage criteria status of Alecensa 2. Retain non-formulary with formulary coverage review status of Zykadia 3. Retain current formulary status for the remaining drugs <p>Decision: Approved 1) Putter 2) Tony</p>						
Drug Name	Formulary Status															
Alecensa® (alectinib capsules – Genentech)	NF															
Zykadia (ceritinib capsules – Novartis)	NF															
Xalkori (crizotinib capsules - Pfizer)	F [PA]															

	Imbruvica™ (ibrutinib capsules – Pharmacyclics/Janssen Biotech)		Recommendation 1. Change Imbruvica from non-formulary to formulary with the attached prior authorization 2. Retain the current formulary status for the remaining drugs. Decision: Hold until November P&T												
	<table border="1"> <thead> <tr> <th data-bbox="384 305 1241 423">Drug Name</th> <th data-bbox="1241 305 1472 423">Formulary Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="384 423 1241 461">Imbruvica™ (ibrutinib capsules – Pharmacyclics/Janssen Biotech)</td> <td data-bbox="1241 423 1472 461">NF</td> </tr> <tr> <td data-bbox="384 461 1241 498">Zydelig (idelalisib tablets - Gilead)</td> <td data-bbox="1241 461 1472 498">NF</td> </tr> </tbody> </table>	Drug Name	Formulary Status	Imbruvica™ (ibrutinib capsules – Pharmacyclics/Janssen Biotech)	NF	Zydelig (idelalisib tablets - Gilead)	NF								
Drug Name	Formulary Status														
Imbruvica™ (ibrutinib capsules – Pharmacyclics/Janssen Biotech)	NF														
Zydelig (idelalisib tablets - Gilead)	NF														
	Taltz® (ixekizumab for subcutaneous injection – Eli Lilly and Company)		Recommendation 1. Retain non-formulary status of Taltz and add attached FCR criteria 2. Retain the current formulary status for the remaining drugs Decision: Approved 1) Tony 2) Erica												
	<table border="1"> <tbody> <tr> <td data-bbox="384 709 1335 776">Enbrel® (etanercept for SC injection - Amgen)</td> <td data-bbox="1335 709 1451 776">F [PA]</td> </tr> <tr> <td data-bbox="384 776 1335 846">Humira® (adalimumab for SC injection - AbbVie)</td> <td data-bbox="1335 776 1451 846">F [PA]</td> </tr> <tr> <td data-bbox="384 846 1335 915">Simponi® (golimumab for SC injection - Janssen)</td> <td data-bbox="1335 846 1451 915">NF</td> </tr> <tr> <td data-bbox="384 915 1335 985">Stelara® (ustekinumab for SC injection - Janssen)</td> <td data-bbox="1335 915 1451 985">NF</td> </tr> <tr> <td data-bbox="384 985 1335 1055">IV Remicade® (infliximab recombinant for IV injection - Janssen)</td> <td data-bbox="1335 985 1451 1055">F</td> </tr> <tr> <td data-bbox="384 1055 1335 1114">PO Otezla® (apremilast tablets – Celgene)</td> <td data-bbox="1335 1055 1451 1114">NF</td> </tr> </tbody> </table>	Enbrel® (etanercept for SC injection - Amgen)	F [PA]	Humira® (adalimumab for SC injection - AbbVie)	F [PA]	Simponi® (golimumab for SC injection - Janssen)	NF	Stelara® (ustekinumab for SC injection - Janssen)	NF	IV Remicade® (infliximab recombinant for IV injection - Janssen)	F	PO Otezla® (apremilast tablets – Celgene)	NF		
Enbrel® (etanercept for SC injection - Amgen)	F [PA]														
Humira® (adalimumab for SC injection - AbbVie)	F [PA]														
Simponi® (golimumab for SC injection - Janssen)	NF														
Stelara® (ustekinumab for SC injection - Janssen)	NF														
IV Remicade® (infliximab recombinant for IV injection - Janssen)	F														
PO Otezla® (apremilast tablets – Celgene)	NF														
Therapeutic Summary Class Review															
	Oral Antihistamines and Antihistamine-Decongestants		Recommendation 1. Move cetirizine chewable												
	<table border="1"> <thead> <tr> <th data-bbox="384 1286 1266 1351">Drug Name</th> <th data-bbox="1266 1286 1436 1351">Formulary Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="384 1286 1266 1351"></td> <td data-bbox="1266 1286 1436 1351"></td> </tr> </tbody> </table>	Drug Name	Formulary Status												
Drug Name	Formulary Status														

ANTI-HISTAMINES:		<p>tablets (generics) to non-formulary with FCR criteria</p> <p>2. Retain all formulary status for oral antihistamine and antihistamine-decongestants.</p> <p>Decision: Approved</p> <ol style="list-style-type: none"> 1) Erica 2) Jamie
cetirizine tablets (generics)	F	
cetirizine chewable tablets (generics)	F	
cetirizine syrup (generics)	F	
fexofenadine tablets (generics)	F (PA)	
fexofenadine oral suspension (generic)	NF	
desloratadine tablets (generic)	NF	
Clarinet [®] (desloratadine syrup – Schering-Plough)	NF	
Clarinet [®] Reditabs [®] (desloratadine orally disintegrating tablets – Schering-Plough)	NF	
levocetirizine tablets (generic)	F	
Xyzal [®] (levocetirizine tablets and oral solution – UCB/sanofi-aventis, generics [tablets only])	NF	
loratadine tablets, chewable tablets, rapidly disintegrating tablets, and syrup (generics)	F	
ANTI-HISTAMINE –DECONGESTANTS:		
Rynatan [®] (chlorpheniramine tannate/phenylephrine tannate tablets, chewable tablets, suspension – Meda, generics)	NF	
Allegra-D [®] 12 Hour (fexofenadine/pseudoephedrine [60/120 mg] extended-release tablets OTC and Rx – sanofi-aventis, generics [Rx only])	NF	
Allegra-D [®] 24 Hour (fexofenadine/pseudoephedrine [180/240 mg] extended-release tablets OTC and Rx – sanofi-aventis, generics)	NF	
Clarinet-D [®] 12-Hour (desloratadine/pseudoephedrine [2.5/120 mg] extended-release tablets – Schering-Plough)	NF	
Clarinet-D [®] 24-Hour (desloratadine/pseudoephedrine [5/240 mg] extended-release tablets – Schering-Plough)	NF	
Zyrtec-D (cetirizine/pseudoephedrine extended-release tablets OTC – McNeil, generics)	NF	
Claritin-D [®] 12-Hour and Claritin-D [®] 24 Hour (loratadine/pseudoephedrine extended-release tablets OTC –	NF	

	Schering-Plough, Alavert™ Allergy-Sinus Tab – Wyeth Consumer Healthcare, other generics)		
	Long-Acting Muscarinic Antagonist (LAMA) Inhalers		Recommendation
	Drug Name	Formulary Status	1. Add Incruse Ellipta to the formulary 2. Add Respimat to the formulary 3. Retain formulary status of all other long acting anticholinergic inhalers Decision: Approved 1) Erica 2) Putter
	umeclidinium inhalation powder (Incruse Ellipta® - GlaxoSmithKline)	NF	
	Tiotropium bromide inhalation powder (Spiriva Handihaler® - Boehringer Ingelheim Pharmaceuticals, Inc.)	F	
	Tiotropium bromide inhalation spray (Spiriva Respimat® - Boehringer Ingelheim Pharmaceuticals, Inc.)	NF	
	Aclidinium bromide inhalation powder (Tudorza Pressair® - Forest/Almirall)	F	
	Glycopyrrolate inhalation powder (Seebri™ Neohaler® Novartis)	NF	
	LAMA/ LABA Combination Inhalers		Recommendation
	Drug Name	Formulary Status	1. Add Anoro Ellipta to formulary 2. Add ST criteria to Stiolto Respimat for trial and failure of Anoro Ellipta Decision: Approved 1) Jamie 2) Erica
	Anoro® Ellipta® (umeclidinium and vilanterol inhalation powder – GlaxoSmithKline)	NF	
	Stiolto™ Respimat® (tiotropium bromide and olodaterol inhalation spray – Boehringer Ingelheim)	NF	
	Utibron™ Neohaler® (indacaterol and glycopyrrolate inhalation powder – Novartis)	NF	
	Long-Acting Inhaled Beta-Agonists		Recommendation
	Drug Name	Formulary	

	<table border="1"> <thead> <tr> <th data-bbox="386 240 1188 272"></th> <th data-bbox="1188 240 1402 272">Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="386 272 1188 342">indacaterol inhalation powder (Arcapta Neohaler® - Novartis)</td> <td data-bbox="1188 272 1402 342">NF</td> </tr> <tr> <td data-bbox="386 342 1188 412">formoterol fumarate inhalation powder (Foradil Aerolizer® - Merck)</td> <td data-bbox="1188 342 1402 412">F (PA)</td> </tr> <tr> <td data-bbox="386 412 1188 482">salmeterol xinafoate inhalation powder (Serevent Diskus® - GlaxoSmithKline)</td> <td data-bbox="1188 412 1402 482">F (PA)</td> </tr> <tr> <td data-bbox="386 482 1188 552">olodaterol inhalation spray (Striverdi Respimat® - Boehringer Ingelheim)</td> <td data-bbox="1188 482 1402 552">NF</td> </tr> <tr> <td data-bbox="386 552 1188 584">Arformoterol nebulization solution (Brovana® - Sunovion)</td> <td data-bbox="1188 552 1402 584">F</td> </tr> </tbody> </table>		Status	indacaterol inhalation powder (Arcapta Neohaler® - Novartis)	NF	formoterol fumarate inhalation powder (Foradil Aerolizer® - Merck)	F (PA)	salmeterol xinafoate inhalation powder (Serevent Diskus® - GlaxoSmithKline)	F (PA)	olodaterol inhalation spray (Striverdi Respimat® - Boehringer Ingelheim)	NF	Arformoterol nebulization solution (Brovana® - Sunovion)	F	<p>1. Add olodaterol inhalation spray (Striverdi Respimat) to formulary with prior authorization criteria.</p> <p>2. Add prior authorization criteria to restrict the use of arformoterol nebulization solution (Brovana).</p> <p>3. Move Serevent to non-formulary status</p> <p>4. Require use of combination LABA/LAMA inhaler for members on LABA and LAMA single-entity.</p> <p>Decision: Approved 1) Erica 2) Putter</p>		
	Status															
indacaterol inhalation powder (Arcapta Neohaler® - Novartis)	NF															
formoterol fumarate inhalation powder (Foradil Aerolizer® - Merck)	F (PA)															
salmeterol xinafoate inhalation powder (Serevent Diskus® - GlaxoSmithKline)	F (PA)															
olodaterol inhalation spray (Striverdi Respimat® - Boehringer Ingelheim)	NF															
Arformoterol nebulization solution (Brovana® - Sunovion)	F															
	<p>Short-Acting Inhaled Beta2-Agonists</p> <table border="1"> <thead> <tr> <th data-bbox="386 1045 1157 1115">Drug Name</th> <th data-bbox="1157 1045 1386 1115">Formulary Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="386 1115 1157 1148">albuterol inhalation aerosol (ProAir® HFA – Teva)</td> <td data-bbox="1157 1115 1386 1148">F</td> </tr> <tr> <td data-bbox="386 1148 1157 1180">albuterol inhalation powder (ProAir® Respiclick – Teva)</td> <td data-bbox="1157 1148 1386 1180">NF</td> </tr> <tr> <td data-bbox="386 1180 1157 1213">albuterol inhalation aerosol (Proventil® HFA – Merck)</td> <td data-bbox="1157 1180 1386 1213">NF</td> </tr> <tr> <td data-bbox="386 1213 1157 1245">albuterol inhalation nebulizer solution (generics)</td> <td data-bbox="1157 1213 1386 1245">F</td> </tr> <tr> <td data-bbox="386 1245 1157 1278">albuterol oral syrup (generics)</td> <td data-bbox="1157 1245 1386 1278">F</td> </tr> <tr> <td data-bbox="386 1278 1157 1357">albuterol inhalation aerosol (Ventolin® HFA – GlaxoSmithKline)</td> <td data-bbox="1157 1278 1386 1357">F</td> </tr> </tbody> </table>	Drug Name	Formulary Status	albuterol inhalation aerosol (ProAir® HFA – Teva)	F	albuterol inhalation powder (ProAir® Respiclick – Teva)	NF	albuterol inhalation aerosol (Proventil® HFA – Merck)	NF	albuterol inhalation nebulizer solution (generics)	F	albuterol oral syrup (generics)	F	albuterol inhalation aerosol (Ventolin® HFA – GlaxoSmithKline)	F	<p>Recommendation</p> <p>1. Add ProAir Respiclick to formulary</p> <p>2. Move Ventolin HFA to non-formulary</p> <p>3. Retain current formulary status for all other short-acting inhaled beta2-agonists.</p>
Drug Name	Formulary Status															
albuterol inhalation aerosol (ProAir® HFA – Teva)	F															
albuterol inhalation powder (ProAir® Respiclick – Teva)	NF															
albuterol inhalation aerosol (Proventil® HFA – Merck)	NF															
albuterol inhalation nebulizer solution (generics)	F															
albuterol oral syrup (generics)	F															
albuterol inhalation aerosol (Ventolin® HFA – GlaxoSmithKline)	F															

	<table border="1"> <tr> <td data-bbox="386 238 1157 310">levalbuterol inhalation aerosol (Xopenex® HFA – Sunovion)</td> <td data-bbox="1157 238 1386 310">NF</td> </tr> <tr> <td data-bbox="386 310 1157 378">levalbuterol inhalation nebulizer solution (Xopenex® - Akorn)</td> <td data-bbox="1157 310 1386 378">F (NP)</td> </tr> </table>	levalbuterol inhalation aerosol (Xopenex® HFA – Sunovion)	NF	levalbuterol inhalation nebulizer solution (Xopenex® - Akorn)	F (NP)		Decision: Approved 1) Erica 2) Tony																				
levalbuterol inhalation aerosol (Xopenex® HFA – Sunovion)	NF																										
levalbuterol inhalation nebulizer solution (Xopenex® - Akorn)	F (NP)																										
	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="386 440 1472 475">Inhaled Corticosteroids (ICS)</th> </tr> <tr> <th data-bbox="386 475 1241 547">Drug Name</th> <th data-bbox="1241 475 1472 547">Formulary Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="386 547 1241 615">fluticasone furoate inhalation powder (Arnuity™ Ellipta® - GlaxoSmithKline)</td> <td data-bbox="1241 547 1472 615">NF</td> </tr> <tr> <td data-bbox="386 615 1241 651">beclomethasone HFA inhalation aerosol (QVAR® – Teva)</td> <td data-bbox="1241 615 1472 651">F</td> </tr> <tr> <td data-bbox="386 651 1241 686">budesonide inhalation suspension (generic)</td> <td data-bbox="1241 651 1472 686">F</td> </tr> <tr> <td data-bbox="386 686 1241 755">budesonide inhalation powder (Pulmicort® Flexhaler – AstraZeneca)</td> <td data-bbox="1241 686 1472 755">F</td> </tr> <tr> <td data-bbox="386 755 1241 790">ciclesonide inhalation aerosol (Alvesco® – Sunovion)</td> <td data-bbox="1241 755 1472 790">NF</td> </tr> <tr> <td data-bbox="386 790 1241 826">flunisolide HFA inhalation aerosol (Aerospan® – Acton)</td> <td data-bbox="1241 790 1472 826">F-NP</td> </tr> <tr> <td data-bbox="386 826 1241 894">fluticasone HFA inhalation aerosol (Flovent® HFA – GlaxoSmithKline)</td> <td data-bbox="1241 826 1472 894">F</td> </tr> <tr> <td data-bbox="386 894 1241 963">fluticasone inhalation powder (Flovent® Diskus – GlaxoSmithKline)</td> <td data-bbox="1241 894 1472 963">F</td> </tr> <tr> <td data-bbox="386 963 1241 998">mometasone HFA inhalation aerosol (Asmanex® HFA - Merck)</td> <td data-bbox="1241 963 1472 998">F-NP</td> </tr> <tr> <td data-bbox="386 998 1241 1029">mometasone inhalation powder (Asmanex® Twisthaler – Merck)</td> <td data-bbox="1241 998 1472 1029">F-NP</td> </tr> </tbody> </table>	Inhaled Corticosteroids (ICS)		Drug Name	Formulary Status	fluticasone furoate inhalation powder (Arnuity™ Ellipta® - GlaxoSmithKline)	NF	beclomethasone HFA inhalation aerosol (QVAR® – Teva)	F	budesonide inhalation suspension (generic)	F	budesonide inhalation powder (Pulmicort® Flexhaler – AstraZeneca)	F	ciclesonide inhalation aerosol (Alvesco® – Sunovion)	NF	flunisolide HFA inhalation aerosol (Aerospan® – Acton)	F-NP	fluticasone HFA inhalation aerosol (Flovent® HFA – GlaxoSmithKline)	F	fluticasone inhalation powder (Flovent® Diskus – GlaxoSmithKline)	F	mometasone HFA inhalation aerosol (Asmanex® HFA - Merck)	F-NP	mometasone inhalation powder (Asmanex® Twisthaler – Merck)	F-NP		Recommendation 1. Add Arnuity Ellipta to formulary 2. Change Flovent HFA to formulary with prior authorization 3. Retain formulary status of all other inhaled corticosteroids Decision: Approved 1) Putter 2) Jamie
Inhaled Corticosteroids (ICS)																											
Drug Name	Formulary Status																										
fluticasone furoate inhalation powder (Arnuity™ Ellipta® - GlaxoSmithKline)	NF																										
beclomethasone HFA inhalation aerosol (QVAR® – Teva)	F																										
budesonide inhalation suspension (generic)	F																										
budesonide inhalation powder (Pulmicort® Flexhaler – AstraZeneca)	F																										
ciclesonide inhalation aerosol (Alvesco® – Sunovion)	NF																										
flunisolide HFA inhalation aerosol (Aerospan® – Acton)	F-NP																										
fluticasone HFA inhalation aerosol (Flovent® HFA – GlaxoSmithKline)	F																										
fluticasone inhalation powder (Flovent® Diskus – GlaxoSmithKline)	F																										
mometasone HFA inhalation aerosol (Asmanex® HFA - Merck)	F-NP																										
mometasone inhalation powder (Asmanex® Twisthaler – Merck)	F-NP																										
	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="386 1029 1472 1065">Treatment of Idiopathic Pulmonary Fibrosis</th> </tr> <tr> <th data-bbox="386 1065 1077 1136">Drug Name</th> <th data-bbox="1077 1065 1472 1136">Formulary Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="386 1136 1077 1172">Esbriet® (pirfenidone capsules – InterMune)</td> <td data-bbox="1077 1136 1472 1172">NF</td> </tr> <tr> <td data-bbox="386 1172 1077 1240">Ofev® (nintedanib-Boehringer Ingelheim Pharmaceuticals)</td> <td data-bbox="1077 1172 1472 1240">NF</td> </tr> </tbody> </table>	Treatment of Idiopathic Pulmonary Fibrosis		Drug Name	Formulary Status	Esbriet® (pirfenidone capsules – InterMune)	NF	Ofev® (nintedanib-Boehringer Ingelheim Pharmaceuticals)	NF		Recommendation 1. Retain current formulary statuses for all medications for the treatment of idiopathic pulmonary fibrosis. Decision: Approved																
Treatment of Idiopathic Pulmonary Fibrosis																											
Drug Name	Formulary Status																										
Esbriet® (pirfenidone capsules – InterMune)	NF																										
Ofev® (nintedanib-Boehringer Ingelheim Pharmaceuticals)	NF																										

		1) Tony 2) Putter												
	<p>Pulmonary Anti-Inflammatory Beta2 Agonist Combo Inhalers</p> <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Formulary Status</th> </tr> </thead> <tbody> <tr> <td>Advair Diskus[®] (fluticasone propionate and salmeterol inhalation powder – GlaxoSmithKline)</td> <td>F (PA)</td> </tr> <tr> <td>Advair[®] HFA (fluticasone propionate and salmeterol inhalation aerosol – GlaxoSmithKline)</td> <td>F (PA)</td> </tr> <tr> <td>Breo[®] Ellipta[®] (fluticasone furoate and vilanterol inhalation powder – GlaxoSmithKline)</td> <td>F (NP)</td> </tr> <tr> <td>Dulera[®] (mometasone furoate and formoterol fumarate dihydrate inhalation aerosol – Merck)</td> <td>NF</td> </tr> <tr> <td>Symbicort[®] (budesonide and formoterol fumarate dihydrate inhalation aerosol – AstraZeneca)</td> <td>F (PA)</td> </tr> </tbody> </table>	Drug Name	Formulary Status	Advair Diskus [®] (fluticasone propionate and salmeterol inhalation powder – GlaxoSmithKline)	F (PA)	Advair [®] HFA (fluticasone propionate and salmeterol inhalation aerosol – GlaxoSmithKline)	F (PA)	Breo [®] Ellipta [®] (fluticasone furoate and vilanterol inhalation powder – GlaxoSmithKline)	F (NP)	Dulera [®] (mometasone furoate and formoterol fumarate dihydrate inhalation aerosol – Merck)	NF	Symbicort [®] (budesonide and formoterol fumarate dihydrate inhalation aerosol – AstraZeneca)	F (PA)	<p>Recommendation</p> <p>1. Alter PA criteria for all pulmonary anti-inflammatory Beta2 agonist combo inhalers to steer providers toward Advair Diskus</p> <p>2. Change Breo Ellipta from formulary non-preferred to formulary with prior authorization</p> <p>3. Change Dulera from non-formulary to formulary with prior authorization</p> <p>4. Retain formulary status of all other medications</p> <p>Decision: Approved</p> <p>1) Jamie 2) Erica</p>
Drug Name	Formulary Status													
Advair Diskus [®] (fluticasone propionate and salmeterol inhalation powder – GlaxoSmithKline)	F (PA)													
Advair [®] HFA (fluticasone propionate and salmeterol inhalation aerosol – GlaxoSmithKline)	F (PA)													
Breo [®] Ellipta [®] (fluticasone furoate and vilanterol inhalation powder – GlaxoSmithKline)	F (NP)													
Dulera [®] (mometasone furoate and formoterol fumarate dihydrate inhalation aerosol – Merck)	NF													
Symbicort [®] (budesonide and formoterol fumarate dihydrate inhalation aerosol – AstraZeneca)	F (PA)													
	<p>Inhaled Antibiotics for Pseudomonas Infections in Cystic Fibrosis</p> <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Formulary Status</th> </tr> </thead> <tbody> <tr> <td>tobramycin for inhalation solution (generics)</td> <td>F</td> </tr> </tbody> </table>	Drug Name	Formulary Status	tobramycin for inhalation solution (generics)	F	<p>Recommendation</p> <p>1. Remove step therapy from aztreonam</p>								
Drug Name	Formulary Status													
tobramycin for inhalation solution (generics)	F													

	aztreonam for inhalation solution (Cayston® - Gilead Sciences)	F [ST]	Decision: Approved 1) Tony 2) Putter
	tobramycin inhalation powder (TOBI Podhaler® - Novartis)	NF	
	tobramycin for inhalation solution (Bethkis® - Cornerstone/Catalent)	NF	
	tobramycin inhalation solution (Kitabis™ Pak – Catalent Pharma Solutions)	NF	
	Leukotriene Pathway Inhibitors		Recommendation 1. Change Zyflo CR from formulary with prior authorization to non-formulary 2. Change zafirlukast from formulary non-preferred to formulary with prior authorization 3. Change montelukast granules from formulary to formulary with prior authorization criteria Decision: Approved 1) Putter 2) Erica Recommendation
	Drug Name	Formulary Status	
	montelukast oral tablet (generics)	F	
	Brand-name montelukast (Singulair – Merck Sharp & Dohme)	NF	
	montelukast granules (generics)	F	
	montelukast chewable tablets (generics)	F	
	zafirlukast (generics)	F (NP)	
	zileuton extended-release tablet(Zyflo CR® - Cornerstone Therapeutics)	F (PA)	
	zileuton oral tablet(Zyflo® - Cornerstone Therapeutics)	NF	
	Topical Immunomodulators		
	Drug Name	Formulary Status	
	Elidel® (pimecrolimus 1% cream – Valeant)	F [ST]	
	Protopic® (tacrolimus 0.03% and 0.1% ointment – Astellas, generics)	NF	

		<p>1. Change generic tacrolimus ointment to formulary w/ step therapy</p> <p>Decision: Approved 1) Tony 2) Putter</p>														
	<p>Vitamin D Analogues – Oral and Injectable</p> <table border="1" data-bbox="384 574 1215 821"> <thead> <tr> <th>Drug Name</th> <th>Formulary Status</th> </tr> </thead> <tbody> <tr> <td>calcitriol capsules (generics)</td> <td>F</td> </tr> <tr> <td>calcitriol oral solution (generics)</td> <td>NF</td> </tr> <tr> <td>calcitriol injection (generics)</td> <td>NF [medical]</td> </tr> <tr> <td>doxercalciferol capsules (generics)</td> <td>NF</td> </tr> <tr> <td>doxercalciferol injection (generics)</td> <td>F</td> </tr> <tr> <td>paricalcitol capsules and injection (generics)</td> <td>NF</td> </tr> </tbody> </table>	Drug Name	Formulary Status	calcitriol capsules (generics)	F	calcitriol oral solution (generics)	NF	calcitriol injection (generics)	NF [medical]	doxercalciferol capsules (generics)	NF	doxercalciferol injection (generics)	F	paricalcitol capsules and injection (generics)	NF	<p>Recommendation</p> <p>1. Change calcitriol oral solution to formulary w/ PA criteria</p> <p>2. Keep the current formulary status for the remaining drugs</p> <p>Decision: Approved 1) Erica 2) Jamie</p>
Drug Name	Formulary Status															
calcitriol capsules (generics)	F															
calcitriol oral solution (generics)	NF															
calcitriol injection (generics)	NF [medical]															
doxercalciferol capsules (generics)	NF															
doxercalciferol injection (generics)	F															
paricalcitol capsules and injection (generics)	NF															
	<p>Vitamin D Analogues – Topical</p> <table border="1" data-bbox="384 1011 1388 1224"> <thead> <tr> <th>Drug Name</th> <th>Formulary Status</th> </tr> </thead> <tbody> <tr> <td>calcipotriene topical solution (generics)</td> <td>F</td> </tr> <tr> <td>calcipotriene ointment (generics)</td> <td>NF</td> </tr> <tr> <td>calcipotriene cream (generics)</td> <td>F</td> </tr> <tr> <td>calcipotriene/betamethasone dipropionate foam (generics)</td> <td>NF</td> </tr> <tr> <td>calcitriol ointment (generics)</td> <td>NF</td> </tr> </tbody> </table>	Drug Name	Formulary Status	calcipotriene topical solution (generics)	F	calcipotriene ointment (generics)	NF	calcipotriene cream (generics)	F	calcipotriene/betamethasone dipropionate foam (generics)	NF	calcitriol ointment (generics)	NF	<p>Recommendation</p> <p>1. Calcipotriene ointment to formulary</p> <p>2. Change calcipotriene cream from formulary to formulary with prior authorization</p> <p>Decision:</p>		
Drug Name	Formulary Status															
calcipotriene topical solution (generics)	F															
calcipotriene ointment (generics)	NF															
calcipotriene cream (generics)	F															
calcipotriene/betamethasone dipropionate foam (generics)	NF															
calcitriol ointment (generics)	NF															

		<p>Approved</p> <p>1) Putter 2) Tony</p>																																		
	<p>Benign Prostatic Hyperplasia</p> <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Formulary Status</th> </tr> </thead> <tbody> <tr> <td>Alfuzosin ER tablets (generics)</td> <td>F [PA]</td> </tr> <tr> <td>Avodart™ (dutasteride capsules – GlaxoSmithKline, generics)</td> <td>NF</td> </tr> <tr> <td>Cardura® (doxazosin mesylate tablets – Pfizer, generics)</td> <td>NF</td> </tr> <tr> <td>Cardura® XL (doxazosin mesylate extended-release tablets – Pfizer)</td> <td>NF</td> </tr> <tr> <td>doxazosin mesylate tablets (generics)</td> <td>F [QL]</td> </tr> <tr> <td>dutasteride capsules (generics)</td> <td>F</td> </tr> <tr> <td>dutasteride/tamsulosin capsules (generics)</td> <td>NF</td> </tr> <tr> <td>finasteride tablets (generics)</td> <td>F</td> </tr> <tr> <td>Flomax® (tamsulosin tablets – Boehringer Ingelheim)</td> <td>NF</td> </tr> <tr> <td>Hytrin® (terazosin tablets – Abbott)</td> <td>NF</td> </tr> <tr> <td>Jalyn™ (dutasteride/tamsulosin capsules – GlaxoSmithKline, generics)</td> <td>NF</td> </tr> <tr> <td>Proscar® (finasteride tablets – Merck, generics)</td> <td>NF</td> </tr> <tr> <td>Rapaflo™ (silodosin capsules – Watson)</td> <td>F[PA]</td> </tr> <tr> <td>tamsulosin tablets – generics</td> <td>F</td> </tr> <tr> <td>terazosin tablets (generics)</td> <td>F [QL]</td> </tr> <tr> <td>UroXatral® (alfuzosin extended-release tablets – Sanofi-Aventis)</td> <td>NF</td> </tr> </tbody> </table>	Drug Name	Formulary Status	Alfuzosin ER tablets (generics)	F [PA]	Avodart™ (dutasteride capsules – GlaxoSmithKline, generics)	NF	Cardura® (doxazosin mesylate tablets – Pfizer, generics)	NF	Cardura® XL (doxazosin mesylate extended-release tablets – Pfizer)	NF	doxazosin mesylate tablets (generics)	F [QL]	dutasteride capsules (generics)	F	dutasteride/tamsulosin capsules (generics)	NF	finasteride tablets (generics)	F	Flomax® (tamsulosin tablets – Boehringer Ingelheim)	NF	Hytrin® (terazosin tablets – Abbott)	NF	Jalyn™ (dutasteride/tamsulosin capsules – GlaxoSmithKline, generics)	NF	Proscar® (finasteride tablets – Merck, generics)	NF	Rapaflo™ (silodosin capsules – Watson)	F[PA]	tamsulosin tablets – generics	F	terazosin tablets (generics)	F [QL]	UroXatral® (alfuzosin extended-release tablets – Sanofi-Aventis)	NF	<p>Recommendation</p> <p>1. Add prior authorization criteria with step therapy to dutasteride and dutasteride/tamsulosin</p> <p>2. Add formulary coverage criteria to UroXatral</p> <p>3. Retain the current formulary status for the remaining drugs</p> <p>Decision: Approved</p> <p>1) Erica 2) Tony</p>
Drug Name	Formulary Status																																			
Alfuzosin ER tablets (generics)	F [PA]																																			
Avodart™ (dutasteride capsules – GlaxoSmithKline, generics)	NF																																			
Cardura® (doxazosin mesylate tablets – Pfizer, generics)	NF																																			
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UroXatral® (alfuzosin extended-release tablets – Sanofi-Aventis)	NF																																			
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Drug Name	Formulary Status																																			
alendronate tablet (generics)	F																																			
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risedronate (generics and Actonel® – Actavis)	F																																			

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risedronate delayed-release (Atelvia® – Actavis)	NF																																
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	<p>Dipeptidyl-Peptidase-4 (DPP-4) Inhibitors</p> <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Formulary Status</th> </tr> </thead> <tbody> <tr> <td>Januvia® (sitagliptin tablets – Merck)</td> <td>F [PA]</td> </tr> <tr> <td>Janumet (sitagliptin/metformin - Merck)</td> <td>NF</td> </tr> <tr> <td>Janumet XR (sitagliptin/metformin XR - Merck)</td> <td>NF</td> </tr> <tr> <td>alogliptin tablets (generics)</td> <td>NF</td> </tr> <tr> <td>alogliptin/metformin (generics)</td> <td>NF</td> </tr> <tr> <td>alogliptin/pioglitazone (generics)</td> <td>NF</td> </tr> <tr> <td>Nesina® (alogliptin tablets – Takeda)</td> <td>NF</td> </tr> <tr> <td>Oseni (alogliptin/pioglitazone - generics)</td> <td>NF</td> </tr> <tr> <td>Kazano (alogliptin/metformin - generics)</td> <td>NF</td> </tr> <tr> <td>Onglyza® (saxagliptin tablets – Bristol-Meyers Squibb)</td> <td>NF</td> </tr> <tr> <td>Kombiglyze (saxagliptin/metformin tablets - Astrazeneca)</td> <td>NF</td> </tr> <tr> <td>Tradjenta® (linagliptin tablets – Boehringer Ingelheim/Eli Lilly)</td> <td>NF</td> </tr> <tr> <td>Jentadueto (sitagliptin/metformin - Boehringer Ingeleheim)</td> <td>NF</td> </tr> <tr> <td>Juvisync (sitagliptin/simvastatin - generics)</td> <td>NF</td> </tr> </tbody> </table>	Drug Name	Formulary Status	Januvia® (sitagliptin tablets – Merck)	F [PA]	Janumet (sitagliptin/metformin - Merck)	NF	Janumet XR (sitagliptin/metformin XR - Merck)	NF	alogliptin tablets (generics)	NF	alogliptin/metformin (generics)	NF	alogliptin/pioglitazone (generics)	NF	Nesina® (alogliptin tablets – Takeda)	NF	Oseni (alogliptin/pioglitazone - generics)	NF	Kazano (alogliptin/metformin - generics)	NF	Onglyza® (saxagliptin tablets – Bristol-Meyers Squibb)	NF	Kombiglyze (saxagliptin/metformin tablets - Astrazeneca)	NF	Tradjenta® (linagliptin tablets – Boehringer Ingelheim/Eli Lilly)	NF	Jentadueto (sitagliptin/metformin - Boehringer Ingeleheim)	NF	Juvisync (sitagliptin/simvastatin - generics)	NF		<p>Recommendation</p> <p>1. Change Januvia to non-formulary</p> <p>2. Change alogliptin, alogliptin/metformin, and alogliptin/pioglitazone to formulary with prior authorization</p> <p>3. Retain the current formulary status for the remaining drugs</p> <p>Decision: Approved 1) Putter 2) Tony</p>
Drug Name	Formulary Status																																
Januvia® (sitagliptin tablets – Merck)	F [PA]																																
Janumet (sitagliptin/metformin - Merck)	NF																																
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Drug Name	Formulary Status																																

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Byetta® (exenatide injection – Bristol-Myers Squibb)	F [PA]																					
Bydureon® VIAL (exenatide extended-release for injectable suspension – Astra Zeneca)	F [PA]																					
Bydureon® PEN (exenatide extended-release for injectable suspension – Astra Zeneca)	F [PA]																					
Tanzeum™ (albiglutide for subcutaneous injection – GlaxoSmithKline)	NF																					
Trulicity™ (dulaglutide for subcutaneous injection – Eli Lilly)	NF																					
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Insulins (Basal)																						
Drug Name	Formulary Status*																					
Lantus® (insulin glargine injection – sanofi-aventis)	F																					
Lantus® SOLOSTAR (insulin glargine injection – sanofi-aventis)	F [PA]																					
Levemir® (insulin detemir injection – Novo Nordisk)	F																					
Levemir® FLEXPEN (insulin detemir injection – Novo Nordisk) – DISCONTINUED	F[PA]																					
Levemir® FLEXTOUCH (insulin detemir injection – Novo Nordisk)	NF																					
Toujeo® SOLOSTAR (insulin glargine injection U-300 – sanofi-aventis)	NF																					
Tresiba® FLEXTOUCH U-100 (insulin degludec injection – Novo Nordisk)	NF																					
Tresiba® FLEXTOUCH U-200 (insulin degludec injection – Novo Nordisk)	NF																					
	<table border="1"> <tr> <td colspan="2">Insulins (Human Insulins)</td> </tr> <tr> <td>Drug Name</td> <td>Formulary Status</td> </tr> <tr> <td>Afrezza® (insulin human inhalation powder – MannKind)</td> <td>NF</td> </tr> <tr> <td>Humulin R U-100 (insulin human [rDNA origin] injection Eli Lilly)</td> <td>F</td> </tr> <tr> <td>Humulin R U-500 (concentrated) [insulin human injection, USP</td> <td>F</td> </tr> </table>	Insulins (Human Insulins)		Drug Name	Formulary Status	Afrezza® (insulin human inhalation powder – MannKind)	NF	Humulin R U-100 (insulin human [rDNA origin] injection Eli Lilly)	F	Humulin R U-500 (concentrated) [insulin human injection, USP	F	<p>Recommendation</p> <p>1. Retain the current formulary status for the remaining drugs</p> <p>Decision: Approved</p>										
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Insulins (Rapid-Acting Analogues)																														
Drug Name	Formulary Status																													
Apidra[®] (insulin glulisine [rDNA origin] injection - Aventis)	F																													
Apidra[®] SOLOSTAR (insulin glulisine [rDNA origin] injection -Aventis)	F [PA]																													
Humalog[®] Cartridge (insulin lispro [rDNA origin] injection-EliLilly)	F																													
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Humalog[®] Kwikpen (insulin lispro [rDNA origin]	F [PA]																													

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injection-Eli Lilly)															
NovoLog [®] Cartridge (insulin aspart [rDNA origin] injection - Novo Nordisk)		NF													
NovoLog [®] Vial (insulin aspart [rDNA origin] injection - Novo Nordisk)		F													
NovoLog [®] Flexpen (insulin aspart [rDNA origin] injection - Novo Nordisk)		F [PA]													
	<p>MEGLITINIDES</p> <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Formulary Status</th> </tr> </thead> <tbody> <tr> <td>repaglinide/metformin (generics)</td> <td>F</td> </tr> <tr> <td>repaglinide tablets (generics)</td> <td>NF</td> </tr> <tr> <td>nateglinide tablets (generics)</td> <td>F [NP]</td> </tr> </tbody> </table>	Drug Name	Formulary Status	repaglinide/metformin (generics)	F	repaglinide tablets (generics)	NF	nateglinide tablets (generics)	F [NP]		<p>Recommendation</p> <ol style="list-style-type: none"> 1. Change repaglinide/metformin to non-formulary 2. Change nateglinide to formulary with prior authorization 3. Retain the current formulary status for the remaining drugs <p>Decision: Approved</p> <ol style="list-style-type: none"> 1) Jamie 2) Erica 				
Drug Name	Formulary Status														
repaglinide/metformin (generics)	F														
repaglinide tablets (generics)	NF														
nateglinide tablets (generics)	F [NP]														
	<p>Oral Alpha-Glucosidase Inhibitors</p> <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Formulary Status</th> </tr> </thead> <tbody> <tr> <td>acarbose (generics)</td> <td>F</td> </tr> <tr> <td>miglitol (Glyset[®] – Kabivitrum Inc)</td> <td>F</td> </tr> </tbody> </table>	Drug Name	Formulary Status	acarbose (generics)	F	miglitol (Glyset [®] – Kabivitrum Inc)	F		<p>Recommendation</p> <ol style="list-style-type: none"> 1. Retain current formulary status for all oral alpha glucosidase inhibiting agents. <p>Decision:</p>						
Drug Name	Formulary Status														
acarbose (generics)	F														
miglitol (Glyset [®] – Kabivitrum Inc)	F														

		Approved 1) Putter 2) Jamie																								
	Overactive Bladder Agents <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Formulary Status</th> </tr> </thead> <tbody> <tr> <td>Enablex[®] (darifenacin extended-release tablets – Warner Chilcott)</td> <td>F [PA]</td> </tr> <tr> <td>Gelnique[™] (oxybutynin 3% and 10% gel – Watson)</td> <td>NF</td> </tr> <tr> <td>Myrbetriq[™] (mirabegron extended-release tablets – Astellas Pharma Inc.)</td> <td>NF</td> </tr> <tr> <td>oxybutynin ER tablet (generics)</td> <td>F</td> </tr> <tr> <td>oxybutynin tablet and syrup (generics)</td> <td>F</td> </tr> <tr> <td>Oxytrol[®] (oxybutynin transdermal system – Watson)</td> <td>NF</td> </tr> <tr> <td>tolterodine tartrate tablets (generics)</td> <td>F</td> </tr> <tr> <td>tolterodine tartrate extended-release capsules (generics)</td> <td>F</td> </tr> <tr> <td>Toviaz[™] (fesoterodine fumarate extended-release tablets – Pfizer)</td> <td>F</td> </tr> <tr> <td>Trospium chloride/extended-release capsules tablets – Apotex/ Actavis</td> <td>F [PA]</td> </tr> <tr> <td>Vesicare[®] (solifenacin tablets – Astellas Pharma)</td> <td>F</td> </tr> </tbody> </table>	Drug Name	Formulary Status	Enablex [®] (darifenacin extended-release tablets – Warner Chilcott)	F [PA]	Gelnique [™] (oxybutynin 3% and 10% gel – Watson)	NF	Myrbetriq [™] (mirabegron extended-release tablets – Astellas Pharma Inc.)	NF	oxybutynin ER tablet (generics)	F	oxybutynin tablet and syrup (generics)	F	Oxytrol [®] (oxybutynin transdermal system – Watson)	NF	tolterodine tartrate tablets (generics)	F	tolterodine tartrate extended-release capsules (generics)	F	Toviaz [™] (fesoterodine fumarate extended-release tablets – Pfizer)	F	Trospium chloride/extended-release capsules tablets – Apotex/ Actavis	F [PA]	Vesicare [®] (solifenacin tablets – Astellas Pharma)	F	Recommendation 1. Add step therapy to tolterodine IR/ER and trospium IR/ER requiring use of oxybutynin 2. Change Enablex, Vesicare and Toviaz to non-formulary 3. Retain the current formulary status for the remaining drugs Decision: Approved 1) Putter 2) Erica
Drug Name	Formulary Status																									
Enablex [®] (darifenacin extended-release tablets – Warner Chilcott)	F [PA]																									
Gelnique [™] (oxybutynin 3% and 10% gel – Watson)	NF																									
Myrbetriq [™] (mirabegron extended-release tablets – Astellas Pharma Inc.)	NF																									
oxybutynin ER tablet (generics)	F																									
oxybutynin tablet and syrup (generics)	F																									
Oxytrol [®] (oxybutynin transdermal system – Watson)	NF																									
tolterodine tartrate tablets (generics)	F																									
tolterodine tartrate extended-release capsules (generics)	F																									
Toviaz [™] (fesoterodine fumarate extended-release tablets – Pfizer)	F																									
Trospium chloride/extended-release capsules tablets – Apotex/ Actavis	F [PA]																									
Vesicare [®] (solifenacin tablets – Astellas Pharma)	F																									
	Phosphate Binders <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Formulary Status</th> </tr> </thead> <tbody> <tr> <td>Auryxia[™] (ferric citrate tablets – Keryx Pharmaceuticals)</td> <td>NF</td> </tr> <tr> <td>Fosrenol[®] (lanthanum carbonate oral powder – Shire)</td> <td>NF</td> </tr> <tr> <td>Fosrenol[®] (lanthanum carbonate chewable tablets– Shire)</td> <td>F</td> </tr> <tr> <td>sevelamer carbonate (generics) - DISCONTINUED</td> <td>F</td> </tr> <tr> <td>Renagel[®] (sevelamer hydrochloride tablets – Genzyme)</td> <td>F</td> </tr> <tr> <td>Renvela[®] (sevelamer for oral suspension – Genzyme)</td> <td>F</td> </tr> <tr> <td>Renvela[®] (sevelamer carbonate tablets– Genzyme)</td> <td>F</td> </tr> </tbody> </table>	Drug Name	Formulary Status	Auryxia [™] (ferric citrate tablets – Keryx Pharmaceuticals)	NF	Fosrenol [®] (lanthanum carbonate oral powder – Shire)	NF	Fosrenol [®] (lanthanum carbonate chewable tablets– Shire)	F	sevelamer carbonate (generics) - DISCONTINUED	F	Renagel [®] (sevelamer hydrochloride tablets – Genzyme)	F	Renvela [®] (sevelamer for oral suspension – Genzyme)	F	Renvela [®] (sevelamer carbonate tablets– Genzyme)	F	Recommendation 1. Keep the current formulary status for the remaining drugs To be reviewed at the P&T in November								
Drug Name	Formulary Status																									
Auryxia [™] (ferric citrate tablets – Keryx Pharmaceuticals)	NF																									
Fosrenol [®] (lanthanum carbonate oral powder – Shire)	NF																									
Fosrenol [®] (lanthanum carbonate chewable tablets– Shire)	F																									
sevelamer carbonate (generics) - DISCONTINUED	F																									
Renagel [®] (sevelamer hydrochloride tablets – Genzyme)	F																									
Renvela [®] (sevelamer for oral suspension – Genzyme)	F																									
Renvela [®] (sevelamer carbonate tablets– Genzyme)	F																									

	Velphoro[®] (sucroferric oxyhydroxide chewable tablet – Fresenius Medical Care)	NF																					
	Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Drug Name</th> <th style="width: 20%;">Formulary Status</th> </tr> </thead> <tbody> <tr> <td>Farxiga[™] (dapagliflozin tablets - AstraZeneca/Bristol- Myers Squibb)</td> <td>NF</td> </tr> <tr> <td>Xigdeo (dapagliflozin/metformin IV)</td> <td>NF</td> </tr> <tr> <td>Invokana[™] (canagliflozin tablets - Janssen)</td> <td>NF</td> </tr> <tr> <td>Invokamet (canagliflozin/metformin tablets - Janssen)</td> <td>NF</td> </tr> <tr> <td>Jardiance[®] (empagliflozin tablets – Boehringer Ingleheim/Eli Lilly)</td> <td>NF</td> </tr> <tr> <td>Glyxambi (empagliflozin/linagliptin - Boehringer Ingeleheim)</td> <td>NF</td> </tr> </tbody> </table>		Drug Name	Formulary Status	Farxiga[™] (dapagliflozin tablets - AstraZeneca/Bristol- Myers Squibb)	NF	Xigdeo (dapagliflozin/metformin IV)	NF	Invokana[™] (canagliflozin tablets - Janssen)	NF	Invokamet (canagliflozin/metformin tablets - Janssen)	NF	Jardiance[®] (empagliflozin tablets – Boehringer Ingleheim/Eli Lilly)	NF	Glyxambi (empagliflozin/linagliptin - Boehringer Ingeleheim)	NF	Recommendation 1. Retain the current formulary status of the SGLT-2 Inhibitors Decision: Approved 1) Erica 2) Jamie						
Drug Name	Formulary Status																						
Farxiga[™] (dapagliflozin tablets - AstraZeneca/Bristol- Myers Squibb)	NF																						
Xigdeo (dapagliflozin/metformin IV)	NF																						
Invokana[™] (canagliflozin tablets - Janssen)	NF																						
Invokamet (canagliflozin/metformin tablets - Janssen)	NF																						
Jardiance[®] (empagliflozin tablets – Boehringer Ingleheim/Eli Lilly)	NF																						
Glyxambi (empagliflozin/linagliptin - Boehringer Ingeleheim)	NF																						
	Sulfonylureas <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Drug Name</th> <th style="width: 20%;">Formulary Status</th> </tr> </thead> <tbody> <tr> <td>chlorpropamide (generics)</td> <td>F</td> </tr> <tr> <td>tolazamide (generics)</td> <td>F</td> </tr> <tr> <td>tolbutamide (generics)</td> <td>F</td> </tr> <tr> <td>glipizide (generics)</td> <td>F</td> </tr> <tr> <td>glipizide/metformin (generics)</td> <td>F</td> </tr> <tr> <td>glipizide XL/ER (generics)</td> <td>F</td> </tr> <tr> <td>glimepiride (generics)</td> <td>F</td> </tr> <tr> <td>glyburide (generics)</td> <td>F</td> </tr> <tr> <td>glyburide/metformin (generics)</td> <td>F</td> </tr> </tbody> </table>		Drug Name	Formulary Status	chlorpropamide (generics)	F	tolazamide (generics)	F	tolbutamide (generics)	F	glipizide (generics)	F	glipizide/metformin (generics)	F	glipizide XL/ER (generics)	F	glimepiride (generics)	F	glyburide (generics)	F	glyburide/metformin (generics)	F	Recommendation 1. Change glipizide/metformin and glyburide/metformin from formulary to non-Formulary 2. Retain formulary status for all other medications Decision: Approved 1) Tony 2) Erica
Drug Name	Formulary Status																						
chlorpropamide (generics)	F																						
tolazamide (generics)	F																						
tolbutamide (generics)	F																						
glipizide (generics)	F																						
glipizide/metformin (generics)	F																						
glipizide XL/ER (generics)	F																						
glimepiride (generics)	F																						
glyburide (generics)	F																						
glyburide/metformin (generics)	F																						

Thiazolidinediones (TZDs)		Formulary Status	Recommendation
Drug Name			
Avandia (rosiglitazone tablets GlaxoSmithKline)		F	1. Change pioglitazone/metformin and Avandia to non-formulary 2. Retain the current formulary status for the remaining drugs Decision: Approved 1) Tony 2) Jamie
Avandamet TM (rosiglitazone and metformin tablets – GlaxoSmithKline)		NF [ST]	
pioglitazone/metformin tablets (generics)		F	
Actoplus Met [®] XR (pioglitazone and metformin extended release tablets - Takeda)		NF [ST]	
pioglitazone tablets (generics)		F [ST]	
pioglitazone and glimepiride tablets (generics)		NF	