



CREATING HEALTHCARE SOLUTIONS

Central California Alliance for Health

Formulary Changes for 2019

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2019 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
June 1, 2019	Anoro Ellipta	COPD	62.5-25mcg	Added to formulary
June 1, 2019	Advair Diskus (fluticasone/salmeterol)	Asthma COPD	100-50mcg, 250-50mcg, 500-50mcg	Formulary with mandatory generic substitution
June 1, 2019	Advair HFA (fluticasone/salmeterol)	Asthma	45-21 mcg, 115-21 mcg, 230-21 mcg MDI	New prior authorization criteria
June 1, 2019	Fluticasone/Salmeterol (AG for Advair Diskus)	Asthma COPD	100-50mcg, 250-50mcg, 500-50mcg	Modified prior authorization criteria
June 1, 2019	Wixela Inhub (ANDA for Advair Diskus)	Asthma COPD	100-50mcg, 250-50mcg, 500-50mcg	Modified prior authorization criteria
June 1, 2019	Fluticasone/Salmeterol (AG for AirDuo Respiclick)	Asthma	55-14mcg, 113-14mcg, 232-14mcg	New prior authorization criteria
June 1, 2019	Breo (fluticasone/vilanterol)	Asthma COPD	100-25mcg, 200-25mcg	
June 1, 2019	Symbicort (budesonide/formoterol)	Asthma COPD	80-4.5mcg, 160-4.5mcg	
June 1, 2019	Dulera (mometasone furoate and formoterol fumarate dihydrate)	Asthma COPD	100-5mcg , 200-5mcg MDI	
June 1, 2019	Blephamide drops susp	Ocular inflammation	All	Removed from the formulary
June 1, 2019	FML 0.1% drops susp	Ocular inflammation	0.1%	Removed from the formulary
June 1, 2019	Zirgan gel	HSV keratitis	All	Added PA criteria
June 1, 2019	Cequa	Dry eye	All	Added PA criteria
June 1, 2019	Lacrisert	Dry eye	All	Modified PA criteria
June 1, 2019	Oxervate	Neurotrophic keratitis	All	Added PA criteria

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
June 1, 2019	Avenova	Blepharitis	All	Added PA criteria
June 1, 2019	Azelastine drops	Conjunctivitis	All	Added PA criteria
June 1, 2019	Pazeo drops	Conjunctivitis	All	Modified PA criteria
June 1, 2019	Epinastine drops	Conjunctivitis	All	Modified PA criteria
June 1, 2019	Alomide drops	Conjunctivitis	All	Added PA criteria
June 1, 2019	Alocril drops	Conjunctivitis	All	Added PA criteria
June 1, 2019	Tobradex ST	Conjunctivitis	All	Added PA criteria
June 1, 2019	Lotemax oint	Conjunctivitis	All	Added PA criteria
June 1, 2019	Alrex susp	Conjunctivitis	All	Modified PA criteria
June 1, 2019	Prolensa drops	Conjunctivitis	All	Modified PA criteria
June 1, 2019	Bromsite drops	Conjunctivitis	All	Added PA criteria
June 1, 2019	Ilevro drops susp	Ocular inflammation	All	Modified PA criteria
June 1, 2019	Nevanac drops susp	Ocular inflammation	All	Modified PA criteria
June 1, 2019	Zioptan drops	Glaucoma	All	Modified PA criteria
June 1, 2019	Bimatoprost drops	Glaucoma	All	Modified PA criteria
June 1, 2019	Lumigan drops	Glaucoma	All	Modified PA criteria

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
June 1, 2019	Timolol 0.25% GFS	Glaucoma	0.25%	Removed from the formulary
June 1, 2019	Timolol 0.5% GFS	Glaucoma	0.5%	Modified PA criteria
June 1, 2019	Timoptic Ocudose drops	Glaucoma	All	Added PA criteria
June 1, 2019	Methazolamide tab	Glaucoma	All	Removed from the formulary
June 1, 2019	Rhopressa drops	Glaucoma	All	Modified PA criteria
June 1, 2019	Rocklatan	Glaucoma	All	Added PA criteria
June 1, 2019	Atropine ointment	Pupil dilation	All	Added to the formulary
June 1, 2019	Avastin	Macular edema	All	Added PA criteria
June 1, 2019	Eylea	Macular edema	All	Added PA criteria
June 1, 2019	Triescence	Ocular inflammation	All	Added PA criteria
June 1, 2019	Ozurdex	Ocular inflammation	All	Added PA criteria
June 1, 2019	Yutiq	Ocular inflammation	All	Added PA criteria
June 1, 2019	Retisert	Ocular inflammation	All	Added PA criteria
June 1, 2019	Coly-Mycin S	External otitis (ear infection)	All	Removed from the formulary
June 1, 2019	Otiprio intratympanic susp	Otitis media with effusion	All	Added PA criteria
June 1, 2019	Otovel	Otitis media with tympanostomy tubes	All	Added PA criteria

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
June 1, 2019	Peridex	Gingivitis	All	Added to the formulary
June 1, 2019	Cuvposa	Chronic severe drooling	All	Added PA criteria
5/2/2019	Calcipotriene 0.005% cream	psoriasis	0.005% cream	Added to formulary, with quantity limit of 60g/month
5/2/2019	Cosentyx (secukinumab)	Psoriasis		New PA criteria
5/2/2019	Siliq (brodalumab)	Psoriasis		New PA criteria
5/2/2019	Tretinoin microspheres gel (Retin A micro)	Acne		New PA criteria
5/2/2019	Clindamycin phosphate 1% gel DAILY (Clindagel)	Acne		New PA criteria
5/2/2019	Azelex 20% cream (Azelaic acid)	Acne		Modified PA criteria
5/2/2019	Noritate 1% cream (metronidazole)	Rosacea		New PA criteria
5/2/2019	Finacea 15% Foam (Azelaic Acid)	Rosacea		Modified PA criteria
5/2/2019	Ciclopirox 1% Shampoo	seborrheic dermatitis		New PA criteria
5/2/2019	Betamethasone dipropionate 0.05% (Diprosone) ointment	Skin disorders		Added to the formulary
5/2/2019	Amnesteem, Claravis, Myorisan, Zenatane	Acne		Modified PA criteria
5/2/2019	Sklice 0.5% lotion Malathion	Lice		Modified PA criteria
5/2/2019	Farxiga	Diabetes mellitus type 2	5mg, 10mg	Modified prior authorization criteria
5/2/2019	Avandia	Diabetes mellitus type 2	2mg, 4mg, 8mg	New prior authorization criteria

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
5/2/2019	Fiasp vial & Flextouch	Diabetes mellitus type 1 & type 2	100 units/mL	New prior authorization criteria
5/2/2019	Humalog cartridge	Diabetes mellitus type 1 & type 2	100 units/mL	Modified prior authorization criteria
5/2/2019	Novolog cartridge	Diabetes mellitus type 1 & type 2	100 units/mL	Modified prior authorization criteria
5/2/2019	Humapen Luxura HD	Diabetes mellitus type 1 & type 2	N/A	New prior authorization criteria
5/2/2019	Novopen Echo	Diabetes mellitus type 1 & type 2	N/A	New prior authorization criteria
5/2/2019	Oxycodone solution	Pain	5mg/5mL	Added to formulary with quantity limit 30mL/day

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
5/2/2019	Tobi	Tobramycin ampule-nebulized	Infectious diseases	300mg/5ml	Nebulization solution	Requires Prior Authorization
5/2/2019	Tobi Bethkis	Tobramycin ampule-nebulized	Infectious diseases	300mg/4ml	Nebulization solution	Requires Prior Authorization
5/2/2019	Kitabis Pak	Tobramycin ampule-nebulized	Infectious diseases	300mg/5ml	Nebulization solution	Requires Prior Authorization
5/2/2019	Tobi Podhaler	Tobramycin ampule-nebulized	Infectious diseases	28mg	Capsule for Inhalation	Requires Prior Authorization
5/2/2019	Cayston	Aztreonam vial nebulized	Infectious diseases	75mg	Reconstituted solution for Inhalation	Requires Prior Authorization
5/2/2019	Colistin	Colistimethate	Infectious diseases	150mg	Reconstituted solution	Requires Prior Authorization
5/2/2019	Teflaro	Ceftraline	Infectious diseases	400mg and 600mg	Intravenous solution	Requires Prior Authorization
5/2/2019	Cresemba	Isavuconazonium	Infectious diseases	186mg and 372mg	Capsule and Reconstituted solution	Requires Prior Authorization
5/2/2019	Noxafil	Posaconazole	Infectious diseases	40mg/ml, 100mg, 300mg/16.7ml	Suspension, Tablet, Intravenous solution	Requires Prior Authorization
5/2/2019	Xifaxan	Rifaximin	Infectious diseases	200mg, 550mg	Tablet	Requires Prior Authorization

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
5/2/2019	Sirturo	Bedaquiline	Infectious diseases	100mg	Tablet	Requires Prior Authorization
5/2/2019	Tinidazole	Tinidazole	Infectious diseases	250mg, 500mg	Tablet	Requires Prior Authorization
5/2/2019	Solosec	Secnidazole	Infectious diseases	2g	Packet	Requires Prior Authorization
5/2/2019	Paromomycin	Paromomycin	Infectious diseases	250mg	Capsule	Requires Prior Authorization
5/2/2019	Alinia	Nitazoxan	Infectious diseases	100mg/5ml, 500mg	Reconstituted suspension, Tablet	Requires Prior Authorization

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
8/2019	Xhance exhalation nasal spray	Fluticasone propionate nasal spray	Nasal steroid	All	Solution	New PA criteria:
8/2019	Tudorza Pressair	Acidinium	Long-acting muscarinic antagonist	All	Inhaler	Added to formulary
8/2019	Utibron Neohaler	Glycopyrrolate/Indacaterol	LAMA/LABA	All	Inhaler	Added to formulary
8/2019	Stiolto Respimat	Tiotropium/Olodaterol	LAMA/LABA	All	Inhaler	Added to formulary
8/2019	Gardasil 9 (HPV immunization)	HPV 9-valent vaccine	Immunization	All	Injection	Expanded coverage to include males and females ages 27-45 (now covered for males and females ages 9-45)
8/2019	Serevent Diksus	Salmeterol	LABA	All	Inhaler	Modified PA Criteria
8/2019	Lonhala Magair	Glycopyrrolate	LAMA	All	Solution for nebulization	Modified PA Criteria
8/2019	Yupelri	Revefenacin	LAMA	All	Solution for nebulization	New PA Criteria

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
8/2019	Symbicort	Budesonide/formoterol	ICS/LABA	All	Inhaler	Added to formulary for age <12 years
8/2019	Zileuton ER	Zileuton ER	5-lipoxygenase inhibitor	All	Tablet	New PA Criteria
8/2019	Fasenra	Benralizumab	Monoclonal antibody	All	Syringe	New PA Criteria
8/2019	Nucala	Mepolizumab	Monoclonal antibody	All	Vial	New PA Criteria
8/2019	Cinqair	Reslizumab	Monoclonal antibody	All	Vial	New PA Criteria
8/2019	Dupixent	Dupilumab	Monoclonal antibody	All	Syringe	New PA Criteria
8/2019	Sodium chloride 3%, 3.5%, 7% (hypertonic saline)	Sodium chloride 3%, 3.5%, 7% (hypertonic saline)	Mucus thinner	3%, 3.5%, 7%	Vial	Added to Formulary
8/2019	Kalydeco	Ivacaftor	Cystic fibrosis transmembrane conductance (cftr) modulator	All	Granules, tablets	Modified PA Criteria
8/2019	Orkambi	Lumacaftor/ivacaftor	Cystic fibrosis transmembrane conductance (cftr) modulator	All	Granules, tablets	New PA Criteria
8/2019	Esbriet	Pirfenidone	Pyridone	All	Capsules	New PA Criteria
8/2019	Aloxi	palonosetron	Serotonin/5HT3 Antagonist	0.25mg/5ml	Injection	Modified PA criteria
8/2019	Sancuso	Granisetron	Serotonin/5HT3 Antagonist	3.1mg/24hr	Transdermal patch	Modified PA criteria

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
8/2019	Fosrenol	Lanthanum	Mineral Binding Agents	500mg, 750mg, 1000mg	Chewable tablet	Modified PA criteria
8/2019	Auryxia	Ferric citrate	Iron Supplements	210mg	Tablet	Modified PA criteria
8/2019	Reclast	zoledronic acid	Bisphosphonate	5mg	Solution	Modified PA criteria
8/2019	Prolia	denosumab	RANKL antibody	60mg/mL	Syringe	Modified PA criteria
8/2019	Evenity	romosozumab-aqqg	Sclerostin inhibitor	105 mg/1.17 mL	Syringe	New PA criteria
8/2019	Afrezza	Insulin inhalation powder	Insulin	4 units, 8 units, 12 units	Cartridge	New PA criteria
8/2019	Stimate	desmopressin	Vasopressin analog	1.5mg/mL	Nasal spray	New PA criteria

Effective Date	Drug Name	Use	Strength	Action
8/2019	Oxtellar XR	Seizures	150mg, 300mg & 600mg tablet	Added PA criteria
8/2019	Diacomit	Seizures	250mg & 500mg capsules and Powder for suspension	Added PA criteria
8/2019	Sympazan	Seizures	5mg, 10mg & 20mg oral film	Added PA criteria
8/2019	Sabril	Seizures	500mg Packet & tablets	Added PA criteria
8/2019	Neupro	Parkinson disease and Restless legs syndrome	1mg, 2mg, 3mg, 4mg, 6mg, 8mg transdermal patch	Added PA criteria
8/2019	Acanya	Acne	2.5%-1%	Added PA criteria

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
11/7/2019	Lialda	Mesalamine DR	Intestinal anti-inflammatory agent	1.2g	Tablet DR	Remove Brand from formulary
11/7/2019	Delzicol	Mesalamine DR	Intestinal anti-inflammatory agent	400mg	Capsule DR	Add new generic to formulary
11/7/2019	Movantik	Naloxegol	Peripheral Opioid Receptor Antagonists	12.5mg, 25mg	Tablet	Modified Prior authorization criteria
11/7/2019	Symproic	Naldemedine	Peripheral Opioid Receptor Antagonists	0.2mg	Tablet	Modified Prior Authorization criteria
11/7/2019	Relistor	Methylnaltrexone	Peripheral Opioid Receptor Antagonists	150mg	Tablet	Modified Prior Authorization criteria
11/7/2019	Zelnorm	Tegaserod	Serotonin Receptor Agonist for Constipation	2mg, 6mg	Tablet	New Prior Authorization criteria
11/7/2019	Motegrity	Prucalopride	Serotonin Receptor Agonist for Constipation	1mg, 2mg	Tablet	New Prior authorization criteria
11/7/2019	Remicade	Infliximab	Tumor Necrosis Factor (TNF)-Alpha Inhibitors	100mg	Powder for injection	Modified Prior Authorization Criteria
11/7/2019	CLENPIQ	Sodium picosulfate; Magnesium oxide; Anhydrous citric acid	Bowel Prep Combinations	10mg-3.5g- 12g/160mL	Oral Solution	New Prior authorization criteria

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
11/7/2019	Micardis HCT	Telmisartan/ hydrochlorothiazide	Angiotensin receptor antagonist/ thiazide diuretic combination	40/12.5, 80/12.5, 80/25 mg	Tablet	Added prior authorization criteria
11/7/2019	Verelan PM	Verapamil ER PM	Calcium channel blocking agent	100, 200, 300mg	Capsule	Removed from formulary Added prior authorization criteria
11/7/2019	Dyrenium	Triamterene	Potassium sparing diuretic	50, 100mg	Capsule	Added prior authorization criteria
11/7/2019	Capoten	Captopril	ACE inhibitor	12.5, 25, 50, 100mg	Tablet	Added to formulary
11/7/2019	Qbrelis	Lisinopril	ACE inhibitor	1mg/mL	Solution	Added to formulary <12yo
11/7/2019	Lotensin HCT	Benazepril/ hydrochlorothiazide	ACE inhibitor/ thiazide diuretic	5/6.25, 10/12.5, 20/12.5, 20/25 mg	Tablet	Added to formulary
11/7/2019	Dynacirc	Isradipine	Calcium channel blocking agent	2.5, 5mg	Capsule	Added to formulary <12yo
11/7/2019	Diuril	Chlorothiazide	Thiazide diuretic	250mg/5mL	Suspension	Added to formulary <12yo
11/7/2019	Symjepi	Epinephrine	Anaphylaxis therapy agent	0.15mg, 0.3mg	Syringe	Added to formulary
11/7/2019	Orenitram ER	Treprostinil diolamine	Pulmonary antihypertensive, prostacyclin-type	0.125, 0.25, 1, 2.5, 5mg	Tablet	Added prior authorization criteria
11/7/2019	Remodulin	Treprostinil sodium	Pulmonary antihypertensive, prostacyclin-type	1mg/mL, 2.5mg/mL, 5mg/mL, 10mg/mL	Vial	Added prior authorization criteria

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
11/7/2019	Nitrolingual	Nitroglycerin spray	Vasodilator, coronary	400mcg	Spray	Added prior authorization criteria
11/7/2019	Nitromist	Nitroglycerin aerosol spray	Vasodilator, coronary	400mcg	Aerosol spray	Added prior authorization criteria
11/7/2019	Praluent	Alirocumab	PCSK9 inhibitor	75, 150mg	Pen	Modified prior authorization criteria
11/7/2019	Trilipix	Fenofibric acid	Lipotropic	45mg	Capsule	Removed 45mg from formulary Modified prior authorization criteria
11/7/2019	Antara	Fenofibrate, micronized	Lipotropic	30mg, 43mg, 90mg, 130mg	Capsule	Added prior authorization criteria
11/7/2019	Lipofen	Fenofibrate	Lipotropic	50mg, 150mg	Capsule	Added prior authorization criteria
11/7/2019	Triglide	Fenofibrate	Lipotropic	50mg, 160mg	Tablet	Added prior authorization criteria
11/7/2019	Fenoglide	Fenofibrate	Lipotropic	40mg, 120mg	Capsule	Added prior authorization criteria

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
8/31/2019		Alogliptin	Anti-Diabetic Medication	6.25mg, 12.5mg, 25mg	Tablet	Added to the Formulary
8/31/2019		Alogliptin-metformin		12.5-500mg, 12.5-100mg	Tablet	Added to the Formulary
8/31/2019		Alogliptin-pioglitazone		12.5-15mg, 12.5-30mg, 12.5-45mg, 25-15mg, 25-30mg, 25-45mg	Tablet	Added to the Formulary
8/31/2019	Steglatro	Ertugliflozin		5mg, 15mg	Tablet	Added to the Formulary
8/31/2019		Pregabalin		25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg, 20mg/ml	Capsule, Solution	Added to the Formulary
8/31/2019		Celecoxib	Anti-Inflammatory	50mg, 100mg, 200mg, 400mg	Capsule	Added to the Formulary
8/31/2019		Lidocaine	Topical Anesthetic	5%	Ointment	Added to the Formulary
8/31/2019		Sodium Chloride	Irrigation/Mucolytic	0.9%, 3%, 7%, 10%	Solution	Added to the Formulary
8/31/2019		Escitalopram	Anti-depressant	5mg, 10mg, 20mg	Tablet	Increased Quantity Limit
8/31/2019		Ertapenem	Antibiotic	1g	Vial	Added to the Formulary
8/31/2019		Progesterone	Hormone	100mg, 200mg	Capsule	Added to the Formulary
8/31/2019		Fexofenadine	Anti-histamine	30mg/5ml, 60mg, 180mg	Tablet, Solution	Added to the Formulary
8/31/2019		Liothyronine	Hormone	5mcg, 10mcg/ml, 25mcg, 50mcg	Tablet, Solution	Added to the Formulary

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
8/31/2019		Nadaolol	Beta-Blocker	20mg, 40mg, 80mg	Tablet	Added to the Formulary
8/31/2019		Desvenlafaxine succinate	Anti-depressant	25mg, 50mg, 100mg	Tablet	Added to the Formulary
8/31/2019		Duloxetine	Anti-depressant	30mg, 60mg	Capsule	Increased Quantity Limit
8/31/2019		Estradiol Patch	Hormone	0.025mg, 0.0375mg, 0.075mg, 0.05mg, 0.1mg	Patch	Added to the Formulary
8/31/2019		Venlafaxine HCL IR & ER	Anti-depressant	75mg	Capsule, Tablet	Increased Quantity Limit
8/31/2019		Acetylcysteine	Mucolytic Agent	100mg/ml, 200mg/ml	Vial	Added to the Formulary
8/31/2019		Mirtazapime ODT	Anti-depressant	15mg, 30mg, 45mg	Tablet Rapdis	Added to the Formulary
8/31/2019		Wixela Inhub	ICS/LABA	100-50mg, 250-50mg, 500-50mg	BLST W/DEV	Added to the Formulary
8/31/2019		Fluticasone-salmeterol	ICS/LABA	100-50mg, 250-50mg, 500-50mg	BLST W/DEV	Added to the Formulary
8/31/2019	CATHFLO ACTIVASE	Alteplase	Hematologic agent	2mg	Vial	Added to the Formulary
8/31/2019		Zolpidem ER	Sleep Disorders	6.25mg, 12.5mg	Tablet	Added to the Formulary
8/31/2019		Bupropion XL	Anti-depressant	150mg	Tablet	Increased Quantity Limit
8/31/2019		Lorazepam	Antianxiety	2mg/ml	Solution	Added to the Formulary <12 YO

Effective Date	Brand Name	Generic Name	Drug Class	Strength	Form	Action
8/31/2019		Clonazepam	Antianxiety	0.25mg, 0.5mg, 0.125mg, 1mg, 2mg	Tablet Rapdis	Added to the Formulary <12 YO
8/31/2019	Epaned	Enalapril	ACE Inhibitor	1mg/ml	Solution	Added to the Formulary <12 YO
8/31/2019	Carospir	Spiroinolactone	RAAS Inhibitor	25mg/5ml	Suspension	Added to the Formulary <12 YO
8/31/2019	Purixan	Mercaptopurine	Immunosuppressant	20mg/ml	Suspension	Added to the Formulary <12 YO
8/31/2019	Aquadeks	MVI	Vitamin	400mcg/ml	Suspension	Added to the Formulary <5 YO
8/31/2019		Dexamethasone	Glucocorticoid	1mg/ml	Solution	Added to the Formulary <12 YO
8/31/2019		Leucovorin	Supplement	5mg, 10mg, 15mg, 25mg	Tablet	Added to the Formulary
8/31/2019		Methotrexate	DMARD	25mg/ml	Vial	Added to the Formulary
8/31/2019		Calcitriol	Supplement	1mcg/ml	Solution	Added to the Formulary
8/31/2019		Desonide	Topical corticosteroid	0.05%	Cream, Lotion, Ointment	Added to the Formulary
8/31/2019		Desoximetasone	Topical corticosteroid	0.05%	Cream, Ointment	Added to the Formulary
8/31/2019		Fluocinonide	Topical corticosteroid	0.1%	Cream	Added to the Formulary

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8/31/2019		Halobetasol	Topical corticosteroid	0.05%	Ointment	Added to the Formulary
8/31/2019		Megesterol	Cancer	20mg, 40mg	Tablet	Added to the Formulary