

# Formulary Change Notification

1/19/24

<u>Drug Name</u>	<u>Effective Date</u>	<u>Type of Change</u>
Veozah (fexolinetant)	2/1/2024	NC -> PA*, Tier 3
Flovent HFA/Diskus (brand)	1/1/2024	Tier 1 -> NC
Advair Diskus (brand) (fluticasone/salmeterol)	1/1/2024	Tier 2 -> NC
Qvar (mometasone)	1/1/2024	NC -> Tier 1
Fluticasone/Salmeterol Diskus; Wixela	1/1/2024	NC -> Tier 2, RS*
Symbicort HFA (budesonide/formoterol)	1/1/2024	Tier 2 -> NC
Adderall XR Capsules	1/1/2024	Tier 2 -> NC

NC= Not Covered

QL= Quantity Limit

\*PA criteria include appropriate diagnosis, therapeutic failure or contraindication to evidence-based hormonal therapy and non hormonal therapy (ex. SSRI, SNRI, gabapentin), and appropriate hepatic function/monitoring

\*RS = restricted prescriber (covered if prescribed by an optometrist or ophthalmologist)

Please refer to the complete formulary listing for other formulary options or call GHC-SCW Pharmacy Administration Office at 608.828.4811.