

2019 InterCommunity Health Network CCO Formulary Changes

EFFECTIVE
1/1/2019

Formulary Tier Changes

Drug Name Brand (Generic)	2018 Formulary	2019 Formulary
DALIRESP (ROFLUMILAST)	Not Covered	Tier 1- PA Required
TOUJEO SOLOSTAR PEN (INSULIN GLARGINE SOLN PEN)	Not Covered	Tier 1- ST Required
TRESIBA FLEXTOUCH SOLN PEN (INSULIN DEGLUDEC SOLN PEN)	Not Covered	Tier 1- PA Required
(CELECOXIB)	Tier 1- PA Required	Tier 1