

University of Maryland Health Partners may add or remove drugs from its formulary at any time as part of its Drug Use Management Program. We will immediately remove any drug from our formulary that is deemed by the Food and Drug Administration to be unsafe or, the drug's manufacturer removes the drug from the market.

The following formulary changes were reviewed and approved by the Pharmacy & Therapeutic Committee or added/removed from the formulary based on pharmacy policy. Changes will take effect on **January 1, 2020**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
Aptivus	Antiretroviral	Add	QL	F
Atripla	Antiretroviral	Add	QL	F
Biktarvy	Antiretroviral	Add	QL	F
Cimduo	Antiretroviral	Add	QL	F
Combivir	Antiretroviral	Add	QL	F
Complera	Antiretroviral	Add	QL	F
Crixivan	Antiretroviral	Add	QL	F
Delstrigo	Antiretroviral	Add	QL	F
Descovy	Antiretroviral	Add	QL	F
Dovato	Antiretroviral	Add	QL	F
Edurant	Antiretroviral	Add	QL	F
Emtriva	Antiretroviral	Add	QL	F
Epivir	Antiretroviral	Add	QL	F
Epzicom	Antiretroviral	Add	QL	F
Evotaz	Antiretroviral	Add	QL	F
Fuzeon	Antiretroviral	Add	QL	F
Genvoya	Antiretroviral	Add	QL	F
Intelence	Antiretroviral	Add	QL	F

Invirase	Antiretrovrial	Add	QL	F
Isentress	Antiretrovrial	Add	QL	F
Juluca	Antiretrovrial	Add	QL	F
Kaletra	Antiretrovrial	Add	QL	F
Lexiva	Antiretrovrial	Add	QL	F
Norvir	Antiretrovrial	Add	QL	F
Odefsey	Antiretrovrial	Add	QL	F
Pifeltro	Antiretrovrial	Add	QL	F
Prezcobix	Antiretrovrial	Add	QL	F
Prezista	Antiretrovrial	Add	QL	F
Rescriptor	Antiretrovrial	Add	QL	F
Retrovir	Antiretrovrial	Add	QL	F
Reyataz	Antiretrovrial	Add	QL	F
Selzentry	Antiretrovrial	Add	QL	F
Stribild	Antiretrovrial	Add	QL	F
Sustiva	Antiretrovrial	Add	QL	F
Symfi	Antiretrovrial	Add	QL	F
Symfi Lo	Antiretrovrial	Add	QL	F
Symtuza	Antiretrovrial	Add	QL	F
Temixys	Antiretrovrial	Add	QL	F
Tivicay	Antiretrovrial	Add	QL	F
Triumeq	Antiretrovrial	Add	QL	F
Trizivir	Antiretrovrial	Add	QL	F
Truvada	Antiretrovrial	Add	QL	F

Tybost	Antiretroviral	Add	QL	F
Videx	Antiretroviral	Add	QL	F
Viracept	Antiretroviral	Add	QL	F
Viramune	Antiretroviral	Add	QL	F
Viread	Antiretroviral	Add	QL	F
Zerit	Antiretroviral	Add	QL	F
Ziagen	Antiretroviral	Add	QL	F

NOTE: This table outlines upcoming changes to our formulary that may impact your patients.

Legend: PA = Prior Authorization, SP = Specialty, QL = Quantity limit, OTC = Over-the-Counter, F = Formulary, AL = Age Limit

What if my patient will be adversely affected by the formulary change? We recognize the unique aspects of patients' cases. If for medical reasons your University of Maryland Health Partners patient cannot be converted to a formulary alternative, you can download a **Non-Formulary/Brand Medically Necessary Drug Exception Form** from our website at www.umhealthpartners.com and fax the completed form to our Pharmacy Department for review.

What if I need further assistance? Call the Provider Line at 1-800-730-8543 and follow the voice prompts for the option that will address your service needs.