

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 **December 1, 2020**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE 600-300-300mg Tab	Antiretroviral	Add	QL	F
SYMFI TAB	Antiretroviral	Remove (generic available)		NF
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE 400-300-300mg Tab	Antiretroviral	Add	QL	F
SYMFI LO TAB	Antiretroviral	Remove (generic available)		NF
EMTRICITABINE CAP 200MG	Antiretroviral	Add	QL	F
EMTRIVA CAP 200MG	Antiretroviral	Remove (genetic available)		NF
SEMGLEE PEN-INJECTOR 100 UNIT/ML	Antidiabetic	Add		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.



Upcoming Formulary Change Notice

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.