



PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES

Generic Additions

These generic drugs recently became available in the marketplace. When these generic drugs became available, we began covering them at the appropriate generic formulary level of cost-sharing:

Generic drug	Brand drug	Formulary chapter	Effective date
alogliptin benz/metformin hcl	Kazano®	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	March 28, 2016
alogliptin benz/pioglitazone	Oseni®	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	March 28, 2016
alogliptin benzoate	Nesina®	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	March 28, 2016
carbamazepine	Tegretol Xr®	Chapter 3. Pain, Nervous System, & Psych	March 28, 2016
cyclopentolate hcl	Cyclogyl®	Chapter 11. Eye Medications	February 22, 2016
darifenacin er	Enablex®	Chapter 13. Urologicals	March 21, 2016
diclofenac sodium gel	Voltaren® Gel	Chapter 5. Skin Medications	March 28, 2016
doxepin hcl	Zonalon®	Chapter 5. Skin Medications	March 14, 2016
flurandrenolide	Cordran®	Chapter 5. Skin Medications	April 25, 2016
frovatriptan succinate	Frova®	Chapter 3. Pain, Nervous System, & Psych	April 4, 2016
metformin hcl er	Glumetza®	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 8, 2016
mometasone furoate*	Nasonex®	Chapter 6. Ear, Nose, Throat Medications	March 28, 2016
naftifine hcl	Naftin®	Chapter 5. Skin Medications	February 8, 2016
oxiconazole nitrate	Oxistat®	Chapter 5. Skin Medications	March 14, 2016
oxycodone hcl er 15 mg, 30 mg*, 60 mg*	Oxycontin® 15 mg, 30 mg, 60 mg	Chapter 3. Pain, Nervous System, & Psych	March 21, 2016
rosuvastatin	Crestor®	Chapter 4. Heart, Blood Pressure, & Cholesterol	May 9, 2016
zolpidem tartrate	Intermezzo®	Chapter 3. Pain, Nervous System, & Psych	March 28, 2016

*Generic requires prior authorization.

Brand Additions

These brand drugs were added to the formulary as of the date indicated below and are covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective date
Letairis®	Chapter 4. Heart, Blood Pressure, & Cholesterol	October 1, 2016
Linzess®	Chapter 8. Stomach, Ulcer, & Bowel Meds	September 1, 2016
Movantik™	Chapter 8. Stomach, Ulcer, & Bowel Meds	September 1, 2016
Praluent®	Chapter 4. Heart, Blood Pressure, & Cholesterol	August 1, 2016

Brand Deletions

These brand drugs will be covered at the appropriate non-formulary level of cost-sharing:
Effective October 1, 2016

Brand drug	Generic drug	Formulary chapter
Enablex®	darifenacin er	Chapter 13. Urinary & Prostate Meds
Crestor®	rosuvastatin	Chapter 4. Heart, Blood Pressure, & Cholesterol

The generics for the above brand drugs are on our formulary and available at the generic formulary level of cost-sharing.

Brand Deletions

These brand drugs will be covered at the appropriate non-formulary level of cost-sharing:

Effective October 1, 2016

Brand drug	Formulary Therapeutic Alternatives	Formulary chapter
Alphanine®	BeneFIX®	Chapter 4. Heart, Blood Pressure, & Cholesterol
Emcyt®	bicalutamide, flutamide	Chapter 2. Cancer & Organ Transplant Drugs
Feiba®	BeneFIX®, Mononine®	Chapter 4. Heart, Blood Pressure, & Cholesterol
Fuzeon®	Selzentry®	Chapter 1. Antibiotics & Other Drugs Used for Infection
Lysodren®	etoposide	Chapter 2. Cancer & Organ Transplant Drugs
Pegasys®	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection
Pegintron™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection
Tamiflu®	amantadine, rimantadine	Chapter 1. Antibiotics & Other Drugs Used for Infection
Vascepa™	omega-3 acid ethyl esters	Chapter 4. Heart, Blood Pressure, & Cholesterol
Xifaxan®	ciprofloxacin, neomycin	Chapter 1. Antibiotics & Other Drugs Used for Infection

There is no generic equivalent for the above brand drugs; however, there are formulary therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary level of cost-sharing. Contact your doctor to discuss formulary alternatives.

Drugs Requiring Prior Authorization

The prior authorization requirement for the following drugs was effective at the time the drugs became available in the marketplace:

Brand drug	Generic drug	Formulary chapter	Effective date
Alprolix® 250 Mg Vial	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	March 28, 2016
Idelvion®	N/A	Chapter 15. Diagnostics & Miscellaneous Agents	March 14, 2016
Onzetra Xsail™	N/A	Chapter 3. Pain, Nervous System, & Psych	April 25, 2016
Sernivo™	N/A	Chapter 5. Skin Medications	April 4, 2016
Taltz Autoinjector®	N/A	Chapter 5. Skin Medications	April 4, 2016
Venclexta®	N/A	Chapter 2. Cancer & Organ Transplant Drugs	April 18, 2016
Vraylar™	N/A	Chapter 3. Pain, Nervous System, & Psych	February 22, 2016
Wilate® 500Unit-500Unit, 1,000Unit-1,000Unit, Vial	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	April 18, 2016
Xuriden™	N/A	Chapter 15. Diagnostics & Miscellaneous Agents	February 8, 2016
Zembrace Symtouch™	N/A	Chapter 3. Pain, Nervous System, & Psych	March 28, 2016
Zepatier™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	February 8, 2016

Drugs Requiring Prior Authorization

The following non-formulary drugs have been added to the list of drugs requiring prior authorization:

Effective October 1, 2016

Brand drug	Generic drug	Formulary chapter
Amitiza®	N/A	Chapter 8. Stomach, Ulcer, & Bowel Meds
Butrans™ 15 mcg/hr and 20 mcg/hr patch	N/A	Chapter 3. Pain, Nervous System, & Psych
Elmiron®	N/A	Chapter 13. Urinary & Prostate Meds
Kadian® 50 mg	morphine sulfate er 50 mg*	Chapter 3. Pain, Nervous System, & Psych
N/A	morphine sulfate er 90 mg*	Chapter 3. Pain, Nervous System, & Psych
Nascobal®	N/A	Chapter 14. Vitamins & Electrolytes
Relistor®	N/A	Chapter 8. Stomach, Ulcer, & Bowel Meds
Tracleer®	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol
Viberzi™	N/A	Chapter 8. Stomach, Ulcer, & Bowel Meds
Xifaxan® 550 mg	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection

*Generic requires prior authorization.

Drugs With Quantity Limits

Quantity limits will be added or updated for the following drugs as of the date indicated below:

Brand drug	Generic drug	Quantity limit	Effective date
Adzenys™ XR-ODT	N/A	30 tablets per 30 days	March 28, 2016
Brand Bowel Prep Agents (Peg 3350-Electrolyte And Peg-Prep Kits)	Generic Bowel Prep Agents (Peg 3350-Electrolyte And Peg-Prep Kits)	2 units per 365 days	October 1, 2016
Impavido®	N/A	84 capsules per 28 days	October 1, 2016
Narcan® Nasal Spray	N/A	6 sprays per 30 days	October 1, 2016
Onzetra Xsail™	N/A	16 capsules per 30 days	April 25, 2016
Quillichew ER™ 20 mg and 30 mg	N/A	60 tablets per 30 days	February 1, 2016
Quillichew ER™ 40 mg	N/A	30 tablets per 30 days	February 1, 2016
Xifaxan® 200 mg	N/A	9 tablets per 90 days	October 1, 2016
Zembrace Symtouch™	N/A	8 pens per 30 days	March 28, 2016

Drugs No Longer Requiring Prior Authorization

Prior authorization has been removed for the following drugs:

Brand drug	Generic drug	Formulary chapter	Effective date
N/A	clonidine ER	Chapter 3. Pain, Nervous System, & Psych	September 1, 2016
N/A	guanfacine ER	Chapter 3. Pain, Nervous System, & Psych	September 1, 2016