



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
azelastine	Astepro®	Chapter 6. Ear, Nose, Throat Medications	May 16, 2014
budesonide	Rhinocort® Aqua	Chapter 6. Ear, Nose, Throat Medications	May 16, 2014
diclofenac sodium	Pennsaid®	Chapter 9. Bone, Joint, & Muscle	June 6, 2014
fenofibrate	Lipofen®	Chapter 4. Heart, Blood Pressure, & Cholesterol	May 9, 2014
hydromorphone er*	Exalgo®	Chapter 3. Pain, Nervous System, & Psych	May 22, 2014
methoxsalen	Oxsoralen-ultra®	Chapter 5. Skin Medications	June 27, 2014
oxycodone er	Oxycontin®	Chapter 3. Pain, Nervous System, & Psych	October 6, 2014
risedronate	Actonel® 150 mg	Chapter 9. Bone, Joint, & Muscle	June 13, 2014
testosterone*	Testim®, Vogelxo™	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	June 20, 2014
topiramate er	Qudexy™ XR	Chapter 3. Pain, Nervous System, & Psych	July 11, 2014
valsartan	Diovan®	Chapter 4. Heart, Blood Pressure, & Cholesterol	July 8, 2014

*Generic requires prior authorization.

Brand Addition

This brand drug was added to the formulary as of the dates indicated below and is covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective date
Dilantin® Infatabs®	Chapter 3. Pain, Nervous System, & Psych	November 1, 2014

Brand Deletions

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

Effective January 1, 2015

Brand drug	Generic drug	Formulary chapter
Actonel® 150 mg	risedronate	Chapter 9. Bone, Joint, & Muscle
Astepro®	azelastine	Chapter 6. Ear, Nose, Throat Medications
Diovan®	valsartan	Chapter 4. Heart, Blood Pressure, & Cholesterol
Levoxyl®	levothyroxine	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Mestinon® IR	pyridostigmine	Chapter 3. Pain, Nervous System, & Psych
Oxsoralen-ultra®	methoxsalen	Chapter 5. Skin Medications
Oxycontin®	oxycodone er	Chapter 3. Pain, Nervous System, & Psych
Unithroid®	levothyroxine	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Vandazole®	metronidazole	Chapter 10. Female, Hormone Replacement, & Birth Control

The generic 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 January 1, 2015

Brand drug	Formulary therapeutic alternatives	Formulary chapter
Alphanate®	Advate®, Helixate® FS	Chapter 4. Heart, Blood Pressure, & Cholesterol
Bebulin®	Rixubis®	Chapter 4. Heart, Blood Pressure, & Cholesterol
Hemofil-M®	Advate®, Helixate® FS	Chapter 4. Heart, Blood Pressure, & Cholesterol
Koate®-DVI	Advate®, Helixate® FS	Chapter 4. Heart, Blood Pressure, & Cholesterol
Monoclate-P®	Advate®, Helixate® FS	Chapter 4. Heart, Blood Pressure, & Cholesterol
Nasonex®	budesonide, fluticasone propionate	Chapter 6. Ear, Nose, Throat Medications
Profilnine®	Rixubis®	Chapter 4. Heart, Blood Pressure, & Cholesterol

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 non-formulary drugs was effective at the time the drugs became available in the marketplace:

Brand drug	Generic drug	Formulary chapter	Effective date
Eloctate™	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	July 14, 2014
Rasuvo™	N/A	Chapter 9. Bone, Joint, & Muscle	August 27, 2014
Sivextro™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	June 30, 2014
Tanzeum™	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	June 16, 2014
Zykadia™	N/A	Chapter 2. Cancer & Organ Transplant Drugs	May 5, 2014

Drugs Requiring Prior Authorization

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

Brand drug	Generic drug	Formulary chapter	Effective date
Ambien® 5 mg; 10 mg	zolpidem 5 mg; 10 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Ambien CR® 12.5 mg	zolpidem ER 12.5 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Avinza® 120 mg	morphine sulfate er 120 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Corifact®	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	January 1, 2015
Dilaudid® 4 mg, 8 mg	hydromorphone 4 mg*, 8 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Diovan®	valsartan	Chapter 4. Heart, Blood Pressure, & Cholesterol	January 1, 2015
Diovan HCT®	valsartan/hctz	Chapter 4. Heart, Blood Pressure, & Cholesterol	January 1, 2015
Doral®	quazepam	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Duragesic® 25 mcg, 50 mcg, 75 mcg, 100 mcg	fentanyl patches 25 mcg*, 50 mcg*, 75 mcg*, 100 mcg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
First Testosterone®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	January 1, 2015
Halcion®	triazolam	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Kadian® 60 mg, 80 mg, 100 mg	morphine sulfate ER 60 mg*, 80 mg*, 100 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Kadian® 200 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015

Drugs Requiring Prior Authorization

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

Brand drug	Generic drug	Formulary chapter	Effective date
Lunesta® 1 mg, 2 mg, 3 mg	eszopiclone 1 mg, 2 mg; 3 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
N/A	morphine sulfate ir 30 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
MS Contin® 60 mg, 100 mg, 200 mg	morphine sulfate er 60 mg*, 100 mg*, 200 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Nasonex®	N/A	Chapter 6. Ear, Nose, Throat Medications	January 1, 2015
Opana® 10 mg	oxymorphone 10 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Opana ER® 20 mg, 30 mg, 40 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Oxycontin® 30 mg, 40 mg, 60 mg, 80 mg	oxycodone er 30 mg*, 40 mg*, 60 mg*, 80 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Regimex®	N/A	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Restoril®	temazepam	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Roxicodone® 30 mg	oxycodone 30 mg*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Saphris®	N/A	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Sonata®	zaleplon	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Targretin® Gel	N/A	Chapter 2. Cancer & Organ Transplant Drugs	January 1, 2015

*Generic requires prior authorization.

Drugs Requiring Prior Authorization

The following drugs have been added to the list of drugs requiring prior authorization, and these requirements apply to all members:

	Effective date
Compound products containing any prescription bulk chemical	January 1, 2015
Compound products with total ingredient cost equal to or greater than \$150 per prescription	January 1, 2015

Drugs Requiring Prior Authorization With New Criteria

Current members taking these medications will require a new prior authorization:

Brand drug	Generic drug	Formulary chapter	Effective date
Exalgo®	hydromorphone er*	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Nucynta® 100 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015
Nucynta ER® 150 mg, 200 mg, 250 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	January 1, 2015

*Generic requires prior authorization.

Drugs With Quantity Limits

Quantity limits will be added to the following drugs:

Brand drug	Generic drug	Quantity limit	Effective date
Ambien CR®	zolpidem tartrate ER	30 tabs per 30 days	January 1, 2015
Conzip®	N/A	30 caps per 30 days	January 1, 2015
Evzio™	N/A	4 units per 30 days	January 1, 2015
Nuvaring®	N/A	1 ring per 28 days	January 1, 2015
Rozerem®	N/A	30 tabs per 30 days	January 1, 2015
Sivextro™	N/A	6 tabs per 6 days	January 1, 2015
Ultracet®	tramadol/acetaminophen	40 tabs per 5 days	January 1, 2015
Ultram®	tramadol	240 tabs per 30 days	January 1, 2015
Ultram ER®	tramadol er	30 tabs per 30 days	January 1, 2015
Zutripro®	hydrocodone/chlorpheniramine/ pseudoephedrine	450 ml per 30 days; 15 ml per day	January 1, 2015

Drugs No Longer Requiring Prior Authorization

Prior authorization has been removed for the following drugs:

Brand drug	Generic drug	Formulary chapter	Effective date
Actoplus Met XR®	pioglitazone hcl/ metformin hcl	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	November 1, 2014
Nucynta® 50 mg, 75 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	November 1, 2014
Nucynta ER® 50 mg, 100 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	November 1, 2014