



## 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
amlodipine-valsartan-HCTZ	Exforge HCT®	Chapter 4. Heart, Blood Pressure, & Cholesterol	December 8, 2014
celecoxib	Celebrex®	Chapter 3. Pain, Nervous System, & Psych	December 15, 2014
clobetasol propionate spray	Clobex® Spray	Chapter 5. Skin Medications	January 5, 2015
colchicine	Colcrys®	Chapter 9. Bone, Joint, & Muscle	January 19, 2015
colchicine	Mitigare™	Chapter 9. Bone, Joint, & Muscle	January 19, 2015
dexmethylphenidate ER	Focalin XR®	Chapter 3. Pain, Nervous System, & Psych	November 17, 2014
estradiol	Vivelle-Dot®	Chapter 10. Female, Hormone Replacement, & Birth Control	December 29, 2014
guanfacine ER*	Intuniv™	Chapter 3. Pain, Nervous System, & Psych	December 8, 2014
ivermectin	Stromectol®	Chapter 1. Antibiotics & Other Drugs Used for Infection	November 17, 2014
lamivudine sol	Epivir® Sol	Chapter 1. Antibiotics & Other Drugs Used for Infection	January 12, 2015
MB hydrogel	Aurstat®	Chapter 5. Skin Medications	December 8, 2014
mycophenolate mofetil susp	Cellcept® Susp	Chapter 2. Cancer & Organ Transplant Drugs	November 24, 2014
prednisolone sodium phosphate	Orapred ODT®	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	December 15, 2014
sirolimus 1 mg, 2 mg tabs	Rapamune® 1 mg, 2 mg tabs	Chapter 2. Cancer & Organ Transplant Drugs	November 3, 2014
tacrolimus	Protopic®	Chapter 2. Cancer & Organ Transplant Drugs	December 1, 2014
testosterone 1% packet*	Androgel® 1% Packet	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	January 5, 2015
Urea 47% cream	Keralac® 47% Cream	Chapter 5. Skin Medications	December 1, 2014
Uro-L	Urelle®	Chapter 1. Antibiotics & Other Drugs Used for Infection	December 29, 2014
Uro-MP	Uribel®	Chapter 1. Antibiotics & Other Drugs Used for Infection	December 22, 2014
valganciclovir	Valcyte®	Chapter 1. Antibiotics & Other Drugs Used for Infection	December 8, 2014

\*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	Generic drug	Formulary chapter	Effective date
Harvoni®	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	April 1, 2015
Invokamet®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	June 1, 2015
Invokana®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	June 1, 2015
Suboxone® Film*	N/A	Chapter 3. Pain, Nervous System, & Psych	June 1, 2015

\*Covered at the appropriate generic formulary level of cost-sharing.

## Brand Deletions

**These brand drugs will be covered at the appropriate non-formulary level of cost-sharing:  
Effective July 1, 2015**

Brand drug	Generic drug	Formulary chapter
Androgel® 1% Packet	testosterone 1% packet	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Celebrex®	celecoxib	Chapter 3. Pain, Nervous System, & Psych
Cellcept® Susp	mycophenolate mofetil susp	Chapter 2. Cancer & Organ Transplant Drugs
Clobex® Spray	clobetasol propionate spray	Chapter 5. Skin Medications
Colcrys®	colchicine	Chapter 9. Bone, Joint, & Muscle
Rapamune® 1 mg, 2 mg tabs	sirolimus 1 mg, 2 mg tabs	Chapter 2. Cancer & Organ Transplant Drugs
Valcyte®	valganciclovir	Chapter 1. Antibiotics & Other Drugs Used for Infection
Vivelle-Dot®	estradiol	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

**This brand drug will be covered at the appropriate non-formulary level of cost-sharing:  
Effective July 1, 2015**

Brand drug	Formulary therapeutic alternative	Formulary chapter
Blephamide® Susp	sulfacetamide/prednisolone susp	Chapter 11. Eye Medications

There is no generic equivalent for the above brand drug; however, there is a formulary therapeutic alternative drug. This therapeutic alternative drug is 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
Afrezza®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	December 29, 2014
Arnuity Ellipta®	N/A	Chapter 12. Allergy, Cough & Cold, Lung Meds	December 22, 2014
Belsomra®	N/A	Chapter 3. Pain, Nervous System, & Psych	December 8, 2014
Embeda® 60-2.4 mg, 80-3.2 mg, 100-4 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	January 19, 2015
Hysingla™	N/A	Chapter 3. Pain, Nervous System, & Psych	December 15, 2014
Lynparza™	N/A	Chapter 2. Cancer & Organ Transplant Drugs	December 29, 2014
Viekira Pak™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	December 29, 2014
Xigduo XR™	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	November 3, 2014

## 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
Differin® Cream/Gel	adapalene cream/gel	Chapter 5. Skin Medications	July 1, 2015
Embeda® 20-0.8 mg, 30-1.2 mg, 50-2 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	July 1, 2015
Solaraze® Gel	diclofenac gel*	Chapter 5. Skin Medications	July 1, 2015

\*Generic requires prior authorization.

## Drugs With Quantity Limits

Quantity limits will be added or updated for the following drugs:

Brand drug	Generic drug	Quantity limit	Effective date
Belsomra®	N/A	30 tabs per 30 days	July 1, 2015
Embeda®	N/A	60 caps per 30 days	January 19, 2015
Hysingla™	N/A	30 tabs per 30 days	December 15, 2014
Obredon®	N/A	450 ml per 30 days	January 19, 2015
Suboxone® Film 2-0.5 mg, 4-1 mg	N/A	720 films per 365 days	June 1, 2015
Suboxone® Film 8-2 mg	N/A	540 films per 365 days	June 1, 2015
Suboxone® Film 12-3 mg	N/A	360 films per 365 days	June 1, 2015
Trezix®	N/A	180 caps per 30 days	December 15, 2014
Vituz®	N/A	450 ml per 30 days	July 1, 2015

## Drugs No Longer Requiring Prior Authorization

Prior authorization has been removed for the following drug:

Brand drug	Generic drug	Formulary chapter	Effective date
Suboxone® Film	N/A	Chapter 3. Pain, Nervous System, & Psych	May 1, 2015