



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
armodafinil*	Nuvigil®	Chapter 3. Pain, Nervous System, & Psych	June 6, 2016
clindamycin phos-tretinoin 1.2 %-0.025 % gel	Veltin® 1.2 %-0.025 % gel or Ziana™ 1.2 %-0.025 % gel	Chapter 5. Skin Medications	July 11, 2016
clindamycin-benzoyl peroxide 1 %-5 % gel w/pump	benzaclin pump	Chapter 5. Skin Medications	May 9, 2016
dofetilide	Tikosyn®	Chapter 4. Heart, Blood Pressure, & Cholesterol	June 13, 2016
doxycycline hyclate 50 mg and 200 mg dr tablet	Doryx® 50 mg and 200 mg dr tablet	Chapter 1. Antibiotics & Other Drugs Used for Infection	May 30, 2016
ethacrynic acid	Edecrin®	Chapter 4. Heart, Blood Pressure, & Cholesterol	July 11, 2016
miglitol	Glyset®	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	May 23, 2016
nilutamide	Nilandron®	Chapter 2. Cancer & Organ Transplant Drugs	July 25, 2016
omeprazole-sodium bicarbonate 20 mg-1,680 mg and 40 mg-1,680 mg packet*	Zegerid® 20 mg-1,680 mg and 40 mg-1,680 mg packet	Chapter 8. Stomach, Ulcer, & Bowel Meds	July 25, 2016
pramipexole er 3.75 mg	Mirapex ER™ 3.75 mg	Chapter 3. Pain, Nervous System, & Psych	July 18, 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
Simponi®	Chapter 9. Bone, Joint, & Muscle	October 1, 2016
Stelara®*	Chapter 9. Bone, Joint, & Muscle	October 1, 2016

*Covered under pharmacy and medical benefit.

Brand Deletions

These brand drugs will be covered at the appropriate non-formulary level of cost sharing:
Effective January 1, 2017

Brand drug	Generic drug	Formulary chapter
Edecrin®	ethacrynic acid	Chapter 4. Heart, Blood Pressure, & Cholesterol
Mirapex ER™ 3.75 mg	pramipexole er 3.75 mg	Chapter 3. Pain, Nervous System, & Psych

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

Generic Deletions

These generic drugs will be covered at the appropriate non-formulary level of cost-sharing:
Effective January 1, 2017

Non-Preferred drug	Formulary Therapeutic Alternatives	Formulary chapter
Apexicon® E	betamethasone dipropionate, fluocinolone acetonidem, triamcinolone acetonide	Chapter 5. Skin Medications

Generic Deletions

**These generic drugs will be covered at the appropriate non-formulary level of cost-sharing:
Effective January 1, 2017**

Non-Preferred drug	Formulary Therapeutic Alternatives	Formulary chapter
Clodan®	clobetasol propionate	Chapter 5. Skin Medications
frovatriptan	almotriptan malate, sumatriptan, zolmitriptan	Chapter 3. Pain, Nervous System, & Psych
metformin ER (generic Glumetza®)	metformin ER (generic Glucophage® XR and Fortamet®)	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
omeprazole-sodium bicarbonate	omeprazole, lansoprazole, pantoprazole sodium	Chapter 8. Stomach, Ulcer, & Bowel Meds
oxiconazole	econazole nitrate, ketoconazole	Chapter 5. Skin Medications
Trianax®	betamethasone dipropionate, fluocinolone acetonide, triamcinolone acetonide	Chapter 3. Pain, Nervous System, & Psych

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
Afstyla®	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	June 13, 2016
Bevespi aerosphere™	N/A	Chapter 12. Allergy, Cough & Cold, Lung Meds	July 11, 2016
Briviact®	N/A	Chapter 3. Pain, Nervous System, & Psych	May 23, 2016
Cabometyx™	N/A	Chapter 2. Cancer & Organ Transplant Drugs	May 2, 2016
Epclusa®	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	July 4, 2016
Nuplazid™	N/A	Chapter 3. Pain, Nervous System, & Psych	May 16, 2016
Nuvigil®	armodafinil*	Chapter 3. Pain, Nervous System, & Psych	June 6, 2016
Ocaliva™	N/A	Chapter 15. Diagnostics & Miscellaneous Agents	June 6, 2016
Stelara®**	N/A	Chapter 9. Bone, Joint, & Muscle	October 1, 2016
Vonvendi®	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	July 11, 2016
Xiidra™	N/A	Chapter 11. Eye Medications	July 25, 2016
Xtampza™ ER	N/A	Chapter 3. Pain, Nervous System, & Psych	May 16, 2016
Zegerid® 20 mg-1,680 mg and 40 mg-1,680 mg packet	omeprazole-sodium bicarbonate 20 mg-1,680 mg and 40 mg-1,680 mg packet*	Chapter 8. Stomach, Ulcer, & Bowel Meds	July 25, 2016
Zinbryta™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	July 11, 2016

*Generic requires prior authorization.

**Covered under pharmacy and medical benefit.

Drugs Requiring Prior Authorization

**The following non-formulary drugs will be added to the list of drugs requiring prior authorization:
Effective January 1, 2017**

Brand drug	Generic drug	Formulary chapter
Abilify®	aripiprazole	Chapter 3. Pain, Nervous System, & Psych
Beyaz®	N/A	Chapter 10. Female, Hormone Replacement, & Birth Control
Capex®	N/A	Chapter 5. Skin Medications
Clobex®	clobetasol propionate	Chapter 5. Skin Medications
Cloderm®	clocortolone pivalate	Chapter 5. Skin Medications
Cordran®	flurandrenolide	Chapter 5. Skin Medications
Crestor®	rosuvastatin calcium	Chapter 4. Heart, Blood Pressure, & Cholesterol
Cuprimine®	N/A	Chapter 9. Bone, Joint, & Muscle
Cutivate®	fluticasone propionate	Chapter 5. Skin Medications
Derma-Smoother FS®	fluocinolone acetonide	Chapter 5. Skin Medications

Drugs Requiring Prior Authorization

**The following non-formulary drugs will be added to the list of drugs requiring prior authorization:
Effective January 1, 2017**

Brand drug	Generic drug	Formulary chapter
Dermasorb™ HC, TA	N/A	Chapter 5. Skin Medications
Desonate®	N/A	Chapter 5. Skin Medications
Desowen®	desonide	Chapter 5. Skin Medications
Dibenzylamine®	phenoxybenzamine*	Chapter 4. Heart, Blood Pressure, & Cholesterol
Diclegis®	N/A	Chapter 8. Stomach, Ulcer, & Bowel Meds
Dymista®	N/A	Chapter 6. Ear, Nose, Throat Medications
Ecoza™	N/A	Chapter 5. Skin Medications
Effexor XR®	venlafaxine er	Chapter 3. Pain, Nervous System, & Psych
Ertaczo®	N/A	Chapter 5. Skin Medications
Exelderm®	N/A	Chapter 5. Skin Medications
Extina®	ketoconazole	Chapter 5. Skin Medications
Glumetza®	metformin er*	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Halog®	N/A	Chapter 5. Skin Medications
Kenalog™	triamcinolone acetonide	Chapter 5. Skin Medications
Lexapro®	escitalopram oxalate	Chapter 3. Pain, Nervous System, & Psych
Locoid® [lipocream]	hydrocortisone butyrate / emoll	Chapter 5. Skin Medications
Loprox®	ciclopirox	Chapter 5. Skin Medications
Luxiq®	betamethasone valerate	Chapter 5. Skin Medications
Luzu®	N/A	Chapter 5. Skin Medications
Minastrin® FE	N/A	Chapter 10. Female, Hormone Replacement, & Birth Control
Olux®[E]	clobetasol propionate / emoll	Chapter 5. Skin Medications
Oxistat®	oxiconazole nitrate	Chapter 5. Skin Medications
Pandel®	N/A	Chapter 5. Skin Medications
Psorcon®	diflorasone diacetate	Chapter 5. Skin Medications
Rayos®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Safyral®	N/A	Chapter 10. Female, Hormone Replacement, & Birth Control
Synalar®	fluocinolone acetonide	Chapter 5. Skin Medications
Syprine®	N/A	Chapter 15. Diagnostics & Miscellaneous Agents
Topicort®	desoximetasone	Chapter 5. Skin Medications
Ultravate®	halobetasol propionate	Chapter 5. Skin Medications
Valtrex™	valacyclovir hcl	Chapter 1. Antibiotics & Other Drugs Used for Infection
Vanos™	fluocinonide	Chapter 5. Skin Medications
Vusion®	N/A	Chapter 5. Skin Medications
Xartemis® XR	N/A	Chapter 3. Pain, Nervous System, & Psych
Xolegel®	N/A	Chapter 5. Skin Medications
Zoloff®	sertraline hcl	Chapter 3. Pain, Nervous System, & Psych

*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
Denavir®	N/A	1 tube per 30 days	January 1, 2017
Xtampza™ ER	N/A	60 caps per 30 days	May 16, 2016

Drugs No Longer Requiring Prior Authorization

Prior authorization has been removed for the following drugs:

Effective January 1, 2017

Brand drug	Generic drug	Formulary chapter
Invokamet®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Invokana®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
PegIntron®, Pegasys®	N/A	Chapter 3. Pain, Nervous System, & Psych
various	ribavirin	Chapter 1. Antibiotics & Other Drugs Used for Infection