



## 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
aripiprazole 1 mg/ml	Abilify® 1 mg/ml	Chapter 3. Pain, Nervous System, & Psych	August 24, 2015
aripiprazole odt 10 mg and 15 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	October 12, 2015
budesonide 1 mg/2 ml	Pulmicort® 1 mg/2 ml	Chapter 12. Allergy, Cough & Cold, Lung Meds	August 3, 2015
dihydrocodein-acetaminoph-caff	Trezix™	Chapter 3. Pain, Nervous System, & Psych	August 17, 2015
dutasteride	Avodart®	Chapter 13. Urinary & Prostate Meds	October 19, 2015
fenofibrate 40 mg	Fenoglide® 40 mg	Chapter 4. Heart, Blood Pressure, & Cholesterol	September 28, 2015
fluvastatin er	Lescol® XL	Chapter 4. Heart, Blood Pressure, & Cholesterol	September 21, 2015
megestrol acetate	Megace® ES	Chapter 2. Cancer & Organ Transplant Drugs	August 3, 2015
memantine hcl 2 mg/ml	Namenda® 2 mg/ml	Chapter 3. Pain, Nervous System, & Psych	October 19, 2015
naproxen sodium cr 375 mg	Naprelan® 375 mg	Chapter 3. Pain, Nervous System, & Psych	August 31, 2015
paliperidone er	Invega®	Chapter 3. Pain, Nervous System, & Psych	September 28, 2015
phenoxybenzamine hcl	Dibenzylin®	Chapter 4. Heart, Blood Pressure, & Cholesterol	August 17, 2015
pimozide	Orap®	Chapter 3. Pain, Nervous System, & Psych	October 5, 2015
pramipexole di-hcl 4.5 mg	Mirapex ER® 4.5 mg	Chapter 3. Pain, Nervous System, & Psych	August 17, 2015
rivastigmine 9.5 mg/24hr, 13.3 mg/24hr and 4.6mg/24hr	Exelon® 9.5 mg/24 hr, 13.3 mg/24 hr and 4.6 mg/24 hr	Chapter 3. Pain, Nervous System, & Psych	September 7, 2015
tetrabenazine*	Xenazine®	Chapter 3. Pain, Nervous System, & Psych	August 31, 2015
tretinoin	Atralin®	Chapter 5. Skin Medications	September 7, 2015

\*Generic requires prior authorization.

### Brand Deletions

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

*Effective April 1, 2016*

Brand drug	Generic drug	Formulary chapter
Abilify® 1 mg/ml	aripiprazole 1 mg/ml	Chapter 3. Pain, Nervous System, & Psych
Mirapex ER® 4.5 mg	pramipexole di-hcl 4.5 mg	Chapter 3. Pain, Nervous System, & Psych
Namenda® 2 mg/ml	memantine hcl 2 mg/ml	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.

### 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
Addyi®	N/A	Chapter 10. Female, Hormone Replacement, & Birth Control	September 28, 2015
Durlaza®	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	September 28, 2015
Keveyis™	N/A	Chapter 15. Diagnostics & Miscellaneous Agents	September 21, 2015

*(continued)*

## 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
Lonsurf®	N/A	Chapter 2. Cancer & Organ Transplant Drugs	October 5, 2015
Odomzo®	N/A	Chapter 2. Cancer & Organ Transplant Drugs	October 5, 2015
Oxaydo™	N/A	Chapter 3. Pain, Nervous System, & Psych	September 21, 2015
Synjardy®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	September 7, 2015
Zecuity®	N/A	Chapter 3. Pain, Nervous System, & Psych	August 31, 2015

## Drugs Requiring Prior Authorization

**The following non-formulary drugs have been added to the list of drugs requiring prior authorization:  
Effective April 1, 2016**

Brand drug	Generic drug	Formulary chapter
Aczone®	N/A	Chapter 5. Skin Medications
Amrix®	N/A	Chapter 9. Bone, Joint, & Muscle
Arthrotec®	diclofenac sodium/misoprostol	Chapter 9. Bone, Joint, & Muscle
Atralin®	tretinoin	Chapter 5. Skin Medications
Avita®	tretinoin	Chapter 5. Skin Medications
Azelex®	N/A	Chapter 5. Skin Medications
Benzaclin® 1-5% gel	clindamycin phos/benzoyl perox	Chapter 5. Skin Medications
Benzaclin® Pump	N/A	Chapter 5. Skin Medications
Benzamycin® gel	erythromycin/benzoyl peroxide	Chapter 5. Skin Medications
Benzamycinpak®	N/A	Chapter 5. Skin Medications
Cleocin T®	clindamycin phosphate	Chapter 5. Skin Medications
Clindagel®	N/A	Chapter 5. Skin Medications
Daypro®	oxaprozin	Chapter 9. Bone, Joint, & Muscle
Duac®	clindamycin phos/benzoyl perox	Chapter 5. Skin Medications
Evoclin® foam	clindamycin phosphate	Chapter 5. Skin Medications
Kepra®	levetiracetam	Chapter 3. Pain, Nervous System, & Psych
Lamictal ODT™	lamotrigine odt	Chapter 3. Pain, Nervous System, & Psych
Lamictal®	lamotrigine	Chapter 3. Pain, Nervous System, & Psych
Lorzone®	N/A	Chapter 9. Bone, Joint, & Muscle
Mobic®	meloxicam	Chapter 9. Bone, Joint, & Muscle
Onexton™	N/A	Chapter 5. Skin Medications
Prozac®	fluoxetine hcl	Chapter 3. Pain, Nervous System, & Psych
Retin-A® and Retin-A Micro®	tretinoin	Chapter 5. Skin Medications
Skelaxin®	metaxalone	Chapter 9. Bone, Joint, & Muscle
Soma®	carisoprodol	Chapter 9. Bone, Joint, & Muscle
Veltin™	N/A	Chapter 5. Skin Medications
Voltaren-XR®	diclofenac sodium	Chapter 9. Bone, Joint, & Muscle
Zanaflex®	tizanidine hcl	Chapter 9. Bone, Joint, & Muscle
Ziana®	N/A	Chapter 5. Skin Medications
Zipsor™	N/A	Chapter 9. Bone, Joint, & Muscle

## 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
Duexis®	N/A	Chapter 9. Bone, Joint, & Muscle	April 1, 2016
Vimovo®	N/A	Chapter 9. Bone, Joint, & Muscle	April 1, 2016
Zecuity®	N/A	Chapter 3. Pain, Nervous System, & Psych	April 1, 2016

## 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
Butrans® 5 mcg patch	N/A	4 patches per 28 days	April 1, 2016
Hycufenix™	N/A	450 ml per 30 days	August 17, 2015
Oxaydo™	N/A	180 tablets per 30 days	September 21, 2015
Zecuity®	N/A	4 patches per 30 days	August 31, 2015

## Drugs No Longer Requiring Prior Authorization

Prior authorization has been removed for the following drug as of the date indicated below:

Brand drug	Generic drug	Formulary chapter	Effective date
Tivorbex™	N/A	Chapter 9. Bone, Joint, & Muscle	February 1, 2016
Zorvolex®	N/A	Chapter 9. Bone, Joint, & Muscle	February 1, 2016