

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	Exforge®	Chapter 4. Heart, Blood Pressure, & Cholesterol	October 6, 2014
amoxicillin ER	Moxatag®	Chapter 1. Antibiotics & Other Drugs Used for Infection	August 18, 2014
entecavir	Baraclude®	Chapter 1. Antibiotics & Other Drugs Used for Infection	September 8, 2014
fluorouracil	Carac®	Chapter 5. Skin Medications	October 20, 2014
olopatadine	Patanase®	Chapter 6. Ear, Nose, Throat Medications	October 27, 2014
testosterone*	Fortesta®	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	September 8, 2014

*Generic requires prior authorization

Brand Additions

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

Effective February 1, 2015

Brand drug	Generic drug	Formulary chapter
Plegridy™	N/A	Chapter 3. Pain, Nervous System, & Psych

Brand Deletions

This brand drug will be covered at the appropriate non-formulary level of cost-sharing:

Effective April 1, 2015

Brand drug	Generic drug	Formulary chapter
Prometrium®	progesterone	Chapter 10. Female, Hormone Replacement, & Birth Control

The generic for the above brand drug is 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 April 1, 2015

Brand drug	Formulary therapeutic alternative	Formulary chapter
Viagra®	Cialis®	Chapter 13. Urinary & Prostate Meds

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
Acticlate™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	August 11, 2014
Bunavai™	N/A	Chapter 3. Pain, Nervous System, & Psych	August 4, 2014
Cerdelga™	N/A	Chapter 15. Diagnostics & Miscellaneous Agents	September 1, 2014
Contrave ER®	N/A	Chapter 3. Pain, Nervous System, & Psych	September 22, 2014
Esbriet®	N/A	Chapter 12. Allergy, Cough & Cold, Lung Meds	October 27, 2014
Harvoni™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	October 20, 2014
Invokamet™	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	August 18, 2014
Jardiance®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	August 11, 2014
Ofev®	N/A	Chapter 12. Allergy, Cough & Cold, Lung Meds	October 27, 2014
Trulicity™	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	October 6, 2014
Zydelig®	N/A	Chapter 2. Cancer & Organ Transplant Drugs	August 4, 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
Ativan®	lorazepam	Chapter 3. Pain, Nervous System, & Psych	April 1, 2015
Ciclodan® 8% solution, 0.77% cream	N/A	Chapter 5. Skin Medications	April 1, 2015
Evzio™	N/A	Chapter 3. Pain, Nervous System, & Psych	April 1, 2015
Jublia®	N/A	Chapter 5. Skin Medications	April 1, 2015
Kerydin™	N/A	Chapter 5. Skin Medications	April 1, 2015
Lipitor®	atorvastatin	Chapter 4. Heart, Blood Pressure, & Cholesterol	April 1, 2015
Migranal®	dihydroergotamine	Chapter 3. Pain, Nervous System, & Psych	April 1, 2015
Northera™	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	April 1, 2015
Onmel™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	April 1, 2015
Penlac®	ciclopirox	Chapter 5. Skin Medications	April 1, 2015
Percocet®	oxycodone/ acetaminophen	Chapter 3. Pain, Nervous System, & Psych	April 1, 2015
Valium®	diazepam	Chapter 3. Pain, Nervous System, & Psych	April 1, 2015
Xanax®	alprazolam	Chapter 3. Pain, Nervous System, & Psych	April 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
Levitra®	N/A	Chapter 13. Urinary & Prostate Meds	April 1, 2015
Staxyn®	N/A	Chapter 13. Urinary & Prostate Meds	April 1, 2015
Stendra®	N/A	Chapter 13. Urinary & Prostate Meds	April 1, 2015
Viagra®	N/A	Chapter 13. Urinary & Prostate Meds	April 1, 2015

Drugs With Quantity Limits

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

Brand drug	Generic drug	Quantity limit	Effective date
Bunavail™ 2.1-0.3 mg	N/A	120 tabs per 30 days	April 1, 2015
Bunavail™ 4.2-0.7 mg	N/A	90 tabs per 30 days	April 1, 2015
Bunavail™ 6.3-1 mg	N/A	30 tabs per 30 days	April 1, 2015
Plegridy™	N/A	1 box per 28 days	April 1, 2015
Suboxone® 8-2 mg	buprenorphine/naloxone 8-2 mg	90 tabs per 30 days	April 1, 2015
Suboxone® 12-3 mg	buprenorphine/naloxone 12-3 mg	60 tabs per 30 days	April 1, 2015
Zubsolve® 5.7-1.4 mg	N/A	90 tabs per 30 days	April 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
Plegridy™	N/A	Chapter 3. Pain, Nervous System, & Psych	February 1, 2015