

Premier Plus Formulary Changes

Effective 1/1/2019

Effective January 1, 2019, changes are being made to the SCL Premier Plus Formulary which may affect your prescription coverage and prescription cost. Please refer to the two tables below for possible changes in your coverage.

Table 1 lists the brand name drugs which will **no longer be excluded**.

Exclusion Removals	
OZEMPIC	<i>Moving to Tier 2, Preferred</i>
REBIF	<i>Moving to Tier 3, Non-Preferred</i>
REBIF REBIDOSE	<i>Moving to Tier 3, Non-Preferred</i>
REBIF TITRATION PACK	<i>Moving to Tier 3, Non-Preferred</i>

Table 2 lists the brand name drugs which will become **preferred**. Filling preferred medications will typically result in lower prescription costs.

Brand Name Medications Moving to PREFERRED				
ACZONE GEL 7.5%	ELIQUIS 2.5MG	ELIQUIS 5MG	PROLENSA	SYMPROIC

Table 3 lists the brand name drugs which will become non-preferred. Continuing to fill a prescription which is NON-PREFERRED may result in higher prescription costs.

Brand Name Medications moving to NON-PREFERRED		
CLOLAR	GENVOYA	RITUXAN
DESCOVEY	LIPOFEN	STRIBILD
BETOPTIC-S	ODEFSEY	TIMOPTIC OCU SOL
ERWINAZE	RENVELA	

Table 4 lists the brand name drugs which will become excluded. These drugs have FDA approved generics available. Continuing to fill a prescription which is EXCLUDED may result in higher prescription costs.

Brand Name Medications Moving to EXCLUDED – With Generics Available		
ACZONE 5%	SABRIL	VIAGRA
ATIVAN	SANDOSTATIN	

Table 5 lists the brand name drugs which will become excluded; it also lists preferred alternatives. Continuing to fill a prescription which is EXCLUDED may result in higher prescription costs.

Brand Name Medications Moving to EXCLUDED – With Preferred Alternatives

Brand Name	Alternative
AIMOVIG	amitriptyline, atenolol, divalproex sodium, metoprolol, nadolol, propranolol, timolol, topiramate, venlafaxine
AMITIZA	Linzess (Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation) Symproic (Opioid-Induced Constipation)
ARMONAIR	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
ATRIPLA	Patients should consult with their physician for clinically appropriate alternative[s]
BEVESPI	Anoro Ellipta, Stiolto Respimat
BROMSITE	Prolensa
CLINDAGEL	adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo, Epiduo Forte, Onexton
DIPENTUM	balsalazide, Apriso
DORYX MPC 120MG	doxycycline hyclate
ESOMEPRAZOLE MAGNESIUM DR	lansoprazole, omeprazole, pantoprazole
FORTAMET	metformin er [generic Glucophage XR]
HALOG	fluticasone ointment, halobetasol cream/ointment, triamcinolone cream/ointment
ILEVRO	Prolensa
JUBLIA	terbinafine, Kerydin
METFORMIN ER MODIFIED REL	metformin er [generic Glucophage XR]
METFORMIN ER OSMOTIC REL	metformin er [generic Glucophage XR]
NEVANAC	Prolensa
NORITATE	metronidazole cream/gel/lotion, Soolantra
OMEPRAZOLE-SODIUM BICARBONATE	lansoprazole, omeprazole, pantoprazole
ONZETRA XSAIL	rizatriptan ODT, sumatriptan injection/nasal spray, zolmitriptan ODT
OSMOLEX	amantadine
OXTELLAR XR	oxcarbazepine IR
QTERN	Glyxambi
RAYOS	prednisone
RELISTOR	Symproic
SANCUSO	granisetron solution/tablet, ondansetron ODT
SEEBRI NEOHALER	Incruse Ellipta, Spiriva
SPRIX	diclofenac, ibuprofen, meloxicam
SUMAVEL	rizatriptan ODT, sumatriptan injection/nasal spray, zolmitriptan ODT
TOPICORT	desoximetasone cream/gel/ointment/spray, fluocinonide solution 0.05%
TRULANCE	Linzess
UTIBRON	Anoro Ellipta, Stiolto Respimat
ZEMBRACE	rizatriptan ODT, sumatriptan injection/nasal spray, zolmitriptan ODT

For more information about your coverage visit our website at www.scriptcare.com.