

# Premier Formulary Changes

## Effective 7/1/2018

**Effective July 1, 2018**, changes are being made to the SCL Premier 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 become PREFERRED. Filling preferred medications will typically result in lower prescription costs.

Brand Name Prescriptions Moving to PREFERRED				
ACCU-CHEK	DDAVP	GAMMAKED	NESTABS	REVELA
APRISO	DEXILANT	GAMMAPLEX	NESTABS DHA	SIMPONI
ATROPINE	DOCETAXEL	GEMCITABINE	NUTROPIN AQ	SIMPONI ARIA
BACLOFEN	DOXYCYCLINE	HEMOCYTE	NUTROPIN AQ	SSKI
			NUSPIN	
CARIMUNE	DUET DHA	HEMOCYTE-F	OB COMPLETE	STELARA
CIMZIA	DUET DHA 400	KLOR-CON/25	OCTAGAM	SYNVISC
CLIMARA PRO	EMBEDA	KOATE	OMEPRAZOLE	SYNVISC ONE
CLINDAGEL	ENDOMETRIN	KOATE-DVI	ONETOUCH	TIMOPTIC
CO-NATAL FA	EPINEPHRINE INJ 0.3MG	KOSHR PRENAT	PREDNISOLONE	TRAMADOL
CONCEPT DHA	EUCRISA	LANOXIN	PROLIA	VINATE DHA
CONCEPT OB	EURAX	MAKENA	QVAR	ZOLEDRONIC
CONTRACE	FENOFIBRATE	MENEST	RASUVO	
COPAXONE	FENOPROFEN	NATACHEW	REGIMEX	
CYCLOSERINE	FLEBOGAMMA	NATALVIT	RELNATE DHA	

Table 2 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 Prescriptions Moving to NON-PREFERRED				
ACTEMRA*	FARXIGA*	ORACEA	VIMPAT*	XIGDUO XR*
COSENTYX PEN*	GLYXAMBI*	PENTASA	WELCHOL*	
ELIQUIS*	LATUDA	TRESIBA FLEX*	XELJANZ XR*	
ENBREL*	LIVALO*	VIIBRYD*	XIFAXAN*	

\*For these medications, the change to non-preferred is effective 8/1/2018.

For more information about your coverage visit our website at [www.scriptcare.com](http://www.scriptcare.com).