

Premier Plus Formulary Changes

Effective 5/1/2019

Effective May 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 prescription drugs which will become **PREFERRED**. Filling preferred medications will typically result in lower prescription costs.

Prescription Medications Moving to PREFERRED

AJOVY	EMGALITY	MULTAQ	TOBRADEX
AMITIZA	ENBREL	MYDAYIS	TOVIAZ
ATRIPLA	EPIDUO	NORVIR	TRINTELLIX
AUBAGIO	ESTRING	NUCALA	VIBERZI
BD INSULIN SYRINGE/ PEN NEEDLE	EVAMIST	ODEFSEY	VIIBRYD
BELSOMRA	FINACEA	ORACEA	VIMPAT
BIKTARVY	FREESTYLE LANCETS	OSPHENA	VRAYLAR
CIALIS	GENVOYA	PENTASA	XELJANZ
CITRANATAL	GILENYA	PICATO	XELJANZ XR
COSENTYX	GRALISE	RAPAFLO	XIFAXAN
DESCOVY	HUMATROPE	SAVELLA	ZOMIG
DICLEGIS	LATUDA	SILENOR	ZYLET
DIVIGEL	LO LOESTRIN FE	SUPREP BOWEL PREP KIT	
DUREZOL	MINIVELLE	SYNTHROID	
	MIRENA	TAZORAC	

Table 2 lists the prescription drugs which will become **NON-PREFERRED**. Continuing to fill a prescription which is non-preferred may result in higher prescription costs.

Prescription Medications moving to NON-PREFERRED

ACZONE	ELMIRON	MEFLOQUINE	PREPLUS
AMPICILLIN	EPINEPHRINE	METHYLPHENIDATE	PREVIDENT 5000
AZITHROMYCIN	FENOFIBRATE	MORPHINE SULFATE	PROLENSA
BACITRACIN	FENOPROFEN	NEOMYCIN/POLYMYXIN/ HYDROCORTISONE	REPATHA
BOTOX	GAMMAGARD	NORDITROPIN	SIMPONI
BYDUREON	GAMUNEX-C	NOVOFINE PEN NEEDLE	SPINOSAD
BYETTA	HUMALOG	ONETOUCH	TERCONAZOLE
CHLORZOXAZONE	HUMULIN	OXYMORPHONE	TIMOLOL
CIMZIA	INVOKAMET	PENICILLIN V POTASSIUM	TOPIRAMATE ER
CLARITHROMYCIN	INVOKAMET XR	POTASSIUM CHLORIDE ER	TOUJEO
CLEOCIN	INVOKANA	PRADAXA	TRADJENTA
DEXAMETHASONE	JENTADUETO	PRALUENT	VENTOLIN HFA
DOXEPIN	JENTADUETO XR	PREDNISOLONE	VERAPAMIL HCL SR
DOXYCYCLINE	LANTUS	PREDNISONE	XOLAIR
DRYSOL	MAVYRET		XULANE