

Premier Formulary Changes

Effective 5/1/2019

Effective May 1, 2019, 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 prescription drugs which will become **PREFERRED**. Filling preferred medications will typically result in lower prescription costs.

| Prescriptions Moving to PREFERRED | | | |
|-----------------------------------|----------------------------|-----------------------|------------------|
| ABSORICA | EASY TOUCH LANCETS | LO LOESTRIN FE | TACLONEX |
| AIMOVIG | EMGALITY | MINIVELLE | TALTZ |
| AJOVY | ENBREL | MIRENA | TOBRADEX |
| AMITIZA | ENSTILAR | MULTAQ | TOVIAZ |
| ASMANEX | EPIDUO FORTE | MYDAYIS | TRINTELLIX |
| ATROVENT HFA | ESTRING | NEUPRO | TROKENDI XR |
| BASAGLAR | FARXIGA | NUCYNTA | VIBERZI |
| BD INSULIN SYRINGE/ PEN NEEDLE | FETZIMA | NUCYNTA ER | VIIBRYD |
| BELSOMRA | FINACEA | NUEDEXTA | VIMPAT |
| BESIVANCE | FREESTYLE LANCETS | ONEXTON | VRAYLAR |
| BEVESPI AEROSPHERE | GENVOYA | ORACEA | XELJANZ XR |
| CIALIS | GILENYA | OSPHENA | XIFAXAN |
| COMBIPATCH | GRALISE | OXTELLAR XR | XIGDUO XR |
| COSENTYX | H-E-B INCONTROL LANCETS | PICATO | XULTOPHY 100/3.6 |
| DICLEGIS | ILEVRO | SAVELLA | ZOMIG |
| DIVIGEL | KYLEENA | SILENOR | |
| DUREZOL | LATUDA | SUPREP BOWEL PREP KIT | |
| | | SYNTHROID | |

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.

| Prescriptions Moving to NON-PREFERRED | | |
|---------------------------------------|---------------------------------------|-----------------------------|
| ACZONE | DRYSOL | PREDNISOLONE |
| AMOXICILLIN | ELMIRON | PREDNISONE |
| AMPICILLIN | EPINEPHRINE | PRENATAL |
| ATROPINE SULFATE | FENOPROFEN | PREPLUS |
| AZITHROMYCIN | FLUNISOLIDE | PREVIDENT 5000 |
| BACITRACIN | FLURAZEPAM | PROLENSA |
| BACLOFEN | HYDROXYZINE PAMOATE | PROMETHAZINE/PHENYLEPHRINE |
| BOTOX | MEFLOQUINE | REPATHA |
| BYDUREON | METHYLPHENIDATE | TERCONAZOLE |
| BYETTA | MIRVASO | TESTOSTERONE |
| CEPHALEXIN | MORPHINE SULFATE | TOPIRAMATE ER |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE | NEOMYCIN/POLYMYXIN/ HYDROCORTISONE | TRUEPLUS SYRINGE/PEN NEEDLE |
| CHLORZOXAZONE | NOVOFINE PEN NEEDLE | VENTOLIN HFA |
| CIMZIA | NOVOTWIST PEN NEEDLE | VERAPAMIL HCL SR |
| CLARITHROMYCIN | OXYMORPHONE | VITAFOL |
| DEXAMETHASONE | PENICILLIN V POTASSIUM | VOL-PLUS |
| DIAZEPAM RECTAL GEL | POTASSIUM CHLORIDE ER | XOLAIR |
| DOXEPIN | PRADAXA | XULANE |
| DOXYCYCLINE | | ZOVIRAX |