



## 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
almotriptan maleate	Axert®	Chapter 3. Pain, Nervous System, & Psych	July 13, 2015
alosetron hcl	Lotronex®	Chapter 8. Stomach, Ulcer, & Bowel Meds	June 1, 2015
aripiprazole	Abilify®	Chapter 3. Pain, Nervous System, & Psych	May 4, 2015
aspirin-dipyridamole er 25 mg - 200 mg	Aggrenox® 25 mg-200 mg	Chapter 4. Heart, Blood Pressure, & Cholesterol	July 6, 2015
bexarotene 75 mg	Targretin®	Chapter 5. Skin Medications	July 13, 2015
bimatoprost	N/A	Chapter 11. Eye Medications	May 4, 2015
clozapine odt 150 mg and 200 mg	Fazaclo® 150 mg and 200 mg	Chapter 3. Pain, Nervous System, & Psych	May 11, 2015
dexmethylphenidate hcl 20 mg	Focalin®XR 20 mg	Chapter 3. Pain, Nervous System, & Psych	June 29, 2015
duloxetine hcl	Irenka™	Chapter 3. Pain, Nervous System, & Psych	June 15, 2015
fenofibrate 120 mg	Fenoglide® 120 mg	Chapter 4. Heart, Blood Pressure, & Cholesterol	June 29, 2015
glatopa 20 mg/ml syringe	Copaxone® 20 mg/ml Syringe	Chapter 3. Pain, Nervous System, & Psych	June 29, 2015
linezolid 600 mg*	Zyvox® 600 mg	Chapter 1. Antibiotics & Other Drugs Used for Infection	June 29, 2015
memantine hcl	Namenda®	Chapter 3. Pain, Nervous System, & Psych	July 20, 2015
naftifine hcl cream 1%	Naftin® Cream 1%	Chapter 5. Skin Medications	June 8, 2015
norethindrone ethinyl estradiol	FemHRT®	Chapter 10. Female, Hormone Replacement, & Birth Control	May 18, 2015
pramipexole di-hcl 3 mg	Mirapex®ER 3 mg	Chapter 3. Pain, Nervous System, & Psych	July 27, 2015
pyridostigmine bromide er 180 mg	Mestinon® 180 mg	Chapter 8. Stomach, Ulcer, & Bowel Meds	July 6, 2015
risedronate sodium 5 mg, 30 mg and 35 mg	Actonel® 5 mg, 30 mg, and 35 mg	Chapter 9. Bone, Joint, & Muscle	June 8, 2015
risedronate sodium dr	Atelvia®	Chapter 9. Bone, Joint, & Muscle	May 25, 2015
tolcapone	Tasmar®	Chapter 3. Pain, Nervous System, & Psych	May 18, 2015
tramadol hcl er	Conzip™	Chapter 3. Pain, Nervous System, & Psych	June 15, 2015

\*Generic requires prior authorization.

### Brand Additions

These brand drugs were added to the formulary as of the date indicated below and are covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Generic drug	Formulary chapter	Effective date
Caverject®	N/A	Chapter 13. Urinary & Prostate Meds	September 1, 2015
Eliquis®	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	September 1, 2015
Nutropin®AQ	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	September 1, 2015
Restasis®	N/A	Chapter 11. Eye Medications	December 1, 2015

## Brand Deletions

**These brand drugs will be covered at the appropriate non-formulary level of cost-sharing:  
Effective January 1, 2016**

Brand drug	Generic drug	Formulary chapter
Abilify®	aripiprazole	Chapter 3. Pain, Nervous System, & Psych
Actonel® 5 mg, 30 mg, and 35 mg	risedronate sodium 5 mg, 30 mg, and 35 mg	Chapter 9. Bone, Joint, & Muscle
Mestinon® 180 mg	pyridostigmine bromide er 180 mg	Chapter 8. Stomach, Ulcer, & Bowel Meds
Mirapex®ER 3 mg	pramipexole di-hcl 3 mg	Chapter 3. Pain, Nervous System, & Psych
Namenda®	memantine hcl	Chapter 3. Pain, Nervous System, & Psych
Targretin®	bexarotene 75 mg	Chapter 5. Skin Medications

The generic for the above brand drugs are 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 January 1, 2016**

Brand drug	Formulary therapeutic alternatives	Formulary chapter
Relpax®	sumatriptan, rizatriptan, zolmitriptan	Chapter 3. Pain, Nervous System, & Psych

There is no generic equivalent for the above brand drug; however, there are formulary therapeutic alternative drugs. These therapeutic alternative drugs are 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
Daklinza™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	August 3, 2015
Entresto™	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	July 13, 2015
Ixinity®	N/A	Chapter 15. Diagnostics & Miscellaneous Agents	June 1, 2015
Orkambi™	N/A	Chapter 12. Allergy, Cough & Cold, Lung Meds	July 13, 2015
Rexulti®	N/A	Chapter 3. Pain, Nervous System, & Psych	July 20, 2015
Stiolto Respimat™	N/A	Chapter 12. Allergy, Cough & Cold, Lung Meds	June 1, 2015
Technivie™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection	August 3, 2015
Tivorbex™	N/A	Chapter 9. Bone, Joint, & Muscle	May 11, 2015
Zomacton™ 5 mg vial	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	May 11, 2015

## Drugs Requiring Prior Authorization

**The following drugs have been added to the list of drugs requiring prior authorization:  
Effective January 1, 2016**

Brand drug	Generic drug	Formulary chapter
Carac®	N/A	Chapter 5. Skin Medications
Duexis®	N/A	Chapter 8. Stomach, Ulcer, & Bowel Meds
Fortamet®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Janumet®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
JanumetXR®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Januvia®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Onglyza®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Proctocort® 30 mg supp	N/A	Chapter 5. Skin Medications
Relpax®	N/A	Chapter 3. Pain, Nervous System, & Psych

## Drugs With Quantity Limits

Quantity limits will be added or updated for the following drugs as of the date indicated below:

Brand drug	Generic drug	Quantity limit	Effective date
Aptensio™XR	N/A	30 capsules per 30 days	May 11, 2015
Axert® 6.25 mg	almotriptan maleate 6.25 mg	12 tablets per 30 days	January 1, 2016
Chantix®	N/A	180 days supply per 365 days	January 1, 2016
Evekeo™ 10 mg	N/A	120 tablets per 30 days	July 1, 2015
Ritalin®LA 60 mg	N/A	30 capsules per 30 days	July 6, 2015
Tuzistra™XR	N/A	240 ml per 30 days	June 15, 2015
various	nicotine gum, inhalers, lozenges	180 days supply per 365 days	January 1, 2016
various	nicotine patches	180 days supply per 365 days	January 1, 2016
Zegerid®	omeprazole sodium bicarbonate	60 capsules per 30 days	January 1, 2016
Zyban®ER 150 mg	bupropion hcl sr 150 mg	180 days supply per 365 days	January 1, 2016

## Drugs No Longer Requiring Prior Authorization

Prior authorization has been removed for the following drug as of the date indicated below:

Brand drug	Generic drug	Formulary chapter	Effective date
Vimpat®	N/A	Chapter 3. Pain, Nervous System, & Psych	December 1, 2015

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