



## SWHP ACA Compliant Formulary (Individual/Family Plans): 2017 Yearly Formulary Changes

On a yearly basis, drug formularies may change. Changes can occur for several reasons such as new generic drugs enter the market or new clinical or safety information becomes available.

As of **January 1st, 2017** the following medications will be removed from formulary, change tier status or have additional formulary restrictions added (such as quantity limits).

### Formulary Changes

Medication Name	Description of Change for 2017	Cost-Effective Alternatives* (if applicable)
<b>Fareston® (toremifene citrate)</b>	Tier change: move from Tier 3 to Tier 4	
<b>Depen Titratabs® (penicillamine)</b>	Tier change: move from Tier 3 to Tier 4	Galzin®
<b>Pradaxa® (dabigatran)</b>	Removal from formulary	Eliquis®, Xarelto®
<b>Syprine® (trientine hydrochloride)</b>	Removal from formulary	Depen®, Galzin®
<b>Enablex® (darfenacin hydrobromide)</b>	Brand removed as generic available	darfenacin hydrobromide
<b>Oxistat® Cream (oxiconazole nitrate)</b>	Brand removed as generic available	oxiconazole nitrate
<b>Epiriv® (lamivudine)</b>	Brand removed as generic available	lamivudine
<b>Zerit® oral solution (stavudine)</b>	Brand removed as generic available	stavudine
<b>FML Liquifilm® Ophthalmic (fluorometholone)</b>	Brand removed as generic available	fluorometholone
<b>Efudex® cream (fluorouracil)</b>	Brand removed as generic available	fluorouracil
<b>Frova® (frovatriptan)</b>	Brand removed as generic available	frovatriptan
<b>Crestor® (rosuvastatin calcium)</b>	Brand removed as generic available	rosuvastatin calcium
<b>Cordran® (flurandrenolide) Lotion &amp; Cream</b>	Brand removed as generic available	flurandrenolide
<b>Tikosyn® (dofetilide)</b>	Brand removed as generic available	dofetilide
<b>Glyset® (miglitol)</b>	Brand removed as generic available	miglitol
<b>Nitrostat® (nitroglycerin)</b>	Brand removed as generic available	nitroglycerin
<b>Veltin® (clindamycin/tretinoin)</b>	Brand removed as generic available	clindamycin/tretinoin
<b>Voltaren® (diclofenac sodium) 1% Gel</b>	Brand removed as generic available	diclofenac sodium
<b>Asacol® (mesalamine)</b>	Brand removed as generic available	mesalamine
<b>Nuvigil® (armodafinil)</b>	Brand removed as generic available	Armodafinil

Tier 1=Preferred Generic

Tier 2= Preferred Brand

Tier 3= Non-preferred

Tier 4= Specialty

\*Consult your prescriber for changes to your medications and whether or not it may be appropriate for you.

For more information, call the SWHP Pharmacy Help Desk at 1-800-728-7947.

Medication Name	Description of Change for 2017	Cost-Effective Alternatives* (if applicable)
<b>Benicar® (olmesartan)</b> <b>Benicar HCT® ( olmesartan/HCTZ)</b> <b>Edarbi® (azilsartan)</b> <b>Edarbyclor® (azilsartan/chlorthalidone)</b> <b>Teveten HCT® (eprosartan/HCTZ)</b>	Step Therapy Change: Requires failure of 2 preferred generic angiotensin receptor blockers	candesartan, candesartan/HCTZ, irbesartan, irbesartan/HCTZ, valsartan, , valsartan/HCTZ, losartan, losartan/HCTZ, amlodipine/valsartan/HCTZ, amlodipine/valsartan, telmisartan
<b>Dexilant® (dexlansoprazole)</b> <b>Nexium® Packets (esomeprazole)</b>	Step Therapy Change: Requires failure of 3 preferred generic proton pump inhibitors	lansoprazole, omeprazole, rabeprazole, esomeprazole
<b>Pristiq® (desvenlafaxine)</b>	Step Therapy Change: Requires failure of 2 preferred SSRI's or venlafaxine	venlafaxine, venlafaxine ER, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine ER, Paxil, sertraline
<b>Livalo® (pitavastatin)</b>	Step Therapy Change: Requires failure of 2 preferred generic statins	rosuvastatin, atorvastatin, pravastatin, lovastatin, simvastatin, fluvastatin
<b>Banzel® (rufinamide)</b>	Addition of prior authorization	
<b>Onfi® (clobazam)</b>	Addition of prior authorization	
<b>Depen Titratabs® (penicillamine)</b>	Addition of prior authorization	

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