

Follow us on social  
media because it's  
#Good4U!



[View online](#)  
[Forward to a friend](#)

## Select Drug Program® formulary changes and safe prescribing procedures

We are committed to providing comprehensive prescription drug coverage with drugs that have been selected for their reported medical effectiveness, safety, and value, along with promoting safe prescribing and managing cost. As such, we routinely update our drug formulary and review our list of drugs requiring prior authorization as part of our procedures for safe prescribing. These changes are approved by our Pharmacy and Therapeutics Committee.

Standard quarterly changes to the Select Drug Program® formulary effective October 1, 2014 include:

- Additions of generic and brand drugs to the formulary
- Deletions of brand drugs from the formulary
- Additions to the list of drugs that require prior authorization
- Deletion to the list of drugs that require prior authorization
- Addition to the list of drugs with quantity limits

### 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:

- adapalene 0.3% gel
- atovaquone
- calcipotriene-betamethasone dp
- capecitabine
- carbidopa
- clocortolone pivalate
- desvenlafaxine er
- doxercalciferol
- eszopiclone
- morphine sulf er
- moxifloxacin hcl
- nevirapine
- omega-3 acid ethyl esters

- raloxifene hcl
- rifabutin
- sevelamer carbonate
- telmisartan/hydrochlorothiazide
- Xulane

### Brand additions

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

- Axiron® (August 1, 2014)
- Creon® (August 1, 2014)
- Sovaldi™ (July 1, 2014)
- Victoza® (August 1, 2014)
- Zenpep® (August 1, 2014)

### Brand deletions

These brand drugs will be covered at the appropriate non-formulary level of cost-sharing effective October 1, 2014:

- Aromasin®
- Avinza®
- Differin® 0.3% gel
- Evista®
- Gastrocrom®
- Lovaza®
- Lunesta®
- Mycobutin®
- Ortho Evra®
- Viramune® XR™
- Xeloda®

The generic drugs for the above brand drugs are on our formulary and available at the generic formulary level of cost-sharing.

These brand drugs will be covered at the appropriate non-formulary level of cost-sharing effective October 1, 2014:

Brand drug	Formulary therapeutic alternative
Fragmin®	enoxaparin
Nexium®	pantoprazole, rabeprazole
Rescriptor®	Edurant®, Sustiva®
Videx® solution	Emtriva® 10 mg/ml, zidovudine 10 mg/ml
Vimovo®	pantoprazole and naproxen

There is no generic equivalent for the above brand drugs; however, there are formulary therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary level of cost-sharing

### Prior authorization changes

To help ensure that our members are using prescription drugs safely, we are adding prior authorization requirements to certain prescription medications. Prior authorization requirements were placed on the following drugs when they entered the marketplace:

- Alprolix™
- Anoro™ Ellipta™
- Grastek®
- Hetlioz™
- Myalept™
- Oralair®
- Orenitram™
- Otezla™
- Ragwitek™
- Tretten®

On October 1, 2014, we will add a prior authorization requirement to the following drugs:

- Absorica™
- Factive®
- First® Lansoprazole
- First® Omeprazole
- Khedezla®
- Nexium®
- Prilosec®
- Qualaquin®\*
- Vimovo®
- Zavesca®

*\*Generic requires prior authorization*

Prior authorization has been removed for the following drugs:

- Eliquis®
- Pradaxa®
- Tracleer®
- Victoza®
- Xarelto®
- Zortress®

### Quantity limit changes

Effective October 1, 2014, we are adding or updating a quantity limit to the following drugs:

Brand drug	Generic drug	Quantity limit	Effective date
Actonel® 150 mg	risedronate	1 tab per 28 days	October 1, 2014
Actonel® 35 mg	N/A	4 tabs per 28 days	October 1, 2014
Amerge® 1 mg	naratriptan	9 tabs per 30 days	October 1, 2014

Atelvia®	N/A	4 tabs per 28 days	October 1, 2014
Avinza®	morphine sulfate er	30 tabs per 30 days	February 24, 2014
Binosto®	N/A	4 tabs per 28 days	October 1, 2014
Boniva®	ibandronate	1 tab per 30 days	October 1, 2014
First® Lansoprazole	N/A	600 ml per 30 days	October 1, 2014
First® Omeprazole	N/A	600 ml per 30 days	October 1, 2014
N/A	alendronate solution	300 ml per 28 days	October 1, 2014
Fosamax®, Fosamax® Plus D	alendronate	4 tabs per 28 days	October 1, 2014
Hetlioz®	N/A	30 caps per 30 days	October 1, 2014
Imitrex® 25 mg, 50 mg tabs	sumatriptan	18 tabs per 30 days	October 1, 2014
Imitrex® 5 mg nasal spray	sumatriptan	36 units per 30 days	October 1, 2014
Lunesta® 1 mg	eszopiclone 1 mg	60 tabs per 30 days	April 21, 2014
Lunesta® 2 mg, 3 mg	eszopiclone 2 mg, 3 mg	30 tabs per 30 days	April 21, 2014
Maxalt® (MLT) 5 mg	rizatriptan	12 tabs per 30 days	October 1, 2014
Noxafil®	N/A	93 tabs per 30 days	October 1, 2014
Ortho Evra®	Xulane	3 patches per 28 days	April 28, 2014
Relpax® 20 mg	N/A	12 tabs per 30 days	October 1, 2014
Xartemis™ XR	N/A	120 tabs per 30 days	March 24, 2014
Zenedi™ 10 mg	dextroamphetamine	90 tabs per 30 days	October 1, 2014
Zenedi™ 15, 20 mg	N/A	90 tabs per 30 days	October 1, 2014
Zenedi™ 30 mg	N/A	60 tabs per 30 days	October 1, 2014
Zomig® (ODT) 2.5 mg	zolmitriptan	9 tabs per 30 days	October 1, 2014

*\*Quantity limits currently exist for brand drugs and will apply to generics at the dates indicated above.*

### **Communications to members**

All members affected by the changes will be notified this week with a letter. We will not be separately communicating these changes to group customers.

Please refer to the full list of [formulary updates](#) for more information. If you have any questions about certification, please contact your AmeriHealth New Jersey broker representative.