



Premium Prescription Drug List Updates Effective July 1, 2023

Please Note: These changes ONLY apply to members on the Premium Formulary. Group-specific benefit exceptions may apply.

New Prior Authorization Requirements

Drug Class	Drugs Requiring Prior Authorization
Enzyme Deficiency Agents	Sucraid

New Excluded Medications with Alternatives

Drug Class	Excluded Medications	Covered Alternative
Antihistamines	Patanase spr	azelastine nasal spr, cromolyn nasal sol
Antihypertensive Combination Agents	Atacand HCT tab	telmisartan and hydrochlorothiazide, valsartan-hydrochlorothiazide
Anti-Infective Agents	minocycline ER cap	minocycline IR cap
Cystic Fibrosis Agents	Cayston inh 75mg	topramycin neb sol, Tobi podhaler
Metabolic Agents Multivitamins	Palynziq injection	sodium phenylbutyrate powder sapropterin tablet and powder packet
	Poly-vi-flor suspension, Poly-vi-flor w/ iron suspension	Any preferred versions of the following: multivitamin w/ fluoride drops, multivitamin w/ fluoride and iron drops
Nonsteroidal Anti-Inflammatory Agents (NSAIDs)	Indocin sus 25mg/ml	indomethacin cap, ibuprofen sus
Overactive Bladder Agents	fesoterodine tab ER	oxybutynin tablet ER, tolterodine cap ER, solifenacin tab
Testosterone Agents	Depo-testosterone injection	testosterone cypionate IM injection
Topical Corticosteroids	Cordran ointment 0.05%	triamcinolone ace ointment, fluocinolone ace ointment

New Excluded Drugs with Covered Generic Equivalents

Arimidex tab 1mg	Aromasin	Banzel	Clozaril
Depakote tab	Ferriprox	Gilenya	Mirapex ER
Plaquenil tab	Selzentry	Xeloda	

New Excluded Non-FDA Approved Drugs

Bilac cap	Sodium Chloride Solution Nebulizer 7%	Vytone Cream
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