



PREFERRED DRUGS THAT WILL REQUIRE PRIOR AUTHORIZATION (PA)

EFFECTIVE DATE	DRUG NAME
01/01/2019	Dexamethasone Concentrate, Injection, and Solution
01/01/2019	Elmiron Capsules
01/01/2019	Midazolam Injection

SUMMARY OF DRUG DELETIONS 2019

EFFECTIVE DATE	DRUG NAME	Preferred Alternate
01/01/2019	Acyclovir Ointment 5% and Zovirax Cream 5%	Oral Acyclovir, Acyclovir Injection (PA Required), Famciclovir, Valacyclovir
01/01/2019	Chlorzoxazone Tablet 500mg	Baclofen Tablets, Cyclobenzaprine Tablets, Methocarbamol Tablets, Tizanidine Tablets
01/01/2019	Colchicine and Colcrys Tablet 0.6mg	Colchicine Capsules and all other generics within the same drug class
01/01/2019	Maprotiline Tablet 50mg	Mirtazapine Tablets
01/01/2019	Neo/Poly/HC Suspension OP	Sulfa-Prednisolone Neo-Poly-Dexamethasone Tobramycin-Dexamethasone
01/01/2019	Venlafaxine ER Tablets	Duloxetine Capsules Venlafaxine Tablets Venlafaxine ER Capsules
04/01/2019	Alora Dis Patches	Brand requires Prior Authorization. Generic Covered.
04/01/2019	Vivelle Dot Dis Patches	Brand requires Prior Authorization. Generic Covered.
04/01/2019	Minivelle Dis Patches	Brand requires Prior Authorization. Generic Covered.
04/01/2019	Augmented Betamethasone Cream	Brand requires Prior Authorization. Generic Covered.
04/01/2019	Betamethasone Valerate Lotion	Brand requires Prior Authorization. Generic Covered.
04/01/2019	Clobetasol Emollient Cream	N/A. Prior Authorization Required
04/01/2019	Desoximetasone Cream	N/A. Prior Authorization Required
04/01/2019	Diflorasone Cream	N/A. Prior Authorization Required
04/01/2019	Fluocinonide Cream	N/A. Prior Authorization Required
04/01/2019	Tazorac Cream and Gel	Brand requires Prior Authorization. Generic Covered.

04/01/2019	HC Butyrate Solution	Generic Mometasone, Fluticasone Cream, or Fluticasone Ointment
04/01/2019	Prednicarbate Cream	Generic Mometasone, Fluticasone Cream, or Fluticasone Ointment
04/01/2019	Synthroid Tablet	Brand requires Prior Authorization. Generic Covered.