



National Preferred/National Preferred Plus Formulary Changes (Effective July 1, 2018)

Drug names listed in CAPITALS are BRAND NAME DRUGS. Drug names listed in lower case are generic drugs.

Preferred to Excluded

Drug Class	Non-preferred Drugs	Preferred Alternative(s)
Cardiovascular Lipid/cholesterol-lowering agents	REPATHA	PRALUENT

Non-Preferred to Excluded

Drug Class	Non-preferred Drugs	Preferred Alternative(s)
Miscellaneous agents	MEBOLIC XYZBAC ZyvIT	Over-the-counter multivitamin combination plus folic acid

The following brand-name drugs will be excluded. The generic equivalents of these brand-name medicines are covered under your plan. FDA-approved generic medicines meet strict FDA standards and contain the same active ingredients as their corresponding brand-name medicines, although they may have a different color or shape.

ARIMIDEX	KEPPRA, KEPPRA XR
AVALIDE	LAMICTAL, LAMICTAL ODT, LAMICTAL XR
AVAPRO	LIPITOR
AVODART	LOESTRIN, LOESTRIN FE
CELEBREX	LOTREL
CELEXA	MAXALT, MAXALT MLT
COREG	MICARDIS, MICARDIS HCT
COSOPT	NEURONTIN
COZAAR, HYZAAR	NORVASC
CRESTOR	ORTHO TRI-CYCLEN, ORTHO TRI-CYCLEN LO
DETROL, DETROL LA	TOPAMAX
DIOVAN, DIOVAN HCT	TRICOR
EXFORGE, EXFORGE HCT	TRILEPTAL
GLEEVEC	XALATAN
GLUCOPHAGE, GLUCOPHAGE XR	ZOCOR
	ZOMIG, ZOMIG ZMT