

Formulary Changes:

Select Brand Name Medications will be excluded effective 10/1/2020:

Excluded Medications:

Noxafil®	Valtrex®	Plaquenil®	Ranexa®	Altace®
Benicar®	Benicar HCT®	Crestor®	Viagra®	Cialis®
Protonix®	Xanax®	Xanax XR®	Lexapro™	Prozac®
Zoloft®	Cymbalta®	Effexor XR®	Wellbutrin SR®	Wellbutrin XL®
Invega™	Lunesta™	Strattera®	Celebrex®	Relpax®
Topamax®	Topamax Sprinkle®	Myfortic®	Lidoderm Patch®	

The generic formulations of the listed medications are still available for coverage on the PHP formularies, only the branded medication is excluded.

If patients have an active prior authorization for any of the above medications, that will remain in place through the end of the prior authorization period on the authorization letter. Please note that providers may submit a prior authorization coverage request for excluded medications for medical necessity review to the PHP pharmacy department.