

Premier Formulary Changes Effective 1/1/2025

Effective January 1, 2025, changes are being made to the SCL Premier Formulary which may affect your prescription coverage and prescription cost. Please refer to the table below for possible changes in your coverage.

KEY: Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

Table 1 lists the name drugs which will become non-preferred. Continuing to fill a prescription which is NON-PREFERRED may result in higher prescription costs.

Preferred Prescriptions Moving to NON-PREFERRED

ACTEMRA	ADEMPAS	AIRSUPRA	AMOXICILLIN CHEW 250MG TABLET
AMOXICILLIN/CLAVULANATE POTASSIUM ER	ARMOUR THYROID	AUSTEDO	AUSTEDO XR
AZASITE	AZITHROMYCIN POW 1GM PAK	BACITRACIN OIN OP	BELBUCA
BENLYSTA	BETAMETHASONE DIP AUG 0.05% GEL	BYDUREON BCISE	BYETTA
CAVERJECT IMPULSE	CEFADROXIL TAB 1GM	CIPROFLOXACN SOL 0.2%	CIPROFLOXACN TAB 100MG
CLARITHROMYC SUS 250/5ML	CLEMASTINE TAB 2.68MG	CLENPIQ	CLOMID
COMBIPATCH	COMPLETE NATAL DHA	CRESEMBA	CROTAN
DEPO-ESTRADIOL	dexamethasone 0.1% ophthalmic solution	DEXAMETHASONE CON 1MG/ML	DEXAMETHASONE SOLN 0.5MG/5ML
DIFLORASONE CREAM 0.05%	DIPHEN/ATROP LIQ 2.5/5	DIVIGEL	DYANA VEL XR
EDARBI	EDARBYCLOR	EDURANT	ELMIRON
EMVERM	EUCRISA	EYSUVIS	FC2 FEMALE CONDOM
FETZIMA	FINACEA	FLECTOR	FLUOXETINE 90MG DR CAPSULE
FLURAZEPAM CAPSULES	FORTEO	FREESTYLE KIT/METER	FREESTYLE TEST STRIPS

Preferred Prescriptions Moving to NON-PREFERRED (continued)

FYCOMPA	GAVILYTE-C	GLYBURIDE MICRONIZED	GONAL-F RFF REDIJECT
GRASTEK	HC PRAMOXINE CRE 1-1%	HYDROCOD/IBU TAB 5/200MG, 10/200MG	HYDROCODONE BITARTRATE ER CAPSULE
HYDROXYZINE PAMOATE 100MG CAPSULE	HYSINGLA ER	INSULIN ASPART	INSULIN ASPART PROTAMINE/INSULIN ASPART
INSULIN GLARGINE	INSULIN LISPRO/ LISPRO JUNIOR	INSULIN LISPRO PROTAMINE/INSULIN LISPRO	ISONIAZID TAB 100MG
JENTADUETO/ JENTADUETO XR	LAGEVRIO	LANTUS	LICART
LINZESS	MENOPUR	METHYLDOPA	MIEBO
MORPHINE SULFATE ER CAPSULES	MYRBETRIQ	NAFTIFINE 1% CREAM	NAMZARIC
NATAZIA	NAYZILAM	NEOMYCIN/POLYMYXIN/ GRAMICIDIN OPHTH SOLN	NEOMYCIN/POLYMYXIN/ HYDROCORT OPHTH SOLN
NEXTSTELLIS	NITRO-BID	NORDITROPIN FLEXPRO	NOVAREL
NP THYROID	NUCYNTA	NUEDEXTA	OICALIVA
OFEV	OLUMIANT	OXERVATE	OXYCONTIN
OXYMORPHONE ER TABLET	PANCREAZE	PENICILLN VK SOLUTION	PENTASA
PNV-DHA	PNV-SELECT	PREDNISOLONE 1% OPHTHALMIC SOLN	PREDNISOLONE ODT TABLET
PREDNISONE 5MG/5ML SOLUTION	PREMARIN	PRENATAL 27-1MG TABLET	PRENATAL-U 106.5-1MG CAPSULE
PROCRIT	PROMACTA	PULMICORT FLEXHALER	QNASL
QUILLICHEW ER	QUILLIVANT XR	RELISTOR	REZDIFFRA
RHOPRESSA	RIBAVIRIN	SANTYL	SEGLUROMET
SKYTROFA	sodium fluoride drops 0.5mg/ml	SPINOSAD	STEGLATRO
STEGLUJAN	SUCRAID	SUFLAVE	SUPREP BOWEL PREP KIT
SUTAB	TALICIA	TALTZ	TARON-C DHA
TESTOSTERONE ENANTHATE INJECTION	THEOPHYLLINE ER 100MG, 200MG TABLET	THYROID TABLET	TOBRADEX OINTMENT
TOBRADEX ST	TOLMETIN CAPSULES	TRADJENTA	TRANDOLAPRIL/VERAPAMIL HCL ER
trifluridine 1% ophthalmic solution	TWIRLA	VALTOCO	VARUBI

Preferred Prescriptions Moving to NON-PREFERRED (continued)

VASCEPA	VELIVET	VERAPAMIL ER CAPSULE 100MG, 300MG, 360MG	VICTOZA
VIOKACE	VYVANSE CHEW TABLET	WEGOVI	WESCAP-PN DHA
WESTAB PLUS	WILATE	XDEMVI	XHANCE
XIFAXAN	XIIDRA	XYOSTED	YUPELRI
ZEPBOUND	ZOLPIDEM SUBLINGUAL TABLET	ZTLIDO	ZUBSOLV

Table 2 lists the name drugs which will become PREFERRED.

Non-Preferred Prescriptions Moving to PREFERRED

APTIOM	ASCENSIA (CONTOUR) KIT/METER/TEST STRIPS	ATROVENT HFA	AYVAKIT
AZSTARYS	BELSOMRA	CILOXAN OINTMENT	CIPRO HC
CLIMARA PRO	COSENTYX	DELSTRIGO	DIABETIC PEN NEEDLES/SYRINGES
DIFICID	DILANTIN	ENDOMETRIN	EVOTAZ
FIASP	HADLIMA	IBRANCE	INSULIN GLARGINE-YFGN
LOTEMAX/LOTEMAX SM	LUMIGAN	MAVYRET	NEXIUM GRANULE PACKET
NUCYNTA ER	PREGNYL	PREVIDENT 5000	PREZCOBIX
RETACRIT	REXULTI	REYVOW	SEMGLEE
SIMBRINZA	TAZORAC	TYBLUME	VRAYLAR
XTAMPZA ER			