



Commercial formulary changes effective 1/1/19

Effective 1/1/19 the following brand name drugs will no longer be covered on the Pharmacy Benefit (patient self-administered drugs, including oral medications):

• Absorica • Aciphex • Ambien CR • Balcoltra • Baraclude • Benzefoam • Carospir • Diflucan • Gleevec • Hepsera • Hycamtin • Impoyz • Intermezzo • Librax • Lotronex • Metozolv ODT* • Natroba	• Ovide • Pamine • Penlac • Prevacid ODT • Protonix • Qualaquin • Riax • Rx Nexium • Sporanox • Stalevo • Trexall • UltraSal ER* • Valcyte • Vancocin • Vfend • Virasal • Xerese* • Zyvox
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***Both brand and generic of these drugs will be excluded.**

Generics for most of these drugs remain on formulary. Formulary alternatives are available on our website at fallonhealth.org.