

Superior Select Health Plans: Tribute-1 Tier

November 2018

Formulary Addendum

Below is a list formulary changes for the benefit year 2018. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2018 downloadable formulary on the *Superior Select* website.

For a complete list of drugs covered by *Superior Select* please visit our web site at

<http://www.superiorselectinc.com> or call Member Services at 1-877-372-1033, 8 am - 8 pm, Monday through Friday. TTY/TDD users should call 711.

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2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2018				
Acetic Acid SOLUTION 0.25 % IRRIGATION	NF	1	Formulary Enhancement	N/A
Aggrenox CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG Oral	NF	1	Formulary Enhancement	N/A
Amnesteem CAPSULE 10 MG Oral	NF	1	Formulary Enhancement	N/A
Amnesteem CAPSULE 20 MG Oral	NF	1	Formulary Enhancement	N/A
Amnesteem CAPSULE 40 MG Oral	NF	1	Formulary Enhancement	N/A
Austedo TABLET 12 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Austedo TABLET 6 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Austedo TABLET 9 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Balsalazide Disodium CAPSULE 750 MG Oral	NF	1	Formulary Enhancement	N/A
Benlysta Solution Auto-injector 200 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Benlysta Solution Prefilled Syringe 200 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Butalbital-APAP-Caff-Cod CAPSULE 50-325-40-30 MG ORAL	1 + QL180 + PA1	1 + QL 180	Formulary Enhancement	N/A
Butalbital-ASA-Caff-Codeine CAPSULE 50-325-40-30 MG ORAL	1 + QL180 + PA1	1 + QL 180	Formulary Enhancement	N/A
Caspofungin Acetate SOLUTION RECONSTITUTED 50 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Caspofungin Acetate SOLUTION RECONSTITUTED 70 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Depo-Medrol SUSP 80 MG/ML	NF	1	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol TABLET 0.15-30 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Diastat AcuDial GEL 20 MG Rectal	NF	1	Formulary Enhancement	N/A
DiazePAM GEL 10 MG RCT	NF	1	Formulary Enhancement	N/A
DiazePAM GEL 2.5 MG RCT	NF	1	Formulary Enhancement	N/A
Digox TAB 125 MCG	NF	1 + QL 30	Formulary Enhancement	N/A
Digox TAB 250 MCG	NF	1	Formulary Enhancement	N/A
Eletriptan Hydrobromide TABLET 20 MG Oral	NF	1 + QL 9	Formulary Enhancement	N/A
Eletriptan Hydrobromide TABLET 40 MG Oral	NF	1 + QL 9	Formulary Enhancement	N/A
Estradiol TABLET 10 MCG Vaginal	NF	1	Formulary Enhancement	N/A
IDHIFA TABLET 100 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
IDHIFA TABLET 50 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Isentress HD TAB 600 MG	NF	1	Formulary Enhancement	N/A
Isibloom TABLET 0.15-30 MG- MCG Oral	NF	1	Formulary Enhancement	N/A
Levonorg-Eth Estrad TAB 0.15- 30 MG-MCG	NF	1	Formulary Enhancement	N/A
Lidocaine HCl (PF) SOL 2 % INJ	NF	1	Formulary Enhancement	N/A

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Lidocaine HCl SOL 1 % INJ	NF	1	Formulary Enhancement	N/A
LORazepam 2 MG/ML INJ	NF	1	Formulary Enhancement	N/A
LORazepam 2 MG/ML INJECT	NF	1	Formulary Enhancement	N/A
LORazepam SOL 2 MG/ML INJ	NF	1	Formulary Enhancement	N/A
Lynparza TABLET 100 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Lynparza TABLET 150 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Meprobamate TABLET 200 MG ORAL	1 + PA1	1	Formulary Enhancement	N/A
Meprobamate TABLET 400 MG ORAL	1 + PA1	1	Formulary Enhancement	N/A
Meropenem SOLUTION RECONSTITUTED 1 GM Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Methocarbamol SOLUTION 1000 MG/10ML Injection	1 + PA1	1	Formulary Enhancement	N/A
Methocarbamol TABLET 500 MG Oral	1 + PA1	1	Formulary Enhancement	N/A
Methocarbamol TABLET 750 MG Oral	1 + PA1	1	Formulary Enhancement	N/A
Mircera SOL PFS 200 MCG/0.3ML INJ	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Moxifloxacin HCl SOLUTION 0.5 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Neo-Polycin OINT 3.5-400-10000 OPHTH	NF	1	Formulary Enhancement	N/A
Nerlynx TABLET 40 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Nitrofurantoin Macrocrystal CAPSULE 100 MG Oral	1 + PA1	1	Formulary Enhancement	N/A
Nitrofurantoin Macrocrystal CAPSULE 25 MG ORAL	1 + PA1	1	Formulary Enhancement	N/A
Nitrofurantoin Macrocrystal CAPSULE 50 MG Oral	1 + PA1	1	Formulary Enhancement	N/A
Nitrofurantoin Monohyd Macro CAPSULE 100 MG Oral	1 + PA1	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Olopatadine HCl SOLUTION 0.1 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Olopatadine HCl SOLUTION 0.2 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Orfadin CAP 20 MG	NF	1 + LA	Formulary Enhancement	N/A
PEG 3350/Electrolytes SOLUTION RECONSTITUTED 240 GM ORAL	NF	1	Formulary Enhancement	N/A
PEG-Prep KIT 5-210 MG-GM	NF	1	Formulary Enhancement	N/A
Phenadoz SUPP 25 MG RCT	NF	1	Formulary Enhancement	N/A
Phenadoz SUPPOSITORY 12.5 MG Rectal	NF	1	Formulary Enhancement	N/A
Potassium Chloride PACK 20 MEQ	NF	1	Formulary Enhancement	N/A
Prasugrel HCl TABLET 10 MG Oral	NF	1	Formulary Enhancement	N/A
Prasugrel HCl TABLET 5 MG Oral	NF	1	Formulary Enhancement	N/A
Proctofoam HC FOAM 1-1 %	NF	1	Formulary Enhancement	N/A
Promethazine HCl SUPPOSITORY 25 MG Rectal	NF	1	Formulary Enhancement	N/A
Promethazine HCl SUPPOSITORY 50 MG Rectal	NF	1	Formulary Enhancement	N/A
Promethegan SUPP 12.5 MG RCT	NF	1	Formulary Enhancement	N/A
Promethegan SUPPOSITORY 25 MG Rectal	NF	1	Formulary Enhancement	N/A
Promethegan SUPPOSITORY 50 MG Rectal	NF	1	Formulary Enhancement	N/A
Radicava SOLUTION 30 MG/100ML Intravenous	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Rivastigmine Patch 24 Hour 13.3 MG/24HR Transdermal	NF	1	Formulary Enhancement	N/A
Rivastigmine Patch 24 Hour 4.6 MG/24HR Transdermal	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Rivastigmine Patch 24 Hour 9.5 MG/24HR Transdermal	NF	1	Formulary Enhancement	N/A
Scopolamine Patch 72 Hour 1 MG/3DAYS Transdermal	NF	1	Formulary Enhancement	N/A
SUMatriptan Succinate Refill Solution Cartridge 6 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A
SUMatriptan Succinate SOLUTION 6 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Testosterone SOLUTION 30 MG/ACT Transdermal	NF	1 + PA2	Formulary Enhancement	N/A
Ursodiol CAPSULE 300 MG Oral	NF	1	Formulary Enhancement	N/A
Vigabatrin PACKET 500 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Vyxeos SUSPENSION RECONSTITUTED 100-44 MG Intravenous	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Xatmep SOLUTION 2.5 MG/ML Oral	NF	1 + BvD	Formulary Enhancement	N/A
Zolpidem Tartrate ER Tablet Extended Release 12.5 MG Oral	1 + PA2	1	Formulary Enhancement	N/A
Zolpidem Tartrate ER Tablet Extended Release 6.25 MG Oral	1 + PA2	1	Formulary Enhancement	N/A
Zolpidem Tartrate TABLET 10 MG Oral	1 + PA2	1	Formulary Enhancement	N/A
Zolpidem Tartrate TABLET 5 MG Oral	1 + QL 30 + PA2	1 + QL 30	Formulary Enhancement	N/A
Zolpidem Tartrate TABLET SUBLINGUAL 1.75 MG SUBLINGUAL	1 + PA2	1	Formulary Enhancement	N/A
Zolpidem Tartrate TABLET SUBLINGUAL 3.5 MG SUBLINGUAL	1 + PA2	1	Formulary Enhancement	N/A
Zytiga TAB 500 MG	NF	1 + PA2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 03/01/2018				
Acetasol HC SOL 2-1 % OTIC	1	NF	CMS Required Deletion	N/A
Adacel SUSPENSION 5-2-15.5 LF-MCG/0.5 Intramuscular (prefilled syringe)	NF	1	Formulary Enhancement	N/A
Aliqopa SOLUTION RECONSTITUTED 60 MG Intravenous	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Aminosyn II SOL 7 % IV	1 + BvD	NF	CMS Required Deletion	N/A
Ampicillin CAP 250 MG	1	NF	CMS Required Deletion	N/A
Ampicillin SUS 125 MG/5ML	1	NF	CMS Required Deletion	N/A
Ampicillin SUS 250 MG/5ML	1	NF	CMS Required Deletion	N/A
ARIPiprazole SOLUTION 1 MG/ML ORAL	NF	1	Formulary Enhancement	N/A
Avonex KIT 30 MCG Intramuscular	NF	1 + PA2	Formulary Enhancement	N/A
Avonex Pen Auto-injector Kit 30 MCG/0.5ML Intramuscular	NF	1 + PA2	Formulary Enhancement	N/A
Avonex Prefilled Prefilled Syringe Kit 30 MCG/0.5ML Intramuscular	NF	1 + PA2	Formulary Enhancement	N/A
Bortezomib SOLUTION RECONSTITUTED 3.5 MG Intravenous	NF	1 + PA2	Formulary Enhancement	N/A
Bosulif TABLET 400 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Calquence CAPSULE 100 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
DACTINomycin SOLUTION RECONSTITUTED 0.5 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Efavirenz CAPSULE 50 MG Oral	NF	1	Formulary Enhancement	N/A
Engerix-B SUS 10 MCG/0.5ML INJ	1 + BvD	NF	CMS Required Deletion	N/A
Ethinodiol Diac-Eth Estradiol TABLET 1-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Fosamprenavir Calcium TABLET 700 MG Oral	NF	1	Formulary Enhancement	N/A
GaviLyte-H KIT 5-210 MG-GM	1	NF	CMS Required Deletion	N/A
Glatiramer Acetate Solution Prefilled Syringe 20 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Glatiramer Acetate Solution Prefilled Syringe 40 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Gocovri CAPSULE EXTENDED RELEASE 24 HOUR 137 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Gocovri CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Haloperidol Decanoate SOLUTION 100 MG/ML Intramuscular 1 ML	NF	1	Formulary Enhancement	N/A
Havrix SUSPENSION 1440 EL U/ML Intramuscular (prefilled syringe)	NF	1	Formulary Enhancement	N/A
Havrix SUSPENSION 720 EL U/0.5ML Intramuscular (prefilled syringe)	NF	1	Formulary Enhancement	N/A
Juluca TABLET 50-25 MG Oral	NF	1	Formulary Enhancement	N/A
Kadcyla SOLUTION RECONSTITUTED 160 MG Intravenous	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Klor-Con PACKET 20 MEQ Oral	NF	1	Formulary Enhancement	N/A
Lartruvo SOLUTION 190 MG/19ML Intravenous	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Levo-T TABLET 100 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 112 MCG ORAL	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Levo-T TABLET 125 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 137 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 150 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 175 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 200 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 25 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 300 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 50 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 75 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 88 MCG ORAL	NF	1	Formulary Enhancement	N/A
Lomedia 24 FE TAB 1-20 MG-MCG(24)	1	NF	CMS Required Deletion	N/A
Lortab TAB 10-325 MG	1	NF	CMS Required Deletion	N/A
Lortab TAB 5-325 MG	1	NF	CMS Required Deletion	N/A
Lortab TAB 7.5-325 MG	1	NF	CMS Required Deletion	N/A
Lupron Depot-Ped (3-Month) KIT 30 MG (Ped) Intramuscular	NF	1 + PA2	Formulary Enhancement	N/A
Mavyret TABLET 100-40 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Menomune INJECTABLE SUBQ	1	NF	CMS Required Deletion	N/A
Methotrexate Sodium (PF) SOLUTION 250 MG/10ML INJECTION	NF	1 + BvD	Formulary Enhancement	N/A
Morphine Sulfate SOLUTION 5 MG/ML INJECTION	NF	1	Formulary Enhancement	N/A
Mylotarg SOLUTION RECONSTITUTED 4.5 MG Intravenous	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Necon 10/11 (28) TAB 35 MCG	1	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Novarel SOLUTION RECONSTITUTED 5000 UNIT Intramuscular	NF	1 + PA1	Formulary Enhancement	N/A
Opdivo SOLUTION 100 MG/10ML Intravenous	NF	1 + PA2	Formulary Enhancement	N/A
Oseltamivir Phosphate SUSPENSION RECONSTITUTED 6 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Oxaliplatin SOLUTION RECONSTITUTED 100 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Piperacillin Sod-Tazobactam So SOLUTION RECONSTITUTED 2.25 (2-0.25) GM Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Plegridy Solution Pen-injector 125 MCG/0.5ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Plegridy Solution Prefilled Syringe 125 MCG/0.5ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Plegridy Starter Pack Solution Pen-injector 63 & 94 MCG/0.5ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Rexulti TABLET 0.25 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Rexulti TABLET 0.5 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Rexulti TABLET 1 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Rexulti TABLET 2 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Rexulti TABLET 3 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Rexulti TABLET 4 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Rituxan SOLUTION 100 MG/10ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Sevelamer Carbonate TABLET 800 MG Oral	NF	1	Formulary Enhancement	N/A
Stelara SOLUTION 45 MG/0.5ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tecfidera 120 & 240 MG ORAL	NF	1 + PA2	Formulary Enhancement	N/A
Tecfidera CAPSULE DELAYED RELEASE 120 MG ORAL	NF	1 + PA2	Formulary Enhancement	N/A
Tecfidera CAPSULE DELAYED RELEASE 240 MG ORAL	NF	1 + PA2	Formulary Enhancement	N/A
Timolol Maleate SOLUTION 0.5 % (DAILY) Ophthalmic	NF	1	Formulary Enhancement	N/A
Tracleer TABLET SOLUBLE 32 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Treanda SOLUTION RECONSTITUTED 25 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Trisenox SOLUTION 12 MG/6ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Vaqta SUSPENSION 25 UNIT/0.5ML Intramuscular (injection)	NF	1	Formulary Enhancement	N/A
Vaqta SUSPENSION 50 UNIT/ML Intramuscular (injection)	NF	1	Formulary Enhancement	N/A
Varubi TABLET 90 MG ORAL	NF	1 + QL 8 + BvD	Formulary Enhancement	N/A
Verzenio TABLET 100 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Verzenio TABLET 150 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Verzenio TABLET 200 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Verzenio TABLET 50 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Xifaxan TABLET 200 MG Oral	1 + PA1	1	Formulary Enhancement	N/A
Xifaxan TABLET 550 MG ORAL	1 + PA1	1	Formulary Enhancement	N/A
Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous	NF	1 + ST1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 04/01/2018				

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Altavera TABLET 0.15-30 MG-MCG ORAL	NF	1	Formulary Enhancement	N/A
Alunbrig TABLET 180 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Alunbrig TABLET 90 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Alunbrig Tablet Therapy Pack 90 & 180 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Atazanavir Sulfate CAPSULE 150 MG Oral	NF	1	Formulary Enhancement	N/A
Atazanavir Sulfate CAPSULE 200 MG Oral	NF	1	Formulary Enhancement	N/A
Atazanavir Sulfate CAPSULE 300 MG Oral	NF	1	Formulary Enhancement	N/A
Doripenem SOLUTION RECONSTITUTED 500 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Eliquis Starter Pack TABLET 5 MG Oral	NF	1	Formulary Enhancement	N/A
Enskyce TABLET 0.15-30 MG-MCG ORAL	NF	1	Formulary Enhancement	N/A
Estradiol CREAM 0.1 MG/GM Vaginal	NF	1	Formulary Enhancement	N/A
Herceptin SOLUTION RECONSTITUTED 150 MG Intravenous	NF	1 + PA2	Formulary Enhancement	N/A
Kurvelo TABLET 0.15-30 MG-MCG ORAL	NF	1	Formulary Enhancement	N/A
Levonorg-Eth Estrad TAB 0.15-30 MG-MCG	NF	1	Formulary Enhancement	N/A
MedroxyPROGESTERone Acetate Suspension Prefilled Syringe 150 MG/ML Intramuscular	NF	1	Formulary Enhancement	N/A
Nyata POWDER 100000 UNIT/GM External	1	NF	CMS Required Deletion	N/A

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Roweeptra XR Tablet Extended Release 24 Hour 500 MG Oral	NF	1	Formulary Enhancement	N/A
Roweeptra XR Tablet Extended Release 24 Hour 750 MG Oral	NF	1	Formulary Enhancement	N/A
Selzentry SOLUTION 20 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Shingrix SUSPENSION RECONSTITUTED 50 MCG Intramuscular	NF	1	Formulary Enhancement	N/A
Tenofovir Disoproxil Fumarate TABLET 300 MG Oral	NF	1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 20000 UNIT Oral	1	NF	CMS Required Deletion	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 05/01/2018				
Abacavir Sulfate SOLUTION 20 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Biktarvy TABLET 50-200-25 MG Oral	NF	1	Formulary Enhancement	N/A
Cancidas SOLUTION RECONSTITUTED 50 MG Intravenous	1 + BvD	NF	Formulary Update	casprofungin acetate solution reconstituted 50 mg intravenous, 1 + BvD
Cancidas SOLUTION RECONSTITUTED 70 MG Intravenous	1 + BvD	NF	Formulary Update	casprofungin acetate solution reconstituted 70 mg intravenous, 1 + BvD
Constulose SOLUTION 10 GM/15ML ORAL	NF	1	Formulary Enhancement	N/A

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2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Copaxone Solution Prefilled Syringe 20 MG/ML Subcutaneous	1 + PA2	NF	Formulary Update	glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous, 1 + PA2
Copaxone Solution Prefilled Syringe 40 MG/ML Subcutaneous	1 + PA2	NF	Formulary Update	glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous, 1 + PA2
Cosmegen SOLUTION RECONSTITUTED 0.5 MG Intravenous	1 + BvD	NF	Formulary Update	dactinomycin solution reconstituted 0.5 mg intravenous, 1 + BvD
Daliresp TABLET 250 MCG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Didanosine CAPSULE DELAYED RELEASE 125 MG Oral	1	NF	CMS Required Deletion	N/A
Digox TABLET 125 MCG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Digox TABLET 250 MCG Oral	NF	1	Formulary Enhancement	N/A
DOCEtaxel CONCENTRATE 20 MG/ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
DOXOrubicin HCl Liposomal INJECTABLE 2 MG/ML Intravenous (25ML)	NF	1 + BvD	Formulary Enhancement	N/A
Efavirenz CAPSULE 200 MG Oral	NF	1	Formulary Enhancement	N/A
Efavirenz TABLET 600 MG Oral	NF	1	Formulary Enhancement	N/A
Endari PACKET 5 GM Oral	NF	1 + QL 180 + PA1 + LA	Formulary Enhancement	N/A
Erleada TABLET 60 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Gammaked SOLUTION 1 GM/10ML INJECTION	NF	1 + BvD	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Gemcitabine HCl SOLUTION 1 GM/26.3ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Gentamicin Sulfate SOLUTION 10 MG/ML Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Haloperidol Lactate SOLUTION 5 MG/ML Injection (1 ml Prefilled Syringe)	NF	1	Formulary Enhancement	N/A
ISOTretinoin CAPSULE 10 MG Oral	NF	1	Formulary Enhancement	N/A
ISOTretinoin CAPSULE 20 MG Oral	NF	1	Formulary Enhancement	N/A
ISOTretinoin CAPSULE 30 MG Oral	NF	1	Formulary Enhancement	N/A
ISOTretinoin CAPSULE 40 MG Oral	NF	1	Formulary Enhancement	N/A
Labetalol HCl Solution Prefilled Syringe 20 MG/4ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Labetalol HCl Solution Prefilled Syringe 25 MG/5ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Labetalol HCl Solution Prefilled Syringe 50 MG/10ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Levonorgest-Eth Estrad 91-Day TABLET 0.1-0.02 & 0.01 MG Oral	NF	1	Formulary Enhancement	N/A
Lexiva TABLET 700 MG Oral	1	NF	Formulary Update	fosamprenavir calcium tablet 700 mg oral, 1
Memantine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 14 MG Oral	NF	1	Formulary Enhancement	N/A
Memantine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 21 MG Oral	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Memantine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 28 MG Oral	NF	1	Formulary Enhancement	N/A
Memantine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 7 MG Oral	NF	1	Formulary Enhancement	N/A
Methotrexate Sodium SOLUTION 250 MG/10ML INJECTION	NF	1 + BvD	Formulary Enhancement	N/A
Metoprolol Tartrate Solution Prefilled Syringe 5 MG/5ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Naloxone HCl Solution Cartridge 0.4 MG/ML Injection	NF	1	Formulary Enhancement	N/A
Pataday SOLUTION 0.2 % Ophthalmic	1	NF	Formulary Update	olopatadine hcl solution 0.2 % ophthalmic, 1
Renvela TABLET 800 MG Oral	1	NF	Formulary Update	sevelamer carbonate tablet 800 mg oral, 1
Sabril PACKET 500 MG Oral	1 + PA2	NF	Formulary Update	vigabatrin packet 500 mg oral, 1 + PA2 + LA
Sustiva CAPSULE 50 MG Oral	1	NF	Formulary Update	efavirenz capsule 50 mg oral, 1
Symdeko Tablet Therapy Pack 100-150 & 150 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Tamiflu SUSPENSION RECONSTITUTED 6 MG/ML Oral	1	NF	Formulary Update	oseltamivir phosphate suspension reconstituted 6 mg/ml oral, 1
Transderm-Scop (1.5 MG) Patch 72 Hour 1 MG/3DAYS Transdermal	1	NF	Formulary Update	scopolamine patch 72 hour 1 mg/3days transdermal, 1

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Trientine HCl CAPSULE 250 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Trisenox SOLUTION 10 MG/10ML Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Vancomycin HCl in NaCl SOLUTION 1-0.9 GM/200ML-% Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Vancomycin HCl in NaCl SOLUTION 500-0.9 MG/100ML-% Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Videx EC CAPSULE DELAYED RELEASE 125 MG Oral	NF	1	Formulary Enhancement	N/A
Vigamox SOLUTION 0.5 % Ophthalmic	1	NF	Formulary Update	moxifloxacin hcl solution 0.5 % ophthalmic, 1
Zenpep CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT Oral	NF	1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 06/01/2018				
Abilify Maintena Suspension Reconstituted ER 400 MG Intramuscular	NF	1 + ST2	Formulary Enhancement	N/A
Alimta SOLUTION RECONSTITUTED 100 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Colcris TABLET 0.6 MG ORAL	NF	1	Formulary Enhancement	N/A
Fabrazyme SOLUTION RECONSTITUTED 5 MG Intravenous	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Fluocinonide CREAM 0.05 % External	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Gengraf CAPSULE 50 MG ORAL	1 + BvD	NF	CMS Required Deletion	N/A
Hydrocortisone Ace-Pramoxine CREAM 1-1 % Rectal	NF	1	Formulary Enhancement	N/A
IBU TABLET 600 MG Oral	NF	1	Formulary Enhancement	N/A
IBU TABLET 800 MG Oral	NF	1	Formulary Enhancement	N/A
Ilaris (150mg Delivered) SOLUTION RECONSTITUTED 180 MG Subcutaneous	1 + PA1	NF	CMS Required Deletion	N/A
Imbruvica CAPSULE 70 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Imbruvica TABLET 140 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Imbruvica TABLET 280 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Imbruvica TABLET 420 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Imbruvica TABLET 560 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Intron A SOLUTION 10000000 UNIT/ML INJECTION	NF	1 + PA2	Formulary Enhancement	N/A
Kelnor 1/50 Tablet 1-50 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Keytruda SOLUTION RECONSTITUTED 50 MG Intravenous	1 + PA2	NF	CMS Required Deletion	N/A
LamoTRIGine Starter Kit-Blue KIT 25 (35) MG Oral	NF	1	Formulary Enhancement	N/A
LamoTRIGine Starter Kit-Green KIT 25 (84)-100(14) MG Oral	NF	1	Formulary Enhancement	N/A
LamoTRIGine Starter Kit-Orange KIT 25 (42)-100 (7) MG Oral	NF	1	Formulary Enhancement	N/A
Lansoprazole Tablet Dispersible 15 MG Oral	NF	1	Formulary Enhancement	N/A
Lansoprazole Tablet Dispersible 30 MG Oral	NF	1	Formulary Enhancement	N/A
LEVOleucovorin Calcium SOLUTION RECONSTITUTED 50 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Mitigare CAPSULE 0.6 MG ORAL	NF	1	Formulary Enhancement	N/A
Nevirapine SUSPENSION 50 MG/5ML Oral	1	NF	CMS Required Deletion	N/A
Oxycodone-Acetaminophen SOLUTION 5-325 MG/5ML ORAL	1	NF	CMS Required Deletion	N/A
Plegridy Starter Pack Solution Prefilled Syringe 63 & 94 MCG/0.5ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
PrednisolONE Acetate SUSPENSION 1 % OPTHALMIC	NF	1	Formulary Enhancement	N/A
Reyataz CAPSULE 150 MG Oral	1	NF	Formulary Update	atazanavir sulfate capsule 150 mg oral, 1
Reyataz CAPSULE 200 MG Oral	1	NF	Formulary Update	atazanavir sulfate capsule 200 mg oral, 1
Reyataz CAPSULE 300 MG Oral	1	NF	Formulary Update	atazanavir sulfate capsule 300 mg oral, 1
Ritonavir Tablet 100 MG Oral	NF	1	Formulary Enhancement	N/A
Rubraca TABLET 250 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous	NF	1 + ST1	Formulary Enhancement	N/A
Symfi Lo Tablet 400-300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Synagis SOLUTION 100 MG/ML Intramuscular	NF	1 + PA1	Formulary Enhancement	N/A
Tasigna CAPSULE 50 MG ORAL	NF	1 + PA2	Formulary Enhancement	N/A
TiaGABine HCl Tablet 12 MG Oral	NF	1	Formulary Enhancement	N/A
TiaGABine HCl Tablet 16 MG Oral	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Triamcinolone Acetonide SUSPENSION 40 MG/ML Injection	NF	1	Formulary Enhancement	N/A
Vancomycin HCl in Dextrose SOLUTION 750-5 MG/150ML-% Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Vancomycin HCl in NaCl SOLUTION 750-0.9 MG/250ML-% Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Vancomycin HCl SOLUTION RECONSTITUTED 750 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Vinorelbine Tartrate Solution 10 MG/ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Viramune SUSPENSION 50 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Viread TABLET 300 MG Oral	1	NF	Formulary Update	tenofovir disoproxil fumarate tablet 300 mg oral, 1
Zenpep CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT ORAL	NF	1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 40000 UNIT Oral	1	NF	CMS Required Deletion	N/A
EFFECTIVE 07/01/2018				
Benznidazole TABLET 100 MG Oral	NF	1	Formulary Enhancement	N/A
Benznidazole TABLET 12.5 MG Oral	NF	1	Formulary Enhancement	N/A
Cetralax SOLUTION 0.2 % OTIC	NF	1	Formulary Enhancement	N/A
Clopidogrel Bisulfate TABLET 300 MG Oral	1	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Drospirenone-Ethinyl Estradiol Tablet 3-0.03 MG Oral	NF	1	Formulary Enhancement	N/A
Gildagia TABLET 0.4-35 MG-MCG ORAL	1	NF	CMS Required Deletion	N/A
Humira Pediatric Crohns Start Prefilled Syringe Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Humira Pediatric Crohns Start Prefilled Syringe Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Humira Pen Pen-Injector Kit 40 MG/0.4ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Humira Prefilled Syringe Kit 10 MG/0.1ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Humira Prefilled Syringe Kit 40 MG/0.4ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Intrarosa INSERT 6.5 MG Vaginal	NF	1 + PA1	Formulary Enhancement	N/A
Lidocaine HCl GEL 2 % EXTERNAL	1	1 + PA2	Formulary Update	N/A
Lidocaine HCl SOLUTION 4 % EXTERNAL	1	1 + PA2	Formulary Update	N/A
Lidocaine-Prilocaine CREAM 2.5-2.5 % External	1 + QL 30	1 + QL 30 + PA2	Formulary Update	N/A
Methylphenidate HCl ER Tablet Extended Release 72 MG Oral	NF	1	Formulary Enhancement	N/A
Nuedexta CAPSULE 20-10 MG ORAL	1	1 + PA2	Formulary Update	N/A
Ocella TABLET 3-0.03 MG ORAL	NF	1	Formulary Enhancement	N/A
Osphena TABLET 60 MG ORAL	NF	1 + PA1	Formulary Enhancement	N/A
Sustiva CAPSULE 200 MG Oral	1	NF	Formulary Update	efavirenz capsule 200 mg oral, 1

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Sustiva TABLET 600 MG ORAL	1	NF	Formulary Update	efavirenz tablet 600 mg oral, 1
Syeda Tablet 3-0.03 MG Oral	NF	1	Formulary Enhancement	N/A
Syprine CAPSULE 250 MG ORAL	1 + PA1	NF	Formulary Update	trientine hcl capsule 250 mg oral, 1 + PA1
Toujeo Max SoloStar Solution Pen-Injector 300 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Tri-VyLibra TABLET 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
VyLibra TABLET 0.25-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Zarah TABLET 3-0.03 MG ORAL	NF	1	Formulary Enhancement	N/A
Ziagen SOLUTION 20 MG/ML Oral	1	NF	Formulary Update	abacavir sulfate solution 20 mg/ml oral, 1
EFFECTIVE 08/01/2018				
Amiodarone HCl Solution 450 MG/9ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	NF	1	Formulary Enhancement	N/A
Baclofen Tablet 5 MG Oral	NF	1	Formulary Enhancement	N/A
CefTAZidime SOLUTION RECONSTITUTED 1 GM INJECTION	NF	1	Formulary Enhancement	N/A
Ciprofloxacin HCl SOLUTION 0.2 % OTIC	NF	1	Formulary Enhancement	N/A
Ciprofloxacin SOLUTION 400 MG/40ML Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Estarylla Tablet 0.25-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Fiasp FlexTouch Solution Pen-injector 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Fiasp SOLUTION 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Gabitril TABLET 12 MG ORAL	1	NF	Formulary Update	tiagabine hcl tablet 12 mg oral, 1
Gabitril TABLET 16 MG ORAL	1	NF	Formulary Update	tiagabine hcl tablet 16 mg oral, 1
Gammagard Solution 10 GM/100ML Injection	NF	1 + BvD	Formulary Enhancement	N/A
Gammagard Solution 20 GM/200ML Injection	NF	1 + BvD	Formulary Enhancement	N/A
Gammagard Solution 30 GM/300ML Injection	NF	1 + BvD	Formulary Enhancement	N/A
Gammagard Solution 5 GM/50ML Injection	NF	1 + BvD	Formulary Enhancement	N/A
Humira Prefilled Syringe Kit 20 MG/0.2ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
HYDROmorphone HCl PF Solution 2 MG/ML Injection	NF	1	Formulary Enhancement	N/A
IDArubicin HCl Solution 20 MG/20ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
IDArubicin HCl Solution 5 MG/5ML Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Jynarque Tablet Therapy Pack 45 & 15 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Jynarque Tablet Therapy Pack 60 & 30 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Jynarque Tablet Therapy Pack 90 & 30 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
LaMICtal Starter KIT 25 (35) MG Oral	1	NF	Formulary Update	lamotrigine starter kit-blue kit 25 (35) mg oral, 1
LaMICtal Starter KIT 25 (42)-100 (7) MG Oral	1	NF	Formulary Update	lamotrigine starter kit-orange kit 25 (42)-100 (7) mg oral, 1
LaMICtal Starter KIT 25 (84)-100(14) MG Oral	1	NF	Formulary Update	lamotrigine starter kit-green kit 25 (84)-100(14) mg oral, 1
Methotrexate Sodium (PF) SOLUTION 1 GM/40ML Injection	1 + BvD	NF	CMS Required Deletion	N/A
Mili Tablet 0.25-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Norvir Packet 100 MG Oral	NF	1	Formulary Enhancement	N/A
Norvir TABLET 100 MG ORAL	1	NF	Formulary Update	ritonavir tablet 100 mg oral, 1
Ozempic Solution Pen-injector 0.25 or 0.5 MG/DOSE Subcutaneous	NF	1	Formulary Enhancement	N/A
Ozempic Solution Pen-injector 1 MG/DOSE Subcutaneous	NF	1	Formulary Enhancement	N/A
Potassium Chloride SOLUTION 40 MEQ/15ML (20%) Oral	NF	1	Formulary Enhancement	N/A
Subvenite Starter Kit-Blue Kit 25 (35) MG Oral	NF	1	Formulary Enhancement	N/A
Subvenite Starter Kit-Green Kit 25 (84)-100(14) MG Oral	NF	1	Formulary Enhancement	N/A
Subvenite Starter Kit-Orange Kit 25 (42)-100 (7) MG Oral	NF	1	Formulary Enhancement	N/A
Subvenite Tablet 100 MG Oral	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Subvenite Tablet 150 MG Oral	NF	1	Formulary Enhancement	N/A
Subvenite Tablet 200 MG Oral	NF	1	Formulary Enhancement	N/A
Subvenite Tablet 25 MG Oral	NF	1	Formulary Enhancement	N/A
Symfi Tablet 600-300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	NF	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	NF	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	NF	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	NF	1	Formulary Enhancement	N/A
Tavalisse Tablet 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Tavalisse Tablet 150 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Tice BCG SUSPENSION RECONSTITUTED 50 MG INTRAVESICAL	NF	1	Formulary Enhancement	N/A
Triamterene-HCTZ CAPSULE 50-25 MG ORAL	1	NF	CMS Required Deletion	N/A
Tri-Mili Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
Vigadrone Packet 500 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xeljanz Tablet 10 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Zovia 1/50E (28) TABLET 1-50 MG-MCG ORAL	1	NF	CMS Required Deletion	N/A
EFFECTIVE 09/01/2018				
Arnuity Ellipta Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Budesonide ER Tablet Extended Release 24 Hour 9 MG Oral	NF	1	Formulary Enhancement	N/A

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2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Desmopressin Ace Rhinal Tube SOLUTION 0.01 % NASAL	1	NF	CMS Required Deletion	N/A
Estropipate TABLET 3 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
Fosphenytoin Sodium Solution 500 MG PE/10ML Injection	NF	1	Formulary Enhancement	N/A
Gleostine CAPSULE 5 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
Isopto Atropine SOLUTION 1 % OPHTHALMIC	NF	1	Formulary Enhancement	N/A
Ketoprofen CAPSULE 50 MG Oral	1	NF	CMS Required Deletion	N/A
Miglustat Capsule 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Nuplazid Capsule 34 MG Oral	NF	1 + PA2 + ST2	Formulary Enhancement	N/A
Nuplazid Tablet 10 MG Oral	NF	1 + PA2 + ST2	Formulary Enhancement	N/A
Oxacillin Sodium Solution Reconstituted 1 GM Injection	NF	1	Formulary Enhancement	N/A
Sulfatrim Pediatric Suspension 200-40 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Yonsa Tablet 125 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
EFFECTIVE 10/01/2018				
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	1	NF	CMS Required Deletion	N/A
BromSite SOLUTION 0.075 % OPHTHALMIC	NF	1	Formulary Enhancement	N/A
Cimduo Tablet 300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Claravis CAPSULE 20 MG ORAL	1	NF	CMS Required Deletion	N/A
Claravis CAPSULE 30 MG ORAL	1	NF	CMS Required Deletion	N/A
Claravis CAPSULE 40 MG ORAL	1	NF	CMS Required Deletion	N/A

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2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Estropipate TABLET 1.5 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
Kyprolis Solution Reconstituted 10 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Orkambi Packet 100-125 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Orkambi Packet 150-188 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 15000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 15000-47000 UNIT Oral	NF	1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 25000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 3000-14000 UNIT Oral	NF	1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 5000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
EFFECTIVE 11/01/2018				
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	1	1 + PA1	Formulary Update	N/A
Humira Pen-CD/UC/HS Starter Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Humira Pen-Ps/UV Starter Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Incassia Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A
Ketoprofen CAPSULE 75 MG Oral	1	NF	CMS Required Deletion	N/A
Vestura TABLET 3-0.02 MG ORAL	1	NF	CMS Required Deletion	N/A

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2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Zenpep CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	1	NF	CMS Required Deletion	N/A

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