

# ***Tribute Health Plan***

***November 2017***

## ***Formulary Addendum***

Below is a list formulary changes for the benefit year 2017. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2017 downloadable formulary on the ***Tribute Health Plan*** website.

For a complete list of drugs covered by ***Tribute Health Plan***, please visit our Web site [www.tributehealthplans.com](http://www.tributehealthplans.com) or call Member Services at 1-866-583-4649, 8 am - 8 pm, Monday through Friday. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),  
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<b>2017 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
<b>EFFECTIVE 01/01/2017</b>				
Abilify Maintena SUSP 300 MG IM (1.5ML SYR)	NF	1	Formulary Enhancement	N/A
Abilify Maintena SUSP 400 MG IM	NF	1	Formulary Enhancement	N/A
Acetasol HC SOL 2-1 % OTIC	NF	1	Formulary Enhancement	N/A
Adrucil SOL 500 MG/10ML IV	NF	1 + BvD	Formulary Enhancement	N/A
BuPROPion HCl ER (Smoking Det) TAB ER 12H 150 MG	NF	1	Formulary Enhancement	N/A
Butalbital-APAP-CAF CAP 50-300-40 MG	NF	1 + QL 180	Formulary Enhancement	N/A
Butalbital-APAP-CAF CAP 50-325-40 MG	NF	1 + QL 180	Formulary Enhancement	N/A
Butalbital-APAP-Caff-Cod CAP 50-300-40-30 MG	NF	1 + QL 180 + PA1	Formulary Enhancement	N/A
Butalbital-Aspirin-CAF CAP 50-325-40 MG	NF	1 + QL 180	Formulary Enhancement	N/A
Butrans PAT WK 10 MCG/HR TD	NF	1 + QL 4/28	Formulary Enhancement	N/A
Butrans PAT WK 15 MCG/HR TD	NF	1 + QL 4/28	Formulary Enhancement	N/A
Butrans PAT WK 20 MCG/HR TD	NF	1 + QL 4/28	Formulary Enhancement	N/A
Butrans PAT WK 5 MCG/HR TD	NF	1 + QL 4/28	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Butrans PAT WK 7.5 MCG/HR TD	NF	1 + QL 4/28	Formulary Enhancement	N/A
Calcipotriene CRM 0.005 % EX	NF	1	Formulary Enhancement	N/A
Calcipotriene OIN 0.005 % EX	NF	1	Formulary Enhancement	N/A
Caziant TAB 0.1/0.125/0.15 - 0.025 MG	NF	1	Formulary Enhancement	N/A
Cholestyramine Light POW 4 GM/DOSE	NF	1	Formulary Enhancement	N/A
Colchicine-Probenecid TAB 0.5-500 MG	NF	1	Formulary Enhancement	N/A
Compro SUP 25 MG RCT	NF	1	Formulary Enhancement	N/A
Constulose SOL 10 GM/15ML	NF	1	Formulary Enhancement	N/A
Cyproheptadine HCl TAB 4 MG	1 + PA1	1	Formulary Enhancement	N/A
Depo-Medrol SUSP 20 MG/ML INJ	1 + BvD	1	Formulary Enhancement	N/A
Depo-Medrol SUSP 40 MG/ML INJ	NF	1	Formulary Enhancement	N/A
Depo-Medrol SUSP 80 MG/ML INJ	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
Emend SUSP 125 MG	NF	1 + BvD	Formulary Enhancement	N/A
Epitol TAB 200 MG	NF	1	Formulary Enhancement	N/A
Eraxis SOL 50 MG IV	NF	1	Formulary Enhancement	N/A
Estrace CRM 0.1 MG/GM VAG	NF	1	Formulary Enhancement	N/A
Furosemide SOL 10 MG/ML	NF	1	Formulary Enhancement	N/A
GaviLyte-G SOL 236 GM	NF	1	Formulary Enhancement	N/A
GaviLyte-N with Flavor Pack SOL 420 GM	NF	1	Formulary Enhancement	N/A
Gengraf CAP 50 MG	NF	1 + BvD	Formulary Enhancement	N/A
Gleostine CAP 10 MG	NF	1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Gleostine CAP 100 MG	NF	1	Formulary Enhancement	N/A
Gleostine CAP 40 MG	NF	1	Formulary Enhancement	N/A
Golytely SOL 236 GM	NF	1	Formulary Enhancement	N/A
Humira Pen-Psoriasis Starter Pen-INJ Kit 40 MG/0.8ML SUBQ	NF	1	Formulary Enhancement	N/A
Hydrocortisone-Acetic Acid SOL 1-2 % OTIC	NF	1	Formulary Enhancement	N/A
Kanuma SOL 20 MG/10ML IV	NF	1 + PA1	Formulary Enhancement	N/A
Klor-Con SPR CAP ER 10 MEQ	NF	1	Formulary Enhancement	N/A
Larissia TAB 0.1-20 MG-MCG	NF	1	Formulary Enhancement	N/A
Levonorg-Eth Estrad TAB 0.15-30 MG-MCG	NF	1	Formulary Enhancement	N/A
Lidocaine HCl SOL 1 % INJ	NF	1	Formulary Enhancement	N/A
Mesalamine TAB DR 800 MG	NF	1	Formulary Enhancement	N/A
Methocarbamol SOL 1000 MG/10ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Monurol PACK 3 GM	NF	1 + QL 2	Formulary Enhancement	N/A
Nilutamide TAB 150 MG	NF	1	Formulary Enhancement	N/A
Nitro-Bid OIN 2 % TD	NF	1	Formulary Enhancement	N/A
Nitroglycerin TAB SL 0.3 MG SL	NF	1	Formulary Enhancement	N/A
Nitroglycerin TAB SL 0.4 MG SL	NF	1	Formulary Enhancement	N/A
Nitroglycerin TAB SL 0.6 MG SL	NF	1	Formulary Enhancement	N/A
Norgestim-Eth Estrad Triphasic TAB 0.18/0.215/0.25 MG-35 MCG	NF	1	Formulary Enhancement	N/A
Nucala SOL 100 MG SUBQ	NF	1 + PA1	Formulary Enhancement	N/A
Nystop POW 100000 U/GM EX	NF	1	Formulary Enhancement	N/A
Orencia ClickJect SOL Auto-INJ 125 MG/ML SUBQ	NF	1 + ST1	Formulary Enhancement	N/A
PEG 3350/Electrolytes SOL RECON 240 GM	NF	1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
PEG-Prep KIT 5-210 MG-GM	NF	1	Formulary Enhancement	N/A
Pramipexole DihydroCL ER TAB ER 24H 3.75 MG	NF	1	Formulary Enhancement	N/A
PredniSONE TAB 10 MG (21)	NF	1	Formulary Enhancement	N/A
PredniSONE TAB 10 MG (48)	NF	1	Formulary Enhancement	N/A
PredniSONE TAB 5 MG (21)	NF	1	Formulary Enhancement	N/A
PredniSONE TAB 5 MG (48)	NF	1	Formulary Enhancement	N/A
Proctofoam HC FOAM 1-1 %	NF	1	Formulary Enhancement	N/A
Proctosol HC CRM 2.5 % RCT	NF	1	Formulary Enhancement	N/A
Promethazine HCl SOL 50 MG/ML INJ	NF	1	Formulary Enhancement	N/A
Relistor TAB 150 MG	NF	1	Formulary Enhancement	N/A
Repatha Pushtronex System SOL CART 420 MG/3.5ML SUBQ	NF	1 + PA1	Formulary Enhancement	N/A
Risedronate SOD TAB 150 MG	NF	1	Formulary Enhancement	N/A
Risedronate SOD TAB 35 MG (12 PACK)	NF	1	Formulary Enhancement	N/A
Risedronate SOD TAB 35 MG (4 PACK)	NF	1	Formulary Enhancement	N/A
SPS SUSP 15 GM/60ML	NF	1	Formulary Enhancement	N/A
SSD CRM 1 % EX	NF	1	Formulary Enhancement	N/A
SUMatriptan SUC SOL Auto-INJ 4 MG/0.5ML SUBQ	NF	1 + QL 4.5	Formulary Enhancement	N/A
Tencon TAB 50-325 MG	1 + QL 180 + PA1	1 + QL 180	Formulary Enhancement	N/A
Toposar SOL 1 GM/50ML IV	NF	1 + BvD	Formulary Enhancement	N/A
Toujeo SoloStar SOL Pen-INJ 300 U/ML SUBQ	NF	1	Formulary Enhancement	N/A
Tresiba FlexTouch SOL Pen-INJ 100 U/ML SUBQ	NF	1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tresiba FlexTouch SOL Pen-INJ 200 U/ML SUBQ	NF	1	Formulary Enhancement	N/A
TriLyte SOL 420 GM	NF	1	Formulary Enhancement	N/A
Ursodiol CAP 300 MG	NF	1	Formulary Enhancement	N/A
Vincasar PFS SOL 1 MG/ML IV	NF	1 + BvD	Formulary Enhancement	N/A
Yondelis SOL 1 MG IV	NF	1 + PA2	Formulary Enhancement	N/A
Zebutal CAP 50-325-40 MG	1 + QL 180 + PA1	1 + QL 180	Formulary Enhancement	N/A
<b>EFFECTIVE 03/01/2017</b>				
8-MOP CAP 10MG	1	NF	CMS Required Deletion	N/A
Abacavir SUL-Lamivudine TAB 600-300 MG	NF	1	Formulary Enhancement	N/A
Adriamycin SOL 2 MG/ML IV	NF	1 + BvD	Formulary Enhancement	N/A
Alyacen 1/35 TAB 1-35 MG-MCG	NF	1	Formulary Enhancement	N/A
Amiodarone HCl TAB 100 MG	NF	1	Formulary Enhancement	N/A
Amlodipine-Olmesartan TAB 10-20 MG	NF	1	Formulary Enhancement	N/A
Amlodipine-Olmesartan TAB 10-40 MG	NF	1	Formulary Enhancement	N/A
Amlodipine-Olmesartan TAB 5-20 MG	NF	1	Formulary Enhancement	N/A
Amlodipine-Olmesartan TAB 5-40 MG	NF	1	Formulary Enhancement	N/A
Aprepitant CAP 125 MG	NF	1 + BvD	Formulary Enhancement	N/A
Aprepitant CAP 40 MG	NF	1 + BvD	Formulary Enhancement	N/A
Aprepitant CAP 80 & 125 MG	NF	1 + QL 12 + BvD	Formulary Enhancement	N/A
Aprepitant CAP 80 MG	NF	1 + BvD	Formulary Enhancement	N/A
Armodafinil TAB 150 MG	1 + QL 30+ PA1	1 + QL30 + PA2	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Armodafinil TAB 200 MG	1 + QL 30+ PA1	1 + QL30 + PA2	Formulary Enhancement	N/A
Armodafinil TAB 250 MG	1 + QL 30+ PA1	1 + QL30 + PA2	Formulary Enhancement	N/A
Armodafinil TAB 50 MG	1 + QL 30+ PA1	1 + QL30 + PA2	Formulary Enhancement	N/A
Aubagio TAB 14 MG	1 + PA1 + LA + ST1	1 + PA2 + LA + ST1	Formulary Enhancement	N/A
Aubagio TAB 7 MG	1 + PA1 + LA + ST1	1 + PA2 + LA + ST1	Formulary Enhancement	N/A
Avonex KIT 30 MCG IM	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Avonex Pen Auto-INJ Kit 30 MCG/0.5ML IM	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Avonex Prefilled PFS Kit 30 MCG/0.5ML IM	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Azithromycin TAB 500 MG (3 pack)	NF	1	Formulary Enhancement	N/A
Betaseron KIT 0.3 MG SUBQ	1 + PA1	1 + PA2	Formulary Enhancement	N/A
BUPROBAN TAB 150MG	1	NF	CMS Required Deletion	N/A
CERVARIX INJ	1	NF	CMS Required Deletion	N/A
Copaxone SOL PFS 20 MG/ML SUBQ	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Copaxone SOL PFS 40 MG/ML SUBQ	1 + PA1	1 + PA2	Formulary Enhancement	N/A
DAPTOmycin SOL 500 MG IV	NF	1	Formulary Enhancement	N/A
DOCEFREZ INJ 20MG	1 + BvD	NF	CMS Required Deletion	N/A
Endocet TAB 10-325 MG	NF	1 + QL 370	Formulary Enhancement	N/A
Endocet TAB 5-325 MG	NF	1 + QL 370	Formulary Enhancement	N/A
Endocet TAB 7.5-325 MG	NF	1 + QL 370	Formulary Enhancement	N/A
Epclusa TAB 400-100 MG	NF	1 + PA1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EPINEPHrine SOL Auto-INJ 0.15 MG/0.3ML INJ	NF	1	Formulary Enhancement	N/A
Epirubicin HCl SOL 200 MG/100ML IV	NF	1 + BvD	Formulary Enhancement	N/A
ERGOMAR SUB 2MG	1	NF	CMS Required Deletion	N/A
Ergotamine-CAF TAB 1-100 MG	NF	1 + QL 40/28	Formulary Enhancement	N/A
Ethinodiol Diac-Eth Estradiol TAB 1-50 MG-MCG	NF	1	Formulary Enhancement	N/A
Femynor TAB 0.25-35 MG-MCG	NF	1	Formulary Enhancement	N/A
GamaSTAN S/D INJECTABLE IM (10ML)	NF	1 + BvD	Formulary Enhancement	N/A
GamaSTAN S/D INJECTABLE IM (2ML)	NF	1 + BvD	Formulary Enhancement	N/A
Gammagard S/D Less IgA SOL 10 GM IV	NF	1 + BvD	Formulary Enhancement	N/A
Gammagard S/D Less IgA SOL 5 GM IV	NF	1 + BvD	Formulary Enhancement	N/A
GILDESS 24 TAB FE 1/20	1	NF	CMS Required Deletion	N/A
Gilenya CAP 0.5 MG	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Invokamet XR TAB ER 24H 150-1000 MG	NF	1	Formulary Enhancement	N/A
Invokamet XR TAB ER 24H 150-500 MG	NF	1	Formulary Enhancement	N/A
Invokamet XR TAB ER 24H 50-1000 MG	NF	1	Formulary Enhancement	N/A
Invokamet XR TAB ER 24H 50-500 MG	NF	1	Formulary Enhancement	N/A
KETEK TAB 300MG	1	NF	CMS Required Deletion	N/A
KETEK TAB 400MG	1	NF	CMS Required Deletion	N/A
Kinrix SUSP IM	NF	1	Formulary Enhancement	N/A
Klor-Con M20 TAB ER 20 MEQ	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
Klor-Con SPR CAP ER 8 MEQ	NF	1	Formulary Enhancement	N/A
Klor-Con TAB ER 8 MEQ	NF	1	Formulary Enhancement	N/A
Kyprolis SOL 30 MG IV	NF	1 + BvD	Formulary Enhancement	N/A
Kyprolis SOL 60 MG IV	NF	1 + BvD	Formulary Enhancement	N/A
Lartruvo SOL 500 MG/50ML IV	NF	1 + PA2 + LA	Formulary Enhancement	N/A
LORazepam 2 MG/ML INJ	NF	1	Formulary Enhancement	N/A
LORazepam SOL 2 MG/ML INJ	NF	1	Formulary Enhancement	N/A
Low-Ogestrel TAB 0.3-30 MG-MCG	NF	1	Formulary Enhancement	N/A
MELOXICAM SUS 7.5/5ML	1	NF	CMS Required Deletion	N/A
MENEST TAB 2.5MG	1 + PA1	NF	CMS Required Deletion	N/A
Methotrexate SOD SOL 50 MG/2ML INJ	NF	1 + BvD	Formulary Enhancement	N/A
Modafinil TAB 100 MG	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Modafinil TAB 200 MG	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Moxifloxacin HCl TAB 400 MG	NF	1	Formulary Enhancement	N/A
Mycophenolate Mofetil HCl SOL 500 MG IV	NF	1 + BvD	Formulary Enhancement	N/A
Mytesi TAB DR 125 MG	NF	1 + PA1	Formulary Enhancement	N/A
Namzaric CAP ER 24H 21-10 MG	NF	1 + QL 30	Formulary Enhancement	N/A
Namzaric CAP ER 24H 7 & 14 & 21 & 28 -10 MG	NF	1	Formulary Enhancement	N/A
Namzaric CAP ER 24H 7-10 MG	NF	1 + QL 30	Formulary Enhancement	N/A
NAPHAZOLINE SOL 0.1% OP	1	NF	CMS Required Deletion	N/A
Narcan Liquid 4 MG/0.1ML NAS	NF	1 + QL 2	Formulary Enhancement	N/A
NIFEDICAL XL TAB 30MG	1	NF	CMS Required Deletion	N/A
NIFEDICAL XL TAB 60MG	1	NF	CMS Required Deletion	N/A
NIFedipine ER Osmotic Release TAB ER 24H 30 MG	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
NIFedipine ER Osmotic Release TAB ER 24H 60 MG	NF	1	Formulary Enhancement	N/A
NIFedipine ER Osmotic Release TAB ER 24H 90 MG	NF	1	Formulary Enhancement	N/A
Norethindrone Acet-Ethinyl Est TAB 1-20 MG-MCG	NF	1	Formulary Enhancement	N/A
Ofloxacin TAB 300 MG	NF	1	Formulary Enhancement	N/A
Olmesartan Medoxomil TAB 20 MG	NF	1	Formulary Enhancement	N/A
Olmesartan Medoxomil TAB 40 MG	NF	1	Formulary Enhancement	N/A
Olmesartan Medoxomil TAB 5 MG	NF	1	Formulary Enhancement	N/A
Olmesartan Medoxomil-HCTZ TAB 20-12.5 MG	NF	1	Formulary Enhancement	N/A
Olmesartan Medoxomil-HCTZ TAB 40-12.5 MG	NF	1	Formulary Enhancement	N/A
Olmesartan Medoxomil-HCTZ TAB 40-25 MG	NF	1	Formulary Enhancement	N/A
Olmesartan-Amlodipine-HCTZ TAB 20-5-12.5 MG	NF	1	Formulary Enhancement	N/A
Olmesartan-Amlodipine-HCTZ TAB 40-10-12.5 MG	NF	1	Formulary Enhancement	N/A
Olmesartan-Amlodipine-HCTZ TAB 40-10-25 MG	NF	1	Formulary Enhancement	N/A
Olmesartan-Amlodipine-HCTZ TAB 40-5-12.5 MG	NF	1	Formulary Enhancement	N/A
Olmesartan-Amlodipine-HCTZ TAB 40-5-25 MG	NF	1	Formulary Enhancement	N/A
Orkambi TAB 100-125 MG	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Oseltamivir PHOS CAP 30 MG	NF	1	Formulary Enhancement	N/A

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Oseltamivir PHOS CAP 45 MG	NF	1	Formulary Enhancement	N/A
Oseltamivir PHOS CAP 75 MG	NF	1	Formulary Enhancement	N/A
Pediarix SUSP IM	NF	1	Formulary Enhancement	N/A
Phenadoz SUPP 25 MG RCT	NF	1	Formulary Enhancement	N/A
Phenadoz SUPP 12.5 MG RCT	NF	1	Formulary Enhancement	N/A
PLASMA-LYTE INJ 56/D5W	1	NF	CMS Required Deletion	N/A
Plegridy SOL Pen-INJ 125 MCG/0.5ML SUBQ	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Plegridy SOL PFS 125 MCG/0.5ML SUBQ	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Plegridy Starter Pack SOL Pen-INJ 63 & 94 MCG/0.5ML SUBQ	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Promethazine HCl SUPP 12.5 MG RCT	NF	1	Formulary Enhancement	N/A
Promethazine HCl SUPP 50 MG RCT	NF	1	Formulary Enhancement	N/A
Promethegan SUPP 12.5 MG RCT	NF	1	Formulary Enhancement	N/A
Promethegan SUPP 50 MG RCT	NF	1	Formulary Enhancement	N/A
QUetiapine fum ER TAB ER 24H 150 MG	NF	1	Formulary Enhancement	N/A
QUetiapine fum ER TAB ER 24H 200 MG	NF	1	Formulary Enhancement	N/A
QUetiapine fum ER TAB ER 24H 300 MG	NF	1	Formulary Enhancement	N/A
QUetiapine fum ER TAB ER 24H 400 MG	NF	1	Formulary Enhancement	N/A
QUetiapine fum ER TAB ER 24H 50 MG	NF	1	Formulary Enhancement	N/A
RANITIDINE INJ 50MG/2ML	1	NF	CMS Required Deletion	N/A
Rasagiline MES TAB 0.5 MG	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
Rasagiline MES TAB 1 MG	NF	1	Formulary Enhancement	N/A
RESERPINE TAB 0.1MG	1 + PA1	NF	CMS Required Deletion	N/A
RHEUMATREX TAB 2.5MG 4X6	1 + BvD	NF	CMS Required Deletion	N/A
Rizatriptan Benzoate TAB 10 MG	NF	1 + QL 12	Formulary Enhancement	N/A
Rizatriptan Benzoate TAB 5 MG	NF	1 + QL 24	Formulary Enhancement	N/A
Rizatriptan Benzoate TAB DISP 10 MG	NF	1 + QL 12	Formulary Enhancement	N/A
Rizatriptan Benzoate TAB DISP 5 MG	NF	1 + QL 24	Formulary Enhancement	N/A
Rubraca TAB 200 MG	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Rubraca TAB 300 MG	NF	1 + PA2 + LA	Formulary Enhancement	N/A
STAVUDINE SOL 1MG/ML	1	NF	CMS Required Deletion	N/A
Stelara SOL 130 MG/26ML IV	NF	1 + ST1	Formulary Enhancement	N/A
Tecfidera 120 & 240 MG	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Tecfidera CAP DR 120 MG	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Tecfidera CAP DR 240 MG	1 + PA1	1 + PA2	Formulary Enhancement	N/A
TRAVOPROST DRO 0.004%	1	NF	CMS Required Deletion	N/A
TYZEKA TAB 600MG	1	NF	CMS Required Deletion	N/A
ValGANciclovir HCl SOL 50 MG/ML	NF	1	Formulary Enhancement	N/A
VARIZIG INJ 125UNIT	1	NF	CMS Required Deletion	N/A
Vemlidy TAB 25 MG	NF	1 + ST2	Formulary Enhancement	N/A
VITEKTA TAB 150MG	1	NF	CMS Required Deletion	N/A
VITEKTA TAB 85MG	1	NF	CMS Required Deletion	N/A
Yuvaferm TAB 10 MCG VAG	NF	1	Formulary Enhancement	N/A
Zerit SOL 1 MG/ML	NF	1	Formulary Enhancement	N/A
<b>EFFECTIVE 04/01/2017</b>				
Amifostine SOL 500 MG IV	1 + BvD	NF	CMS Required Deletion	N/A

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# Tribute Health Plan

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Aubagio TAB 14 MG	1 + PA2 + LA + ST1	1 + PA2 + LA + ST2	Formulary Enhancement	N/A
Aubagio TAB 7 MG	1 + PA2 + LA + ST1	1 + PA2 + LA + ST2	Formulary Enhancement	N/A
ChlorproMAZINE HCl SOL 50 MG/2ML INJ	1 + BvD	1	Formulary Enhancement	N/A
ChlorproMAZINE HCl TAB 10 MG	1 + BvD	1	Formulary Enhancement	N/A
Doxycycline HYC SOL 100 MG IV	1	NF	CMS Required Deletion	N/A
Lopinavir-Ritonavir SOL 400-100 MG/5ML	NF	1	Formulary Enhancement	N/A
Menomune INJECTABLE SUBQ	1	NF	CMS Required Deletion	N/A
Necon 1/35 (28) TAB 1-35 MG-MCG	1	NF	CMS Required Deletion	N/A
Norgestimate-Eth Estradiol TAB 0.25-35 MG-MCG	NF	1	Formulary Enhancement	N/A
Praluent SOL PFS 150 MG/ML SUBQ	1 + PA1	NF	CMS Required Deletion	N/A
Ribasphere RibaPak TAB 200 & 400 MG	NF	1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
<b>EFFECTIVE 05/01/2017</b>				
Aranesp (Albumin Free) SOL 10 MCG/0.4ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL 100 MCG/ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL 200 MCG/ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL 25 MCG/ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL 300 MCG/ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL 40 MCG/ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL 60 MCG/ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL PFS 100 MCG/0.5ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL PFS 150 MCG/0.3ML INJ	NF	1 + PA1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Aranesp (Albumin Free) SOL PFS 200 MCG/0.4ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL PFS 25 MCG/0.42ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL PFS 300 MCG/0.6ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL PFS 40 MCG/0.4ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL PFS 500 MCG/ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Aranesp (Albumin Free) SOL PFS 60 MCG/0.3ML INJ	NF	1 + PA1	Formulary Enhancement	N/A
Azilect TAB 0.5 MG	1	NF	Formulary Update	rasagiline mes tab 0.5 mg, 1
Azilect TAB 1 MG	1	NF	Formulary Update	rasagiline mes tab 1 mg, 1
Azor TAB 10-20 MG	1	NF	Formulary Update	amlodipine- olmesartan tab 10-20 mg, 1
Azor TAB 10-40 MG	1	NF	Formulary Update	amlodipine- olmesartan tab 10-40 mg, 1
Azor TAB 5-20 MG	1	NF	Formulary Update	amlodipine- olmesartan tab 5- 20 mg, 1

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Azor TAB 5-40 MG	1	NF	Formulary Update	amlodipine-olmesartan tab 5-40 mg, 1
Calcium Acetate TAB 667 MG	NF	1	Formulary Enhancement	N/A
CellCept IV SOL 500 MG IV	1 + BvD	NF	Formulary Update	mycophenolate mofetil hcl sol 500 mg iv, 1 + BvD
Cubicin SOL 500 MG IV	1	NF	Formulary Update	daptomycin sol 500 mg iv, 1
Emend CAP 40 MG	1 + BvD	NF	Formulary Update	aprepitant cap 40 mg, 1 + BvD
Emend CAP 80 & 125 MG	1 + QL 12 + BvD	NF	Formulary Update	aprepitant cap 80 & 125 mg, 1 + QL 12 + BvD
EPINEPHrine SOL Auto-INJ 0.3 MG/0.3ML INJ	NF	1	Formulary Enhancement	N/A
Epzicom TAB 600-300 MG	1	NF	Formulary Update	abacavir sul-lamivudine tab 600-300 mg, 1
Klor-Con M10 TAB ER 10 MEQ	NF	1	Formulary Enhancement	N/A
Linzess CAP 72 MCG	NF	1	Formulary Enhancement	N/A
Menomune INJ SUBQ	NF	1	Formulary Enhancement	N/A
MetFORMIN HCl ER (OSM) TAB ER 24H 1000 MG	1	NF	CMS Required Deletion	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Methylphenidate HCl ER (CD) CAP 20 MG	NF	1	Formulary Enhancement	N/A
Methylphenidate HCl ER (CD) CAP 40 MG	NF	1	Formulary Enhancement	N/A
Nilandron TAB 150 MG	1	NF	Formulary Update	nilutamide tab 150 mg, 1
Potassium Chloride Crys ER TAB 10 MEQ	NF	1	Formulary Enhancement	N/A
Potassium Chloride Crys ER TAB 20 MEQ	NF	1	Formulary Enhancement	N/A
Rivastigmine PAT 24H 13.3 MG/24HR TD	NF	1	Formulary Enhancement	N/A
Rivastigmine PAT 24H 4.6 MG/24HR TD	NF	1	Formulary Enhancement	N/A
Rivastigmine PAT 24H 9.5 MG/24HR TD	NF	1	Formulary Enhancement	N/A
Selzentry TAB 25 MG	NF	1	Formulary Enhancement	N/A
Selzentry TAB 75 MG	NF	1	Formulary Enhancement	N/A
SEROquel XR TAB ER 24H 150 MG	1	NF	Formulary Update	quetiapine fum er tab er 24h 150 mg, 1

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
SEROquel XR TAB ER 24H 200 MG	1	NF	Formulary Update	quetiapine fumarate tab er 24h 200 mg, 1
SEROquel XR TAB ER 24H 300 MG	1	NF	Formulary Update	quetiapine fumarate tab er 24h 300 mg, 1
SEROquel XR TAB ER 24H 400 MG	1	NF	Formulary Update	quetiapine fumarate tab er 24h 400 mg, 1
SEROquel XR TAB ER 24H 50 MG	1	NF	Formulary Update	quetiapine fumarate tab er 24h 50 mg, 1
Tamiflu CAP 30 MG	1	NF	Formulary Update	oseltamivir phosphate cap 30 mg, 1
Tamiflu CAP 45 MG	1	NF	Formulary Update	oseltamivir phosphate cap 45 mg, 1
Tamiflu CAP 75 MG	1	NF	Formulary Update	oseltamivir phosphate cap 75 mg, 1
Terbinafine HCl TAB 250 MG	NF	1	Formulary Enhancement	N/A
Tribenzor TAB 20-5-12.5 MG	1	NF	Formulary Update	olmesartan-amlodipine-hctz tab 20-5-12.5 mg, 1
Tribenzor TAB 40-10-12.5 MG	1	NF	Formulary Update	olmesartan-amlodipine-hctz tab 40-10-12.5 mg, 1

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tribenzor TAB 40-10-25 MG	1	NF	Formulary Update	olmesartan-amlodipine-hctz tab 40-10-25 mg, 1
Tribenzor TAB 40-5-12.5 MG	1	NF	Formulary Update	olmesartan-amlodipine-hctz tab 40-5-12.5 mg, 1
Tribenzor TAB 40-5-25 MG	1	NF	Formulary Update	olmesartan-amlodipine-hctz tab 40-5-25 mg, 1
<b>EFFECTIVE 06/01/2017</b>				
Cefadroxil CAP 500 MG	NF	1	Formulary Enhancement	N/A
Cefadroxil TAB 1 GM	NF	1	Formulary Enhancement	N/A
Codeine SUL TAB 30 MG	NF	1	Formulary Enhancement	N/A
Desvenlafaxine SUCC ER TAB 24HR 100 MG	NF	1	Formulary Enhancement	N/A
Desvenlafaxine SUCC ER TAB 24HR 25 MG	NF	1	Formulary Enhancement	N/A
Desvenlafaxine SUCC ER TAB 24HR 50 MG	NF	1	Formulary Enhancement	N/A
Kaletra SOL 400-100 MG/5ML	1	NF	Formulary Update	lopinavir 80 mg/ml / ritonavir 20 mg/ml, 1
Kisqali 200 Dose TAB 200 MG	NF	1 + PA2	Formulary Enhancement	N/A
Kisqali 400 Dose TAB 200 MG	NF	1 + PA2	Formulary Enhancement	N/A
Kisqali 600 Dose TAB 200 MG	NF	1 + PA2	Formulary Enhancement	N/A
LORazepam 2 MG/ML INJECT	NF	1	Formulary Enhancement	N/A
Lorcet HD TAB 10-325 MG	NF	1 + QL 370	Formulary Enhancement	N/A
Lorcet Plus TAB 7.5-325 MG	NF	1 + QL 370	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Lorcet TAB 5-325 MG	NF	1 + QL 370	Formulary Enhancement	N/A
Lortab TAB 10-325 MG	NF	1 + QL 370	Formulary Enhancement	N/A
Lortab TAB 5-325 MG	NF	1 + QL 370	Formulary Enhancement	N/A
Lortab TAB 7.5-325 MG	NF	1 + QL 370	Formulary Enhancement	N/A
Marlissa TAB 0.15-30 MG-MCG	NF	1	Formulary Enhancement	N/A
Neo-Polycin OINT 3.5-400-10000 OPTH	NF	1	Formulary Enhancement	N/A
Oxacillin SOD SOL 2 GM INJ	1	NF	CMS Required Deletion	N/A
Praluent SOL PFS 75 MG/ML SUBQ	1 + PA1	NF	CMS Required Deletion	N/A
ProAir HFA AER SOL 108 (90 Base) MCG/ACT INH	NF	1	Formulary Enhancement	N/A
ProAir RespiClick AER POW 108 (90 Base) MCG/ACT INH	NF	1	Formulary Enhancement	N/A
<b>EFFECTIVE 07/01/2017</b>				
Bavencio SOL 200 MG/10ML IV	NF	1 + PA2	Formulary Enhancement	N/A
Brilinta TAB 60 MG	NF	1 + QL 60	Formulary Enhancement	N/A
Busulfan SOL 6 MG/ML IV	NF	1 + BvD	Formulary Enhancement	N/A
Esbriet TAB 267 MG	NF	1 + PA1	Formulary Enhancement	N/A
Esbriet TAB 801 MG	NF	1 + PA1	Formulary Enhancement	N/A
Exelon PAT 24H 13.3 MG/24HR TD	1	NF	Formulary Update	rivastigmine pat 24h 13.3 mg/24hr, 1
Exelon PAT 24H 4.6 MG/24HR TD	1	NF	Formulary Update	rivastigmine pat 24h 4.6 mg/24hr, 1
Exelon PAT 24H 9.5 MG/24HR TD	1	NF	Formulary Update	rivastigmine pat 24h 9.5 mg/24hr, 1
Gammaplex SOL 10 GM/100ML IV	NF	1 + BvD	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Gammaplex SOL 20 GM/200ML IV	NF	1 + BvD	Formulary Enhancement	N/A
Gammaplex SOL 5 GM/50ML IV	NF	1 + BvD	Formulary Enhancement	N/A
Intron A SOL 10000000 UNIT/ML INJ	NF	1	Formulary Enhancement	N/A
Kinrix SUSP IM INJ 0.5 ML	NF	1	Formulary Enhancement	N/A
LEVOleucovorin Calc SOL 50 MG IV	NF	1 + BvD	Formulary Enhancement	N/A
Roweepra TAB 1000 MG	NF	1	Formulary Enhancement	N/A
Roweepra TAB 750 MG	NF	1	Formulary Enhancement	N/A
Tazarotene CR 0.1 % Ext	NF	1	Formulary Enhancement	N/A
Uvadex SOL 20 MCG/ML INJ	1 + BvD	NF	CMS Required Deletion	N/A
Virazole SOL 6 GM INH	1	NF	CMS Required Deletion	N/A
Zileuton ER TAB 12 Hour 600 MG	NF	1	Formulary Enhancement	N/A
<b>EFFECTIVE 08/01/2017</b>				
Allzital TAB 25-325 MG	1 + QL 360 + PA1	1 + QL 360	Formulary Enhancement	N/A
Alunbrig TAB 30 MG	NF	1 + PA2	Formulary Enhancement	N/A
Aminosyn II SOL 7 % IV	1 + BvD	NF	CMS Required Deletion	N/A
Ammonium LAC CRM 12 % EX	NF	1	Formulary Enhancement	N/A
AscompCOD CAP 50-325-40-30 MG	1 + QL 180 + PA1	1 + QL 180	Formulary Enhancement	N/A
Atropine SUL SOL 0.1 MG/ML INJ	1	NF	CMS Required Deletion	N/A
Butalbital-APAP-Caff-Cod CAP 50-300-40-30 MG	1 + QL 180 + PA1	1 + QL 180	Formulary Enhancement	N/A
Butalbital-APAP-Caff-Cod CAP 50-325-40-30 MG	1 + QL 180 + PA1	1 + QL 180	Formulary Enhancement	N/A
Butalbital-ASA-CaffCOD CAP 50-325-40-30 MG	1 + QL 180 + PA1	1 + QL 180	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Clofarabine SOL 1 MG/ML IV	NF	1 + BvD	Formulary Enhancement	N/A
Codeine SUL TAB 15 MG	NF	1	Formulary Enhancement	N/A
Codeine SUL TAB 60 MG	NF	1	Formulary Enhancement	N/A
Ezetimibe TAB 10 MG	NF	1	Formulary Enhancement	N/A
FentaNYL PAT 72 HR 100 MCG/HR TD	1 + QL 10	1	Formulary Enhancement	N/A
FentaNYL PAT 72 HR 12 MCG/HR TD	1 + QL 10	1	Formulary Enhancement	N/A
FentaNYL PAT 72 HR 25 MCG/HR TD	1 + QL 10	1	Formulary Enhancement	N/A
FentaNYL PAT 72 HR 37.5 MCG/HR TD	1 + QL 10	1	Formulary Enhancement	N/A
FentaNYL PAT 72 HR 50 MCG/HR TD	1 + QL 10	1	Formulary Enhancement	N/A
FentaNYL PAT 72 HR 62.5 MCG/HR TD	1 + QL 10	1	Formulary Enhancement	N/A
FentaNYL PAT 72 HR 75 MCG/HR TD	1 + QL 10	1	Formulary Enhancement	N/A
FentaNYL PAT 72 HR 87.5 MCG/HR TD	1 + QL 10	1	Formulary Enhancement	N/A
Fluorometholone SUSP 0.1 % OPTH	NF	1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 113-14 MCG/ACT INH	NF	1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 232-14 MCG/ACT INH	NF	1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 55-14 MCG/ACT INH	NF	1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Gardasil SUSP IM (0.5ML SYR)	1	NF	CMS Required Deletion	N/A
Imfinzi SOL 120 MG/2.4ML IV	NF	1 + PA2	Formulary Enhancement	N/A
Imfinzi SOL 500 MG/10ML IV	NF	1 + PA2	Formulary Enhancement	N/A
Kisqali Femara 200 Dose TAB Therapy Pack 200 & 2.5 MG	NF	1 + PA2	Formulary Enhancement	N/A
Kisqali Femara 400 Dose TAB Therapy Pack 200 & 2.5 MG	NF	1 + PA2	Formulary Enhancement	N/A
Kisqali Femara 600 Dose TAB Therapy Pack 200 & 2.5 MG	NF	1 + PA2	Formulary Enhancement	N/A
Memantine HCl TAB 10 MG	1 + QL 60	1	Formulary Enhancement	N/A
Memantine HCl TAB 5 (28)-10 (21) MG	1 + QL 49/28	1	Formulary Enhancement	N/A
Memantine HCl TAB 5 MG	1 + QL 60	1	Formulary Enhancement	N/A
Menomune INJ SUBQ	1	NF	CMS Required Deletion	N/A
Morphine SUL ER CAP ER 24H 120 MG	1 + QL 60	1	Formulary Enhancement	N/A
Morphine SUL ER CAP ER 24H 30 MG Beads	1 + QL 60	1	Formulary Enhancement	N/A
Morphine SUL ER CAP ER 24H 45 MG	1 + QL 60	1	Formulary Enhancement	N/A
Morphine SUL ER CAP ER 24H 60 MG Beads	1 + QL 60	1	Formulary Enhancement	N/A
Morphine SUL ER CAP ER 24H 75 MG	1 + QL 60	1	Formulary Enhancement	N/A
Morphine SUL ER CAP ER 24H 90 MG	1 + QL 60	1	Formulary Enhancement	N/A
Morphine SUL ER TAB ER 30 MG	1 + QL 60	1	Formulary Enhancement	N/A
Morphine SUL ER TAB ER 60 MG	1 + QL 60	1	Formulary Enhancement	N/A
Morphine SUL TAB 15 MG	1 + QL 180	1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Morphine SUL TAB 30 MG	1 + QL 180	1	Formulary Enhancement	N/A
OxyCODONE HCl CAP 5 MG	1 + QL 180	1	Formulary Enhancement	N/A
OxyCODONE HCl TAB 10 MG	1 + QL 180	1	Formulary Enhancement	N/A
OxyCODONE HCl TAB 15 MG	1 + QL 180	1	Formulary Enhancement	N/A
OxyCODONE HCl TAB 20 MG	1 + QL 180	1	Formulary Enhancement	N/A
OxyCODONE HCl TAB 30 MG	1 + QL 180	1	Formulary Enhancement	N/A
OxyCODONE HCl TAB 5 MG	1 + QL 180	1	Formulary Enhancement	N/A
PegIntron KIT 120 MCG/0.5ML SUBQ	1	NF	CMS Required Deletion	N/A
PegIntron KIT 150 MCG/0.5ML SUBQ	1	NF	CMS Required Deletion	N/A
PegIntron KIT 80 MCG/0.5ML SUBQ	1	NF	CMS Required Deletion	N/A
Peg-Intron Redipen KIT 150 MCG/0.5ML SUBQ	1	NF	CMS Required Deletion	N/A
Peg-Intron Redipen KIT 50 MCG/0.5ML SUBQ	1	NF	CMS Required Deletion	N/A
Peg-Intron Redipen KIT 80 MCG/0.5ML SUBQ	1	NF	CMS Required Deletion	N/A
Pentazocine-Naloxone HCl TAB 50-0.5 MG	1 + PA1	1	Formulary Enhancement	N/A
Pristiq TAB ER 24H 100 MG	1	NF	Formulary Update	desvenlafaxine succinate er 100 mg, 1
Pristiq TAB ER 24H 25 MG	1	NF	Formulary Update	desvenlafaxine succinate er 25 mg, 1
Pristiq TAB ER 24H 50 MG	1	NF	Formulary Update	desvenlafaxine succinate er 50 mg, 1
Rydapt CAP 25 MG	NF	1 + PA2	Formulary Enhancement	N/A

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# Tribute Health Plan

November 2017

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Theophylline ER TAB ER 24H 400 MG	NF	1	Formulary Enhancement	N/A
Xatmep SOL 2.5 MG/ML	NF	1 + BvD	Formulary Enhancement	N/A
Zejula CAP 100 MG	NF	1 + PA2	Formulary Enhancement	N/A
Zolpidem TAR TAB 10 MG	1 + PA1	1	Formulary Enhancement	N/A
Zolpidem TAR TAB 5 MG	1 + PA1	1	Formulary Enhancement	N/A
<b>EFFECTIVE 09/01/2017</b>				
Aristada PFS 1064 MG/3.9ML IM	NF	1 + ST2	Formulary Enhancement	N/A
Atomoxetine HCl CAP 10 MG	NF	1	Formulary Enhancement	N/A
Atomoxetine HCl CAP 100 MG	NF	1	Formulary Enhancement	N/A
Atomoxetine HCl CAP 18 MG	NF	1	Formulary Enhancement	N/A
Atomoxetine HCl CAP 25 MG	NF	1	Formulary Enhancement	N/A
Atomoxetine HCl CAP 40 MG	NF	1	Formulary Enhancement	N/A
Atomoxetine HCl CAP 60 MG	NF	1	Formulary Enhancement	N/A
Atomoxetine HCl CAP 80 MG	NF	1	Formulary Enhancement	N/A
Buprenorphine PATCH WEEKLY 10 MCG/HR TD	NF	1 + QL 4/28	Formulary Enhancement	N/A
Buprenorphine PATCH WEEKLY 15 MCG/HR TD	NF	1 + QL 4/28	Formulary Enhancement	N/A
Buprenorphine PATCH WEEKLY 20 MCG/HR TD	NF	1 + QL 4/28	Formulary Enhancement	N/A
Buprenorphine PATCH WEEKLY 5 MCG/HR TD	NF	1 + QL 4/28	Formulary Enhancement	N/A
Busulfex SOL 6 MG/ML IV	1 + BvD	NF	Formulary Update	busulfan sol 6 mg/ml iv, 1 + BvD
Diastat Pediatric GEL 2.5 MG RCT	NF	1	Formulary Enhancement	N/A
Diastat AcuDial GEL 10 MG RCT	NF	1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Diastat AcuDial GEL 20 MG RCT	NF	1	Formulary Enhancement	N/A
Diazepam GEL 10 MG RCT	1	NF	CMS Required Deletion	N/A
Diazepam GEL 2.5 MG RCT	1	NF	CMS Required Deletion	N/A
Diazepam GEL 20 MG RCT	1	NF	CMS Required Deletion	N/A
Gardasil SUSP IM	1	NF	CMS Required Deletion	N/A
Gentamicin SUL OIN 0.3 % OPTH	1	NF	CMS Required Deletion	N/A
Lidocaine HCl (PF) SOL 1 % INJ	NF	1	Formulary Enhancement	N/A
Lortab TAB 10-325 MG	1 + QL 370	NF	CMS Required Deletion	N/A
Lortab TAB 5-325 MG	1 + QL 370	NF	CMS Required Deletion	N/A
Lortab TAB 7.5-325 MG	1 + QL 370	NF	CMS Required Deletion	N/A
Molindone HCl TAB 10 MG	1	NF	CMS Required Deletion	N/A
Molindone HCl TAB 25 MG	1	NF	CMS Required Deletion	N/A
Molindone HCl TAB 5 MG	1	NF	CMS Required Deletion	N/A
Orencia SOL PFS 50 MG/0.4ML SUBQ	NF	1 + ST1	Formulary Enhancement	N/A
Orencia SOL PFS 87.5 MG/0.7ML SUBQ	NF	1 + ST1	Formulary Enhancement	N/A
Potiga TAB 200 MG	1	NF	CMS Required Deletion	N/A
Potiga TAB 300 MG	1	NF	CMS Required Deletion	N/A
Potiga TAB 400 MG	1	NF	CMS Required Deletion	N/A
Potiga TAB 50 MG	1	NF	CMS Required Deletion	N/A
Prevalite POWDER 4 GM/DOSE	NF	1	Formulary Enhancement	N/A
Sevelamer Carbonate PACKET 0.8 GM	NF	1	Formulary Enhancement	N/A
Sevelamer Carbonate PACKET 2.4 GM	NF	1	Formulary Enhancement	N/A
Tazorac CRM 0.1 % EX	1	NF	Formulary Update	tazarotene cream 0.1 % ext, 1
Tigecycline SOL 50 MG IV	NF	1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tymlos SOL Pen-INJ 3120 MCG/1.56ML SUBQ	NF	1 + PA1	Formulary Enhancement	N/A
VariZIG SOL 125 UNIT/1.2ML IM	NF	1 + PA1	Formulary Enhancement	N/A
Xatmep SOL 2.5 MG/ML	1 + BvD	NF	CMS Required Deletion	N/A
Zazole CRM 0.8 % VAG	1	NF	CMS Required Deletion	N/A
Zyflo CR TAB ER 12H 600 MG	1	NF	Formulary Update	zileuton er tab 12 hour 600 mg, 1
<b>EFFECTIVE 10/01/2017</b>				
Aggrenox CAP ER 12 HR 25-200 MG	NF	1	Formulary Enhancement	N/A
Amnesteem CAP 10 MG	NF	1	Formulary Enhancement	N/A
Amnesteem CAP 20 MG	NF	1	Formulary Enhancement	N/A
Amnesteem CAP 40 MG	NF	1	Formulary Enhancement	N/A
Ampicillin SUSP 125 MG/5ML	1	NF	CMS Required Deletion	N/A
Ampicillin SUSP 250 MG/5ML	1	NF	CMS Required Deletion	N/A
Buprenorphine PATCH WEEKLY 7.5 MCG/HR	NF	1 + QL 4/28	Formulary Enhancement	N/A
Clolar SOL 1 MG/ML IV	1 + BvD	NF	Formulary Update	clofarabine 1 mg/ml injection, 1 + BvD
Desogestrel-Ethinyl Estradiol TAB 0.15-30 MG-MCG	NF	1	Formulary Enhancement	N/A
Eletriptan Hydrobromide TAB 20 MG	NF	1 + QL 9	Formulary Enhancement	N/A
Eletriptan Hydrobromide TAB 40 MG	NF	1 + QL 9	Formulary Enhancement	N/A
Isibloom TAB 0.15-30 MG-MCG	NF	1	Formulary Enhancement	N/A
Menhibrix SOL 5-5-2.5 MCG IM	1	NF	CMS Required Deletion	N/A
Meropenem SOL RECON 1 GM IV	NF	1	Formulary Enhancement	N/A

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2017 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Moxifloxacin HCl SOL 0.5 % OPTH	NF	1	Formulary Enhancement	N/A
Orfadin CAP 20 MG	NF	1	Formulary Enhancement	N/A
Potassium Chloride PACK 20 MEQ	NF	1	Formulary Enhancement	N/A
Simponi SOL Auto-INJ 100 MG/ML SUBQ	NF	1 + ST1	Formulary Enhancement	N/A
Simponi SOL Auto-INJ 50 MG/0.5ML SUBQ	NF	1 + ST1	Formulary Enhancement	N/A
Simponi SOL PFS 100 MG/ML SUBQ	1 + ST1	NF	CMS Required Deletion	N/A
Xatmep SOL 2.5 MG/ML	NF	1 + BvD	Formulary Enhancement	N/A
Zetia TAB 10 MG	1	NF	Formulary Update	ezetimibe 10 mg oral tablet, 1
<b>EFFECTIVE 11/01/2017</b>				
Acetasol HC SOL 2-1 % OTIC	1	NF	CMS Required Deletion	N/A
Amikacin Sulfate SOL 500 MG/2ML INJ	NF	1 + BvD	Formulary Enhancement	N/A
Benlysta SOL Auto-injector 200 MG/ML SUBQ	NF	1	Formulary Enhancement	N/A
Benlysta SOL PFS 200 MG/ML SUBQ	NF	1	Formulary Enhancement	N/A
Caspofungin ACET SOL RECON 50 MG IV	NF	1	Formulary Enhancement	N/A
Caspofungin ACET SOL RECON 70 MG IV	NF	1	Formulary Enhancement	N/A
DiazePAM GEL 10 MG RCT	NF	1	Formulary Enhancement	N/A

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<b>2017 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
DiazePAM GEL 2.5 MG RCT	NF	1	Formulary Enhancement	N/A
Entresto TAB 24-26 MG	NF	1 + PA1	Formulary Enhancement	N/A
Entresto TAB 49-51 MG	NF	1 + PA1	Formulary Enhancement	N/A
Entresto TAB 97-103 MG	NF	1 + PA1	Formulary Enhancement	N/A
Estradiol TAB 10 MCG VAG	NF	1	Formulary Enhancement	N/A
GaviLyte-H KIT 5-210 MG-GM	1	NF	CMS Required Deletion	N/A
IDHIFA TAB 100 MG	NF	1 + PA2	Formulary Enhancement	N/A
IDHIFA TAB 50 MG	NF	1 + PA2	Formulary Enhancement	N/A
Isentress HD TAB 600 MG	NF	1	Formulary Enhancement	N/A
Lynparza TAB 100 MG	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Lynparza TAB 150 MG	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Mavyret TAB 100-40 MG	NF	1 + PA1	Formulary Enhancement	N/A
Methocarbamol SOL 1000 MG/10ML INJ	1 + PA1	1	Formulary Enhancement	N/A
Methocarbamol TAB 500 MG	1 + PA1	1	Formulary Enhancement	N/A
Methocarbamol TAB 750 MG	1 + PA1	1	Formulary Enhancement	N/A

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<b>2017 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Nerlynx TAB 40 MG	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Prasugrel HCl TAB 10 MG	NF	1	Formulary Enhancement	N/A
Prasugrel HCl TAB 5 MG	NF	1	Formulary Enhancement	N/A
Radicava SOL 30 MG/100ML IV	NF	1 + PA1	Formulary Enhancement	N/A
VIGABATRIN ORAL POW PACK 500MG	NF	1 + LA	Formulary Enhancement	N/A
Vyxeos SUSP RECON 100-44 MG IV	NF	1 + PA2	Formulary Enhancement	N/A
Zytiga TAB 500 MG	NF	1	Formulary Enhancement	N/A

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