

Formulary Addendum as of September 1, 2020

Additions

Drug Name	Tier	Notes	Effective Date
ABILIFY MYCITE TAB 10MG	5	ST QL (30 tabs per 30 days)	1/ 1/20
ABILIFY MYCITE TAB 15MG	5	ST QL (30 tabs per 30 days)	1/ 1/20
ABILIFY MYCITE TAB 20MG	5	ST QL (30 tabs per 30 days)	1/ 1/20
ABILIFY MYCITE TAB 2MG	5	ST QL (30 tabs per 30 days)	1/ 1/20
ABILIFY MYCITE TAB 30MG	5	ST QL (30 tabs per 30 days)	1/ 1/20
ABILIFY MYCITE TAB 5MG	5	ST QL (30 tabs per 30 days)	1/ 1/20
AYVAKIT TAB 100MG	5	PA QL (30 tabs per 30 days)	4/ 1/20
AYVAKIT TAB 200MG	5	PA QL (30 tabs per 30 days)	4/ 1/20
AYVAKIT TAB 300MG	5	PA QL (30 tabs per 30 days)	4/ 1/20
AZASITE SOL 1%	3		2/ 1/20
AZELEX CRE 20%	4		3/ 1/20
BIVIGAM INJ 10%	5	PA	5/ 1/20
BRUKINSA CAP 80MG	5	PA	3/ 1/20
BYETTA INJ 10MCG	3	ST QL (2.4 ml per 28 days)	2/ 1/20
BYETTA INJ 5MCG	3	ST QL (4.8 ml per 28 days)	2/ 1/20
CAPLYTA CAP 42MG	5	ST QL (30 caps per 30 days)	6/ 1/20
<i>cefixime cap 400mg</i>	2		1/ 1/20
<i>cinacalcet tab 30mg</i>	5		1/ 1/20
<i>cinacalcet tab 60mg</i>	5		1/ 1/20
<i>cinacalcet tab 90mg</i>	5		1/ 1/20
CIPRODEX SUS 0.3-0.1%	3		2/ 1/20
<i>clovique cap 250mg</i>	5	PA	6/ 1/20
<i>codeine sulf tab 15mg</i>	1	GAP	6/ 1/20
CORDRAN 80X3 TAPE 4MCG/CM	4		3/ 1/20
<i>diazepam gel 10mg</i>	2		4/ 1/20
<i>diazepam gel 2.5mg</i>	2		4/ 1/20
<i>diazepam gel 20mg</i>	2		4/ 1/20
<i>diazoxide sus 50mg/ml</i>	5		7/ 1/20
<i>dotti dis 0.025mg</i>	2		1/ 1/20
<i>dotti dis 0.0375mg</i>	2		1/ 1/20

Additions

Drug Name	Tier	Notes	Effective Date
<i>dotti dis 0.05mg</i>	2		1/ 1/20
<i>dotti dis 0.075mg</i>	2		1/ 1/20
<i>dotti dis 0.1mg</i>	2		1/ 1/20
<i>doxepin tab 3mg</i>	2	QL (30 tabs per 30 days)	3/ 1/20
<i>doxepin tab 6mg</i>	2	QL (30 tabs per 30 days)	3/ 1/20
DRIZALMA SPRINKLE CSDR 20MG	4	QL (60 caps per 30 days)	3/ 1/20
DRIZALMA SPRINKLE CSDR 30MG	4	QL (90 caps per 30 days)	3/ 1/20
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 caps per 30 days)	3/ 1/20
DRIZALMA SPRINKLE CSDR 60MG	4	QL (90 caps per 30 days)	3/ 1/20
DULERA AER 50-5MCG	3	QL (13 gm per 30 days)	7/ 1/20
DUREZOL EMU 0.05%	4		2/ 1/20
<i>eluryng 0.015mg/24hr- 0.12mg/24hr</i>	2		3/ 1/20
ENBREL MINI INJ 50MG/ml	5	PA	1/ 1/20
<i>erlotinib tab 100mg</i>	5	PA QL (30 tabs per 30 days)	1/ 1/20
<i>erlotinib tab 150mg</i>	5	PA QL (30 tabs per 30 days)	1/ 1/20
<i>erlotinib tab 25mg</i>	5	PA QL (90 tabs per 30 days)	1/ 1/20
ESBRIET TAB 267MG	5	PA	4/ 1/20
<i>esomeprazole gra 10mg dr</i>	2	QL (60 pack per 30 days)	6/ 1/20
<i>esomeprazole gra 20mg dr</i>	2	QL (60 pack per 30 days)	6/ 1/20
<i>esomeprazole gra 40mg dr</i>	2	QL (60 pack per 30 days)	6/ 1/20
<i>etonogesterel/ethynyl estradiol ring 0.015mg/24hr- 0.12mg/24hr</i>	2		3/ 1/20
<i>everolimus tab 0.25mg</i>	5	PA	6/ 1/20
<i>everolimus tab 0.5 mg</i>	5	PA	6/ 1/20
<i>everolimus tab 0.75mg</i>	5	PA	6/ 1/20
<i>everolimus tab 2.5mg</i>	5	PA QL (30 tabs per 30 days)	3/ 1/20
<i>everolimus tab 5mg</i>	5	PA QL (30 tabs per 30 days)	3/ 1/20
<i>everolimus tab 7.5mg</i>	5	PA QL (30 tabs per 30 days)	3/ 1/20
<i>febuxostat tab 40mg</i>	2		1/ 1/20
<i>febuxostat tab 80mg</i>	2		1/ 1/20
FENTANYL CIT TAB 100MCG	5	PA	1/ 1/20
FENTANYL CIT TAB 200MCG	5	PA	1/ 1/20

Additions

Drug Name	Tier	Notes	Effective Date
FENTANYL CIT TAB 400MCG	5	PA	1/ 1/20
FENTANYL CIT TAB 600MCG	5	PA	1/ 1/20
FENTANYL CIT TAB 800MCG	5	PA	1/ 1/20
FERRIPROX TAB 1000MG	5	PA	2/ 1/20
FLOVENT HFA AER 110MCG	3	QL (24 g per 30 days)	2/ 1/20
FLOVENT HFA AER 220MCG	3	QL (24 g per 30 days)	2/ 1/20
FLOVENT HFA AER 44MCG	3	QL (21.2 g per 30 days)	2/ 1/20
FLUOROPLEX CRE 1%	4		4/ 1/20
<i>gavilyte-g sol</i> 236g-2.97g-6.74g-5.86g-22.74g	1	GAP	3/ 1/20
<i>haloperidol dec inj 50mg/ml</i>	2		7/ 1/20
IBRANCE TAB 100MG	5	PA	6/ 1/20
IBRANCE TAB 125MG	5	PA	6/ 1/20
IBRANCE TAB 75MG	5	PA	6/ 1/20
<i>icatibant inj 30mg/3ml</i>	5	PA	1/ 1/20
INREBIC CAP 100MG	5	PA	1/ 1/20
<i>isosorbide dinitrate tab 40mg</i>	5		3/ 1/20
KALYDECO PAK 25MG	5	PA	1/ 1/20
<i>ketodan foam 2%</i>	2		2/ 1/20
<i>ketoprofen cap 50mg</i>	1	GAP	6/ 1/20
<i>ketoprofen cap 75mg</i>	1	GAP	6/ 1/20
KOSELUGO CAP 10MG	5	PA	7/ 1/20
KOSELUGO CAP 25MG	5	PA	7/ 1/20
<i>loteprednol sus 0.5%</i>	2		1/ 1/20
<i>mesalamine er cap 0.375g</i>	2		3/ 1/20
<i>metformin sol 500/5ml</i>	2	ST QL (765 ml per 30 days)	7/ 1/20
<i>metoprolol tar tab 37.5mg</i>	1	GAP	2/ 1/20
<i>metoprolol tar tab 75mg</i>	1	GAP	2/ 1/20
NAYZILAM SPR 5MG	5		5/ 1/20
<i>nitisinone cap 10mg</i>	5		8/ 1/20
<i>nitisinone cap 2mg</i>	5		8/ 1/20
<i>nitisinone cap 5mg</i>	5		8/ 1/20

Additions

Drug Name	Tier	Notes	Effective Date
NOVOLIN INJ FLEXPEN	3		6/ 1/20
NOVOLIN N INJ 100 UNIT	3		7/ 1/20
NOVOLIN R INJ 100 UNIT	3		7/ 1/20
NUBEQA TAB 300MG	5	PA	1/ 1/20
PEMAZYRE TAB 13.5MG	5	PA QL (30 tabs per 30 days)	7/ 1/20
PEMAZYRE TAB 4.5MG	5	PA QL (30 tabs per 30 days)	7/ 1/20
PEMAZYRE TAB 9MG	5	PA QL (30 tabs per 30 days)	7/ 1/20
<i>penicillamine tab 250mg</i>	5		4/ 1/20
<i>pentamidine inh 300mg</i>	2	PA	3/ 1/20
<i>pentamidine inj 300mg</i>	2		3/ 1/20
PIQRAY 200MG TAB	5	PA	1/ 1/20
PIQRAY 250MG TAB	5	PA	1/ 1/20
PIQRAY 300MG TAB	5	PA	1/ 1/20
PLAQUENIL TAB 200MG	4		6/ 1/20
<i>posaconazole tab 100mg dr</i>	5		2/ 1/20
<i>pregabalin cap 100mg</i>	2	QL (90 caps per 30 days)	1/ 1/20
<i>pregabalin cap 150mg</i>	2	QL (90 caps per 30 days)	1/ 1/20
<i>pregabalin cap 200mg</i>	2	QL (90 caps per 30 days)	1/ 1/20
<i>pregabalin cap 225mg</i>	2	QL (90 caps per 30 days)	1/ 1/20
<i>pregabalin cap 25mg</i>	2	QL (90 caps per 30 days)	1/ 1/20
<i>pregabalin cap 300mg</i>	2	QL (60 caps per 30 days)	1/ 1/20
<i>pregabalin cap 50mg</i>	2	QL (90 caps per 30 days)	1/ 1/20
<i>pregabalin cap 75mg</i>	2	QL (90 caps per 30 days)	1/ 1/20
<i>pregabalin sol 20mg/ml</i>	2	QL (900 ml per 30 days)	1/ 1/20
PROMACTA PAK 25MG	5	PA	7/ 1/20
<i>pyrimethamine tab 25mg</i>	5	PA	7/ 1/20
QINLOCK TAB 50MG	5	PA	8/ 1/20
<i>ramelteon tab 8mg</i>	2	QL (30 tabs per 30 days)	1/ 1/20
RETEVMO CAP 40MG	5	PA	8/ 1/20
RETEVMO CAP 80MG	5	PA	8/ 1/20
ROZLYTREK CAP 100MG	5	PA	2/ 1/20
ROZLYTREK CAP 200MG	5	PA	2/ 1/20

Additions

Drug Name	Tier	Notes	Effective Date
<i>scopolamine dis 1mg/3day</i>	2		1/ 1/20
SECUADO DIS 3.8MG/24HR	5	PA QL (30 patches per 30 days)	5/ 1/20
SECUADO DIS 5.7MG/24HR	5	PA QL (30 patches per 30 days)	5/ 1/20
SECUADO DIS 7.6MG/24HR	5	PA QL (30 patches per 30 days)	5/ 1/20
SIKLOS TAB 1000MG	5	PA	1/ 1/20
SIKLOS TAB 100MG	4	PA	1/ 1/20
<i>sildenafil sus 10mg/ml</i>	5	PA	1/ 1/20
<i>sotalol af tab 160mg</i>	2		6/ 1/20
<i>sotalol af tab 80mg</i>	2		6/ 1/20
<i>sucrafate sus 1g/10ml</i>	2		3/ 1/20
TABRECTA TAB 150MG	5	PA	9/ 1/20
TABRECTA TAB 200MG	5	PA QL (120 tabs per 30 days)	9/ 1/20
TAZVERIK TAB 200MG	5	PA	5/ 1/20
TDVAX INJ 2-2 LF	3		7/ 1/20
<i>testosterone cyp inj 200mg/ml</i>	1	GAP PA	2/ 1/20
<i>tiadylt cap 120mg/24hr</i>	1	GAP	5/ 1/20
<i>tiadylt cap 180mg/24hr</i>	1	GAP	5/ 1/20
<i>tiadylt cap 240mg/24hr</i>	1	GAP	5/ 1/20
<i>tiadylt cap 300mg/24hr</i>	1	GAP	5/ 1/20
<i>tiadylt cap 420mg/24hr</i>	1	GAP	5/ 1/20
<i>tiadylt er cap 360mg/24hr</i>	1	GAP	2/ 1/20
<i>tovet foam 0.05%</i>	2		2/ 1/20
TRAVATAN Z DRO 0.004%	4		2/ 1/20
<i>travoprost dro 0.004%</i>	2		3/ 1/20
TUKYSA TAB 150MG	5	PA	8/ 1/20
TUKYSA TAB 50MG	5	PA	8/ 1/20
TURALIO CAP 200MG	5	PA	1/ 1/20
VALTOCO LIQ 15MG	5	QL (10 devices per 30 days)	5/ 1/20
VALTOCO LIQ 20MG	5	QL (10 devices per 30 days)	5/ 1/20
VALTOCO SPR 10MG	5	QL (10 devices per 30 days)	5/ 1/20
VALTOCO SPR 5MG	5	QL (10 devices per 30 days)	5/ 1/20
<i>vancomycin sol 250mg/5ml</i>	2		2/ 1/20

Additions

Drug Name	Tier	Notes	Effective Date
VICTOZA INJ 18MG/3ml	3	ST QL (9 ml per 30 days)	2/ 1/20
XCOPRI 250 MG MAINTENANCE PACK	5	PA	8/ 1/20
XCOPRI 350 MG MAINTENANCE PACK	5	PA	8/ 1/20
XCOPRI PAK 12.5-25MG	4	PA	8/ 1/20
XCOPRI PAK 150-200MG	5	PA	8/ 1/20
XCOPRI PAK 50-100MG	5	PA	8/ 1/20
XCOPRI TAB 100MG	4	PA	8/ 1/20
XCOPRI TAB 150MG	4	PA	8/ 1/20
XCOPRI TAB 200MG	5	PA	8/ 1/20
XCOPRI TAB 50MG	4	PA	8/ 1/20
XELJANZ XR TAB 22MG	5	PA	4/ 1/20
XPOVIO PAK 100MG	5	PA	1/ 1/20
XPOVIO PAK 60MG	5	PA	1/ 1/20
XPOVIO PAK 80MG	5	PA	1/ 1/20
XPOVIO PAK 80MG	5	PA	1/ 1/20
<i>ziprasidone inj 20mg</i>	2	QL (60 ml per 30 days)	8/ 1/20
ZYKADIA TAB 150MG	5	PA	1/ 1/20

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
AFINITOR TAB 2.5MG	Deletion	Available in generic. Only generic is covered.	everolimus tab 2.5mg	5	PA	3/ 1/20
AFINITOR TAB 5MG	Deletion	Available in generic. Only generic is covered.	everolimus tab 5mg	5	PA	3/ 1/20
AFINITOR TAB 7.5MG	Deletion	Available in generic. Only generic is covered.	everolimus tab 7.5mg	5	PA	3/ 1/20
<i>ala-cort cre 2.5%</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
<i>alendronate tab 40mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			5/ 1/20
<i>alendronate tab 5mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			5/ 1/20
AMINOSYN-PF INJ 10%	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
AUGMENTIN SUS 125/5ML	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
AVONEX KIT 30MCG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
AZELEX CRE 20%	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
BACTROBAN OIN NASAL 2%	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
BIVIGAM SOL 10GM/100ML	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
BRAFTOVI CAP 50MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
CARAFATE SUS 1GM/10ML	Deletion	Available in generic. Only generic is covered.	sucrafate sus 1gm/10ml	2		3/ 1/20
<i>chlorothiazide tab 250mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			5/ 1/20
<i>chlorothiazide tab 500mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			5/ 1/20

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
<i>ciprofloxacin sus 500mg/5ml</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			3/ 1/20
<i>ciprofloxacin tab 1000mg er</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>ciprofloxacin tab 500mg er</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>colocort ene 100mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
CORDRAN 80X3 TAP 4MCG/CM	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
COUMADIN TAB 10MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
COUMADIN TAB 1MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
COUMADIN TAB 2.5MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
COUMADIN TAB 2MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
COUMADIN TAB 3MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
COUMADIN TAB 4MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
COUMADIN TAB 5MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
COUMADIN TAB 6MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
COUMADIN TAB 7.5MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
<i>d5w/nacl inj 0.33%</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
DAKLINZA TAB 30MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
DAKLINZA TAB 60MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
DARAPRIM TAB 25MG	Deletion	Available in generic. Only generic is covered.	pyrimethamine tab 25mg	5	PA	7/ 1/20

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
<i>delyla tab</i> 0.1-0.02mg	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
DEPEN TITRATABS	Deletion	Available in generic. Only generic is covered.	penicillamin tab 250mg	5		4/ 1/20
<i>didanosine cap</i> 200mg	Deletion	CMS Mandated Deletion	Please consult with your doctor.			9/ 1/20
<i>e.e.s 400 tab</i> 400mg	Deletion	CMS Mandated Deletion	Please consult with your doctor.			9/ 1/20
<i>eprosartan mes tab</i> 600mg	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/20
ESBRIET TAB 267MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			3/ 1/20
EURAX CRE 10%	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
FARYDAK CAP 15MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			5/ 1/20
<i>fenofibric tab</i> 105mg	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
<i>fenofibric tab</i> 35mg	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
FENTORA TABS 100MCG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
FENTORA TABS 200MCG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
FENTORA TABS 400MCG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
FENTORA TABS 600MCG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
FENTORA TABS 800MCG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
FIRAZYR SOL 30MG/3ML	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
FIRVANQ SOL 50MG/ML	Deletion	Available in generic. Only generic is covered.	vancomycin sol 50 mg/ml	2		2/ 1/20

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
<i>flurbiprofen tab 50mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			5/ 1/20
<i>gavilyte-g sol 236g-2.97g-6.74g-5.86g-22.74g</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
GEODON SOLR 20MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
HAVRIX INJ 720UNIT	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
HUMIRA PEDIA INJ CROHNS 40MG/0.8ML 3 COUNT	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
HUMIRA PEDIA INJ CROHNS 40MG/0.8ML 6 COUNT	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
<i>hydromorphone hcl 2mg/ml</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			5/ 1/20
ISORDIL TITRADOSE TAB 40MG	Deletion	Available in generic. Only generic is covered.	isosorbide dinitrate tab 40mg	5		3/ 1/20
<i>isosorbide dinitrate tab 40mg er</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			3/ 1/20
<i>jolivette tab 0.35mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>kcl/d5w/nacl inj</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
<i>klor-con spr cap 8meq</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
LAZANDA SPR 100MCG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/20
LAZANDA SPR 300MCG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/20
LAZANDA SPR 400MCG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/20

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
LYRICA CAP 100MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
LYRICA CAP 150MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
LYRICA CAP 200MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
LYRICA CAP 225MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
LYRICA CAP 25MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
LYRICA CAP 300MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
LYRICA CAP 50MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
LYRICA CAP 75MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
LYRICA SOL 20MG/ML	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
MAXIPIME INJ 2GM	Deletion	CMS Mandated Deletion	Please consult with your doctor.			3/ 1/20
<i>metadate tab 20mg er</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/20
<i>methyclothiazide tab 5mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
<i>mimvey lo tab 0.5mg-0.1mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
<i>mononessa tab 35mcg-0.25mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>morgidox cap 1x50mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
<i>morphine sul inj 10mg/ml</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
<i>morphine sul inj 2mg/ml</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>morphine sul inj 4mg/ml</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
<i>morphine sul inj 5mg/ml</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>nadolol/bendroflu methiazide tab 40-5mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
NEBUPENT INJ 300MG	Deletion	Available in generic. Only generic is covered.	pentamidine inh 300mg	2	PA	3/ 1/20
NEXIUM PACK 10MG	Deletion	Available in generic. Only generic is covered.	esomeprazole gra 10mg dr	2	QL	6/ 1/20
NEXIUM PACK 20MG	Deletion	Available in generic. Only generic is covered.	esomeprazole gra 20mg dr	2	QL	6/ 1/20
NEXIUM PACK 40MG	Deletion	Available in generic. Only generic is covered.	esomeprazole gra 40mg dr	2	QL	6/ 1/20
<i>noreth/ethin tab fe 1mg/20mcg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
<i>norlyroc tab 0.35mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
NOXAFIL TAB 100MG	Deletion	Available in generic. Only generic is covered.	posaconazole tab dr 100 mg	5		2/ 1/20
NYMALIZE SOL 60MG/20ML	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
<i>ogestrel tab 50mcg-0.5mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
ORFADIN 10MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
ORFADIN 2MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
ORFADIN 5MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
<i>oxycododone/ibuprofen tab 5-400mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			9/ 1/20

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
<i>peg 3350 sol electrolytes</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
PENTAM 300 INJ	Deletion	Available in generic. Only generic is covered.	pentamidine inj 300mg	2		3/ 1/20
<i>phenadoz sup 12.5mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/20
<i>potassium chl/d5w inj 40meq/l</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			9/ 1/20
<i>premasol sol 6%</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
PROGLYCEM 50MG/ML	Deletion	Available in generic. Only generic is covered.	diazoxide sus 50mg/ml	5		7/ 1/20
<i>promethazine sup 50mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
<i>ranitidine hcl syrup 75mg/5ml</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/20
<i>ranitidine hcl tab 300mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/20
<i>ranitidine hydrochloride cap 150mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/20
<i>ranitidine hydrochloride cap 300mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/20
<i>ranitidine hydrochloride tab 150mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/20
REBETOL SOL 40MG/ML	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
RESCRIPTOR TAB 200MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/20
REVATIO SUS 10MG/ML	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
RIBAPAK PAK 1200MG/DAY	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
RIBAPAK TAB 1000MG/DAY	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
<i>ribasphere cap 200mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
RIBASPHERE TAB 600MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
RIFATER TAB 50MG-300MG-12 0MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			9/ 1/20
SILENOR TAB 3MG	Deletion	Available in generic. Only generic is covered.	doxepin tab 3mg	2		3/ 1/20
SILENOR TAB 6MG	Deletion	Available in generic. Only generic is covered.	doxepin tab 6mg	2		3/ 1/20
<i>sod lactate inj 5meq/ml</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
<i>soloxide tab 150mg dr</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
SYLATRON KIT 600MCG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
TARCEVA TAB 100MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
TARCEVA TAB 150MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
TARCEVA TAB 25MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
TDVAX	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/20
<i>theophylline tab 100mg cr</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>theophylline tab 200mg cr</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>tolazamide tab 250mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>tolazamide tab 500mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
<i>tolbutamide tab</i> 500mg	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
TRANSDERM-S COP 1MG/3DAYS	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
TRAVATAN Z 0.004%	Deletion	Available in generic. Only generic is covered.	travoprost dro 0.004%	2		3/ 1/20
ULORIC TAB 40MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
ULORIC TAB 80MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>vicodin tab</i> 300-5mg	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/20
<i>vicodin es</i> 300mg-7.5mg	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20
<i>vicodin hp tab</i> 10-300mg	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/20
VIDEX EC CAP 125MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/20
VIDEX PEDIATRIC SOL 2GM	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/20
ZORTRESS TAB 0.25MG	Deletion	Available in generic. Only generic is covered.	everolimus tab 0.25mg	5	PA	6/ 1/20
ZORTRESS TAB 0.5MG	Deletion	Available in generic. Only generic is covered.	everolimus tab 0.5mg	5	PA	6/ 1/20
ZORTRESS TAB 0.75MG	Deletion	Available in generic. Only generic is covered.	everolimus tab 0.75mg	5	PA	6/ 1/20
ZYKADIA CAP 150MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/20

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
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* Lower cost sharing tier

Requirement Changes

Drug Name	Tier	Notes	EffDate
<i>ezetimibe/simvastatin tab 10-80mg</i>	2	PA Removal	1/ 1/20
BALVERSA TAB 3MG	5	QL Removal	1/ 1/20
BALVERSA TAB 4MG	5	QL Removal	1/ 1/20
BALVERSA TAB 5MG	5	QL Removal	1/ 1/20
<i>simvastatin tab 80mg</i>	1	PA Removal	1/ 1/20
NEXIUM GRA 40MG DR	3	QL Increase: New QL (60 caps per 30 days)	2/ 1/20
NEXIUM GRA 20MG DR	3	QL Increase: New QL (60 caps per 30 days)	2/ 1/20
NEXIUM GRA 10MG DR	3	QL Increase: New QL (60 caps per 30 days)	2/ 1/20
NEXIUM GRA 5MG DR	3	QL Increase: New QL (60 caps per 30 days)	2/ 1/20
NEXIUM GRA 2.5MG DR	3	QL Increase: New QL (60 caps per 30 days)	2/ 1/20
<i>rabeprazole tab 20mg</i>	2	QL Increase: New QL (60 caps per 30 days)	2/ 1/20
<i>esomeprazole mag cap 20mg dr</i>	2	QL Increase: New QL (60 caps per 30 days)	2/ 1/20
<i>ziprasidone inj 20mg</i>	2	QL Removal	9/ 1/20