

Formulary Addendum as of September 1, 2019

Additions

Drug Name	Tier	Notes	Effective Date
<i>abiraterone tab 250mg</i>	5	PA	2/ 1/19
ACTEMRA INJ ACTPEN 162MG/0.9ML	5	PA QL (3.6 ML per 28 days)	3/ 1/19
<i>acyclovir cre 5%</i>	5		5/ 1/19
<i>albendazole tab 200mg</i>	5		4/ 1/19
<i>albuterol aer hfa 108mcg/act</i>	2	QL (17 GM per 30 days)	7/ 1/19
<i>alyq tab 20mg</i>	5	PA QL (60 EA per 30 days)	4/ 1/19
<i>ambrisentan tab 10mg</i>	5	PA QL (30 EA per 30 days)	7/ 1/19
<i>ambrisentan tab 5mg</i>	5	PA QL (30 EA per 30 days)	7/ 1/19
ANORO ELLIPT AER 62.5-25MCG	3		2/ 1/19
ARISTADA INJ INITIO 675MG/2.4ML	5		4/ 1/19
<i>azelaic acid gel 15%</i>	2		2/ 1/19
BALVERSA TAB 3MG	5	PA QL (90 EA per 30 days)	7/ 1/19
BALVERSA TAB 4MG	5	PA QL (60 EA per 30 days)	7/ 1/19
BALVERSA TAB 5MG	5	PA QL (30 EA per 30 days)	7/ 1/19
BRAFTOVI CAP 50MG	5	PA	2/ 1/19
BRAFTOVI CAP 75MG	5	PA	2/ 1/19
<i>bromfenac sol 0.09% op</i>	2		7/ 1/19
<i>buprenorphine/naloxone film 12mg-3mg</i>	2	QL (60 EA per 30 days)	5/ 1/19
<i>buprenorphine/naloxone film 2mg-0.5mg</i>	2	QL (360 EA per 30 days)	5/ 1/19
<i>buprenorphine/naloxone film 4mg-1mg</i>	2	QL (180 EA per 30 days)	5/ 1/19
<i>buprenorphine/naloxone film 8mg-2mg</i>	2	QL (90 EA per 30 days)	5/ 1/19
<i>bupropion tab 450mg er</i>	2	QL (30 EA per 30 days)	2/ 1/19
BYETTA INJ 10MCG	4	ST QL (2.4 ML per 28 days)	2/ 1/19
BYETTA INJ 5MCG	4	ST QL (4.8 ML per 28 days)	2/ 1/19
CIMDUO TAB 300MG-300MG	5	QL (30 EA per 30 days)	1/ 1/19
<i>cinacalcet tab 30mg</i>	5		8/ 1/19
<i>cinacalcet tab 60mg</i>	5		8/ 1/19
<i>cinacalcet tab 90mg</i>	5		8/ 1/19
<i>clindamycin/benzoyl gel 1.2-2.5%</i>	2		2/ 1/19
<i>clobazam sus 2.5mg/ml</i>	2		2/ 1/19

September 1, 2019 - Rx, RxCh, MetroPr, MetroPrCh

ID: 19400 Version: 21

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<i>clobazam tab 10mg</i>	2		2/ 1/19
<i>clobazam tab 20mg</i>	2		2/ 1/19
<i>clobetasol aer 0.05%</i>	2		4/ 1/19
<i>colesevelam pak 3.75gm</i>	2		2/ 1/19
COPIKTRA CAP 15MG	5	PA	2/ 1/19
COPIKTRA CAP 25MG	5	PA	2/ 1/19
<i>cyred eq tab 0.15mg-30mcg</i>	1	GAP	2/ 1/19
<i>dalfampridin tab 10mg er</i>	5	PA QL (60 EA per 30 days)	2/ 1/19
DAURISMO TAB 100MG	5	PA	3/ 1/19
DAURISMO TAB 25MG	5	PA	3/ 1/19
<i>deferasirox tab 125mg</i>	5	PA	7/ 1/19
<i>deferasirox tab 250mg</i>	5	PA	7/ 1/19
<i>deferasirox tab 500mg</i>	5	PA	7/ 1/19
DELSTRIGO TAB	5	QL (30 EA per 30 days)	2/ 1/19
<i>desoximetasone spr 0.25%</i>	2		2/ 1/19
<i>diclofenac patch 1.3%</i>	2	PA QL (60 EA per 30 days)	6/ 1/19
<i>dorzolamide/timolol sol 22.3-6.8mg/ml</i>	1	GAP	2/ 1/19
<i>dotti dis 0.025mg</i>	2		9/ 1/19
<i>dotti dis 0.0375mg</i>	2		9/ 1/19
<i>dotti dis 0.05mg</i>	2		9/ 1/19
<i>dotti dis 0.075mg</i>	2		9/ 1/19
<i>dotti dis 0.1mg</i>	2		9/ 1/19
DOVATO TAB 50-300MG	5	QL (30 EA per 30 days)	6/ 1/19
EPIDIOLEX SOL 100MG/ML	5	PA	2/ 1/19
<i>erlotinib tab 100mg</i>	5	PA QL (30 EA per 30 days)	8/ 1/19
<i>erlotinib tab 150mg</i>	5	PA QL (30 EA per 30 days)	8/ 1/19
<i>erlotinib tab 25mg</i>	5	PA QL (90 EA per 30 days)	8/ 1/19
<i>ertapenem inj 1gm</i>	2		2/ 1/19
<i>fentanyl cit tab 100mcg</i>	5	PA	9/ 1/19
<i>fentanyl cit tab 200mcg</i>	5	PA	9/ 1/19
<i>fentanyl cit tab 400mcg</i>	5	PA	9/ 1/19
<i>fentanyl cit tab 600mcg</i>	5	PA	9/ 1/19

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<i>fentanyl cit tab 800mcg</i>	5	PA	9/ 1/19
FIRVANQ SOL 25MG/ML	3		3/ 1/19
FIRVANQ SOL 50MG/ML	3		3/ 1/19
<i>flac oil 0.01%</i>	2		2/ 1/19
FLECTOR DIS 1.3%	4	PA QL (60 EA per 30 days)	2/ 1/19
<i>fluticasone/salmeterol aer 100/50mcg</i>	2	QL (60 EA per 30 days)	6/ 1/19
<i>fluticasone/salmeterol aer 250/50mcg</i>	2	QL (60 EA per 30 days)	6/ 1/19
<i>fluticasone/salmeterol aer 500/50mcg</i>	2	QL (60 EA per 30 days)	6/ 1/19
GRANIX INJ 300MCG/1ML	5	ST	2/ 1/19
GRANIX INJ 480MCG/1.6ML	5	ST	2/ 1/19
<i>hailey 24 tab fe 20mcg-75mg-1mg</i>	2		3/ 1/19
HUMIRA PEN KIT CD/UC/HS	5	PA	1/ 1/19
HUMIRA PEN KIT PS/UV	5	PA	1/ 1/19
IMIQUIMOD CRE 3.75% PMP	5		2/ 1/19
<i>incassia tab 0.35mg</i>	1	GAP	1/ 1/19
<i>itraconazole sol 10mg/ml</i>	5	PA	2/ 1/19
<i>jasmiel tab 3mg-0.02mg</i>	2		5/ 1/19
<i>ketoprofen cap 25mg</i>	1	GAP	2/ 1/19
<i>lactulose pak 10gm</i>	2		2/ 1/19
<i>ledipasvir/sofosbuvir tab 90-400mg</i>	5	PA QL (168 EA per 365 days)	2/ 1/19
LENVIMA CAP 12MG	5	PA	2/ 1/19
LENVIMA CAP 4MG	5	PA	2/ 1/19
<i>lopreeza tab 1-0.5mg</i>	2		7/ 1/19
LORBRENA TAB 100MG	5	PA	2/ 1/19
LORBRENA TAB 25MG	5	PA	2/ 1/19
LOTEMAX GEL 0.5%	3	QL (20 GM per 365 days)	2/ 1/19
<i>loteprednol sus 0.5%</i>	2		8/ 1/19
<i>mafenide ace pak 5%</i>	2		2/ 1/19
MEKTOVI TAB 15MG	5	PA	2/ 1/19
<i>mesalamine sup 1000mg</i>	5		3/ 1/19
<i>molindone tab hcl 10mg</i>	2		2/ 1/19
<i>molindone tab hcl 25mg</i>	2		2/ 1/19

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<i>molindone tab hcl 5mg</i>	2		2/ 1/19
<i>mondoxyne nl cap 100mg</i>	1	GAP	2/ 1/19
<i>mondoxyne nl cap 75mg</i>	1	GAP	2/ 1/19
<i>morphine sul cap 40mg er</i>	2		2/ 1/19
<i>nafcillin inj 2gm</i>	2		2/ 1/19
<i>narcan spr 4mg/0.1ml</i>	2		2/ 1/19
<i>nevirapine sus 50mg/5ml</i>	2		4/ 1/19
NUPLAZID CAP 34MG	5	PA QL (30 EA per 30 days)	2/ 1/19
NUPLAZID TAB 10MG	5	PA QL (30 EA per 30 days)	2/ 1/19
NUVARING	3		2/ 1/19
ORKAMBI GRA 100-125MG	5	PA QL (56 EA per 28 days)	2/ 1/19
ORKAMBI GRA 150-188MG	5	PA QL (56 EA per 28 days)	2/ 1/19
PERSERIS INJ 120MG	5	PA	4/ 1/19
PERSERIS INJ 90MG	5	PA	4/ 1/19
PIFELTRO TAB 100MG	5		2/ 1/19
<i>pimecrolimus cre 1%</i>	2		4/ 1/19
PIQRAY 200MG TAB DOSE	5	PA	9/ 1/19
PIQRAY 250MG TAB DOSE	5	PA	9/ 1/19
PIQRAY 300MG TAB DOSE	5	PA	9/ 1/19
<i>praziquantel tab 600mg</i>	2		5/ 1/19
PROGRAF PACK 0.2MG	5	PA	6/ 1/19
PROGRAF PACK 1MG	5	PA	6/ 1/19
PROMACTA POW 12.5MG	5	PA	4/ 1/19
<i>pyridostigmine sol 60mg/5ml</i>	5		6/ 1/19
<i>ranolazine tab 1000mg er</i>	2		6/ 1/19
<i>ranolazine tab 500mg er</i>	2		6/ 1/19
<i>relexxii tab 72mg</i>	2	PA QL (30 EA per 30 days)	2/ 1/19
RHOPRESSA SOL 0.02%	4	ST QL (2.5 ML per 25 days)	2/ 1/19
<i>sevelamer tab 800mg</i>	2		5/ 1/19
<i>sevelamer tab 400mg</i>	2		7/ 1/19
<i>sildenafil sus 10mg/ml</i>	5	PA	9/ 1/19
<i>sirolimus sol 1mg/ml</i>	5	PA	5/ 1/19

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Drug Name	Tier	Notes	Effective Date
<i>sofosbuvir/velpatasvir tab 400-100mg</i>	5	PA QL (84 EA per 365 days)	2/ 1/19
<i>solifenacin tab 10mg</i>	2		7/ 1/19
<i>solifenacin tab 5mg</i>	2		7/ 1/19
<i>sotalol af tab 120mg</i>	2		2/ 1/19
<i>sumatriptan inj 6mg/0.5ml</i>	2	QL (5 ML per 30 days)	3/ 1/19
SYMPAZAN FILM 10MG	5		4/ 1/19
SYMPAZAN FILM 20MG	5		4/ 1/19
SYMPAZAN FILM 5MG	4		4/ 1/19
SYMTUZA TAB 150MG-800MG-200MG-10MG	5	QL (30 EA per 30 days)	2/ 1/19
<i>tadalafil tab 20mg</i>	5	PA QL (60 EA per 30 days)	7/ 1/19
TALZENNA CAP 0.25MG	5	PA	2/ 1/19
TALZENNA CAP 1MG	5	PA	2/ 1/19
<i>tarina 24 fe tab</i>	2		6/ 1/19
<i>testosterone gel 1.62%</i>	2	PA	2/ 1/19
<i>testosterone gel 40.5mg-2.5gm</i>	2	PA	2/ 1/19
TIBSOVO TAB 250MG	5	PA QL (60 EA per 30 days)	2/ 1/19
<i>timolol male sol 0.5%</i>	1	GAP	2/ 1/19
<i>toremifene tab 60mg</i>	5		5/ 1/19
<i>tri-estaryll tab</i>	1	GAP	3/ 1/19
<i>vancomycin inj 750mg</i>	2		2/ 1/19
<i>vancomycin inj 250mg</i>	2		2/ 1/19
VERSACLOZ SUS 50MG/ML	5	QL (540 ML per 30 days)	6/ 1/19
<i>vigabatrin tab 500mg</i>	5	PA	5/ 1/19
<i>vigadrone pow 500mg</i>	5	PA	5/ 1/19
VITRAKVI CAP 100MG	5	PA	3/ 1/19
VITRAKVI CAP 25MG	5	PA	3/ 1/19
VITRAKVI SOL 20MG/ML	5	PA	3/ 1/19
VIZIMPRO TAB 15MG	5	PA	2/ 1/19
VIZIMPRO TAB 30MG	5	PA	2/ 1/19
VIZIMPRO TAB 45MG	5	PA	2/ 1/19
<i>wixela inhub aer 100mcg/50mcg</i>	2	QL (60 EA per 30 days)	5/ 1/19

Additions

Drug Name	Tier	Notes	Effective Date
<i>wixela inhub aer 250mcg/50mcg</i>	2	QL (60 EA per 30 days)	5/ 1/19
<i>wixela inhub aer 500mcg/50mcg</i>	2	QL (60 EA per 30 days)	5/ 1/19
XARELTO TAB 2.5MG	3	QL (60 EA per 30 days)	2/ 1/19
XELJANZ TAB 10MG	5	PA	1/ 1/19
XOSPATA TAB 40MG	5	PA	3/ 1/19
ZENPEP CAP 614000UNIT-3000UNIT-10000UNIT	3		1/ 1/19
ZENPEP CAP 63000UNIT-15000UNIT-47000UNIT	3		1/ 1/19
ZORTRESS TAB 1MG	5	PA	2/ 1/19
ZYKADIA TAB 150MG	5	PA	8/ 1/19

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
ADCIRCA TAB 20MG	Deletion	Available in generic. Only generic is covered.	tadalafil 20 mg	5		7/ 1/19
ADVAIR DISKU AER 100/50MCG	Deletion	Available in generic. Only generic is covered.	fluticasone propionate 0.1 mg/actuat / salmeterol 0.05 mg/actuat	2		7/ 1/19
ADVAIR DISKU AER 250/50MCG	Deletion	Available in generic. Only generic is covered.	fluticasone propionate 0.25 mg/actuat / salmeterol 0.05 mg/actuat	2		7/ 1/19
ADVAIR DISKU AER 500/50MCG	Deletion	Available in generic. Only generic is covered.	fluticasone propionate 0.5 mg/actuat / salmeterol 0.05 mg/actuat	2		7/ 1/19
<i>afeditab tab 30mg cr</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			3/ 1/19
<i>afeditab tab 60mg cr</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/19
ALBENZA TAB 200MG	Deletion	Available in generic. Only generic is covered.	albendazole 200 mg	5		7/ 1/19
AMINOSYN 7% INJ /LYTES	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/19
<i>aminosyn ii inj 8.5%/lyte</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/19
<i>aminosyn inj 8.5%/lyte</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/19
AMINOSYN-HB C INJ 7%	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/19
AMINOSYN-RF INJ 5.2%	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/19
ANDROGEL GEL 1.62%	Deletion	Available in generic. Only generic is covered.	testosterone 20.25 mg/actuat	2		4/ 1/19
ANDROGEL GEL 1.62%	Deletion	Available in generic. Only generic is covered.	testosterone 0.0162 mg/mg	2		4/ 1/19

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective	
<i>blisovi fe tab</i> <i>1/20 20mcg-1mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			7/ 1/19	15.00
BRAFTOVI CAP 50MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			9/ 1/19	16.00
CANASA SUP 1000MG	Deletion	Available in generic. Only generic is covered.	mesalamine 1000 mg	5		7/ 1/19	17.00
CARIMUNE NANOFILTERED INJ 6GM	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/19	18.00
<i>cefotaxime inj</i> <i>2gm</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/19	19.00
<i>ciprofloxacin sus</i> <i>250mg/5ml</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/19	20.00
<i>ciprofloxacin tab</i> <i>1000mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/19	21.00
<i>ciprofloxacin tab</i> <i>500mg er</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/19	22.00
CLINIMIX INJ 2.75%/D5W	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/19	23.00
<i>codeine sulf tab</i> <i>15mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			5/ 1/19	24.00
DAKLINZA TAB 90MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/19	25.00
ELIDEL CRE 1%	Deletion	Available in generic. Only generic is covered.	pimecrolimus 10 mg/ml	2		7/ 1/19	26.00
EPCLUSA TAB 400-100MG	Deletion	Available in generic. Only generic is covered.	sofosbuvir 400 mg / velpatasvir 100 mg	5		4/ 1/19	27.00
EXJADE 125MG	Deletion	Available in generic. Only generic is covered.	deferasirox 125 mg	5		9/ 1/19	28.00
EXJADE 250MG	Deletion	Available in generic. Only generic is covered.	deferasirox 250 mg	5		9/ 1/19	29.00

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective	
EXJADE 500MG	Deletion	Available in generic. Only generic is covered.	deferasirox 500 mg	5		9/ 1/19	30.00
FARESTON TAB 60MG	Deletion	Available in generic. Only generic is covered.	toremifene 60 mg	5		7/ 1/19	31.00
FINACEA GEL 15%	Deletion	Available in generic. Only generic is covered.	azelaic acid 0.15 mg/mg	2		4/ 1/19	32.00
FORFIVO XL TAB 450MG	Deletion	Available in generic. Only generic is covered.	bupropion hydrochloride 450 mg	2		4/ 1/19	33.00
HARVONI TAB 90-400MG	Deletion	Available in generic. Only generic is covered.	ledipasvir 90 mg / sofosbuvir 400 mg	5		4/ 1/19	34.00
HEXALEN CAP 50MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/19	35.00
<i>hydrocodone/apap tab 2.5-325mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/19	36.00
INVANZ INJ 1GM	Deletion	Available in generic. Only generic is covered.	ertapenem 1000 mg	4		4/ 1/19	37.00
INVIRASE CAP 200MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			3/ 1/19	38.00
<i>ketoprofen cap 75mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			1/ 1/19	39.00
<i>kimidess 28 day tab 0.15-0.02/0.01 mg (21/5)</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/19	40.00
<i>klor-con sprinkle cap 10meq</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/19	41.00
LETAIRIS 10MG	Deletion	Available in generic. Only generic is covered.	ambrisentan 10 mg	5		9/ 1/19	42.00
LETAIRIS 5MG	Deletion	Available in generic. Only generic is covered.	ambrisentan 5 mg	5		9/ 1/19	43.00

Deletions

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LYNPARZA CAP 50MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			3/ 1/19	44.00
<i>methclothiazide tab 5mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			8/ 1/19	45.00
<i>metipranolol sol 0.3% oph</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			3/ 1/19	46.00
MODERIBA PAK 1200/DAY	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/19	47.00
MODERIBA PAK 800/DAY 400MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			3/ 1/19	48.00
<i>moderiba tab 200mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			4/ 1/19	49.00
<i>moexipril/hctz tab 15-12.5mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/19	50.00
<i>moexipril/hctz tab 15-25mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/19	51.00
<i>moexipril/hctz tab 7.5-12.5mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/19	52.00
<i>nadolol/bendroflu methiazide tab 80-5mg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/19	53.00
<i>necon 7/7/7 tab 0.5-35/0.75-35/1-3 5 mg-mcg</i>	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/19	54.00
NORVIR CAP 100MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			2/ 1/19	55.00
NUPLAZID TAB 17MG	Deletion	CMS Mandated Deletion	Please consult with your doctor.			6/ 1/19	56.00
ONFI SUS 2.5MG/ML	Deletion	Available in generic. Only generic is covered.	clobazam 2.5 mg/ml	2		4/ 1/19	57.00
ONFI TAB 10MG	Deletion	Available in generic. Only generic is covered.	clobazam 10 mg	2		4/ 1/19	58.00

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
<i>naloxone prefilled syringe 1mg/ml</i>	1	GAP	2/ 1/19
<i>naloxone soln cartridge 0.4mg/ml</i>	1	GAP	2/ 1/19
<i>naloxone inj 0.4mg/ml</i>	1	GAP	2/ 1/19
<i>alfuzosin tab 10mg er</i>	1	GAP	5/ 1/19
<i>amlodipine/valsartan tab 10-160mg</i>	1	GAP	5/ 1/19
<i>amlodipine/valsartan tab 10-320mg</i>	1	GAP	5/ 1/19
<i>amlodipine/valsartan tab 5-160mg</i>	1	GAP	5/ 1/19
<i>amlodipine/valsartan tab 5-320mg</i>	1	GAP	5/ 1/19
<i>azelastine dro 0.05%</i>	1	GAP	5/ 1/19
<i>azelastine spr 0.1%</i>	1	QL (60 ML per 30 days) GAP	5/ 1/19
<i>betaxolol sol 0.5% op</i>	1	GAP	5/ 1/19
<i>betaxolol tab 10mg</i>	1	GAP	5/ 1/19
<i>betaxolol tab 20mg</i>	1	GAP	5/ 1/19
<i>disulfiram tab 250mg</i>	1	GAP	5/ 1/19
<i>disulfiram tab 500mg</i>	1	GAP	5/ 1/19
<i>donepezil tab 10mg odt</i>	1	GAP	5/ 1/19
<i>donepezil tab 5mg odt</i>	1	GAP	5/ 1/19
<i>duloxetine cap 20mg</i>	1	QL (60 EA per 30 days) GAP	5/ 1/19
<i>duloxetine cap 30mg</i>	1	QL (90 EA per 30 days) GAP	5/ 1/19
<i>duloxetine cap 60mg</i>	1	QL (60 EA per 30 days) GAP	5/ 1/19
<i>dutasteride cap 0.5mg</i>	1	GAP	5/ 1/19
<i>endocet tab 10-325mg</i>	1	GAP	5/ 1/19
<i>endocet tab 7.5-325mg</i>	1	GAP	5/ 1/19
<i>irbesartan/hctz tab 150-12.5mg</i>	1	GAP	5/ 1/19
<i>irbesartan/hctz tab 300-12.5mg</i>	1	GAP	5/ 1/19
<i>lansoprazole cap 30mg dr</i>	1	QL (60 EA per 30 days) GAP	5/ 1/19
<i>levetiraceta tab 500mg er</i>	1	GAP	5/ 1/19
<i>levetiraceta tab 750mg er</i>	1	GAP	5/ 1/19
<i>methotrexate in 25mg/ml</i>	1	GAP	5/ 1/19
<i>methotrexate inj 50mg/2ml</i>	1	GAP	5/ 1/19
<i>minoxidil tab 10mg</i>	1	GAP	5/ 1/19
<i>minoxidil tab 2.5mg</i>	1	GAP	5/ 1/19
<i>nifedipine cap 10mg</i>	1	GAP	5/ 1/19
<i>nifedipine cap 20mg</i>	1	GAP	5/ 1/19
<i>nizatidine cap 150mg</i>	1	GAP	5/ 1/19

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
<i>nizatidine cap 300mg</i>	1	GAP	5/ 1/19
<i>olmesartan/hctz tab 20-12.5mg</i>	1	GAP	5/ 1/19
<i>olmesartan/hctz tab 40-12.5mg</i>	1	GAP	5/ 1/19
<i>olmesartan/hctz tab 40-25mg</i>	1	GAP	5/ 1/19
<i>olmesartan medoxomil tab 20mg</i>	1	GAP	5/ 1/19
<i>olmesartan medoxomil tab 40mg</i>	1	GAP	5/ 1/19
<i>olmesartan medoxomil tab 5mg</i>	1	GAP	5/ 1/19
<i>oxycodone/apap tab 10-325mg</i>	1	GAP	5/ 1/19
<i>oxycodone/apap tab 7.5-325mg</i>	1	GAP	5/ 1/19
<i>risperidone sol 1mg/ml</i>	1	QL (240 ML per 30 days) GAP	5/ 1/19
<i>rizatriptan tab 10mg</i>	1	QL (18 EA per 30 days) GAP	5/ 1/19
<i>rizatriptan tab 10mg odt</i>	1	QL (18 EA per 30 days) GAP	5/ 1/19
<i>rizatriptan tab 5mg</i>	1	QL (18 EA per 30 days) GAP	5/ 1/19
<i>rizatriptan tab 5mg odt</i>	1	QL (18 EA per 30 days) GAP	5/ 1/19
<i>rosuvastatin tab 10mg</i>	1	GAP	5/ 1/19
<i>rosuvastatin tab 20mg</i>	1	GAP	5/ 1/19
<i>rosuvastatin tab 40mg</i>	1	GAP	5/ 1/19
<i>rosuvastatin tab 5mg</i>	1	GAP	5/ 1/19
<i>roweepra xr tab 500mg xr</i>	1	GAP	5/ 1/19
<i>roweepra xr tab 750mg xr</i>	1	GAP	5/ 1/19
<i>sorine tab 120mg</i>	1	GAP	5/ 1/19
<i>sorine tab 160mg</i>	1	GAP	5/ 1/19
<i>sorine tab 80mg</i>	1	GAP	5/ 1/19
<i>sotalol af tab 120mg</i>	1	GAP	5/ 1/19
<i>sotalol af tab 120mg</i>	1	GAP	5/ 1/19
<i>sotalol hcl tab 160mg</i>	1	GAP	5/ 1/19
<i>sotalol hcl tab 80mg</i>	1	GAP	5/ 1/19
<i>telmisartan tab 20mg</i>	1	GAP	5/ 1/19
<i>telmisartan tab 40mg</i>	1	GAP	5/ 1/19
<i>telmisartan tab 80mg</i>	1	GAP	5/ 1/19
<i>theophylline tab 400mg er</i>	1	GAP	5/ 1/19
<i>ziprasidone cap 20mg</i>	1	QL (60 EA per 30 days) GAP	5/ 1/19
<i>ziprasidone cap 40mg</i>	1	QL (60 EA per 30 days) GAP	5/ 1/19
<i>ziprasidone cap 60mg</i>	1	QL (60 EA per 30 days) GAP	5/ 1/19
<i>ziprasidone cap 80mg</i>	1	QL (60 EA per 30 days) GAP	5/ 1/19

September 1, 2019 - Rx, RxCh, MetroPr, MetroPrCh

ID: 19400 Version: 21

QL= Quantity Limits Apply, ST= Step Therapy Applies, PA= Prior Authorization Applies, GAP= We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. LA = Limited Access

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
<i>metoprolol succinate tab 100mg er</i>	1	GAP	7/ 1/19
<i>metoprolol succinate tab 200mg er</i>	1	GAP	7/ 1/19
<i>metoprolol succinate tab 25mg er</i>	1	GAP	7/ 1/19
<i>metoprolol succinate tab 50mg er</i>	1	GAP	7/ 1/19

* Lower cost sharing tier

Requirement Changes

Drug Name	Tier	Notes	EffDate
BALVERSA TAB 3MG	5	QL Removal	8/ 1/19
BALVERSA TAB 4MG	5	QL Removal	8/ 1/19
BALVERSA TAB 5MG	5	QL Removal	8/ 1/19
<i>ezetimibe/simvastatin tab 10-80mg</i>	2	PA Removal	8/ 1/19
<i>latanoprost sol 0.005%</i>	1	QL Removal	8/ 1/19
<i>simvastatin tab 80mg</i>	1	PA Removal	8/ 1/19