



# **Central California Alliance for Health**

## **2017 Formulary Changes**

**December 2017**

## Alliance Contact Information

Address		
<p><b>Santa Cruz County Main Office</b>                      1600 Green Hills Road,                      Suite 101                      Scotts Valley, CA 95066-4981                      (831) 430-5500                      Hours: M-F, 8am-5pm</p>	<p><b>Monterey County Office</b>                      950 East Blanco Road,                      Suite 101                      Salinas, CA 93901-3400                      (831) 755-6000                      Hours: M-F, 8am-5pm</p>	<p><b>Merced County Office</b>                      530 West 16th Street,                      Suite B                      Merced, CA 95340-4710                      (209) 381-5300                      Hours: M-F, 8am-5pm</p>
Phone Directory		
<b>Automated System</b>	(831) 430-5501	
<b>Authorizations – Pharmacy</b>	(831) 430-5507	
<b>Authorizations – Non-Pharmacy</b>	(831) 430-5506	
<b>Status Requests for Non-Pharmacy</b>	(831) 430-5511	
<b>Care Management</b>	(831) 430-5512	
<b>Claims Inquiries</b>	(831) 430-5503	
<b>EDI Support Line</b>	(831) 430-5510	
<b>Health Education</b>	(831) 430-5580	
<b>Member Services</b>	(831) 430-5505	
<b>Provider Services</b>	(831) 430-5504	
Department Fax Numbers		
<b>Administration</b>	(831) 430-5852	
<b>Claims</b>	(831) 430-5858	
<b>Finance</b>	(831) 430-5853	
<b>Health Services RAFs</b>	(831) 430-5850	
<b>Member Services</b>	(831) 430-5856	
<b>Pharmacy Authorizations</b>	(831) 430-5851	
<b>Provider Services</b>	(831) 430-5857	

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## Alliance Web Services

Central California Alliance for Health [Home Page](#)

Central California Alliance for Health [Pharmacy](#) Page where you can find the:

- Maintenance Drug List
- PA Criteria
- PA Form
- Pharmacy Formulary
- [Epocrates](#)

### Formulary Guide

To easily find a drug, use your browser's search/find feature (control-F) to search within the PDF.

Additional formulary information as well as non-formulary drug restrictions/criteria can be obtained using *Epocrates Online* (for desktop/laptop computers) or the *Epocrates smartphone app*.

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## Forward

Central California Alliance for Health (The Alliance), with direction from the Pharmacy & Therapeutics (P&T) Committee, has developed this formulary to be used by Alliance providers. The Medi-Cal List of Contract Drugs has not been in use by the Alliance since January 1, 1997.

The P&T committee will continue to update and revise this formulary based on quality of care considerations and sound pharmacoeconomic principles. *The Alliance's contract with the State of California requires mandatory generic substitution whenever an equivalent product is available. By Alliance policy, the only drugs not requiring mandatory generic substitution are Coumadin, Dilantin, and Lanoxin.* However, clinicians may prescribe a Brand Name Example drug with a "do not substitute" order when there is clinical justification for doing so. In the latter case, a Prior Authorization Request must be submitted to the Alliance for consideration prior to dispensing the medication to an Alliance member.

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## Formulary Terms

### **Carve-Out Drugs (Excluded Drugs):**

The following drugs are covered by State Medi-Cal and are required to be billed through EDS (see Appendix I, II, III, & IV.) These drugs are non-formulary but, with the exception of ED drugs, are covered by the Alliance for the Medi-Cal Access program and IHSS.

1. All antiretroviral drugs except Retrovir (zidovudine), and Videx (didanosine).
2. All antipsychotics, antimania, MAO inhibitors and antiparkinson anticholinergic drugs used for side effects.
3. Drugs to treat ED and opioid detoxification.
4. All blood factors and coagulation factors.
5. Certain drugs for the treatment of Hepatitis B.

**Code 1 Restriction:** Code 1 medications are formulary, but their use is limited to a specific medical condition, failure/intolerance to 1st line therapy, member's place of residence, or other stipulated restriction(s). Although Code 1 restricted drugs do not require a Prior Authorization when the Code 1 restriction is met, pharmacy providers must maintain documentation that the drug is being dispensed according to the Code 1 restriction. Any other use of the drug is considered non-formulary and requires a Prior Authorization. To facilitate filling of a Code 1 prescription, prescribers should write the member's diagnosis, and any other Code 1 criteria if met, on the prescription.

**Dollar Amount Limit:** Central California Alliance for Health has an online adjudication limit of \$1,000 for any single claim, for most drugs. Claims submitted for more than \$1,000 will require a Prior Authorization, even if on formulary. Compound prescription claims using formulary ingredients have a \$100 limit, with a Prior Authorization required on claims that exceed \$100.

**Dual Eligible Members:** A dual eligible member is a Medi-Cal member who is also eligible for Medicare, whether or not they are actually enrolled in Medicare. Medi-Cal is always secondary to Medicare, thus if patient is eligible for Medicare, Medicare must be billed prior to billing Central California Alliance for Health. Dual eligible individuals are required to join a Medicare prescription drug plan, and there is a process by which CMS auto-enrolls members into Medicare upon becoming eligible. However, if a member is not yet enrolled in Medicare, but is eligible for Medicare, there is a process by which pharmacies can enroll patients in Part D at Point-of-Sale (LINET program, administered by Humana). Medications that are excluded from the members Medicare plan may be submitted directly to Central California Alliance for Health. Please note that medication that are excluded from the Members Medicare may also be exempt from Medi-Cal &/or Central California Alliance for Health's benefits. Medications that are non-formulary on member's Part D (but not excluded) must go through the prior authorization procedures with the Part D plan rather than Central California Alliance for Health. Pharmacies may submit a Prior Authorization to Central California Alliance for Health for consideration of Part B copays; Central California Alliance for Health is federally prohibited from paying any Part D copays or deductibles.

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## Formulary Terms (Continued)

**eCOB:** Electronic coordination of benefits. The ability to transmit & adjudicate electronically (online) the portion of the primary insurance claim that is the patient's responsibility, to the secondary insurance. If the medication is non-formulary or non-preferred with the primary insurance, a prior auth should be sought with the primary before submitting a Prior Authorization to Central California Alliance for Health. Per CMS Federal regulations, PHC is *not* responsible for any Part D copays, deductibles or "donut hole" (gap) amounts.

**Excluded Drugs:** Medications that have been excluded from Part D by Federal CMS regulation and are typically not a covered benefit by Medicare D plans. Excluded Drugs include: drugs covered exclusively by Part A or B, OTCs, Rx vitamin & mineral supplements (except niacin & fluoride products), cough & cold agents, fertility agents, agents for weight gain/loss (except megestrol), agents for cosmetic use. *Drugs which are excluded from PART D coverage per CMS may be eligible for coverage through the member's secondary Medi-Cal (Central California Alliance for Health) coverage,* depending on the drugs' Central California Alliance for Health formulary status (eg, some drugs which are excluded from CMS for Part D are also excluded from Central California Alliance for Health coverage).

**Medical Supplies:** The pharmacy department will review authorization requests for blood glucose meters, test strips, lancets, syringes, needles and sharps containers. All other requests for medical supplies will need to be sent to the Authorization department. The fax number for the Authorization department is (831) 430-5850.

**Over the Counter Medications (OTC's):** A prescription is required for both formulary OTC claims and non-formulary OTC requests.

**Quantity Limit:** A drug may be limited to a maximum daily, monthly, yearly or lifetime usage.

**Secondary Insurance:** When a Member has more than one medical &/or prescription insurance, one is assigned as the primary and the other is secondary—meaning reimbursement for services is the responsibility of the primary insurance first. The secondary is billed only after the primary. A secondary insurance may utilize its own formulary restrictions. State funded programs are always secondary to any private or federal insurance plans—*i.e.*, they are the payers of last resort. All reimbursement issues should be resolved with the primary insurance before submitting a Prior Authorization to Central California Alliance for Health – this includes using the allowed day's supply, using the primary's formulary preferred agents, obtaining prior auth from the primary for non-preferred or non-formulary items, *etc.*

If the Member's commercial insurance does not cover a medication, a prior authorization must be submitted to the commercial primary insurance first. If the prior authorization is denied an appeal must be submitted and denied prior to submitting a request directly to Central California Alliance for Health with a copy of both denials from the primary insurance.

If the Member has a commercial primary insurance, Central California Alliance for Health will pay for the remaining copay balance due. Central California Alliance for Health requires verbal or written notification of the amount that the primary insurance paid.

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## Formulary Terms (Continued)

**Step Therapy:** Online approval without a Prior Authorization requires prior treatment with prerequisite drug therapy. Member must have had a previous trial of one or more designated 1st line agent(s) *paid by MedImpact* within a designated time frame in order for claim to adjudicate without a Prior Authorization. Prior Authorizations submitted for STEP agents are needed when there is no qualifying claim in the claim history look-back period; in the event that a Prior Authorization is needed for a STEP item, additional criteria may have been established by P & T, over & above what is equal to the electronic step edit.

**Prior Authorization (PA):** A prior authorization request form for Central California Alliance for Health services. To facilitate prompt determination of a PA, and to minimize the need for communication between the prescriber, the pharmacy, and Central California Alliance for Health staff, prescribers are encouraged to include the following information, as appropriate:

- Diagnosis: PA's must have an *accurate* diagnosis (preferably with specific ICD-10) *provided by the physician*. The diagnosis info must be specific for the patient & drug in question. Dispensing pharmacy staff is asked NOT to complete this section on the PA without checking with the prescriber, as many drugs have multiple indications & the Dx should never be assumed based on a common use. An incorrect Dx may cause further delay of the review process.
- Other Formulary Medications tried and nature of the failure.
- Clinical Justification for the use of a non-formulary drug, including relevant lab results and medical history.

PA's submitted to Central California Alliance for Health without the above information may be denied due to insufficient information for clinical review. If denied due to insufficient information, the request may be resubmitted with a new *completed* Prior Authorization form & the required information at any time, since the new submission is treated as a new Prior Authorization.

**5-Day Emergency Fills:** Emergency authorizations for Prior Authorization 's outside of Central California Alliances' normal business hours may be requested from MedImpact at (800) 788-2949. MedImpact may authorize up to a 5 day supply of medication, pending further authorization by Central California Alliance for Health. MedImpact is available 24/7, with the exclusion of holidays. When both Central California Alliance for Health and MedImpact are unavailable, Central California Alliance for Health will authorize a retroactive Prior Authorization allowing the pharmacy to dispense up to a 5 day supply of a non-formulary drug in an emergency situation. Central California Alliance for Health does not require that the situation meet any *legal* (i.e., pharmacy law) definition of "emergency" -- it is the judgment of the dispensing pharmacist that determines the need for emergency authorization in order to avoid pain, suffering, severe emotional distress, or worsening of any medical condition that could result in the need for emergency medical treatment.

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EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
01/01/2017	LESCOL XL	FLUVASTATIN ER	DYSLIPIDEMICS	80 MG TABLET ER	ADD PA CRITERIA
01/01/2017	LIVALO	PITAVASTATIN	DYSLIPIDEMICS	1 MG TABLET 2 MG TABLET	ADD PA CRITERIA
01/01/2017	CRESTOR	ROSUVASTATIN	DYSLIPIDEMICS	5 MG TABLET 10 MG TABLET	CHANGED TO STEP-THERAPY
01/01/2017	TRILIPIX	FENOFIBRIC ACID	DYSLIPIDEMICS	45 MG CAPSULE ER	REMOVED FROM FORMULARY
01/01/2017	LIPOFEN	FENOFIBRATE	DYSLIPIDEMICS	50 MG CAPSULE 150 MG CAPSULE	REMOVED FROM FORMULARY
01/01/2017	ANTARA	MICRONIZED FENOFIBRATES	DYSLIPIDEMICS	43 MG CAPSULE 130 MG CAPSULE	REMOVED FROM FORMULARY
01/01/2017	EMVERM	MEBENDAZOLE	ANTIPARASITE AGENTS	100 MG TABLET CHEW	ADD PA CRITERIA
01/01/2017	ALBENZA	ALBENDAZOLE	ANTIPARASITE AGENTS	200 MG TABLET	ADD PA CRITERIA
01/01/2017	PROMETRIUM	MICRONIZED PROGESTERONE	PROGESTINS	100 MG CAPSULE 200 MG CAPSULE	ADD PA CRITERIA
01/01/2017	ZORVOLEX	DICLOFENAC SUBMICRONIZED	NONSTEROIDAL ANTI-INFLAMMATORY	18 MG CAPSULE 35 MG CAPSULE	ADD PA CRITERIA
01/01/2017	ZIPSOR	DICLOFENAC POTASSIUM	NONSTEROIDAL ANTI-INFLAMMATORY	25 MG CAPSULE	ADD PA CRITERIA
01/01/2017	CELLCEPT	MYCOPHENOLATE MOFETIL	IMMUNOLOGICAL AGENTS	250 MG CAPSULE 500 MG CAPSULE	ADD TO FORMULARY



## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
01/01/2017	PROGRAF	TACROLIMUS	IMMUNOLOGICAL AGENTS	0.5 MG CAPSULE 1 MG CAPSULE	ADD TO FORMULARY
01/01/2017	XANAX	ALPRAZOLAM	BENZODIAZEPINES	0.25 MG TABLET 0.5 MG TABLET	MODIFIED PA CRITERIA
01/01/2017	SOMA	CARISOPRODOL	SKELETAL MUSCLE RELAXANTS	250 MG TABLET 350 MG TABLET	MODIFIED PA CRITERIA
01/01/2017	NEXIUM 24 H OTC	ESOMEPRAZOLE MAGNESIUM	RESPIRATORY TRACT AGENTS	22.3 MG CAPSULE DR	MODIFIED PA CRITERIA
01/01/2017	NEXIUM	ESOMEPRAZOLE BASE, ESOMEPRAZOLE STRONTIUM	GASTROINTESTINAL AGENTS	20 MG CAPSULE	MODIFIED PA CRITERIA
01/01/2017	DEXILANT	DEXLANSOPRAZOLE	GASTROINTESTINAL AGENTS	30 MG CAPSULE DR	MODIFIED PA CRITERIA
01/01/2017	PREVACID	LANSOPRAZOLE	GASTROINTESTINAL AGENTS	15 MG TABLET RAP DR	MODIFIED PA CRITERIA
01/01/2017	FIRST- OMEPRAZOLE	OMEPRAZOLE	GASTROINTESTINAL AGENTS	2 MG/ML SUSPENSION	MODIFIED PA CRITERIA
01/01/2017	FIRST- LANSOPRAZOLE	LANSOPRAZOLE	GASTROINTESTINAL AGENTS	3 MG/ML SUSPENSION	MODIFIED PA CRITERIA
01/01/2017	ACIPHEX	RABEPRAZOLE	GASTROINTESTINAL AGENTS	20 MG TABLET DR	MODIFIED PA CRITERIA
01/01/2017	ZEGERID	OMEPRAZOLE/SODIUM BICARBONATE	GASTROINTESTINAL AGENTS	20 MG - 1680 MG PACKET	MODIFIED PA CRITERIA
01/01/2017	PEPCID	FAMOTIDINE	GASTROINTESTINAL AGENTS	40 MG/5 ML SUSPENSION	REMOVED FROM FORMULARY

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
01/01/2017	RANITIDINE	RANITIDINE	GASTROINTESTINAL AGENTS	150 MG CAPSULE 300 MG CAPSULE	REMOVED FROM FORMULARY
01/01/2017	LIALDA	MESALAMINE	INFLAMMATORY BOWEL DISEASE	1.2 MG TABLET DR	REMOVED FROM FORMULARY
01/01/2017	ASACOL HD	MESALAMINE	INFLAMMATORY BOWEL DISEASE	800 MG TABLET DR	REMOVED FROM FORMULARY
01/01/2017	DELZICOL	MESALAMINE	INFLAMMATORY BOWEL DISEASE	400 MG CAPSULE	REMOVED FROM FORMULARY
01/01/2017	DIPENTUM	OLSALAZINE	INFLAMMATORY BOWEL DISEASE	250 MG CAPSULE 500 MG CAPSULE	MODIFIED PA CRITERIA
01/01/2017	APRISO	MESALAMINE	INFLAMMATORY BOWEL DISEASE	0.375 GRAM CAPSULE ER 24 H	MODIFIED PA CRITERIA
01/01/2017	GIAZO	BALSALAZIDE	INFLAMMATORY BOWEL DISEASE	1.1 GRAM TABLET	MODIFIED PA CRITERIA
01/01/2017	CANASA	MESALAMINE	INFLAMMATORY BOWEL DISEASE	1,000 MG SUPP. RECTAL	MODIFIED PA CRITERIA
01/01/2017	UCERIS	BUDESONIDE	INFLAMMATORY BOWEL DISEASE	9 MG TABLET DR-ER	MODIFIED PA CRITERIA
01/01/2017	BUDESONIDE	BUDESONIDE	INFLAMMATORY BOWEL DISEASE	3 MG CAPSULE DR-ER	MODIFIED PA CRITERIA
01/01/2017	ENTYVIO	VEDOLIZUMAB	INFLAMMATORY BOWEL DISEASE	300 MG VIAL	MODIFIED PA CRITERIA
01/01/2017	REMICADE	INFLIXIMAB	INFLAMMATORY BOWEL DISEASE	100 MG VIAL	MODIFIED PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
01/01/2017	ORENCIA	ABATACEPT	IMMUNOLOGICAL AGENTS	125 MG/ML SYRINGE	MODIFIED PA CRITERIA
01/01/2017	ARESTIN	MINOCYCLINE HCL MICROSPHERES	DENTAL AND ORAL AGENTS	1 MG CARTRIDGE	ADD PA CRITERIA
01/01/2017	INCURSE ELLIPTA	UMECLIDINIUM BROMIDE	RESPIRATORY TRACT AGENTS	62.5 MCG BLST W/DEV	ADD TO FORMULARY
04/01/2017	BOTOX	ONABOTULINUMTOXINA	NEUROMUSCULAR BLOCKING AGENTS	50 MG, 100 MG, 200MG INJECTION	ADD PA CRITERIA
04/01/2017	ASPERCREME	LIDOCAINE	LOCAL ANESTHESIA	4% PATCH	ADD TO FORMULARY
04/01/2017	LIDOCARE	LIDOCAINE	LOCAL ANESTHESIA	4% PATCH	ADD TO FORMULARY
04/01/2017	ULORIC	FEBUXOSTAT	GOUT AND RELATED DISEASES	40 MG & 80 MG TABLET	ADD PA CRITERIA
04/01/2017	AUVI-Q	EPINEPHRINE	ANAPHYLAXIS THERAPY AGENTS	0.15MG & 0.3MG AUTO-INJECTOR	REMOVED FROM
04/01/2017	ADRENAClick	EPINEPHRINE	ANAPHYLAXIS THERAPY AGENTS	0.15MG & 0.3MG AUTO-INJECTOR	REMOVED FROM
04/01/2017	EPIPEN & EPIPEN JR	EPINEPHRINE	ANAPHYLAXIS THERAPY AGENTS	0.15MG & 0.3MG AUTO-INJECTOR	REMOVED FROM
04/01/2017	LUPRON DEPOT	LEUPROLIDE ACETATE	GNRH (HORMONES)	3.75MG, 7.5MG, 11.25MG, 22.5MG, 30MG, 45MG INJECTION	ADD TO FORMULARY WITH PA REQUIRED

### 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
04/01/2017	MSCONTIN	MORPHINE SULFATE ER TABLET	PAIN MANAGEMENT -NARCOTICS	30MG, 60MG, 100MG & 200MG TABLETS	FORMULARY PA REQUIRED
04/01/2017	DOLOPHINE	METHADONE	PAIN MANAGEMENT -NARCOTICS	5MG & 10 MG TABLETS	FORMULARY PA REQUIRED
04/01/2017	DILAUDID	HYDROMORPHONE	PAIN MANAGEMENT -NARCOTICS	8MG TABLETS	FORMULARY PA REQUIRED
04/01/2017	ARIXTRA	FONDAPARINUX	INJECTABLE ANTICOAGULANTS	2.5 MG/0.5 ML (0.5 ML), 5 MG/0.4 ML (0.4 ML), 7.5 MG/0.6 ML (0.6 ML), 10 MG/0.8 ML (0.8 ML)	ADD PA CRITERIA

**2017 Formulary Changes**

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
04/01/2017	HEPARIN	HEPARIN	INJECTABLE ANTICOAGULANTS	10,000 UNITS (250 ML), 12,500 UNITS (250 ML); 20,000 UNITS (500 ML); 25,000 UNITS (250 ML, 500ML), 1 UNITS/ML (1 ML, 2 ML, 2.5 ML, 3 ML, 5 ML, 10 ML), 2 UNITS/ML (3 ML), 10 UNITS/ML (1 ML, 2 ML, 2.5 ML, 3 ML, 5 ML, 10 ML, 30 ML [DSC]), 100 UNITS/ML (1 ML, 2 ML, 2.5 ML, 3 ML, 5 ML, 10 ML)	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
04/01/2017	AGGRENOX	ASPIRIN/DIPYRIDAMOLE	ANTIPLATELETS	25-200 MG	ADD PA CRITERIA
04/01/2017	NEUPOGEN	FILGRASTIM	COLONY STIMULATING FACTOR AGENTS	300 MCG/ML (1 ML); 480 MCG/1.6 ML (1.6 ML)	ADD PA CRITERIA
04/01/2017	NEULASTA	PEGFILGRASTIM	COLONY STIMULATING FACTOR AGENTS	6 MG/0.6 ML (0.6 ML)	ADD PA CRITERIA
04/01/2017	ZEPATIER	ELBASVIR/GRAZOPREVIR	HCV ANTIVIRAL	50 MG-100 MG	FORMULARY PA REQUIRED
04/01/2017	EPCLUSA	SOFOSBUVIR/VELPATASVIR	HCV ANTIVIRAL	400 MG-100 MG	FORMULARY PA REQUIRED
04/01/2017	TOVIAZ	FESOTERODINE FUMARATE	ANTISPASMODICS, URINARY	4 MG & 8 MG	FORMULARY PA REQUIRED

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
04/01/2017	OXYTROL	OXYBUTYNIN	ANTISPASMODICS, URINARY	3.9 MG/24 HR	FORMULARY PA REQUIRED
04/01/2017	VESICARE	SOLIFENACIN SUCCINATE	ANTISPASMODICS, URINARY	5 MG & 10 MG	FORMULARY PA REQUIRED
04/01/2017	MONISTAT 7	MICONAZOLE/CLEANSER 17 ON WIPE	ANTIFUNGALS	2%(100)-2%	REMOVED FROM FORMULARY
04/01/2017	COVARYX	ESTROGEN AND METHYLTESTOSTERONE	ANDROGENS	0.625-1.25 MG, 1.25-2.5 MG	REMOVED FROM FORMULARY
04/01/2017	TRANSDERM-SCOP	SCOPOLAMINE	ANTINAUSEA AGENTS	1.5 MG/3DAY	ADDED TO FORMULARY WITH QUANTITY LIMIT

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
6/15/2017	CEFTIN	CEFUROXIME AXETIL	CEPHALOSPORINS	125 MG/5 ML 250 MG/5 ML	REMOVED FROM FORMULARY
6/15/2017	CEFPROZIL	CEFPROZIL	CEPHALOSPORINS	250 MG 125 MG/5 ML 250 MG/ 5 ML	ADD TO FORMULARY
6/15/2017	SUPRAX	CEFIXIME	CEPHALOSPORINS	100 MG CHEWABLES 200 MG CHEWABLES 400 MG CAPSULES 100 MG/5 ML 200 MG/5 ML 500 MG/5 ML	REMOVED FROM FORMULARY
6/15/2017	CEFPODOXIME PROXETIL	CEFPODOXIME PROXETIL	CEPHALOSPORINS	100 MG TABLETS 200 MG TABLETS 50 MG/5 ML 100 MG/5 ML	ADD TO FORMULARY



## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
6/15/217	ZYVOX	LINEZOLID	ANTIBACTERIALS	100 MG/5 ML 600 MG	MODIFIED PA CRITERIA
6/15/2017	SIVEXTRO	TEDLIZOLID	ANTIBACTERIALS	200 MG TABLET 200 MG VIAL	MODIFIED PA CRITERIA
6/15/2017	MALARONE	ATOVAQUONE/PROGUANIL	ANTIPARASITE AGENT	62.5-25 MG TABLET 250-100 MG TABLET	MODIFIED PA CRITERIA
6/15/2017	QUININE SULFATE	QUININE SULFATE	ANTIPARASITE AGENTS	324 MG CAPSULE	FORMULARY PA REQUIRED
6/15/2017	DARAPRIM	PYRIMETHAMINE	ANTIPARASITE AGENTS	25 MG TABLET	FORMULARY PA REQUIRED
6/15/2017	MEFLOQUINE	MEFLOQUINE HCL	ANTIPARASITE AGENTS	250 MG TABLET	ADD TO FORMULARY

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
6/15/2017	NAMENDA	MEMANTINE	ANTIDEMENTIA AGENTS	5 MG TABLETS 10 MG TABLETS	ADD TO FORMULARY
6/15/2017	ABSORICA	ISOTRETINOIN	DERMATOLOGICAL AGENTS	10 MG CAPSULE 20 MG CAPSULE 25 MG CAPSULE 30 MG CAPSULE 35 MG CAPSULE 40 MG CAPSULE	MODIFIED PA CRITERIA
6/15/2017	SOOLANTRA	IVERMECTIN	DERMATOLOGICAL AGENTS	1% CREAM	ADD PA CRITERIA
6/15/2017	TALTZ	IXEKIZUMAB	DERMATOLOGICAL AGENTS	80 MG/ML AUTO INJECT 80 MG/ML SYRINGE	ADD PA CRITERIA
6/15/217	COSENTYX	SECUKINUMAB	DERMATOLOGICAL AGENTS	150 MG/ML PEN INJECTR 150 MG/ML SYRINGE	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
6/15/2017	PAZEO	OLOPATADINE	EYE AGENTS	0.7% DROPS	ADD PA CRITERIA
6/15/2017	PATADAY	OLOPATADINE	EYE AGENTS	0.2% DROPS	MODIFIED PA CRITERIA
6/15/2017	BEPREVE	BEPOTASTINE BESILATE	EYE AGENTS	1.5% DROPS	ADD PA CRITERIA
6/15/2017	ELESTAT	EPINASTINE	EYE AGENTS	0.05% DROPS	ADD PA CRITERIA
6/15/2017	ALPHAGAN P	BRIMONIDINE TARTRATE	EYE AGENTS	0.1% DROPS 0.15% DROPS	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
6/15/2017	SIMBRINZA	BRINZOLAMIDE/ BRIMONIDINE TART	ANTIGLAUCOMA AGENTS	1%-0.2% DROPS	ADD PA CRITERIA
6/15/2017	BETOPTIC S	BETAXOLOL	ANTIGLAUCOMA AGENTS	0.25% DROPS 0.5% DROPS	ADD PA CRITERIA
6/15/2017	AIRDUO RESPICLICK	FLUTICASONE/SALMETEROL	INHALED CORTICOSTEROIDS	55/14 MCG AER POW 113/14 MCG AER POW 232/14 MCG AER POW	ADD TO FORMULARY
6/15/2017	ADVAIR DISKUS	FLUTICASONE/SALMETEROL	INHALED CORTICOSTEROIDS	45/21 MCG BLST W/DEV 115/21 MCG BLST W/DEV 230/21 MCG BLST W/DEV	FORMULARY PA REQUIRED
6/15/217	ADVAIR HFA	FLUTICASONE/SALMETEROL	INHALED CORTICOSTEROIDS	45/21 MCG HFA AER 115/21 MCG HFA AER 230/21 MCG HFA AER	REMOVED FROM FORMULARY

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EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
6/15/2017	SALAGEN	PILOCARPINE HCL	DENTAL AND ORAL AGENTS	5 MG TABLET	ADD TO FORMULARY
6/15/2017	EVOXAC	CEVIMELINE HCL	DENTAL AND ORAL AGENTS	30 MG CAPSULES	ADD TO FORMULARY
6/15/2017	FORTAMET/ GLUMETZA	METFORMIN ER	ANTIDIABETIC AGENTS	500 MG TABLET 750 MG TABLET 1,000 MG TABLET	MODIFIED PA CRITERIA
6/15/2017	RIOMET	METFORMIN	ANTIDIABETIC AGENTS	500 MG/5 ML SOLUTION	MODIFIED PA CRITERIA
6/15/2017	KAZANO	ALOGLIPTIN BENZ/ METFORMIN	ANTIDIABETIC AGENTS	12.5/500 MG TABLET 12.5/1,000 MG TABLET	FORMULARY PA REQUIRED

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
6/15/2017	OSENI	ALOGLIPTIN BENZ/ PIOGLITAZONE	ANTIDIABETIC AGENTS	12.5/15 MG TABLET 12.5/30 MG TABLET 12.5/45 MG TABLET 25/15 MG TABLET 25/30 MG TABLET 25/45 MG TABLET	FORMULARY PA REQUIRED
6/15/2017	GLYXAMBI	EMPAGLIFLOZIN/LINAGLIPTIN	ANTIDIABETIC AGENTS	10/5 MG TABLET 25/5 MG TABLET	FORMULARY PA REQUIRED
6/15/2017	BASAGLAR KWIKPEN	INSULIN GLARGINE	ANTIDIABETIC AGENTS	100/ML PEN	ADD TO FORMULARY
6/15/2017	LEVEMIR	INSULIN DETEMIR	ANTIDIABETIC AGENTS	100/ML VIAL 100/ML PEN	MODIFIED PA CRITERIA
6/15/2017	TRESIBA	INSULIN DEGLUDEC	ANTIDIABETIC AGENTS	100/ML PEN 200/ML PEN	MODIFIED PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
6/15/2017	TOUJEO	INSULIN GLARGINE	ANTIDIABETIC AGENTS	300/ML PEN	MODIFIED PA CRITERIA
6/15/2017	ADLYXIN	LIXISENATIDE	ANTIDIABETIC AGENTS	10 + 20 MCG PEN 20 MCG PEN	MODIFIED PA CRITERIA
6/15/2017	KORLYM	MIFEPRISTONE	ANTIDIABETIC AGENTS	200 MG TABLET 300 MG TABLET	ADD PA CRITERIA
6/15/2017	REGRANEX	BECAPLERMIN	DERMATOLOGICAL AGENTS	0.01% GEL	ADD PA CRITERIA
6/15/2017	EPIPEN	EPINEPHRINE AUTO-INJECTOR	CARDIOVASCULAR AGENTS	0.15 MG/0.3 AUTO INJCT 0.3 MG/0.3 AUTHO INJCT	MODIFIED PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
6/15/2017	PROZAC	FLUOXETINE HCL	ANTIDEPRESSANTS	10 MG TABLET 20 MG TABLET 60 MG TABLET	REMOVED FROM FORMULARY
6/15/2017	LIDOCAINE	LIDOCAINE	LOCAL ANESTHETICS	5% OINT	REMOVED FROM FORMULARY
6/15/2017	COLCRYS	COLCHICINE	ANTIGOUT AGENTS	0.6 MG TABLET	MODIFIED PA CRITERIA
6/15/2017	PENTASA	MESALAMINE	INFLAMMATORY BOWEL DISEASE AGENTS	250 MG CAPSULE	REMOVED FROM FORMULARY
6/15/2017	APRISO	MESALAMINE	INFLAMMATORY BOWEL DISEASE AGENTS	0.375G CAPSULE	ADD TO FORMULARY
6/15/2017	LIALDA	MESALAMINE	INFLAMMATORY BOWEL DISEASE AGENTS	1.2 G TABLET	ADD TO FORMULARY



## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
6/15/2017	MORPHINE SULFATE	MORPHINE SULFATE	ANALGESIC	15 MG TABLET 30 MG TABLET	FORMULARY PA REQUIRED
6/15/2017	TYLENOL-CODEINE NO.3 & 4	ACETAMINOPHEN WITH CODEINE	ANALGESIC	300/15 MG TABLET 300/30 MG TABLET 300/60 MG TABLET	REMOVED FROM FORMULARY
6/15/2017	DEMEROL	MEPERIDINE	ANALGESIC	50 MG TABLET 100 MG TABLET 50 MG/5 ML SOLUTION	REMOVED FROM FORMULARY
6/15/2017	METHADONE	METHADONE HCL	ANALGESIC	1 MG/ML SOLUTION 2 MG/ML SOLUTION 10 MG/ML SOLUTION	REMOVED FROM FORMULARY

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
9/12/2017	MAVYRET	GLECAPREVIR/PIBRENTASVIR	HCV ANTIVIRALS	100MG-40MG	FORMULARY PA REQUIRED
9/12/2017	ZEPATIER	ELBASVIR/GRAZOPREVIR	HCV ANTIVIRALS	50MG-100MG	REMOVED FROM FORMULARY
9/12/2017	EPCLUSA	SOFOSBUVIR/VELPATASVIR	HCV ANTIVIRALS	400-100 MG	REMOVED FROM FORMULARY
9/12/2017	ALENZIN	BUPROPION HBR	ANTIDEPRESSANTS	174MG, 348MG, 522MG	MODIFIED PA CRITERIA
9/12/2017	FORFIVO XL	BUPROPION HCL	ANTIDEPRESSANTS	450 MG	MODIFIED PA CRITERIA
9/12/2017	PAXIL CR	PAROXETINE HCL	ANTIDEPRESSANTS	12.5MG, 25MG, 37.5MG	MODIFIED PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
9/12/2017	PEXEVA	PAROXETINE MESYLATE	ANTIDEPRESSANTS	10MG, 20MG, 30MG, 40 MG	ADD PA CRITERIA
9/12/2017	BRISDELLE	PAROXETINE MESYLATE	ANTIDEPRESSANTS	7.5MG	ADD PA CRITERIA
9/12/2017	PRISTIQ	DESVENLAFAXINE SUCCINATE	ANTIDEPRESSANTS	25MG, 50MG, 100MG	MODIFIED PA CRITERIA
9/12/2017	ADZENYS XR-ODT	AMPHETAMINE	CENTRAL NERVOUS SYSTEM AGENTS	3.1MG, 6.3MG, 9.4MG, 12.5MG, 15.7MG, 18.8MG	ADD PA CRITERIA
9/12/2017	DYANAVEL	AMPHETAMINE ER	CENTRAL NERVOUS SYSTEM AGENTS	2.5MG/ML	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
9/12/2017	XYREM	SODIUM OXYBATE	SLEEP DISORDER AGENTS	500 MG/ML	ADD PA CRITERIA
9/12/2017	PROVIGIL	MODAFINIL	SLEEP DISORDER AGENTS	100MG, 200MG	MODIFIED PA CRITERIA
9/12/2017	NUVIGIL	ARMODAFINIL	SLEEP DISORDER AGENTS	50MG, 150MG, 200MG, 250MG	MODIFIED PA CRITERIA
9/12/2017	VELPHORO	SUCROFERRIC OXYHYDROXIDE	PHOSPHATE BINDERS	500MG IRON	MODIFIED PA CRITERIA
9/12/2017	INFED	IRON DEXTRAN COMPLEX	VITAMINS AND MINERALS	100MG/2ML	ADD PA CRITERIA
9/12/2017	FERRLECIT	SODIUM FERRIC GLUCONAT/SUCROSE	VITAMINS AND MINERALS	62.5MG/5ML	MODIFIED PA CRITERIA
9/12/2017	VENOFER	IRON SUCROSE COMPLEX	VITAMINS AND MINERALS	100 MG/5ML	ADD PA CRITERIA
9/12/2017	FERAHEME	FERUMOXYTOL	VITAMINS AND MINERALS	510MG/17ML	ADD PA CRITERIA

## 2017 Formulary Changes

<b>EFFECTIVE DATE</b>	<b>BRAND NAME</b>	<b>GENERIC NAME</b>	<b>DRUG CLASS</b>	<b>STRENGTH</b>	<b>ACTION</b>
9/12/2017	INJECTAFER	FERRIC CARBOXYMALTOSE	VITAMINS AND MINERALS	750MG/15ML	MODIFIED PA CRITERIA
9/12/2017	COPAXONE	GLATIRAMER ACETATE	CENTRAL NERVOUS SYSTEM AGENTS	20 MG/ML 40 MG/ML	MODIFIED PA CRITERIA
9/12/2017	GLATOPA	GLATIRAMER ACETATE	CENTRAL NERVOUS SYSTEM AGENTS	20 MG/ML	ADD PA CRITERIA
9/12/2017	SANCUSO	GRANISETRON	ANTINAUSEA AGENTS	3.1MG/24HR	ADD PA CRITERIA
9/12/2017	ZUPLENZ	ONDANSETRON	ANTINAUSEA AGENTS	4MG, 8MG	ADD PA CRITERIA
9/12/2017	AKYNZEO	NETUPITANT/PALONOSETRON HCL	ANTINAUSEA AGENTS	300-0.5 MG	ADD PA CRITERIA

## 2017 Formulary Changes

<b>EFFECTIVE DATE</b>	<b>BRAND NAME</b>	<b>GENERIC NAME</b>	<b>DRUG CLASS</b>	<b>STRENGTH</b>	<b>ACTION</b>
9/12/2017	DIPHENHYDRAMINE	DIPHENHYDRAMINE HCL	ANTIEMETIC AGENTS	50MG/ML	ADD TO FORMULARY
9/12/2017	FAMOTIDINE	FAMOTIDINE/PF	ANTIULCER AGENTS AND ACID SUPPRESSANTS	20MG/ML	ADD TO FORMULARY
9/12/2017	DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE	GLUCOCORTICOID/MINERALOCORTICOID	10MG/ML	ADD TO FORMULARY

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
9/12/2017	LYSTEDA	TRANEXAMIC ACID	HEMATOLOGIC AGENTS, MISCELLANEOUS	650 MG	ADD PA CRITERIA
9/12/2017	NUEDEXTA	DEXTROMETHORPHAN HBR/QUINIDINE	CENTRAL NERVOUS SYSTEM AGENTS	20 MG-10MG	ADD PA CRITERIA
9/12/2017	NAMZARIC	MEMANTINE HCL/DONEPEZIL HCL	ANTIDEMENTIA AGENTS	7-10/14-10 7 MG-10 MG 14MG-10MG 21 MG-10MG 28 MG-10MG	ADD PA CRITERIA
9/12/2017	OTREXUP	METHOTREXATE/PF	IMMUNOLOGICAL AGENTS	7.5 MG/0.4 ML 10MG/0.4ML 12.5MG/0.4 ML 15MG/0.4ML 17.5MG/0.4 ML 20MG/0.4ML 22.5MG/0.4 ML 25MG/0.4ML	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
9/12/2017	RASUVO	METHOTREXATE/PF	IMMUNOLOGICAL AGENTS	10MG/0.4ML 12.5MG-0.4 15MG/0.4 ML 17.5MG/0.4 20MG/0.4ML 22.5MG/0.4 25MG/0.4ML 7.5MG/0.4	ADD PA CRITERIA
9/12/2017	VICTOZA	LIRAGLUTIDE	ANTIDIABETIC AGENTS, MISCELLANEOUS	0.6 MG/0.1	MODIFIED PA CRITERIA
9/12/2017	RYTARY	CARBIDOPA/LEVODOPA	ANTIPARKINSONIAN AGENTS	23.75-95 MG 36.25-145 MG 48.75-195 MG 61.25-245 MG	ADD PA CRITERIA
9/12/2017	REQUIP XL	ROPINIROLE HCL	ANTIPARKINSONIAN AGENTS	2MG 4MG 6MG 8MG	ADD PA CRITERIA
9/12/2017	MIRAPEX ER	PRAMIPEXOLE DI-HCL	ANTIPARKINSONIAN AGENTS	0.375 MG 0.75 MG 1.5MG 2.25 MG 3 MG 3.75 MG	ADD PA CRITERIA



## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
9/12/2017	LYSTEDA	TRANEXAMIC ACID	HEMATOLOGIC AGENTS, MISCELLANEOUS	650 MG	MODIFIED PA CRITERIA
9/12/2017	NUEDEXTA	DEXTROMETHORPHAN HBR/QUINIDINE	CENTRAL NERVOUS SYSTEM AGENTS	20 MG-10MG	MODIFIED PA CRITERIA
9/12/2017	AZILECT	RASAGILINE MESYLATE	ANTIPARKINSONIAN AGENTS	0.5 MG	ADD PA CRITERIA
9/12/2017	LAMICTAL XR	LAMOTRIGINE	ANTICONVULSANTS	100 MG	ADD PA CRITERIA
9/12/2017	LAMICTAL ODT	LAMOTRIGINE	ANTICONVULSANTS	100 MG	ADD PA CRITERIA
9/12/2017	KEPPRA XR	LEVETIRACETAM	ANTICONVULSANTS	500 MG 750 MG	ADD PA CRITERIA
9/12/2017	KLONOPIN ODT	CLONAZEPAM	BENZODIAZEPINES	0.125 MG 0.25 MG 0.5 MG 1 MG 2 MG	ADD PA CRITERIA
9/12/2017	BRIVIACT	BRIVARACETAM	ANTICONVULSANTS	10 MG 25 MG 50 MG 75 MG 100 MG	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
9/12/2017	SABRIL	VIGABATRIN	ANTICONVULSANTS	500 MG	ADD PA CRITERIA
9/12/2017	HORIZANT ER	GABAPENTIN ENACARBIL	ANTICONVULSANTS	300 MG 600 MG	ADD PA CRITERIA
9/12/2017	QUDEXY XR	TOPIRAMATE	ANTICONVULSANTS	100 MG 150 MG 200 MG	ADD PA CRITERIA
9/12/2017	TROKENDI XR	TOPIRAMATE	ANTICONVULSANTS	25 MG 50 MG 100 MG 200 MG	ADD PA CRITERIA
9/12/2017	MUCINEX	GUAIFENESIN	COUGH AND COLD PRODUCTS	600 MG	ADD TO FORMULARY
9/12/2017	PROMETHAZINE VC-CODEINE	PROMETHAZINE/PHENYLEPH/CODEINE	COUGH AND COLD PRODUCTS	6.25-5-10	REMOVED FROM FORMULARY
9/12/2017	PROMETHAZINE-CODEINE	PROMETHAZINE HCL/CODEINE	COUGH AND COLD PRODUCTS	6.25-10/5	QUANTITY LIMIT ADDED

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
9/12/2017	LYRICA	PREGABALIN	ANTICONVULSANTS	25 MG 50 MG 75 MG 100 MG 150 MG 200 MG 225 NG 300 MG	MODIFIED PA CRITERIA
9/12/2017	TERBUTALINE SULFATE	TERBUTALINE SULFATE	BRONCHODILATORS	2.5 MG 5 MG	ADD PA CRITERIA
9/12/2017	METAPROTERENOL SULFATE	METAPROTERENOL SULFATE	BRONCHODILATORS	10 MG 20 MG	ADD PA CRITERIA
9/12/2017	ARCAPTA NEOHALER	INDACATEROL MALEATE	BRONCHODILATORS	75 MCG	FORMULARY PA REQUIRED
9/12/2017	SEREVENT	SALMETEROL XINAFOATE	BRONCHODILATORS	50 MCG	ADD PA CRITERIA
9/12/2017	BROVANA	ARFORMOTEROL TARTRATE	BRONCHODILATORS	15MCG/2ML	MODIFY PA CRITERIA
9/12/2017	PERFOROMIST	FORMOTEROL FUMARATE	BRONCHODILATORS	20 MCG/2ML	MODIFY PA CRITERIA
9/12/2017	XOLAIR	OMALIZUMAB	RESPIRATORY TRACT AGENTS, OTHER	150 MG	MODIFY PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
9/12/2017	NUCALA	MEPOLIZUMAB	RESPIRATORY TRACT AGENTS, OTHER	100 MG	ADD PA CRITERIA
9/12/2017	DALIRESP	ROFLUMILAST	RESPIRATORY TRACT AGENTS	500 MCG	ADD PA CRITERIA
9/12/2017	THEOPHYLLINE	THEOPHYLLINE ANHYDROUS	BRONCHODILATORS	100 MG 200 MG 300 MG 400 MG	ADD PA CRITERIA
9/12/2017	THOEPHYLLINE SOLUTION	THEOPHYLLINE ANHYDROUS	BRONCHODILATORS	80 MG/15ML	ADD TO FORMULARY
9/12/2017	XYZAL	LEVOCETIRIZINE DIHYDROCHLORIDE	ANTIHISTAMINES	5 MG	ADD PA CRITERIA
9/12/2017	CLARINEX	DESLORATADINE	ANTIHISTAMINES	5 MG	ADD PA CRITERIA
9/12/2017	ALLEGRA	FEXOFENADINE HCL	ANTIHISTAMINES	60 MG 180 MG	ADD PA CRITERIA
9/12/2017	ZYRTEC CHEWABLE TABLETS	CETIRIZINE HCL	ANTIHISTAMINES	10 MG	ADD PA CRITERIA
9/12/2017	DYMISTA	AZELASTINE/FLUTICASONE	EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS	137-50 MCG	ADD PA CRITERIA
9/12/2017	PROMETHAZINE VC	PHENYLEPHRINE HCL/PROMETH HCL	ANTIHISTAMINES	5-6.25MG/5	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
09/12/2017	BYETTA	EXENATIDE	ANTIDIABETIC AGENTS, MISCELLANEOUS	5MCG/0.02 10MCG/0.04	MODIFIED PA CRITERIA
09/12/2017	TRULICITY	DULAGLUTIDE	ANTIDIABETIC AGENTS, MISCELLANEOUS	0.75MG/0.5 1.5 MG/0.5	MODIFIED PA CRITERIA
09/12/2017	BYDUREON	EXENATIDE MICROSPHERES	ANTIDIABETIC AGENTS, MISCELLANEOUS	2MG/0.65ML	MODIFIED PA CRITERIA
09/12/2017	ADLYXIN	LIXISENATIDE	ANTIDIABETIC AGENTS, MISCELLANEOUS	20 MCG/0.2	MODIFIED PA CRITERIA
09/12/2017	LYSTEDA	TRANEXAMIC ACID	HEMATOLOGIC AGENTS, MISCELLANEOUS	650 MG	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
09/12/2017	NUEDEXTA	DEXTROMETHORPHAN HBR/QUINIDINE	CENTRAL NERVOUS SYSTEM AGENTS	20 MG-10MG	ADD PA CRITERIA
09/12/2017	QUDEXY XR	TOPIRAMATE	ANTICONVULSANTS	25 MG 50 MG 100 MG 200 MG	ADD PA CRITERIA
9/12/2017	TROKENDI XR	TOPIRAMATE	ANTICONVULSANTS	25 MG 50 MG 100 MG 200 MG	ADD PA CRITERIA
09/12/2017	MUCINEX	GUAIFENESIN	COUGH AND COLD PRODUCTS	200 MG 400 MG	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
12/21/2017	PROMETHAZINE-CODEINE	PROMETHAZINE HCL/CODEINE	COUGH AND COLD PRODUCTS	6.25-10/5	REMOVE FROM FORMULARY
12/21/2017	HYDROXYPROGESTERONE CAPROATE (IN WATER)	HYDROXYPROGESTERONE CAPROATE	PROGESTINS	250 MG/ML	ADD PA CRITERIA
12/21/2017	SENSIPAR	CINACALCET HCL	MISCELLANEOUS THERAPEUTIC AGENTS	30 MG 60 MG 90 MG	ADD PA CRITERIA
12/21/2017	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	CENTRAL NERVOUS SYSTEM AGENTS	10 MG	ADD TO FORMULARY
12/21/2017	FAMOTIDINE	FAMOTIDINE IN NACL,ISO-OSM/PF	ANTIULCER AGENTS AND ACID SUPPRESSANTS	20MG/2ML	ADD TO FORMULARY
12/21/2017	NORCO	HYDROCODONE/ACETAMINOPHEN	ANALGESICS, MISCELLANEOUS	5MG-325MG 7.5MG-325MG 10MG-325MG	QUANTITY LIMIT CHANGE
12/21/2017	PERCOCET	OXYCODONE HCL/ACETAMINOPHEN	ANALGESICS, MISCELLANEOUS	2.5-325MG 5-325MG 7.5-325MG 10-325MG 7.5-500MG 10-650 MG	QUANTITY LIMIT CHANGE

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
12/21/2017	KETOSTIX REAGENT	KETOSTIX REAGENT	MEDICAL SUPPLIES	NONE	ADD TO FORMULARY
12/21/2017	INFLECTRA	INFLIXIMAB-DYYB	MISCELLANEOUS THERAPEUTIC AGENTS	100 MG	ADD PA CRITERIA
12/21/2017	RENFLEXIS	INFLIXIMAB-ABDA	MISCELLANEOUS THERAPEUTIC AGENTS	100 MG	ADD PA CRITERIA
12/21/2017	ZARXIO	FILGRASTIM-SNDZ	BLOOD FORMATION MODIFIERS	300 MCG/0.5ML 480 MCG/0.5ML	ADD PA CRITERIA
12/21/2017	ACEON	PERINDOPRIL ERBUMINE	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	2 MG 4 MG 8 MG	ADD TO FORMULARY
12/21/2017	CAPTOPRIL	CAPTOPRIL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	12.5 MG 25 MG 50 MG 100 MG	REMOVE FROM FORMULARY
12/21/2017	MOEXIPRIL HCL	MOEXIPRIL HCL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	7.5 MG 15 MG	REMOVE FROM FORMULARY
12/21/2017	LOTENSIN HCT	BENAZEPRIL/HYDROCHLOROTHIAZIDE	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	5-6.25MG 10-12.5MG 20-12.5 MG 20 MG-25MG	REMOVE FROM FORMULARY



## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
12/21/2017	CAPTOPRIL HCTZ	CAPTOPRIL/HYDROCHLORO THIAZIDE	ANGIOTENSIN- CONVERTING ENZYME INHIBITORS	25 MG-15MG 25 MG-25MG 50 MG-15MG 50 MG-25MG	REMOVE FROM FORMULARY
12/21/2017	UNIRETIC	MOEXIPRIL/HYDROCHLORO THIAZIDE	ANGIOTENSIN- CONVERTING ENZYME INHIBITORS	7.5-12.5MG 15-12.5MG 15-25MG	REMOVE FROM FORMULARY
12/21/2017	MICARDIS	TELMISARTAN	ANGIOTENSIN II RECEPTOR ANTAGONISTS	20 MG 40 MG 80 MG	ADD TO FORMULARY
12/21/2017	ATACAND	CANDESARTAN CILEXETIL	ANGIOTENSIN II RECEPTOR ANTAGONISTS	4 MG 8 M G 16 M G 32 MG	MODIFY PA CRITERIA
12/21/2017	BENICAR	OLMESARTAN MEDOXOMIL	ANGIOTENSIN II RECEPTOR ANTAGONISTS	5 MG 20 M G 40 MG	MODIFY PA CRITERIA
12/21/2017	TEVETEN	EPROSARTAN MESYLATE	ANGIOTENSIN II RECEPTOR ANTAGONISTS	600 MG	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
12/21/2017	EDARBI	AZILSARTAN MEDOXOMIL	ANGIOTENSIN II RECEPTOR ANTAGONISTS	40 MG 80 MG	ADD PA CRITERIA
12/21/2017	AVAPRO HCT	IRBESARTAN HCT	ANGIOTENSIN II RECEPTOR ANTAGONISTS	75 MG 150 MG 300 MG	ADD TO FORMULARY
12/21/2017	EXFORGE	AMLODIPINE BESYLATE/VALSARTAN	DIHYDROPYRIDINES	5 MG-160MG 5 MG-320MG 10MG-160MG 10MG-320MG	ADD TO FORMULARY
12/21/2017	AZOR	AMLODIPINE BES/OLMESARTAN MED	DIHYDROPYRIDINES	10 MG-20MG 10 MG-40MG 5 MG-20 MG 5 MG-40 MG	ADD PA CRITERIA
12/21/2017	TRIBENZOR	OLMESARTAN/AMLODIPIN/HCT	ANGIOTENSIN II RECEPTOR ANTAGONISTS	20-5-12.5 MG 40-10-12.5 MG 40-10-25MG 40-5-12.5 MG 40-5-25 MG	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
12/21/2017	TWYNSTA	TELMISARTAN/AMLODIPINE	ANGIOTENSIN II RECEPTOR ANTAGONISTS	40 MG-10MG 40 MG-5 MG 80 MG-10MG 80 MG-5 MG	MODIFY PA CRITERIA
12/21/2017	EXFORGE HCT	AMLODIPINE/VALSARTAN/HCT	DIHYDROPYRIDINES	10-160-25 10-320-25 10MG-160MG 5-160-12.5 5-160-25MG	REMOVE FROM FORMULARY
12/21/2017	CORGARD	NADOLOL	BETA-ADRENERGIC BLOCKING AGENTS	20 MG 40 MG 80 MG	REMOVE FROM FORMULARY
12/21/2017	TENORETIC 100	ATENOLOL/CHLORTHALIDONE	BETA-ADRENERGIC BLOCKING AGENTS	100MG-25MG 50 MG-25MG	ADD TO FORMULARY
12/21/2017	LOPRESSOR HCT	METOPROLOL/HYDROCHLOROTHIAZIDE	BETA-ADRENERGIC BLOCKING AGENTS	100MG-25MG 100MG-50MG 50 MG-25MG	ADD TO FORMULARY
12/21/2017	DILTIAZEM 12HR ER CAPSULE	DILTIAZEM HCL	CALCIUM-CHANNEL BLOCKING AGENTS	120 MG	REMOVE FROM FORMULARY

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
12/21/2017	MATZIM LA 24 HR	DILTIAZEM HCL	CALCIUM-CHANNEL BLOCKING AGENTS	180 MG 240 MG 300 MG 360 MG	REMOVE FROM FORMULARY
12/21/2017	FELODIPINE ER	FELODIPINE	DIHYDROPYRIDINES	10 MG 2.5 MG 5 MG	ADD TO FORMULARY
12/21/2017	AMILORIDE HCL	AMILORIDE HCL	DIURETICS	5 MG	ADD TO FORMULARY
12/21/2017	EPLERENONE	EPLERENONE	RENIN-ANGIOTENSIN- ALDOSTERONE SYSTEM INHIBITORS	25 MG 50 MG	ADD PA CRITERIA
12/21/2017	ALDACTAZIDE	SPIRONOLACT/HYDROCHLO ROTHIAZID	DIURETICS	50 MG-50MG	REMOVE FROM FORMULARY  AND PA CRITERIA ADDED

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
12/21/2017	CRESTOR	ROSUVASTATIN CALCIUM	DYSLIPIDEMICS	5MG 10 MG 20 MG 40 MG	ADD TO FORMULARY
12/21/2017	LESCOL	FLUVASTATIN SODIUM	DYSLIPIDEMICS	20 MG 40 MG	MODIFY PA CRITERIA
12/21/2017	LESCOL XL	FLUVASTATIN SODIUM	DYSLIPIDEMICS	80 MG	MODIFY PA CRITERIA
12/21/2017	LIVALO	PITAVASTATIN CALCIUM	DYSLIPIDEMICS	1 MG 2 MG 4 MG	MODIFY PA CRITERIA
12/21/2017	EZETIMIBE	EZETIMIBE	DYSLIPIDEMICS	10 MG	ADD TO FORMULARY

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
12/21/2017	VYTORIN	EZETIMIBE-SIMVASTATIN	DYSLIPIDEMICS	10 MG-10MG 10 MG-20MG 10 MG-40MG 10 MG-80MG	MODIFY PA CRITERIA
12/21/2017	LOVAZA	OMEGA-3 ACID ETHYL ESTERS	DYSLIPIDEMICS	1G	ADD TO FORMULARY
12/21/2017	RIZATRIPTAN ODT	RIZATRIPTAN BENZOATE	ANTIMIGRAINE AGENTS	10 MG	ADD TO FORMULARY
12/21/2017	B-12 KIT	CYANOCOBALAMIN (VITAMIN B-12)	VITAMINS AND MINERALS	1000MCG/ML	ADD TO FORMULARY
12/21/2017	TRULANCE	PLECANATIDE	GASTROINTESTINAL AGENTS, OTHER	3 MG	ADD PA CRITERIA
12/21/2017	BARACLUDGE	ENTECAVIR	NUCLEOSIDES AND NUCLEOTIDES	0.5 MG 1 MG	ADD TO FORMULARY
12/21/2017	ENTRESTO	SACUBITRIL/VALSARTAN	ANGIOTENSIN II RECEPTOR ANTAGONISTS	24 MG-26MG 49 MG-51MG 97MG-103MG	MODIFIED PA CRITERIA
12/21/2017	RANEXA	RANOLAZINE	CARDIOVASCULAR AGENTS, MISCELLANEOUS	1000 MG 500 MG	ADD PA CRITERIA

## 2017 Formulary Changes

EFFECTIVE DATE	BRAND NAME	GENERIC NAME	DRUG CLASS	STRENGTH	ACTION
12/21/2017	EDARBYCLOR	AZILSARTA CHLORTHALIDONE	ANGIOTENSIN II RECEPTOR BLOCKER AND DIURETIC	40-12.5 MG 40-25 MG	ADD PA CRITERIA
12/21/2017	MICARDIS HCT	TELMISARTAN HCT	ANGIOTENSIN II RECEPTOR ANTAGONISTS	40-12.5 MG 80 MG-25MG 80-12.5MG	MODIFY PA CRITERIA
12/21/2017	ATACAND HCT	CANDESARTAN HCT	ANGIOTENSIN II RECEPTOR ANTAGONISTS	16-12.5MG 32-12.5MG 32MG-25MG	MODIFY PA CRITERIA
12/21/2017	BENICAR HCT	OLMESARTAN HCT	ANGIOTENSIN II RECEPTOR ANTAGONISTS	20-12.5 MG 40 MG-25MG 40-12.5 MG	MODIFY PA CRITERIA
12/21/2017	DYRENIUM	TRIAMTERENE	DIURETICS	100 MG 50 MG	REMOVE FROM FORMULARY