



CREATING HEALTHCARE SOLUTIONS

Central California Alliance for Health

Formulary Changes for 2018

Alliance Contact Information

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Provider Services	(831) 430-5857	

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
1Q2018	HYDROCODONE/IBUPROFEN	PAIN	5/200 7.5/200	NEW QUANTITY LIMIT RESTRICTION TO 35 TABLETS PER 7 DAY SUPPLY AND 5 TABLETS PER DAY
1Q2018	HYDROCODONE ACETAMINOPHEN	PAIN	2.5/325 5/325	NEW QUANTITY LIMIT RESTRICTION TO 70 TABLETS PER 7 DAY SUPPLY
1Q2018	HYDROCODONE ACETAMINOPHEN SOLUTION	PAIN	ALL STRENGTHS	NEW QUANTITY LIMIT RESTRICTION TO 450 ML PER 7 DAY SUPPLY
1Q2018	HYDROCODONE ACETAMINOPHEN	PAIN	5/300 7.5/300	TAKEN OFF FORMULARY
1Q2018	HYDROCODONE ER TABLETS (HYSINGLA)	PAIN	ALL STRENGTHS	UPDATED PRIOR AUTHORIZATION CRITERIA
1Q2018	MORPHINE SULFATE IR	PAIN	15MG 30 MG	NEW QUANTITY LIMIT RESTRICTION TO 21 TABLETS PER 7 DAY SUPPLY. MAX OF 3/DAY.
1Q2018	MORPHINE SULFATE SOLUTION	PAIN	10MG/5ML	NEW QUANTITY RESTRICTION OF 175ML PER 7 DAYS
1Q2018	MORPHINE SULFATE SOLUTION	PAIN	20MG/5ML 100MG/5ML	TAKEN OFF FORMULARY
1Q2018	MORPHINE SULFATE ER CAPSULES	PAIN	ALL STRENGTHS	UPDATED PRIOR AUTHORIZATION CRITERIA
1Q2018	EMBEDA	PAIN	ALL STRENGTHS	UPDATED PRIOR AUTHORIZATION CRITERIA
1Q2018	MORPHINE SULFATE SUPPOSITORY	PAIN	ALL STRENGTHS	TAKEN OFF FORMULARY
1Q2018	OXYCODONE CAPSULE	PAIN	5 MG	TAKEN OFF FORMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	OXYCODONE TABLETS	PAIN	5 MG 10 MG	TAKEN OFF FORMULARY
1Q2018	OXYCODONE APAP TABLETS	PAIN	5/325 MG 7.5/325 MG	NEW PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
1Q2018	OXYCODONE ER TABLETS (OXYCONTIN, XTAMPZA)	PAIN	ALL STRENGTHS	NEW PA CRITERIA
1Q2018	OXYCODONE SOLUTION	PAIN	5MG/5ML 20MG/5ML	NEW PA CRITERIA
1Q2018	HYDROMORPHONE TABLET	PAIN	2 MG 4 MG	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	HYDROMORPHONE SOLUTION	PAIN	ALL STRENGTHS	TAKEN OFF FORMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	HYDROMORPHONE ER TABLETS (EXALGO)	PAIN	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	OXYMORPHONE FORMULATIONS (OPANA, OPANA ER)	PAIN	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	TRAMADOL	PAIN	ALL STRENGTHS	NEW QUANTITY RESTRICTION OF 42 TABLETS PER 7 DAYS AND 6 TABLETS PER DAY
1Q2018	TRAMADOL/ACETAMINOPHEN	PAIN	ALL STRENGTHS	ADDED TO FORMULARY WITH QUANTITY RESTRICTION OF 42 TABLETS PER 7 DAYS AND 6
1Q2018	NUCYNTA NUCYNTA ER	PAIN	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	TRAMADOL ER	PAIN	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	ACETAMINOPHEN WITH CODEINE SOLUTION	PAIN	ALL STRENGTHS	NEW QUANTITY RESTRICTION OF 400ML PER 7 DAYS
1Q2018	ACETAMINOPHEN WITH CODEINE TABLETS	PAIN	ALL STRENGTHS	NEW QUANTITY RESTRICTION OF 30 TABLETS PER 7 DAYS
1Q2018	NARATRIPTAN	HEADACHE	ALL STRENGTHS	TAKEN OFF FORMULARY NEW PA CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
1Q2018	RIZATRIPTAN RIZATRIPTAN ODT	HEADACHE	ALL STRENGTHS	NEW QUANTITY RESTRICTION OF 9 TABLETS PER 30 DAYS
1Q2018	ALMOTRIPTAN (AXERT) ELETRIPTAN (RELPAX)	HEADACHE	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	ZOMIG NASAL SPRAY	HEADACHE	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	SUMATRIPTAN NASAL SPRAY	HEADACHE	ALL STRENGTHS	ADDED TO FORMULARY WITH QUANTITY LIMIT OF 1 BOX (6 SPRAYS PER MONTH)
1Q2018	SUMATRIPTAN CARTIRIDGE, PEN INJECTOR,	HEADACHE	ALL STRENGTHS	ADDED TO FORMULARY WITH QUANTITY LIMIT OF 4 BOXES PER MONTH
1Q2018	BUTALBITAL/ACETAMINOPHEN CAPSULES	HEADACHE	ALL STRENGTHS	TAKEN OFF FORMULARY NEW PA CRITERIA
1Q2018	BUTALBITAL/ACETAMINOPHEN TABLETS	HEADACHE	50/300 MG	TAKEN OFF FORMULARY NEW PA CRITERIA
1Q2018	BUTALB/ASPIRIN /CAFFEINE/ CODEINE	HEADACHE	ALL STRENGTHS	TAKEN OFF FORMULARY NEW PA CRITERIA
1Q2018	SALSALATE TABLETS	PAIN	ALL STRENGTHS	TAKEN OFF FORMULARY
1Q2018	CAMBIA	HEADACHE	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	ISOMETHEPTENE-APAP- DICHLOROPHENAZONE CAPSULE	HEADACHE	ALL STRENGTHS	TAKEN OFF FORMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	ERGOMAR (ERGOTAMINE TARTRATE	HEADACHE	ALL STRENGTHS	TAKEN OFF FORMULARY NEW PA CRITERIA
1Q2018	ERGOTAMINE /CAFFEINE	HEADACHE	ALL STRENGTHS	TAKEN OFF FORMULARY NEW PA CRITERIA
1Q2018	DIHYDROERGOTAMINE SPRAY (MIGRANAL)	HEADACHE	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	BUTORPHANOL TARTRATE 10 MG/ML SPRAY	HEADACHE	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
1Q2018	CYCLOBENZAPRINE CYCLOBENZAPRINE ER CAPSULES	MUSCLE RELAXANT	7.5 MG	REMOVED FROM FORMULARY
1Q2018	CARISOPRODOL	MUSCLE RELAXANT	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRTIERA
1Q2018	METAXALONE	MUSLCE RELAXANT	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRTIERA
1Q2018	TIZANIDINE CAPSULES	MUSCLE RELAXANT	2 MG 4 MG	NEW PRIOR AUTHORIZATION CRTIERA
1Q2018	CHLORZOCADONE	MUSLCE RELAXANT	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRTIERA
1Q2018	ORPHENADRINE ER TABLETS	MUSCLE RELAXANT	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRTIERA
1Q2018	JARDIANCE	DIABETES	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRTIERA
1Q2018	INVOKANA	DIABETES	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRTIERA
1Q2018	FARXIGA	DIABETES	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRTIERA
1Q2018	STEGLATRO	DIABETES	ALL STRENGTHS	FORMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	HUMALOG	DIABETES	100 UNITS/ML	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	HUMALOG KWIK PEN & KWIKPEN JR.	DIABETES	100 UNITS/ML	NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	ADVAIR DISKUS	ASTHMA	100/50 250/50	REMOVED FROM FOMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA
1Q2018	ADVAIR HFA	ASTHMA	45/21 115/21	NEW PRIOR AUTHORIZATION
1Q2018	BREO ELLIPTA	ASTHMA	100/25 200/25	FORMULARY WITH PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
1Q2018	SYMBICORT	ASTHMA	80/4.5 160/4.5	FORMULARY WITH PRIOR AUTHORIZATION CRITERIA
1Q2018	DULERA	ASTHMA	100/5 200/5	FORMULARY WITH PRIOR AUTHORIZATION CRITERIA
1Q2018	TRELEGY ELLIPTA	ASTHMA	100/62.5/25 MCG	NONFORMULARY WITH PRIOR AUTHORIZATION CRITERIA
2Q2018	MALATHION	ANTI-PARASITE	ALL STRENGTHS	REMOVED FROM FORMULARY
2Q2018	FIRVANQ (VANCOMYCIN ORAL SOLUTION FOR RECONSTITUTION)	ANTIBIOTIC	ALL STRENGTHS	ADDED TO FORMULARY
2Q2018	CRESEMBA CAPSULES	ANTIFUNGAL	ALL STRENGTHS	ADDED PRIOR AUTHORIZATION CRITERIA
2Q2018	MYCAMINE (IV)	ANTIFUNGAL	ALL STRENGTHS	ADDED PRIOR AUTHORIZATION CRITERIA
2Q2018	FLURBIPROFEN	EYE ANTI-INFLAMMATORY	ALL STRENGTHS	ADD TO FORMULARY
2Q2018	BROMFENAC (PROLENSA)	EYE ANTI-INFLAMMATORY	0.09%	ADDED PRIOR AUTHORIZATION CRITERIA
2Q2018	BROMFENAC (NEVANAC)	EYE ANTI-INFLAMMATORY	0.07%	ADDED PRIOR AUTHORIZATION CRITERIA
2Q2018	NEPAFENAC (Ilevro)	EYE ANTI-INFLAMMATORY	0.3%	CHANGE PRIOR AUTHORIZATION CRITERIA
2Q2018	DEXAMETHASONE SUSPENSION (MAXIDEX)	EYE ANTI-INFLAMMATORY	0.1%	ADD TO FORMULARY
2Q2018	FLUOROMETHOLONE SUSPENSION (FML FORTE)	EYE ANTI-INFLAMMATORY	0.25%	REMOVE FROM FORMULARY WITH PRIOR AUTHORIZATION CRITERIA
2Q2018	DIFLUPREDNATE (DUREZOL)	EYE ANTI-INFLAMMATORY	0.05%	CHANGE PRIOR AUTHORIZATION CRITERIA

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2Q2018	LOTEPREDNOL SUSPENSION (ALREX)	EYE ANTI-INFLAMMATORY	0.2%	CHANGE PRIOR AUTHORIZATION CRITERIA
2Q2018	DEXAMETHASONE (DEXYCU)	EYE ANTI-INFLAMMATORY	9%	ADDED PRIOR AUTHORIZATION CRITERIA
2Q2018	ALCAFTADINE (LASTACFT)	EYE ANTI-INFLAMMATORY	ALL STRENGTHS	ADDED PRIOR AUTHORIZATION CRITERIA
2Q2018	HYDROXYPROPYL CELLULOSE INSERT (LACRISERT)	EYE ANTI-INFLAMMATORY	ALL STRENGTHS	CHANGE PRIOR AUTHORIZATION CRITERIA
2Q2018	LEVOLOXACIN DROPS	OPHTHALMIC ANTIBIOTICS	0.5%	ADD TO FORMULARY
2Q2018	TIMOLOL GEL	MIOTICS/OTHER INTRAOC PRESSURE REDUCERS	ALL STRENGTHS	REMOVE FROM FORMULARY AND ADD PRIOR AUTHORIZATION CRITERIA
2Q2018	TIMOLOL ONCE DAILY DROPS (ISTALOL)	MIOTICS/OTHER INTRAOC PRESSURE REDUCERS	0.5%	REMOVE FROM FORMULARY AND ADD PRIOR AUTHORIZATION CRITERIA
2Q2018	BETAXOLOL SUSPENSION (BETOPTIC S)	MIOTICS/OTHER INTRAOC PRESSURE REDUCERS	0.25%	CHANGE PRIOR AUTHORIZATION CRITERIA
2Q2018	TIMOLOL/DORZOLAMIDE PF (COSOPT PF)	MIOTICS/OTHER INTRAOC PRESSURE REDUCERS	ALL STRENGTHS	ADD PRIOR AUTHORIZATION CRITERIA
2Q2018	BRINZOLAMIDE (AZOPT)	MIOTICS/OTHER INTRAOC PRESSURE REDUCERS	1%	CHANGE PRIOR AUTHORIZATION CRITERIA
2Q2018	TAFLUPROST (ZIOPTAN)	MIOTICS/OTHER INTRAOC PRESSURE REDUCERS	ALL STRENGTHS	CHANGE PRIOR AUTHORIZATION CRITERIA

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2Q2018	TRAVOPROST (TRAVATAN Z)	MIOTICS/OTHER INTRAOC PRESSURE REDUCERS	ALL STRENGTHS	CHANGE PRIOR AUTHORIZATION CRITERIA
2Q2018	BIMATOPROST (LUMIGAN)	MIOTICS/OTHER INTRAOC PRESSURE REDUCERS	ALL STRENGTHS	CHANGE PRIOR AUTHORIZATION CRITERIA
2Q2018	NETARSUDIL (RHOPRESSA)	MIOTICS/OTHER INTRAOC PRESSURE REDUCERS	ALL STRENGTHS	ADD PRIOR AUTHORIZATION CRITERIA
2Q2018	FLUOCINOLONE (ILLUVIEN)	MIOTICS/OTHER INTRAOC PRESSURE REDUCERS	ALL STRENGTHS	ADD PRIOR AUTHORIZATION CRITERIA
2Q2018	FLUOCINOLONE ACETONIDE OIL	ANTI- INFLAMMATORY & MISC. ANTI- INFECTIVES	ALL STRENGTHS	ADD PRIOR AUTHORIZATION CRITERIA
2Q2018	CIPROFLOXACIN HCL	ANTI- INFLAMMATORY & MISC. ANTI- INFECTIVES	ALL STRENGTHS	ADD TO FORMULARY
2Q2018	PRASUGREL	ANTIPLATELET	ALL STRENGTHS	ADD TO FORMULARY

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EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
2Q2018	TICAGRELOR	ANTIPLATELET	ALL STRENGTHS	CHANGE PRIOR AUTHORIZATION CRITERIA
2Q2018	CARISOPRODOL	SKELETAL MUSCLE DISORDER	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	CYCLOBENZAPRINE	SKELETAL MUSCLE DISORDER	7.5 MG	REMOVED FROM FORMULARY
2Q2018	AMRIX ER	SKELETAL MUSCLE DISORDER	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	METAXALONE	SKELETAL MUSCLE DISORDER	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	TIZANIDINE CAPSULE	SKELETAL MUSCLE DISORDER	2MG 4MG 6MG	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	DANTROLENE	SKELETAL MUSCLE DISORDER	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	CHLORZOXADONE	SKELETAL MUSCLE DISORDER	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	ORPHENADRINE ER TABLETS	SKELETAL MUSCLE DISORDER	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
2Q2018	VP-VITE RX, CALCIUM CITRATE	VITAMIN DEFICIENCY	250 MG	ADDED
2Q2018	METHYLPHENIDATE SOLUTION	ADHD	5MG/ML	ADDED
1Q2018	FLUOCINOLONE ACETONIDE SOLUTION (SYNALAR)	SKIN CONDITIONS	0.01%	REMOVED FROM FORMULARY WITH NEW PA CRITERIA
2Q2018	TRULICITY PEN	DIABETES	0.75MG/0.5ML	FORMULARY WITH PRIOR AUTHORIZATION CRITERIA
2Q2018	VICTOZA PEN	DIABETES	18MG/3ML	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	OZEMPIC (SEMAGLUTIDE) PENS	DIABETES	2MG/1.5ML	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	BYDUREON SINGLE DOSE PEN OR VIAL	DIABETES	2 MG	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	BYETTA PEN	DIABETES	5MCG/DOSE 10MCG/DOSE	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	ADLYXIN STARTER PACK PEN & MAINTENACE PACK PEN	DIABETES	10MCG/DOSE 20MCG/DOSE	NEW PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
2Q2018	STEGLATRO TABLETS	DIABETES	5MG 15 MG	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	JARDIANCE TABLETS	DIABETES	10 MG 25 MG	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	INVOKANA TABLETS	DIABETES	100 MG 300 MG	REMOVED FROM FORMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	FARXIGA TABLETS	DIABETES	5MG 10 MG	REMOVED FROM FORMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	SEGLUROMET	DIABETES	2.5-500 MG 2.5-1000 MG 7.5-500 MG 7.5-1000 MG	FORMULARY PRIOR AUTHORIZATION REQUIRED
2Q2018	INVOKAMET	DIABETES	50-500 MG 50-1000 MG 150-500 MG 150-1000 MG	REMOVED FROM FORMULARY
2Q2018	INVOKAMET XR	DIABETES	50-500 MG 50-1000 MG 150-500 MG 150-1000 MG	REMOVED FROM FORMULARY
2Q2018	XIGDUO XR	DIABETES	50-500 MG 50-1000 MG 150-500 MG 150-1000 MG	REMOVED FROM FORMULARY

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
2Q2018	JANUVIA TABLETS	DIABETES	25 MG 50 MG 100 MG	REMOVED FROM FORMULARY
2Q2018	TRADJENTA TABLET	DIABETES	5 MG	REMOVED FROM FORMULARY
2Q2018	ONGLYZA TABLETS	DIABETES	2.5 MG 5 MG	REMOVED FROM FORMULARY
2Q2018	JANUMET TABLETS	DIABETES	50-500 MG 50-1000 MG	REMOVED FROM FORMULARY
2Q2018	JANUMET XR	DIABETES	50-500 MG 50-1000 MG	REMOVED FROM FORMULARY
2Q2018	JENTADUETO	DIABETES	2.5-500 MG 2.5-850 MG 2.5-1000 MG	REMOVED FROM FORMULARY
2Q2018	KOMBIGLYZE XR	DIABETES	2.5-500 MG 2.5-1000 MG 5-1000 MG	REMOVED FROM FORMULARY
2Q2018	STEGLUJAN	DIABETES	5-100 MG 15-100 MG	FORMULARY PRIOR AUTHORIZATION REQUIRED
2Q2018	GLYXAMBI TABLETS	DIABETES	10-5 MG 25-5 MG	REMOVED FROM FORMULARY

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
2Q2018	METFORMIN ER OSM TABLETS (FORTAMET)	DIABETES	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
2Q2018	METFORMIN ER GR (GLUMETZA)	DIABETES	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
2Q2018	CHLORPROPAMIDE	DIABETES	ALL STRENGTHS	REMOVED FROM FORMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	GLYBURIDE-METFORMIN	DIABETES	ALL STRENGTHS	ADDED TO FORMULARY
2Q2018	GLIPIZIDE-METFORMIN	DIABETES	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	PIOGLITAZONE-METFORMIN	DIABETES	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	MIGLITOL	DIABETES	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	NATEGLINIDE	DIABETES	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
2Q2018	LANTUS VIALS	DIABETES	ALL STRENGTHS	FORMULARY PRIOR AUTHORIZATION REQUIRED

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
2Q2018	NOVOLOG (ASPART) VIAL, CARTRIDGE AND FLEXPEN	DIABETES	ALL STRENGTHS	REMOVED FROM FORMULARY
2Q2018	APIDRA VIAL	DIABETES	ALL STRENGTHS	REMOVED FROM FORMULARY
2Q2018	HUMALOG VIAL	DIABETES	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	DIAZEPAM RECTAL GEL	SEIZURES	ALL STRENGTHS	ADDED TO FORMULARY WITH QUANTITY LIMIT OF 2 FILLS EVERY 365 DAYS
3Q2018	APTIOM	SEIZURES	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
3Q2018	FELBAMATE TABLETS & ORAL SUSPENSION	SEIZURES	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
3Q2018	LAMOTRIGINE RAPID DISINTEGRATING TABLETS	SEIZURES	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
3Q2018	FYCOMPA TABLETS & ORAL SUSPENSION	SEIZURES	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
3Q2018	LYRICA CAPSULES	SEIZURES	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
3Q2018	BENZEL TABLETS & ORAL SUSPENSION	SEIZURES	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
3Q2018	QUDEXY XR	SEIZURES	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
3Q2018	TROKENDI XR	SEIZURES	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
3Q2018	FERRIC CITRATE (AURYXIA)	ELECTROLYTE DEPLETERS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
3Q2018	PATIROMER (VELTASSA)	HYPERKALEMIA	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
3Q2018	SCOPOLAMINE PATCH	ANTIEMESIS & ANTIVERTIGO	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
3Q2018	DIPHENHYDRAMINE CHEWABLE TABLETS	ANTIEMESIS & ANTIVERTIGO	ALL STRENGTHS	ADDED TO FORMULARY
3Q2018	CETIRIZINE CAPSULES	ANTIHISTAMINES	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	LORATADINE CAPSULES	ANTIHISTAMINES	ALL STRENGTHS	REMOVED FROM FORMULARY

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
3Q2018	PHENYLEPHRINE	ANTIHISTAMINES/ DECONGESTANT	10 MG	ADDED TO FORMULARY
3Q2018	FLONASE SENSIMIST	ANTIHISTAMINES/ DECONGESTANT	ALL STRENGTHS	ADDED TO FORMULARY FOR CHILDREN BETWEEN THE AGE OF 2 AND 4 YEARS OF AGE
3Q2018	NASONEX	ANTIHISTAMINES/ DECONGESTANT	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	XOPENEX HFA	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	TUDORZA PRESSAIR	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	SPIRIVIA HANDIHALER	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	SPIRIVIA RESPIMAT	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	ALVESCO	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	UTIBRON NEOHALER	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
3Q2018	ANORO ELLIPTA	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	STIOLTO RESPIMAT	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	BREO ELLIPTA	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	DULERA	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	SYMBIC ORT	ASTHMA/COPD	ALL STRENGTHS	REMOVED FROM FORMULARY
3Q2018	PHENYLEPHRINE/PROMETHAZINE	ANTIHISTAMINE & DECONGESTANT COMBINATION	ALL STRENGTHS	QUANTITY LIMIT OF 500 ML
3Q2018	BENZONATATE	ANTITUSSIVE	150 MG	REMOVED FROM FORMULARY
3Q2018	BROMPHENIRAMNE/PSEUDOEPHE DRINE/DEXTROMETHORPHAN SOLUTION	ANTITUSSIVE	1-2.5-5/5ML	ADDED TO FORMULARY
3Q2018	GUAIFENACIN DM	EXPECTORANTS	400/20	ADDED TO FORMULARY

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EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
3Q2018	GUAIFENESIN WITH CODEINE LIQUID	COLD & COUGH	ALL STRENGTHS	QUANTITY LIMIT OF 240 ML
3Q2018	DELSYM	COLD & COUGH	ALL STRENGTHS	ADDED TO FORMULARY
3Q2018	NUPLAZID TABLETS	PARKINSON'S DISEASE	ALL STRENGTHS	QUANTITY LIMIT OF 2 TABLETS PER DAY
3Q2018	INGREZZA CAPSULES	TARDIVE DYSKINESIA	ALL STRENGTHS	QUANTITY LIMIT OF 1 CAPSULE PER DAY
4Q2018	MOZOBIL	HEMATOLOGICAL DISORDERS	1 MG	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	BENLYSTA	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	NULOJIX	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	SIMULECT	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	LIORESAL	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	XIAFLEX	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	SOMATULINE DEPOT	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	OCREVUS	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	SANDOSTATIN LAR DEPOT	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	KRYSTEXXA	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	CINQAIR	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	NPLATE	HEMATOLOGICAL DISORDERS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	HYALURONIC ACID INTRA-ARTICULAR INJECTION	OSTEOARTHRITIS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	JETREA	SYMPTOMATIC VITREOMACULAR ADHESION	2.5MG/ML	NEW PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	EPOGEN	COLONY STIMULATING FACTOR	10,000 UNITS/ML 20,000 UNITS/ML	REMOVED FROM FORMULARY
4Q2018	ZARXIO	COLONY STIMULATING FACTOR	300MCB/0.5ML 480MCB/0.8ML	REMOVED FROM FORMULARY
4Q2018	RENFLEXIS	TUMOR NECROSIS FACTOR	ALL STRENGTHS	REMOVED FROM FORMULARY
4Q2018	HYOSCYAMINE DROPS	BELLADONNA ALKALOIDS	0.125MG/ML	QUANTITY LIMIT CHANGED TO 45ML PER FILL
4Q2018	PHENOBARB/HYOSCY/ATROPINE/ SCOP ELIXIR	BELLADONNA ALKALOIDS	ALL STRENGTHS	REMOVED FROM FORMULARY
4Q2018	PHENOBARB/HYOSCY/ATROPINE/ SCOP	BELLADONNA ALKALOIDS	ALL STRENGTHS	REMOVED FROM FORMULARY

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	MESALAMINE CAPSULES ER	ULCERATIVE COLITIS	250 MG 500 MG	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	NITROGLYCERINE OINTMENT (RECTIV)	LOCAL ANORECTAL NITRATE PREPARATIONS	ALL STRENGTHS	CHANGED PRIOR AUTHORIZATION CRITERIA
4Q2018	OBETICHOLIC ACID (OCALIVA)	BILE SALTS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	LACTULOSE PACKETS (KRISTALOSE)	AMMONIA INHIBITORS	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	GRALISE	MOVEMENT DISORDER	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	DESMOPRESSIN	ENDOCRINE DISORDER	ALL STRENGTHS	ADDED TO FORMULARY

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	CABERGOLINE	ENDOCRINE DISORDER	ALL STRENGTHS	ADDED TO FORMULARY WITH A QUANTITY LIMIT OF 8 TABLETS PER DAY
4Q2018	BROMOCRIPTINE	ENDOCRINE DISORDER	ALL STRENGTHS	REMOVED FROM FORMULARY
4Q2018	ETIDRONATE TABLETS	OSTEOPOROSIS	ALL STRENGTHS	REMOVED FROM FORMULARY
4Q2018	RECLAST	OSTEOPOROSIS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	ZOMETA	OSTEOPOROSIS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	PROLIA	OSTEOPOROSIS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	XGEVA	OSTEOPOROSIS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	TYMLOS	OSTEOPOROSIS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	MIACALCIN INJECTION	OSTEOPOROSIS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	SUPPRELIN LA	PUBERTY SUPPRESSION	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	TRELSTAR DEPOT	PROSTATE CANCER	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	LUPRON DEPOT	PUBERTY SUPPRESSION	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	RYTHMOL SR	PARAXYSMAL ATRIAL FIBRILLATION	ALL STRENGTHS	REMOVED FROM FORMULARY
4Q2018	DIGOXIN SOLUTION	IRREGULAR HEART BEAT/FIBRILLATION	ALL STRENGTHS	ADDED TO FORMULARY FOR MEMBERS 12 YEARS OF AGE AND YOUNGER
4Q2018	NITRO DUR PATCH	ANGINA/CORONARY HEART DISEAS	ALL STRENGTHS	ADDED TO FORMULARY
4Q2018	BOTOX	MIGRAINE	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	FAMOTIDINE SUSPENSION	GERD	ALL STRENGTHS	FORMULARY PRIOR AUTHORIZATION REQUIRED
4Q2018	ESMEPRAZOLE CAPSULES	GERD	24 HOUR OTC	REMOVED FROM FORMULARY

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	DEXLANSOPRAZOLE	GERD	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	OMEPRAZOLE/SOD BICARB CAP	GERD	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	PANTOPRAZOLE GRANULE PACKETS	GERD	ALL STRENGTHS	ADD PRIOR AUTHORIZATION CRITERIA
4Q2018	OMEPRAZOLE SUSPENSION PACKET	GERD	ALL STRENGTHS	ADD PRIOR AUTHORIZATION CRITERIA
4Q2018	ZEGERID	GERD	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	PRILOSEC, PROTONIX, NEXIUM AND ZEGRED PACKETS	GERD	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	VIBERZI	IBS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	ALOSETRON	IBS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	RIFAXIMIN	IBS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	NALDEMEDINE	OPIOID INDUCED CONSTIPATION	ALL STRENGTHS	ADD PRIOR AUTHORIZATION CRITERIA
4Q2018	METHYLNALTRE	OPIOID INDUCED CONSTIPATION	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	SYMPROIC	OPIOID INDUCED CONSTIPATION	ALL STRENGTHS	QUANTITY LIMIT OF 1 TABLET PER DAY

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	RELISTOR	OPIOID INDUCED CONSTIPATION	ALL STRENGTHS	QUANTITY LIMIT OF 12 MG SQ/DAY (450 MG/DAY)
4Q2018	MIRTAZAPINE TABLETS	ALPHA-2 RECEPTOR ANTAGONIST	7.5 MG	REMOVED FROM FORMULARY
4Q2018	MIRTAZAPINE RAPIDS	ALPHA-2 RECEPTOR ANTAGONIST	15 MG 30 MG 45 MG	REMOVED FROM FORMULARY
4Q2018	FORFIVO XL	NREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITOR	450 MG	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	APLENZIN	NREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITOR	174 MG 348 MG 522 MG	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	FLOXETINE TABLETS	SSRI	10 MG	ADDED TO FORMULARY FOR MEMBERS AGE 2 TO 12 YEARS OLD

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	FLUVOXAMINE ER 24 HOUR CAPSULE	SSRI	100 MG 150 MG	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	PAROXETINE ER TABLETS	SSRI	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	PEXEVA	SSRI	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	PAROXETINE MESYLATE CAPSULE	SSRI	7.5 MG	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	DESVENLAFAXINE TABLET ER 24 HOUR	SNRIS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	PRISTIQ	SNRIS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	FETZIMA CAPSULE SA 24 HOUR	SNRIS	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	VIIBRYD	SSRI	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	TRINTELLIX	SSRI	ALL STRENGTHS	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	IMIPRAMINE PAMOATE CAPSULE	TRICYCLIC ANTIDEPRESSANT	75 MG 100 MG 150 MG	REMOVED FROM FORMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	DESIPRAMINE TABLET	TRICYCLIC ANTIDEPRESSANT	10 MG 25 MG 50 MG 100 MG 150 MG	REMOVED FROM FORMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	CLOMIPRAMINE CAPSULE	TRICYCLIC ANTIDEPRESSANT	25 MG 50 MG 75 MG	REMOVED FROM FORMULARY WITH NEW PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	DEXTROAMPHETAMINE SULFATE ER CAPSULE	ADHD	5 MG 10 MG 15 MG	ADDED TO FORMULARY
4Q2018	VYVANSE CAPSULES & CHEWABLE TABLETS	ADHD	CAPSULES: 1MG 20 MG 30 MG 40 MG 50 MG 60 MG 70 MG CHEWABLE TABLETS: 10 mg 20 mg 30 mg 40 mg	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	METHAMPHETAMINE TABLET	ADHD	5 MG	REMOVED FROM FORMULARY

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	METHYLPHENIDATE SOLUTION	ADHD	5 MG/5 ML 10 MG/5 ML	ADDED TO FORMULARY
4Q2018	QUILLICHEW ER TABLET	ADHD	20 MG 30 MG 40 MG	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	METHYLPHENIDATE LA 50-50 CAPSULE	ADHD	60 MG	ADDED TO FORMULARY
4Q2018	DAYTRANA PATCH	ADHD	ALL STRENGTHS	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	COTEMPLA XR-ODT TABLET	ADHD	17.3 MG	NEW PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	CHLORDIAZEPOXIDE HCL CAPSULE	ANXIETY	10 MG 25 MG	ADDED TO FORMULARY
4Q2018	ZOLPIDEM ER	SEDATIVE	6.25 MG 12.5 MG	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	ZOLPIDEM SUBLINGUAL	SEDATIVE	3.5 MG	NEW PRIOR AUTHORIZATION CRITERIA
4Q2018	ROZEREM TABLET	SEDATIVE	8 MG	CHANGE IN PRIOR AUTHORIZATION CRITERIA
4Q2018	ARMODAFINIL TABLET	SLEEP DISORDER	50 MG 150 MG 250 MG	NEW PRIOR AUTHORIZATION CRITERIA

2018 FORMULARY CHANGES YEAR TO DATE

EFFECTIVE DATE	DRUG NAME	USE	STRENGTH	ACTION
4Q2018	MODAFINIL TABLET	SLEEP DISORDER	100 MG 200 MG	FORMULARY (PRIOR AUTHORIZATION REQUIREMENT REMOVED)