



Formulary Addendum

Summary of 2017 Drug List Changes

Below is a summary of Drug List changes for the benefit year 2017. These changes are reflected in the 2017 Drug List (formulary), which also contains a complete list of drugs covered by *Ultimate Health Plans*. It may be downloaded from our web site at www.chooseultimate.com or call Member Services at 1-888-657-4170, Monday through Friday 8:00 a.m. to 8 p.m. EST (TTY/TDD users should call 711) to obtain the Drug List or to request a coverage determination or tiering or utilization management restriction exception.

Please use the legend below to interpret the abbreviations used in the table:

NF - Non-Formulary, **PA** - Prior Authorization, **QL** – Quantity Limit per 30 days, **ST** - Step Therapy - This prescription may be available only at certain pharmacies.

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 03/01/2017				
<i>Armodafinil tablets</i>	4	4-No Tier Change	Removal of Prior Authorization	NA
ZERIT 1MG/ML SOLUTION	NF	4	Formulary Enhancement	NA
<i>Azithromycin 500mg pack</i>	NF	1	Formulary Enhancement	NA
<i>2ml Methotrexate 25 mg/ml Injection</i>	NF	1	Formulary Enhancement	NA
<i>Butalbital/Acetaminophen/ Caffeine Tablets</i>	NF	4 with PA	Formulary Enhancement	NA
<i>Linezolid 600mg tablet</i>	4	4	Formulary Enhancement of QL Increase from 28 tablets/30 days to 56 tablets/28 days	NA
LANZANDA 300MCG	5	5	Formulary Enhancement of Removal of QL	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
<i>Duloxetine 40mg capsule</i>	4	4	Formulary Enhancement of QL Increase from 60/30 days to 90/30 days	NA
GRALISE 300MG, 600MG ORAL TABLET, GRALISE-30 PACK	NF	4 with QL	Formulary Enhancement	NA
RYTARY EXTENDED RELEASE ORAL CAPSULE	NF	4	Formulary Enhancement	NA
DORYX 120MG DELAYED RELEASE CAPSULE	NF	4	Formulary Enhancement	NA
<i>Fenofibrate 120mg oral tablet</i>	NF	2	Formulary Enhancement	NA
NARCAN NASAL SPRAY	4	3	Formulary Enhancement with Lower Tier	NA
<i>Chlorthalidone 25mg, 50mg oral tablets</i>	2	1	Formulary Enhancement of Lower Tier	NA
<i>Colchicine 0.6mg tablets</i>	4	2	Formulary Enhancement of Lower Tier	NA
COLCRYS 0.6MG ORAL TABLETS	4	3	Formulary Enhancement of Lower Tier	NA
<i>Fentanyl Transdermal Patches 12.5mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	4	3	Formulary Enhancement of Lower Tier	NA
<i>Levofloxacin 500mg tablet</i>	2	1	Formulary Enhancement of Lower Tier	NA
<i>Insulin syringes, gauze pads, insulin pen needles, insulin safety needles, alcohol pads</i>	3	1	Formulary Enhancement of Lower Tier	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
<i>Aspirin 25mg/Dipyridamole 200mg Oral Capsule</i>	4	2	Formulary Enhancement of Lower Tier	NA
<i>Fluorouracil topical cream 5mg/ml</i>	5	4	Formulary Enhancement of Lower Tier	NA
TRAVATAN Z OPHTHALMIC SOLUTION	3	3	Formulary Enhancement of QL Removal	NA
<i>Bimatoprost ophthalmic solution</i>	2	2	Formulary Enhancement of QL Removal	NA
<i>Latanoprost ophthalmic solution</i>	1	1	Formulary Enhancement of QL Removal	NA
LUMIGAN OPHTHALMIC SOLUTION	3	3	Formulary Enhancement of QL Removal	NA
<i>Methotrexate 1000mg injection</i>	2	1	Formulary Enhancement of Lower Tier	NA
<i>Nitrofurantoin Macrocrystals 50mg, 100mg oral capsule</i>	4	1	Formulary Enhancement of Lower Tier	NA
<i>Nitrofurantoin microcrystal 25mg/nitrofurantoin monohydrate 75mg</i>	4	1	Formulary Enhancement of Lower Tier	NA
<i>Pentoxifylline 400mg extended release tablet</i>	4	1	Formulary Enhancement of Lower Tier	NA
<i>Potassium Chloride extended release capsule 8meq, 10meq</i>	2	1	Formulary Enhancement of Lower Tier	NA
<i>Dutasteride 0.5mg oral capsule</i>	4	2	Formulary Enhancement of Lower Tier	NA
<i>Duloxetine 40mg delayed release oral capsule</i>	4	4	Formulary Enhancement of Increased QL from 60/30 to 90/30	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
<i>Klor-Con 8meq, 10meq extended release tablet</i>	2	1	Formulary Enhancement of Lower Tier	NA
RENVELA ORAL TABLET, 0.8GM PACKET, 2.4GM PACKET	5	3	Formulary Enhancement of Lower Tier	NA
ULORIC 40MG, 80MG ORAL TABLET	3	2 with ST	Formulary Enhancement of Lower Tier	NA
<i>Enoxaparin 100mg/ml prefilled syringes</i>	4	3	Formulary Enhancement of Lower Tier	NA
<i>Zolpidem Tartrate 5mg, 10mg oral tablet</i>	3	2	Formulary Enhancement of Lower Tier	NA
<i>Acetaminophen 325mg, hydrocodone bitartrate 5mg, 7.5mg, 10mg</i>	2	1	Formulary Enhancement of Lower Tier	NA
<i>Diclofenac sodium topical gel 1%</i>	4	2	Formulary Enhancement of Lower Tier	NA
<i>Butorphanol tartrate 1mg/ml, 2mg/ml</i>	4	4	Formulary Enhancement of PA Removal	NA
<i>Nalbuphine 10mg/ml, 20mg/ml</i>	4	4	Formulary Enhancement of PA Removal	NA
<i>Hydroxychlorquine sulfate 200mg oral tablet</i>	2	1	Formulary Enhancement of Lower Tier	NA
<i>Bupropion 75mg, 100mg oral tablet</i>	2	1	Formulary Enhancement of Lower Tier	NA
SANTYL TOPICAL OINTMENT	4	3	Formulary Enhancement of Lower Tier	NA
JUBLIA TOPICAL SOLUTION	4	3	Formulary Enhancement of Lower Tier	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
<i>Doxycycline hyclate 50mg, 100mg oral capsule</i>	2	1	Formulary Enhancement of Lower Tier	NA
<i>Doxycycline hyclate 100mg oral tablet</i>	2	1	Formulary Enhancement of Lower Tier	NA
<i>Buprenorphine 0.3mg/ml cartridge</i>	4	4	Formulary Enhancement of PA Removal	NA
<i>Sumatriptan 4mg cartridge</i>	4	4	Formulary Enhancement of Increased QL from 5/30 to 8/30	NA
LAZANDA 300MCG NASAL SPRAY	5	5	Remove PA Formulary Enhancement of PA Removal	NA
<i>Nitroglycerin 0.3mg Sublingual Tablets</i>	NF	2	Formulary Enhancement	NA
<i>Nitroglycerin 0.4mg Sublingual Tablets</i>	NF	2	Formulary Enhancement	NA
<i>Nitroglycerin 0.6mg Sublingual Tablets</i>	NF	2	Formulary Enhancement	NA
<i>Ofloxacin 300mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Mycophenolate Mofetil 500 MG Injection</i>	NF	2 with PA	Formulary Enhancement	NA
<i>Oseltamivir 30mg, 45mg, 75mg Oral Capsules</i>	NF	2 with QL	Formulary Enhancement	NA
<i>Olmesartan Medoxomil 5mg, 20mg, 40mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Aprepitant 40mg, 80mg, 125mg Oral Capsule</i>	NF	2 with PA, QL	Formulary Enhancement	NA
<i>Hydrochlorothiazide 12.5mg / Olmesartan Medoxomil 20mg, 40mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
<i>Hydrochlorothiazide 25mg / Olmesartan Medoxomil 20mg, 40mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Rasagiline 0.5mg, 1.0mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>200 Actuat Levalbuterol 0.045 mg/actuat Metered Dose Inhaler</i>	NF	2 with QL	Formulary Enhancement	NA
<i>21 Ethinyl Estradiol 0.05mg/Ethyndiol 1mg oral tablet Pack</i>	NF	2	Formulary Enhancement	NA
<i>7 Ethinyl Estradiol 0.035mg/Norgestimate 0.18mg Oral Tablet/ 7 Ethinyl Estradiol 0.035mg/Norgestimate 0.215mg Oral Tablet/7 Ethinyl Estradiol 0.035mg/Norgestimate 0.25mg Oral Tablet Pack</i>	NF	2	Formulary Enhancement	NA
<i>Low-Ogestrel 28 day Tablet Pack</i>	NF	2	Formulary Enhancement	NA
<i>1 Aprepitant 125mg oral capsule/ 2 Aprepitant 80mg oral capsule Pack</i>	NF	2 with PA, QL	Formulary Enhancement	NA
<i>48 Prednisone 5mg Oral Tablet Pack</i>	NF	2	Formulary Enhancement	NA
<i>21 Prednisone 5mg Oral Tablet Pack</i>	NF	2	Formulary Enhancement	NA
<i>48 Prednisone 10mg Oral Tablet Pack</i>	NF	2	Formulary Enhancement	NA
<i>21 Prednisone 10mg Oral Tablet Pack</i>	NF	2	Formulary Enhancement	NA
<i>Caziant 28 day</i>	NF	2	Formulary Enhancement	NA
<i>Zarah 28 day</i>	NF	2	Formulary Enhancement	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
<i>24 Drospirenone 3mg / Ethinyl Estradiol 0.02mg / Levomefolate Calcium 0.45mg Oral Tablet) / 4 Levomefolate Calcium 0.451mg Oral Tablet Pack</i>	NF	2	Formulary Enhancement	NA
<i>21 Ethinyl Estradiol 0.035mg / Northindrone 0.4mg Chewable Tablet / 7 Ferrous Fumurate 75mg Chewable Tablet Pack</i>	NF	2	Formulary Enhancement	NA
<i>Camrese Lo 91 Day Packs</i>	NF	2 with QL	Formulary Enhancement	NA
<i>Alyacen 1/35 28 Day Pack</i>	NF	2	Formulary Enhancement	NA
<i>Amethia Lo 91 Day Packs</i>	NF	2 with QL	Formulary Enhancement	NA
<i>Caffeine 100mg / Ergotamine Tartrate 1mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>21 Ethinyl Estradiol 0.02mg / Norethindrone Acetate 1mg Oral Tablet Pack</i>	NF	2	Formulary Enhancement	NA
<i>Lorcet 325mg/10mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>100ml Epirubicin Hydrochloride 2 mg/ml Injection</i>	NF	2	Formulary Enhancement	NA
<i>Larissia 28 Day Pack</i>	NF	2	Formulary Enhancement	NA
<i>Femynor 28 Day Pack</i>	NF	2	Formulary Enhancement	NA
<i>Gengraf 50mg Oral Capsule (Cyclosporine Modified)</i>	NF	2 with PA	Formulary Enhancement	NA
<i>Triamcinolone Acetonide 0.055mg/Actuat Metered Dose Nasal Spray</i>	NF	2	Formulary Enhancement	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
<i>Morgidox 50mg Oral Capsule (Doxycycline Hyclate 50mg)</i>	NF	2	Formulary Enhancement	NA
<i>10ml Doxorubicin Hydrochloride 2mg/ml Injection [Adriamycin]</i>	NF	2 with PA	Formulary Enhancement	NA
<i>SPS (Sodium Polystyrene Sulfonate 250mg/ml Oral Suspension)</i>	NF	2	Formulary Enhancement	NA
<i>Smoking Cessation 12hr Bupropion HCl 150mg Extended Release Oral Tablet</i>	NF	2 with QL	Formulary Enhancement	NA
<i>Osmotic 24hr Nifedipine 30mg, 60mg, 90mg Extended Release Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Levalbuterol 2.5mg/ml Inhalant Solution</i>	NF	2 with QL, PA	Formulary Enhancement	NA
<i>Ezetimibe 10mg Oral Tablet (Generic Zetia)</i>	NF	2	Formulary Enhancement	NA
<i>0.3ml Epinephrine 0.5mg/ml Auto-Injector</i>	NF	2	Formulary Enhancement	NA
KINRIX PREFILLED SYRINGE	NF	3	Formulary Enhancement	NA
GAMASTAN 2 ML 180 UNT/ML INJECTION	NF	3 with PA	Formulary Enhancement	NA
INVOKAMET XR 150mg/1000mg Oral Tablet	NF	3 with ST, QL	Formulary Enhancement	NA
INVOKAMET XR 150mg/500mg Oral Tablet	NF	3 with ST, QL	Formulary Enhancement	NA
INVOKAMET XR 50mg/1000mg Oral Tablet	NF	3 with ST, QL	Formulary Enhancement	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
INVOKAMET XR 50mg/500mg Oral Tablet	NF	3 with ST, QL	Formulary Enhancement	NA
<i>Erythromycin Ethylsuccinate 40mg/ml Oral Suspension</i>	NF	2	Formulary Enhancement	NA
<i>24hr Quetiapine 200mg Extended Release Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>24hr Quetiapine 300mg Extended Release Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>24hr Quetiapine 400mg Extended Release Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>24hr Quetiapine 50mg Extended Release Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>24hr Quetiapine 150mg Extended Release Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Omeprazole 40mg / Sodium Bicarbonate 1680mg Powder for Oral Suspension</i>	NF	4 with QL	Formulary Enhancement	NA
<i>Omeprazole 20mg / Sodium Bicarbonate 1680mg Powder for Oral Suspension</i>	NF	4 with QL	Formulary Enhancement	NA
PEDIARIX PREFILLED SYRINGE	NF	4	Formulary Enhancement	NA
IMOGAM 2 ML RABIES IMMUNE GLOBULIN, HUMAN 150 UNT/ML INJECTION	NF	4 with PA	Formulary Enhancement	NA
<i>Clindamycin Phosphate 0.012 mg/mg / Tretinoin 0.00025 mg/mg Topical Gel</i>	NF	4 with PA	Formulary Enhancement	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
ALTOPREV 24 HR 60MG EXTENDED RELEASE ORAL TABLET	NF	4 with ST	Formulary Enhancement	NA
ADRENACLICK 0.15ML 1 MG/ML AUTO-INJECTOR	NF	4 with ST	Formulary Enhancement	NA
ADRENACLICK 0.30ML 1 MG/ML AUTO-INJECTOR	NF	4 with ST	Formulary Enhancement	NA
<i>24hr Pramipexole Dihydrochloride 3.75mg Extended Release Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Benzoyl Peroxide 0.05 mg/mg / Clindamycin Phosphate 0.012 mg/mg Topical Gel</i>	NF	4	Formulary Enhancement	NA
EMEND 125 MG POWDER FOR ORAL SUSPENSION	NF	4	Formulary Enhancement	NA
<i>0.5 ML Sumatriptan 8mg/ml Auto-Injector</i>	NF	4 with QL	Formulary Enhancement	NA
YUVAFEM 0.01 MG VAGINAL TABLET	NF	4	Formulary Enhancement	NA
<i>30/70 Release 24hr Methylphenidate Hydrochloride 20mg,40mg Extended Release Oral Capsule</i>	NF	4 with PA, QL	Formulary Enhancement	NA
AMABELZ 0.5/0.1 28 Day Pack	NF	4 with PA	Formulary Enhancement	NA
AMABELZ 1/0.5 28 Day Pack	NF	4 with PA	Formulary Enhancement	NA
VASCEPA 500mg Oral Capsule	NF	4	Formulary Enhancement	NA
<i>Nilutamide 150mg Oral Tablet</i>	NF	5	Formulary Enhancement	NA
DAPTOMYCIN 500 MG INJECTION	NF	5	Formulary Enhancement	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
<i>Abacavir 600mg / Lamivudine 300mg Oral Tablet</i>	NF	5 with QL	Formulary Enhancement	NA
<i>Valganciclovir 50mg/ml Oral Solution</i>	NF	5	Formulary Enhancement	NA
<i>Ethacrynic Acid 25mg Oral Tablet</i>	NF	5	Formulary Enhancement	NA
YONDELIS 1MG INJECTION	NF	5	Formulary Enhancement	NA
INFLECTRA (INFLIXIMAB-DYYB) 100MG INJECTION	NF	5 with PA	Formulary Enhancement	NA
OCALIVA 5MG ORAL TABLET	NF	5 with PA, QL	Formulary Enhancement	NA
OCALIVA 10MG ORAL TABLET	NF	5 with PA, QL	Formulary Enhancement	NA
EPCLUSA (SOFOSBUVIR 400MG / VELPATASVIR 100MG) ORAL TABLET	NF	5 with PA, QL	Formulary Enhancement	NA
ORENCIA 1 ML 125 MG/ML AUTO-INJECTOR	NF	5 with PA, QL	Formulary Enhancement	NA
HUMIRA PEN - PSORIASIS STARTER PACK 4 (0.8 ML 50 MG/ML AUTO-INJECTOR)	NF	5 with PA, QL	Formulary Enhancement	NA
REPATHA 3.5 ML 120MG/ML CARTRIDGE	NF	5 with PA, QL	Formulary Enhancement	NA
RELISTOR 150MG ORAL TABLET	NF	5 with PA, QL	Formulary Enhancement	NA
VIEKIRA XR PAK	NF	5 with PA, QL	Formulary Enhancement	NA
ERAXIS 50MG INJECTION	NF	5	Formulary Enhancement	NA
KYPROLIS 30MG, 60MG INJECTION	NF	5 with PA	Formulary Enhancement	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
GAMMAGARD 5000MG, 10000MG INJECTION	NF	5 with PA	Formulary Enhancement	NA
EXONDYS 2ML 50MG/ML INJECTION	NF	5 with PA	Formulary Enhancement	NA
EXONDYS 10ML 50 MG/ML INJECTION	NF	5 with PA	Formulary Enhancement	NA
STELARA 26 ML 5 MG/ML INJECTION	NF	5 with PA	Formulary Enhancement	NA
ORKAMBI ORAL TABLET	NF	5 with PA, QL	Formulary Enhancement	NA
LARTRUVO 50ML 10 MG/ML INJECTION	NF	5 with PA	Formulary Enhancement	NA
<i>Amlodipine 10mg/ Olmesartan Medoxomil 20mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Amlodipine 10mg/ Olmesartan Medoxomil 40mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Amlodipine 5mg/ Olmesartan Medoxomil 20mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Amlodipine 5mg/ Olmesartan Medoxomil 40mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Amlodipine 5mg / Hydrochlorothiazide 12.5mg / Olmesartan Medoxomil 20mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Amlodipine 10mg / Hydrochlorothiazide 12.5mg / Olmesartan Medoxomil 40mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
<i>Amlodipine 10mg / Hydrochlorothiazide 25mg / Olmesartan Medoxomil 40mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Amlodipine 5mg / Hydrochlorothiazide 12.5mg / Olmesartan Medoxomil 40mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
<i>Amlodipine 5mg / Hydrochlorothiazide 25mg / Olmesartan Medoxomil 40mg Oral Tablet</i>	NF	2	Formulary Enhancement	NA
ZURAMPIC 200 MG ORAL TABLET	NF	4 with ST	Formulary Enhancement	NA
XIIDRA 50 MG/ML OPHTHALMIC SOLUTION	NF	4 with PA	Formulary Enhancement	NA
<i>Micort-HC Hydrocortisone Acetate 25mg/ml Topical Cream</i>	NF	1	Formulary Enhancement	NA
<i>Ala-Cort--Hydrocortisone 25mg/ml Topical Cream</i>	NF	1	Formulary Enhancement	NA
VEXOL 10 MG/ML OPHTHALMIC SUSPENSION	3	Non-formulary	CMS Required Deletion	NA
A-HYDROCORT100 MG INJECTION	4	Non-formulary	CMS Required Deletion	NA
MENEST 2.5 MG ORAL TABLET	4	Non-formulary	CMS Required Deletion	NA
ANZEMET 20 MG/ML INJECTABLE SOLUTION	4	Non-formulary	CMS Required Deletion	NA
<i>Travoprost 0.04mg/ml Ophthalmic Solution</i>	2	Non-formulary	CMS Required Deletion	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
<i>Ranitidine 25mg/ml Injectable Solution</i>	2	Non-formulary	CMS Required Deletion	NA
<i>Stavudine 1mg/ml Oral Solution</i>	2	Non-formulary	CMS Required Deletion	NA
NIFEDICAL 24 HR 30MG, 60 MG EXTENDED RELEASE ORAL TABLET	2	Non-formulary	CMS Required Deletion	NA
KETEK 300MG, 400MG ORAL TABLET	4	Non-formulary	CMS Required Deletion	NA
<i>Meloxicam 1.5 mg/ml Oral Suspension</i>	2	Non-formulary	CMS Required Deletion	NA
TYZEKA 600MG ORAL TABLET	5	Non-formulary	CMS Required Deletion	NA
FORTICAL 200 UNT/ACTUAT NASAL SPRAY	4	Non-formulary	CMS Required Deletion	NA
ALTABAX TOPICAL OINTMENT	4	Non-formulary	CMS Required Deletion	NA
LAMISIL 125MG, 187.5MG ORAL GRANULES	4	Non-formulary	CMS Required Deletion	NA
TYVASO REPROSTINIL 0.6 MG/ML INHALANT SOLUTION	5	Non-formulary	CMS Required Deletion	NA
BUPROBAN 12 HR 150 MG EXTENDED RELEASE ORAL TABLET	2	Non-formulary	CMS Required Deletion	NA
<i>Methylergonovine Maleate 0.2mg Oral Tablet</i>	5	Non-formulary	CMS Required Deletion	NA
VELTIN TOPICAL GEL	4	Non-formulary	CMS Required Deletion	NA
<i>Naphazoline Hydrochloride 1mg/ml Ophthalmic Solution</i>	1	Non-formulary	CMS Required Deletion	NA

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
DOCEFREZ 25 MG/ML INJECTABLE SOLUTION	5	Non-formulary	CMS Required Deletion	NA
RHEUMATREX DOSE PACK 8, 12, 16, 20, 24 - 2.5 MG ORAL TABLET PACKS	4	Non-formulary	CMS Required Deletion	NA
FORADIL 0.012 MG/ACTUAT INHALANT POWDER	4	Non-formulary	CMS Required Deletion	NA
PLASMA-LYTE 56 IN 5 % DEXTROSE INJECTABLE SOLUTION	4	Non-formulary	CMS Required Deletion	NA
ERGOMAR 2 MG SUBLINGUAL TABLET	3	Non-formulary	CMS Required Deletion	NA
CERVARIX PREFILLED SYRINGE	3	Non-formulary	CMS Required Deletion	NA
GILDESS 1.5/30 21 DAY PACK	2	Non-formulary	CMS Required Deletion	NA
VARIZIG INJECTION	5	Non-formulary	CMS Required Deletion	NA
LOPREEZA 0.5/0.1 28 DAY PACK	4	Non-formulary	CMS Required Deletion	NA
LOPREEZA 1/0.5 28 DAY PACK	4	Non-formulary	CMS Required Deletion	NA
VITEKTA 85MG, 150MG ORAL TABLET	5	Non-formulary	CMS Required Deletion	NA
GILDESS 24 FE 28 DAY ORAL TABLET PACK	2	Non-formulary	CMS Required Deletion	NA
RITALIN 24 HR 60 MG EXTENDED RELEASE ORAL CAPSULE	4	Non-formulary	CMS Required Deletion	NA
NUTROPIN 2 ML 10 MG/ML CARTRIDGE	5	Non-formulary	CMS Required Deletion	NA

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
Effective 04/01/2017				
AMIODARONE HYDROCHLORIDE 100 MG ORAL TABLET	NF	1	Formulary Enhancement	
24 HR DEXMETHYLPHENIDATE HYDROCHLORIDE 25 MG and 35 MG EXTENDED RELEASE ORAL CAPSULE	NF	2 with PA and QL (30 per 30 days)	Formulary Enhancement	
21 (ETHINYL ESTRADIOL 0.035 MG / NORGESTIMATE 0.25 MG ORAL TABLET) / 7 (INERT INGREDIENTS 1 MG ORAL TABLET) PACK	NF	2	Formulary Enhancement	
LOPINAVIR 80 MG/ML / RITONAVIR 20 MG/ML ORAL SOLUTION	NF	2	Formulary Enhancement	
2 ML RANITIDINE 25 MG/ML INJECTION	NF	2	Formulary Enhancement	
7 (RIBAVIRIN 200 MG ORAL TABLET [RIBASPHERE]) / 7 (RIBAVIRIN 400 MG ORAL TABLET [RIBASPHERE]) PACK [RIBASPHERE RIBAPAK 600]	NF	4	Formulary Enhancement	
1 ML ALIROCUMAB 150 MG/ML PREFILLED SYRINGE [PRALUENT]	5	NF	CMS Required Deletion	
CEFUROXIME 500 MG ORAL TABLET [CEFTIN]	2	NF	CMS Required Deletion	
24 HR DILTIAZEM HYDROCHLORIDE 180 MG EXTENDED RELEASE ORAL CAPSULE [CARDIZEM]	2	NF	CMS Required Deletion	

2017 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Formulary Change	Alternative Drug, Alternative Drug Tier
DULOXETINE 40 MG DELAYED RELEASE ORAL CAPSULE [IRENKA]	4	NF	CMS Required Deletion	
NECON 1/35 28 DAY	2	NF	CMS Required Deletion	
24 HR METHYLPHENIDATE HYDROCHLORIDE 20 MG EXTENDED RELEASE ORAL CAPSULE	4	NF	CMS Required Deletion	
24 HR NIFEDIPINE 90 MG EXTENDED RELEASE ORAL TABLET [ADALAT]	2	NF	CMS Required Deletion	
2 ML SOMATROPIN 5 MG/ML CARTRIDGE [NUTROPIN]	5	NF	CMS Required Deletion	

What Happens If Coverage Changes for a Drug You Are Taking?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

In some cases, you will be affected by the coverage change before January 1:

- If a brand name drug you are taking is replaced by a new generic drug, the plan must give you at least 60 days' notice or give you a 60-day refill of your brand name drug at a network pharmacy.
 - During this 60-day period, you should be working with your provider to switch to the generic or to a different drug that we cover.
 - Or you and your provider can ask the plan to make an exception and continue to cover the brand name drug for you. For information on how to ask for an exception, see Chapter 9 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)). You may also call a tiering or utilization restriction exception, please contact Member Services at 1-888-657-4170, Monday through Friday 8:00 a.m. To 8:00 p.m. (EST). TTY/TDD users should call 711.
- If a drug is suddenly recalled because it's been found to be unsafe or for other reasons, the plan will immediately remove the drug from the Drug List. We will let you know of this change right away. Your provider will also know about this change, and can work with you to find another drug for your condition.