

Formulary Addendum Summary of 2018 Drug List Changes

Below is a summary of Drug List changes for the benefit year 2018. These changes are reflected in the 2018 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

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
EFFECTIVE 5/1/2018					
ADACEL INJ	NF	3	Formulary Enhancement	NA	03/01/2018
AFINITOR TAB10MG	5	5	Removal of Prior Authorization	NA	03/01/2018
AFINITOR TAB2.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
AFINITOR TAB5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
AFINITOR TAB7.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
AFINITOR DISTAB2MG	5	5	Removal of Prior Authorization	NA	03/01/2018
AFINITOR DISTAB3MG	5	5	Removal of Prior Authorization	NA	03/01/2018
AFINITOR DISTAB5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ALECENSA CAP150MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ALIQOPA INJ60MG	NF	5	Formulary Enhancement	NA	03/01/2018
ALUNBRIG TAB30MG	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>amitriptyline hcl tab 10 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>amitriptyline hcl tab 100 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>amitriptyline hcl tab 150 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>amitriptyline hcl tab 25 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
<i>amitriptyline hcl tab 50 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>amitriptyline hcl tab 75 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>aripiprazole oral solution 1 mg/ml</i>	NF	2	Formulary Enhancement	NA	03/01/2018
BELEODAQ INJ500MG	5	5	Removal of Prior Authorization	NA	03/01/2018
BENLYSTA INJ200MG/ML	NF	5	Formulary Enhancement	NA	03/01/2018
BENLYSTA INJ200MG/ML	NF	5	Formulary Enhancement	NA	03/01/2018
<i>bexarotene cap 75 mg</i>	5	5	Removal of Prior Authorization	NA	03/01/2018
BORTEZOMIB INJ3.5MG	NF	5	Formulary Enhancement	NA	03/01/2018
BOSULIF TAB100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
BOSULIF TAB400MG	NF	5	Formulary Enhancement	NA	03/01/2018
BOSULIF TAB500MG	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
CABOMETYX TAB20MG	5	5	Removal of Prior Authorization	NA	03/01/2018
CABOMETYX TAB40MG	5	5	Removal of Prior Authorization	NA	03/01/2018
CABOMETYX TAB60MG	5	5	Removal of Prior Authorization	NA	03/01/2018
CALQUENCE CAP100MG	NF	5	Formulary Enhancement	NA	03/01/2018
CAPRELSA TAB100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
CAPRELSA TAB300MG	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
<i>clomipramine hcl cap 25 mg</i>	4	4	Removal of Prior Authorization	NA	03/01/2018
<i>clomipramine hcl cap 50 mg</i>	4	4	Removal of Prior Authorization	NA	03/01/2018
<i>clomipramine hcl cap 75 mg</i>	4	4	Removal of Prior Authorization	NA	03/01/2018
COMETRIQ KIT100MG	5	5	Removal of Prior Authorization	NA	03/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
COMETRIQ KIT140MG	5	5	Removal of Prior Authorization	NA	03/01/2018
COMETRIQ KIT60MG	5	5	Removal of Prior Authorization	NA	03/01/2018
COTELLIC TAB20MG	5	5	Removal of Prior Authorization	NA	03/01/2018
CYRAMZA INJ100/10ML	5	5	Removal of Prior Authorization	NA	03/01/2018
CYRAMZA INJ500/50ML	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>dactinomycin for inj 0.5 mg</i>	NF	5	Formulary Enhancement	NA	03/01/2018
DARZALEX SOL100MG/5M	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>decitabine for inj 50 mg</i>	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>doxepin hcl cap 10 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>doxepin hcl cap 100 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>doxepin hcl cap 150 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>doxepin hcl cap 25 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>doxepin hcl cap 50 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>doxepin hcl cap 75 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>doxepin hcl conc 10 mg/ml</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>efavirenz cap 50 mg</i>	NF	2	Formulary Enhancement	NA	03/01/2018
ELIGARD INJ22.5MG	4	4	Removal of Prior Authorization	NA	03/01/2018
ELIGARD INJ30MG	4	4	Removal of Prior Authorization	NA	03/01/2018
ELIGARD INJ45MG	4	4	Removal of Prior Authorization	NA	03/01/2018
ELIGARD INJ7.5MG	4	4	Removal of Prior Authorization	NA	03/01/2018
EMPLICITI INJ300MG	5	5	Removal of Prior Authorization	NA	03/01/2018
EMPLICITI INJ400MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ERBITUX INJ100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ERIVEDGE CAP150MG	5	5	Removal of Prior Authorization	NA	03/01/2018

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
FARYDAK CAP10MG	5	5	Removal of Prior Authorization	NA	03/01/2018
FARYDAK CAP15MG	5	5	Removal of Prior Authorization	NA	03/01/2018
FARYDAK CAP20MG	5	5	Removal of Prior Authorization	NA	03/01/2018
FIRMAGON INJ120MG	5	5	Removal of Prior Authorization	NA	03/01/2018
FIRMAGON INJ80MG	4	4	Removal of Prior Authorization	NA	03/01/2018
FOLOTYN INJ40MG/2ML	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	NF	4	Formulary Enhancement	NA	03/01/2018
GILOTRIF TAB20MG	5	5	Removal of Prior Authorization	NA	03/01/2018
GILOTRIF TAB30MG	5	5	Removal of Prior Authorization	NA	03/01/2018
GILOTRIF TAB40MG	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	NF	5	Formulary Enhancement	NA	03/01/2018
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	NF	5	Formulary Enhancement	NA	03/01/2018
HALAVEN INJ1MG/2ML	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>haloperidol decanoate im soln 100 mg/ml</i>	NF	2	Formulary Enhancement	NA	03/01/2018
HAVRIX INJ1440UNIT	NF	3	Formulary Enhancement	NA	03/01/2018
HAVRIX INJ720UNIT	NF	3	Formulary Enhancement	NA	03/01/2018
HERCEPTIN INJ440MG	5	5	Removal of Prior Authorization	NA	03/01/2018
HUMALOG JR INJ100/ML	NF	3	Formulary Enhancement	NA	03/01/2018
IBRANCE CAP100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
IBRANCE CAP125MG	5	5	Removal of Prior Authorization	NA	03/01/2018
IBRANCE CAP75MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ICLUSIG TAB15MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ICLUSIG TAB45MG	5	5	Removal of Prior Authorization	NA	03/01/2018
IDHIFA TAB100MG	NF	5	Formulary Enhancement	NA	03/01/2018

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IDHIFA TAB50MG	NF	5	Formulary Enhancement	NA	03/01/2018
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	5	Removal of Prior Authorization	NA	03/01/2018
IMBRUVICA CAP140MG	5	5	Removal of Prior Authorization	NA	03/01/2018
IMFINZI INJ120/2.4	5	5	Removal of Prior Authorization	NA	03/01/2018
IMFINZI INJ500/10	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>imipramine hcl tab 10 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>imipramine hcl tab 25 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>imipramine hcl tab 50 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>imipramine pamoate cap 100 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>imipramine pamoate cap 125 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>imipramine pamoate cap 150 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>imipramine pamoate cap 75 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
INLYTA TAB1MG	5	5	Removal of Prior Authorization	NA	03/01/2018
INLYTA TAB5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
INTRON A INJ10MU	5	5	Removal of Prior Authorization	NA	03/01/2018
INTRON A INJ18MU	5	5	Removal of Prior Authorization	NA	03/01/2018
INTRON A INJ18MU	5	5	Removal of Prior Authorization	NA	03/01/2018
INTRON A INJ50MU	5	5	Removal of Prior Authorization	NA	03/01/2018
IRESSA TAB250MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ISTODAX OVR INJ10MG	5	5	Removal of Prior Authorization	NA	03/01/2018
JADENU SPRKLGRA180MG	NF	5	Formulary Enhancement	NA	03/01/2018
JADENU SPRKLGRA360MG	NF	5	Formulary Enhancement	NA	03/01/2018

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
JADENU SPRKLGRA90MG	NF	5	Formulary Enhancement	NA	03/01/2018
JAKAFI TAB10MG	5	5	Removal of Prior Authorization	NA	03/01/2018
JAKAFI TAB15MG	5	5	Removal of Prior Authorization	NA	03/01/2018
JAKAFI TAB20MG	5	5	Removal of Prior Authorization	NA	03/01/2018
JAKAFI TAB25MG	5	5	Removal of Prior Authorization	NA	03/01/2018
JAKAFI TAB5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
JEVTANA INJ60/1.5ML	5	5	Removal of Prior Authorization	NA	03/01/2018
JULUCA TAB50-25MG	NF	5	Formulary Enhancement	NA	03/01/2018
KADCYLA INJ100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
KADCYLA INJ160MG	NF	5	Formulary Enhancement	NA	03/01/2018
KEYTRUDA INJ100MG/4M	5	5	Removal of Prior Authorization	NA	03/01/2018
KEYTRUDA SOL50MG	5	5	Removal of Prior Authorization	NA	03/01/2018
KISQALI TAB200DOSE	5	5	Removal of Prior Authorization	NA	03/01/2018
KISQALI TAB400DOSE	5	5	Removal of Prior Authorization	NA	03/01/2018
KISQALI TAB600DOSE	5	5	Removal of Prior Authorization	NA	03/01/2018
KISQALI 200 PAKFEMARA	5	5	Removal of Prior Authorization	NA	03/01/2018
KISQALI 400 PAKFEMARA	5	5	Removal of Prior Authorization	NA	03/01/2018
KISQALI 600 PAKFEMARA	5	5	Removal of Prior Authorization	NA	03/01/2018
KYPROLIS SOL30MG	5	5	Removal of Prior Authorization	NA	03/01/2018
KYPROLIS SOL60MG	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	NF	5	Formulary Enhancement	NA	03/01/2018
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	NF	5	Formulary Enhancement	NA	03/01/2018
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	NF	5	Formulary Enhancement	NA	03/01/2018
LARTRUVO INJ10MG/ML	5	5	Removal of Prior Authorization	NA	03/01/2018

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LARTRUVO INJ190/19ML	NF	5	Formulary Enhancement	NA	03/01/2018
LENVIMA CAP10 MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LENVIMA CAP14 MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LENVIMA CAP18 MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LENVIMA CAP20 MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LENVIMA CAP24 MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LENVIMA CAP8 MG	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	4	Removal of Prior Authorization	NA	03/01/2018
<i>levothyroxine sodium tab 100 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 112 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 125 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 137 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 150 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 175 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 200 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 25 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 300 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 50 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 75 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>levothyroxine sodium tab 88 mcg</i>	NF	1	Formulary Enhancement	NA	03/01/2018
LONSURF TAB15-6.14	5	5	Removal of Prior Authorization	NA	03/01/2018
LONSURF TAB20-8.19	5	5	Removal of Prior Authorization	NA	03/01/2018

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
LUPRON DEPOTINJ11.25MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LUPRON DEPOTINJ22.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LUPRON DEPOTINJ3.75MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LUPRON DEPOTINJ30MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LUPRON DEPOTINJ45MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LUPRON DEPOTINJ7.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LYNPARZA CAP50MG	5	5	Removal of Prior Authorization	NA	03/01/2018
LYNPARZA TAB100MG	NF	5	Formulary Enhancement	NA	03/01/2018
LYNPARZA TAB150MG	NF	5	Formulary Enhancement	NA	03/01/2018
<i>megestrol acetate susp 40 mg/ml</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>megestrol acetate susp 625 mg/5ml</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>megestrol acetate tab 20 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>megestrol acetate tab 40 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
MEKINIST TAB0.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
MEKINIST TAB2MG	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	NF	1	Formulary Enhancement	NA	03/01/2018
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
MYLOTARG INJ4.5MG	NF	5	Formulary Enhancement	NA	03/01/2018
NERLYNX TAB40MG	NF	5	Formulary Enhancement	NA	03/01/2018
NEXAVAR TAB200MG	5	5	Removal of Prior Authorization	NA	03/01/2018
NINLARO CAP2.3MG	5	5	Removal of Prior Authorization	NA	03/01/2018
NINLARO CAP3MG	5	5	Removal of Prior Authorization	NA	03/01/2018
NINLARO CAP4MG	5	5	Removal of Prior Authorization	NA	03/01/2018
NULOJIX INJ250MG	5	5	Removal of Prior Authorization	NA	03/01/2018

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NUPLAZID TAB17MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ODOMZO CAP200MG	5	5	Removal of Prior Authorization	NA	03/01/2018
OPDIVO INJ100MG/10	NF	5	Formulary Enhancement	NA	03/01/2018
OPDIVO INJ40MG/4ML	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	NF	2	Formulary Enhancement	NA	03/01/2018
<i>oxaliplatin for iv inj 100 mg</i>	NF	4	Formulary Enhancement	NA	03/01/2018
PERJETA INJ420/14ML	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>perphenazine-amitriptyline tab 2-10 mg</i>	4	4	Removal of Prior Authorization	NA	03/01/2018
<i>perphenazine-amitriptyline tab 2-25 mg</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
<i>perphenazine-amitriptyline tab 4-10 mg</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
<i>perphenazine-amitriptyline tab 4-25 mg</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
<i>perphenazine-amitriptyline tab 4-50 mg</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
PHENOBARB TAB100MG	2	2	Removal of Prior Authorization	NA	03/01/2018
PHENOBARB TAB15MG	2	2	Removal of Prior Authorization	NA	03/01/2018
PHENOBARB TAB30MG	2	2	Removal of Prior Authorization	NA	03/01/2018
PHENOBARB TAB60MG	2	2	Removal of Prior Authorization	NA	03/01/2018
<i>phenobarbital elixir 20 mg/5ml</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
<i>phenobarbital tab 16.2 mg</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
<i>phenobarbital tab 32.4 mg</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
<i>phenobarbital tab 64.8 mg</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
<i>phenobarbital tab 97.2 mg</i>	2	2	Removal of Prior Authorization	NA	03/01/2018
POMALYST CAP1MG	5	5	Removal of Prior Authorization	NA	03/01/2018
POMALYST CAP2MG	5	5	Removal of Prior Authorization	NA	03/01/2018

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
POMALYST CAP3MG	5	5	Removal of Prior Authorization	NA	03/01/2018
POMALYST CAP4MG	5	5	Removal of Prior Authorization	NA	03/01/2018
RENFLEXIS INJ100MG	NF	5	Formulary Enhancement	NA	03/01/2018
REVLIMID CAP10MG	5	5	Removal of Prior Authorization	NA	03/01/2018
REVLIMID CAP15MG	5	5	Removal of Prior Authorization	NA	03/01/2018
REVLIMID CAP2.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
REVLIMID CAP20MG	5	5	Removal of Prior Authorization	NA	03/01/2018
REVLIMID CAP25MG	5	5	Removal of Prior Authorization	NA	03/01/2018
REVLIMID CAP5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
RITUXAN INJ100MG	NF	5	Formulary Enhancement	NA	03/01/2018
RITUXAN INJ500MG	5	5	Removal of Prior Authorization	NA	03/01/2018
RUBRACA TAB200MG	5	5	Removal of Prior Authorization	NA	03/01/2018
RUBRACA TAB300MG	5	5	Removal of Prior Authorization	NA	03/01/2018
RYDAPT CAP25MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SABRIL POW500MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SABRIL TAB500MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SPRYCEL TAB100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SPRYCEL TAB140MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SPRYCEL TAB20MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SPRYCEL TAB50MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SPRYCEL TAB70MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SPRYCEL TAB80MG	5	5	Removal of Prior Authorization	NA	03/01/2018
STIVARGA TAB40MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SUTENT CAP12.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
SUTENT CAP25MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SUTENT CAP37.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SUTENT CAP50MG	5	5	Removal of Prior Authorization	NA	03/01/2018
SYLATRON KIT200MCG	5	5	Removal of Prior Authorization	NA	03/01/2018
SYLATRON KIT300MCG	5	5	Removal of Prior Authorization	NA	03/01/2018
SYLATRON KIT600MCG	5	5	Removal of Prior Authorization	NA	03/01/2018
SYNRIBO INJ3.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
TAFINLAR CAP50MG	5	5	Removal of Prior Authorization	NA	03/01/2018
TAFINLAR CAP75MG	5	5	Removal of Prior Authorization	NA	03/01/2018
TAGRISSO TAB40MG	5	5	Removal of Prior Authorization	NA	03/01/2018
TAGRISSO TAB80MG	5	5	Removal of Prior Authorization	NA	03/01/2018
TARCEVA TAB100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
TARCEVA TAB150MG	5	5	Removal of Prior Authorization	NA	03/01/2018
TARCEVA TAB25MG	5	5	Removal of Prior Authorization	NA	03/01/2018
TARGRETIN GEL1%	5	5	Removal of Prior Authorization	NA	03/01/2018
TASIGNA CAP150MG	5	5	Removal of Prior Authorization	NA	03/01/2018
TASIGNA CAP200MG	5	5	Removal of Prior Authorization	NA	03/01/2018
TECENTRIQ INJ1200/20	5	5	Removal of Prior Authorization	NA	03/01/2018
THALOMID CAP100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
THALOMID CAP150MG	5	5	Removal of Prior Authorization	NA	03/01/2018
THALOMID CAP200MG	5	5	Removal of Prior Authorization	NA	03/01/2018
THALOMID CAP50MG	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>thioridazine hcl tab 10 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>thioridazine hcl tab 100 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
<i>thioridazine hcl tab 25 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
<i>thioridazine hcl tab 50 mg</i>	1	1	Removal of Prior Authorization	NA	03/01/2018
TREANDA INJ25MG	NF	5	Formulary Enhancement	NA	03/01/2018
TRELSTAR MIXINJ22.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
<i>trimipramine maleate cap 100 mg</i>	4	4	Removal of Prior Authorization	NA	03/01/2018
<i>trimipramine maleate cap 25 mg</i>	4	4	Removal of Prior Authorization	NA	03/01/2018
<i>trimipramine maleate cap 50 mg</i>	4	4	Removal of Prior Authorization	NA	03/01/2018
TRISENOX INJ12MG/6ML	NF	4	Formulary Enhancement	NA	03/01/2018
TWINRIX INJ	NF	3	Formulary Enhancement	NA	03/01/2018
TYKERB TAB250MG	5	5	Removal of Prior Authorization	NA	03/01/2018
VALCHLOR GEL0.016%	5	5	Removal of Prior Authorization	NA	03/01/2018
VAQTA INJ25/0.5ML	NF	3	Formulary Enhancement	NA	03/01/2018
VAQTA INJ50UNT/ML	NF	3	Formulary Enhancement	NA	03/01/2018
VELCADE INJ3.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
VENCLEXTA TAB100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
VENCLEXTA TAB10MG	4	4	Removal of Prior Authorization	NA	03/01/2018
VENCLEXTA TAB50MG	4	4	Removal of Prior Authorization	NA	03/01/2018
VENCLEXTA TABSTART PK	5	5	Removal of Prior Authorization	NA	03/01/2018
VERZENIO TAB100MG	NF	5	Formulary Enhancement	NA	03/01/2018
VERZENIO TAB150MG	NF	5	Formulary Enhancement	NA	03/01/2018
VERZENIO TAB200MG	NF	5	Formulary Enhancement	NA	03/01/2018
VERZENIO TAB50MG	NF	5	Formulary Enhancement	NA	03/01/2018
<i>vigabatrin powd pack 500 mg</i>	NF	5	Formulary Enhancement	NA	03/01/2018
VOTRIENT TAB200MG	5	5	Removal of Prior Authorization	NA	03/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
VYXEOS INJ44-100MG	NF	5	Formulary Enhancement	NA	03/01/2018
XALKORI CAP200MG	5	5	Removal of Prior Authorization	NA	03/01/2018
XALKORI CAP250MG	5	5	Removal of Prior Authorization	NA	03/01/2018
XATMEP SOL2.5MG/ML	NF	5	Formulary Enhancement	NA	03/01/2018
XTANDI CAP40MG	5	5	Removal of Prior Authorization	NA	03/01/2018
YERVOY INJ50MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ZALTRAP INJ100/4ML	5	5	Removal of Prior Authorization	NA	03/01/2018
ZEJULA CAP100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ZELBORAF TAB240MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ZOLINZA CAP100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ZORTRESS TAB0.25MG	4	4	Removal of Prior Authorization	NA	03/01/2018
ZORTRESS TAB0.5MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ZORTRESS TAB0.75MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ZYDELIG TAB100MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ZYDELIG TAB150MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ZYKADIA CAP150MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ZYTIGA TAB250MG	5	5	Removal of Prior Authorization	NA	03/01/2018
ALUNBRIG PAK	NF	5	Formulary Enhancement	NA	04/01/2018
ALUNBRIG TAB180MG	NF	5	Formulary Enhancement	NA	04/01/2018
ALUNBRIG TAB90MG	NF	5	Formulary Enhancement	NA	04/01/2018
<i>atazanavir cap150mg</i>	NF	5	Formulary Enhancement	NA	04/01/2018
<i>atazanavir cap200mg</i>	NF	5	Formulary Enhancement	NA	04/01/2018
<i>atazanavir cap300mg</i>	NF	5	Formulary Enhancement	NA	04/01/2018
BUT/ASA/CAFFCAP	1	1	Removal of Prior Authorization	NA	04/01/2018
BUT/ASA/CAF/CAPCOD 30MG	2	2	Removal of Prior Authorization	NA	04/01/2018
ASCOMP/COD CAP30MG	4	4	Removal of Prior Authorization	NA	04/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
BENZTROPINE TAB0.5MG	1	1	Removal of Prior Authorization	NA	04/01/2018
BENZTROPINE TAB1MG	1	1	Removal of Prior Authorization	NA	04/01/2018
BENZTROPINE TAB2MG	1	1	Removal of Prior Authorization	NA	04/01/2018
VANATOL LQ SOL	4	4	Removal of Prior Authorization	NA	04/01/2018
BUT/APAP/CAFCAPCODEINE	2	2	Removal of Prior Authorization	NA	04/01/2018
BUTAL/APAP TAB50-325MG	1	1	Removal of Prior Authorization	NA	04/01/2018
TENCON TAB50-325MG	4	4	Removal of Prior Authorization	NA	04/01/2018
BUT/APAP/CAFCAP	1	1	Removal of Prior Authorization	NA	04/01/2018
BUT/APAP/CAFTAB	1	1	Removal of Prior Authorization	NA	04/01/2018
ESGIC TAB	1	1	Removal of Prior Authorization	NA	04/01/2018
BUT/APAP/CAFCAPCODEINE	2	2	Removal of Prior Authorization	NA	04/01/2018
CHLORZOXAZONTAB500MG	1	1	Removal of Prior Authorization	NA	04/01/2018
CYCLOBENZAPRTAB10MG	1	1	Removal of Prior Authorization	NA	04/01/2018
CYCLOBENZAPRTAB5MG	1	1	Removal of Prior Authorization	NA	04/01/2018
CYPROHEPTAD SYP2MG/5ML	1	1	Removal of Prior Authorization	NA	04/01/2018
CYPROHEPTAD TAB4MG	1	1	Removal of Prior Authorization	NA	04/01/2018
<i>depo-testostinj100mg/ml</i>	NF	2	Formulary Enhancement	NA	04/01/2018
<i>depo-testostinj200mg/ml</i>	NF	2	Formulary Enhancement	NA	04/01/2018
DIGOXIN SOL50MCG/ML	2	2	Removal of Prior Authorization	NA	04/01/2018
ELIQUIS ST PTAB5MG	NF	3	Formulary Enhancement	NA	04/01/2018
HERCEPTIN INJ150MG	NF	5	Formulary Enhancement	NA	04/01/2018
LANOXIN TAB0.1875MG	4	4	Removal of Prior Authorization	NA	04/01/2018
DIGOXIN TAB0.25MG	1	1	Removal of Prior Authorization	NA	04/01/2018
DIGITEK TAB0.25MG	1	1	Removal of Prior Authorization	NA	04/01/2018
LANOXIN TAB0.25MG	4	4	Removal of Prior Authorization	NA	04/01/2018
DIGOXIN INJ0.25MG/1	4	4	Removal of Prior Authorization	NA	04/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
DIPYRIDAMOLETAB25MG	1	1	Removal of Prior Authorization	NA	04/01/2018
DIPYRIDAMOLETAB50MG	1	1	Removal of Prior Authorization	NA	04/01/2018
DIPYRIDAMOLETAB75MG	1	1	Removal of Prior Authorization	NA	04/01/2018
DISOPYRAMIDECAP100MG	2	2	Removal of Prior Authorization	NA	04/01/2018
NORPACE CAP100MG CR	4	4	Removal of Prior Authorization	NA	04/01/2018
DISOPYRAMIDECAP150MG	2	2	Removal of Prior Authorization	NA	04/01/2018
NORPACE CAP150MG CR	4	4	Removal of Prior Authorization	NA	04/01/2018
ERGOLOID MESTAB1MG ORAL	3	3	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.025MG	2	2	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.025MG	2	2	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.0375MG	2	2	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.0375MG	2	2	Removal of Prior Authorization	NA	04/01/2018
CLIMARA PRO DISWEEKLY	4	4	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.05MG	2	2	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.05MG	2	2	Removal of Prior Authorization	NA	04/01/2018
COMBIPATCH DIS.05/.14	4	4	Removal of Prior Authorization	NA	04/01/2018
COMBIPATCH DIS.05/.25	4	4	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.06MG	2	2	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.075MG	2	2	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.075MG	2	2	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.1MG	2	2	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL DIS0.1MG	2	2	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL TAB0.5MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ESTRA/NOREHTAB0.5-0.1	1	1	Removal of Prior Authorization	NA	04/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
AMABELZ TAB0.5-0.1	4	4	Removal of Prior Authorization	NA	04/01/2018
MIMVEY LO TAB0.5-0.1	4	4	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL TAB1MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ESTRA/NOREHTAB1-0.5MG	1	1	Removal of Prior Authorization	NA	04/01/2018
AMABELZ TAB1-0.5MG	4	4	Removal of Prior Authorization	NA	04/01/2018
MIMVEY TAB1-0.5MG	4	4	Removal of Prior Authorization	NA	04/01/2018
ESTRADIOL TAB2MG	1	1	Removal of Prior Authorization	NA	04/01/2018
PREMARIN TAB0.3MG	4	4	Removal of Prior Authorization	NA	04/01/2018
PREMPRO TAB0.3-1.5	4	4	Removal of Prior Authorization	NA	04/01/2018
PREMARIN TAB0.45MG	4	4	Removal of Prior Authorization	NA	04/01/2018
PREMPRO TAB0.45-1.5	4	4	Removal of Prior Authorization	NA	04/01/2018
PREMARIN TAB0.625MG	4	4	Removal of Prior Authorization	NA	04/01/2018
PREMPRO TAB.625-2.5	4	4	Removal of Prior Authorization	NA	04/01/2018
PREMPHASE TAB	4	4	Removal of Prior Authorization	NA	04/01/2018
PREMPRO TAB0.625-5	4	4	Removal of Prior Authorization	NA	04/01/2018
PREMARIN TAB0.9MG	4	4	Removal of Prior Authorization	NA	04/01/2018
PREMARIN TAB1.25MG	4	4	Removal of Prior Authorization	NA	04/01/2018
ESTROPIPATE TAB0.75MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ESTROPIPATE TAB1.5MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ESTROPIPATE TAB3MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ESZOPICLONE TAB1MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ESZOPICLONE TAB2MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ESZOPICLONE TAB3MG	1	1	Removal of Prior Authorization	NA	04/01/2018
NORETH/ETHINTAB0.5-2.5	4	4	Removal of Prior Authorization	NA	04/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
FYAVOLV TAB0.5-2.5	4	4	Removal of Prior Authorization	NA	04/01/2018
NORETH/ETHINTAB1MG-5MCG	4	4	Removal of Prior Authorization	NA	04/01/2018
FYAVOLV TAB1-5	4	4	Removal of Prior Authorization	NA	04/01/2018
JINTELI TAB1MG-5MCG	1	1	Removal of Prior Authorization	NA	04/01/2018
GLYBURIDE TAB1.25MG	2	2	Removal of Prior Authorization	NA	04/01/2018
GLYB/METFORMTAB1.25-250	2	2	Removal of Prior Authorization	NA	04/01/2018
GLYBURID MCRTAB1.5MG	2	2	Removal of Prior Authorization	NA	04/01/2018
GLYBURIDE TAB2.5MG	2	2	Removal of Prior Authorization	NA	04/01/2018
GLYB/METFORMTAB2.5-500	2	2	Removal of Prior Authorization	NA	04/01/2018
GLYBURID MCRTAB3MG	2	2	Removal of Prior Authorization	NA	04/01/2018
GLYBURIDE TAB5MG	2	2	Removal of Prior Authorization	NA	04/01/2018
GLYB/METFORMTAB5-500MG	2	2	Removal of Prior Authorization	NA	04/01/2018
GLYBURID MCRTAB6MG	2	2	Removal of Prior Authorization	NA	04/01/2018
GUANFACINE TAB1MG	4	4	Removal of Prior Authorization	NA	04/01/2018
GUANFACINE TAB2MG	4	4	Removal of Prior Authorization	NA	04/01/2018
METHYLD/HCTZTAB250/15	1	1	Removal of Prior Authorization	NA	04/01/2018
METHYLD/HCTZTAB250/25	1	1	Removal of Prior Authorization	NA	04/01/2018
HYDROXYZ HCLTAB10MG	1	1	Removal of Prior Authorization	NA	04/01/2018
HYDROXYZ HCLSY10MG/5ML	2	2	Removal of Prior Authorization	NA	04/01/2018
HYDROXYZ HCLTAB25MG	1	1	Removal of Prior Authorization	NA	04/01/2018
HYDROXYZ HCLINJ25MG/ML	4	4	Removal of Prior Authorization	NA	04/01/2018
HYDROXYZ HCLTAB50MG	1	1	Removal of Prior Authorization	NA	04/01/2018
HYDROXYZ HCLINJ50MG/ML	4	4	Removal of Prior Authorization	NA	04/01/2018
HYDROXYZ PAMCAP100MG	1	1	Removal of Prior Authorization	NA	04/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
HYDROXYZ PAMCAP25MG	1	1	Removal of Prior Authorization	NA	04/01/2018
HYDROXYZ PAMCAP50MG	1	1	Removal of Prior Authorization	NA	04/01/2018
INDOMETHACINCAP25MG	1	1	Removal of Prior Authorization	NA	04/01/2018
INDOMETHACINCAP50MG	1	1	Removal of Prior Authorization	NA	04/01/2018
INDOMETHACINCAP75MG ER	1	1	Removal of Prior Authorization	NA	04/01/2018
KETOROLAC TAB10MG	1	1	Removal of Prior Authorization	NA	04/01/2018
KETOROLAC INJ15MG/ML	2	2	Removal of Prior Authorization	NA	04/01/2018
KETOROLAC INJ60MG/2ML	2	2	Removal of Prior Authorization	NA	04/01/2018
KETOROLAC INJ30MG/ML	2	2	Removal of Prior Authorization	NA	04/01/2018
METHOCARBAM TAB500MG	1	1	Removal of Prior Authorization	NA	04/01/2018
METHOCARBAM TAB750MG	1	1	Removal of Prior Authorization	NA	04/01/2018
METHYLDOPA TAB250MG	1	1	Removal of Prior Authorization	NA	04/01/2018
METHYLDOPA TAB500MG	1	1	Removal of Prior Authorization	NA	04/01/2018
PENTAZ/NALOX TAB50-0.5MG	4	4	Removal of Prior Authorization	NA	04/01/2018
NIFEDIPINE CAP10MG	1	1	Removal of Prior Authorization	NA	04/01/2018
NIFEDIPINE CAP20MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ORPHENADRINETAB100MG ER	1	1	Removal of Prior Authorization	NA	04/01/2018
PROMETH VC SOLPLAIN	1	1	Removal of Prior Authorization	NA	04/01/2018
PROMETHAZINESYP6.25/5ML	1	1	Removal of Prior Authorization	NA	04/01/2018
PROMETHAZINETAB12.5MG	1	1	Removal of Prior Authorization	NA	04/01/2018
PROMETHAZINESUP12.5MG	2	2	Removal of Prior Authorization	NA	04/01/2018
PHENADOZ SUP12.5MG	4	4	Removal of Prior Authorization	NA	04/01/2018
PHENERGAN SUP12.5MG	4	4	Removal of Prior Authorization	NA	04/01/2018
PROMETHAZINETAB25MG	1	1	Removal of Prior Authorization	NA	04/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
PROMETHAZINESUP25MG	2	2	Removal of Prior Authorization	NA	04/01/2018
PHENERGAN SUP25MG	4	4	Removal of Prior Authorization	NA	04/01/2018
PROMETHEGAN SUP25MG	2	2	Removal of Prior Authorization	NA	04/01/2018
PROMETHAZINEINJ25MG/ML	4	4	Removal of Prior Authorization	NA	04/01/2018
PROMETHAZINETAB50MG	1	1	Removal of Prior Authorization	NA	04/01/2018
PROMETHAZINESUP50MG	2	2	Removal of Prior Authorization	NA	04/01/2018
PHENERGAN SUP50MG	4	4	Removal of Prior Authorization	NA	04/01/2018
PROMETHEGAN SUP50MG	2	2	Removal of Prior Authorization	NA	04/01/2018
PROMETHAZINEINJ50MG/ML	4	4	Removal of Prior Authorization	NA	04/01/2018
SELZENTRY SOL20MG/ML	NF	4	Formulary Enhancement	NA	04/01/2018
SHINGRIX INJ50MCG	NF	3	Formulary Enhancement	NA	04/01/2018
<i>tenofovir tab300mg</i>	NF	5	Formulary Enhancement	NA	04/01/2018
TRIHEXYPHEN ELX0.4MG/ML	4	4	Removal of Prior Authorization	NA	04/01/2018
TRIHEXYPHEN TAB2MG	1	1	Removal of Prior Authorization	NA	04/01/2018
TRIHEXYPHEN TAB5MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ZALEPLON CAP10MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ZALEPLON CAP5MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ZENPEP CAP	NF	3	Formulary Enhancement	NA	04/01/2018
ZOLPIDEM TAR SUB1.75MG	4	4	Removal of Prior Authorization	NA	04/01/2018
ZOLPIDEM TAB10MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ZOLPIDEM TAR SUB3.5MG	4	4	Removal of Prior Authorization	NA	04/01/2018
ZOLPIDEM TAB5MG	1	1	Removal of Prior Authorization	NA	04/01/2018
ZOLPIDEM ER TAB6.25MG	4	4	Removal of Prior Authorization	NA	04/01/2018
<i>abacavir sol20mg/ml</i>	NF	4	Formulary Enhancement	NA	05/01/2018
BIKTARVY TAB	NF	5	Formulary Enhancement	NA	05/01/2018
CASPOFUNGIN INJ50MG	NF	3	Formulary Enhancement	NA	05/01/2018

2018 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
CASPOFUNGIN INJ70MG	NF	3	Formulary Enhancement	NA	05/01/2018
<i>clobetasol sol0.05%</i>	NF	4	Formulary Enhancement	NA	05/01/2018
<i>digox tab0.125mg</i>	NF	1	Formulary Enhancement	NA	05/01/2018
<i>digox tab0.25mg</i>	NF	1	Formulary Enhancement	NA	05/01/2018
<i>efavirenz cap200mg</i>	NF	2	Formulary Enhancement	NA	05/01/2018
<i>efavirenz tab600mg</i>	NF	5	Formulary Enhancement	NA	05/01/2018
ERLEADA TAB60MG	NF	5	Formulary Enhancement	NA	05/01/2018
<i>estradiol cre0.01%</i>	NF	4	Formulary Enhancement	NA	05/01/2018
<i>haloperidol inj5mg/ml</i>	NF	2	Formulary Enhancement	NA	05/01/2018
<i>memantine hccap14mg er</i>	NF	2	Formulary Enhancement	NA	05/01/2018
<i>memantine hccap21mg er</i>	NF	2	Formulary Enhancement	NA	05/01/2018
<i>memantine hccap28mg er</i>	NF	2	Formulary Enhancement	NA	05/01/2018
<i>memantine hccap7mg er</i>	NF	2	Formulary Enhancement	NA	05/01/2018
<i>methotrexateinj25mg/ml</i>	NF	1	Formulary Enhancement	NA	05/01/2018
QVAR REDIIHA AER80MCG	NF	3	Formulary Enhancement	NA	05/01/2018
QVAR REDIIHAERAER40MCG	NF	3	Formulary Enhancement	NA	05/01/2018
<i>sodium phenytab500mg</i>	NF	5	Formulary Enhancement	NA	05/01/2018
<i>timolol malesol0.5%</i>	NF	1	Formulary Enhancement	NA	05/01/2018
<i>trientine cap250mg</i>	NF	5	Formulary Enhancement	NA	05/01/2018
VIDEX EC CAP125MG	NF	4	Formulary Enhancement	NA	05/01/2018

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

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 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 60days' 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.