

## Pharmacy Update

The formulary changes below meet requirements set by the State of Michigan and the Common Formulary Workgroup. Blue Cross Complete is a member of Michigan Managed Care Common Formulary Workgroup.

**Please Note:** Changes established by the Common Formulary Workgroup may not be posted immediately. Please allow time for documents to be updated and posted. New information will be posted as soon as possible.

Medication Name	Preferred Drug List Update*	Limit*	Effective Date
ARMONAIR RESPICLICK 113 MCG ARMONAIR RESPICLICK 232 MCG ARMONAIR RESPICLICK 55 MCG	Added to formulary with QL	1 unit/30 days	7/1/2018
ARNUITY ELLIPTA 100 MCG INH ARNUITY ELLIPTA 200 MCG INH	Removed from formulary – NSO. Current utilizers grandfathered with adherence in past 90 days.		7/1/2018
BENZNIDAZOLE 100 MG TABLET BENZNIDAZOLE 12.5 MG TABLET	Added to formulary with PA		7/1/2018
DIPYRIDAMOLE 50 MG TABLET	QL Added	4 tablets/day	7/1/2018
ELITE-OB CAPLET	Removed from formulary		7/1/2018
ENDARI 5 GRAM POWDER PACKET	Added to formulary with PA		7/1/2018
FIRVANQ 25 MG/ML SOLUTION FIRVANQ 50 MG/ML SOLUTION	Added to formulary		7/1/2018
FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS FLOVENT 50 MCG DISKUS	Removed from formulary – NSO. Current utilizers grandfathered with adherence in past 90 days.		7/1/2018
FLOVENT HFA 110 MCG INHALER FLOVENT HFA 44 MCG INHALER	AL and QL added. Current utilizers ≥13 years old referred to Armonair Respiclick.	1 inhalers/30 days Covered for ages 0-12	7/1/2018
FLOVENT HFA 220 MCG INHALER	AL and QL added. Current utilizers ≥13 years old referred to Armonair Respiclick.	2 inhalers/30 days Covered for ages 0-12	7/1/2018
HUMIRA PEN PSORIASIS-UVEITIS	QL Added	4 pens/28 days	7/1/2018
IDHIFA 100 MG TABLET IDHIFA 50 MG TABLET	Added to formulary with PA		7/1/2018
MULTIVIT & FLUOR 0.5 MG/ML DRP MULTI-VIT W-FLUOR 0.25 MG/ML MULTIVIT-FLUOR 0.25 MG/ML DROP MULTIVIT-FLUOR 0.5 MG/ML DROP MULTIVIT-FLUOR-IRON 0.25 MG/ML	Added to formulary with AL and QL	2 mL/day Covered for ages 0-12	7/1/2018
MULTIVITAMINS CHEWABLES TABLET MULTIVIT-FLUOR 0.25 MG TAB CHW MULTIVIT-FLUORIDE 1 MG TAB CHW	Added to formulary with AL and QL	1 tablet/day Covered for ages 0-12	7/1/2018

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MVC-FLUORIDE 0.5 MG TAB CHEW MVC-FLUORIDE 0.25 MG TAB CHEW MVC-FLUORIDE 1 MG TAB CHEW	Added to formulary with AL and QL	1 tablet/day Covered for ages 0-12	7/1/2018
NEOMYCIN-POLY-HC EYE DROPS	Removed from formulary		7/1/2018
NICOTINE TRANSDERMAL SYSTEM	QL added	56 patches/56 days	7/1/2018
NITROGLYCERIN LINGUAL 0.4 MG	ST added for NSO	Nitroglycerin SL Tablets	7/1/2018
OTEZLA 28 DAY STARTER PACK OTEZLA STARTER PACK	QL added	1 starter pack/365 days	7/1/2018
PINDOLOL 10 MG TABLET PINDOLOL 5 MG TABLET	Removed from formulary for NSO		7/1/2018
PRENATE AM TABLET	Removed from formulary for NSO		7/1/2018
PSEUDOEPHED 30 MG/5 ML SOLN	Added AL and QL	4mL/day; 120 mL/30 days Covered for ages 4-11	7/1/2018
PSEUDOEPHEDRINE 30 MG TABLET	Added AL and QL	1.6 tablets per day; 48 tablets/30 days Covered for ages 12-65	7/1/2018
PSEUDOEPHEDRINE 60 MG TABLET	Added AL and QL	1 tablet per day; 30 tablets/30 days Covered for ages 12-65	7/1/2018
QBRELIS 1MG/ML SOLUTION	Added to formulary with AL	Covered for ages 0-12	7/1/2018
TIMOLOL MALEATE 10 MG TABLET TIMOLOL MALEATE 20 MG TABLET TIMOLOL MALEATE 5 MG TABLET	Removed from formulary for NSO		7/1/2018
TRI-VIT-FLUOR 0.25 MG/ML DROP	Added AL and QL	2mL/day Covered for ages 0-12	7/1/2018
TRI-VIT-FLUOR 0.5 MG/ML DROP TRI-VIT-FLUOR-IRON 0.25 MG/ML	Added to formulary with AL and QL	2mL/day Covered for ages 0-12	7/1/2018
XATMEP 2.5MG/ML ORAL SOLUTION	Added to the formulary with PA		7/1/2018
Admelog Solostar	Added to formulary with AL and QL	30 mL/30 days (2 boxes of 5 pens) ≤ 21 years old covered without PA	5/1/2018
Admelog Vial	Added to formulary with QL	60 mL/30 days (6 vials)	5/1/2018
Prescription Opioid Cough and Cold Medicines (if included on the formulary)	Adopted FDA guidance on age limits. Updated minimum age to 18 years old.		5/1/2018
Steglatro	Added to formulary with PA		5/1/2018
Segluromet	Added to formulary with PA		5/1/2018

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AMANTADINE 100 MG TABLET	QL added	4 tablets/day	4/1/2018
ASPERCREME 4% PATCH	Added to formulary with QL	1 patch/day	4/1/2018
CAPACET CAPSULE ESGIC CAPSULE MARGESIC CAPSULE ZEBUTAL 50-325-40 MG CAPSULE	<u>Capsules</u> removed from formulary.  <u>Tablets</u> are the preferred dosage form for this combination.		4/1/2018
CELECOXIB 100 MG CAPSULE CELECOXIB 200 MG CAPSULE CELECOXIB 400 MG CAPSULE CELECOXIB 50 MG CAPSULE	PA removed, QL remains active	1 capsule/day	4/1/2018
DICLOFENAC SODIUM 1% GEL	ST removed, QL added	500 gm/30 days	4/1/2018
DICLOFENAC SODIUM 3% GEL	PA criteria updated		4/1/2018
FLUOROURACIL 0.5% CREAM FLUOROURACIL 5% CREAM	PA criteria updated		4/1/2018
FORTEO 600 MCG/2.4 ML PEN INJ	PA criteria updated	1 unit/month	4/1/2018
IMIQUIMOD 5% CREAM PACKET	PA criteria updated	12 packets/month	4/1/2018
KETOPROFEN 50 MG CAPSULE KETOPROFEN 75 MG CAPSULE	Removed from formulary		4/1/2018
LIDOCAINE 3% CREAM	QL added	85 grams/30 days	4/1/2018
LIDOCAINE 5% PATCH	QL updated	1 patch/day	4/1/2018
MEMANTINE 5-10 TITRATION PK	PA criteria retired QL and AL added	49 tablets/year	4/1/2018
MEMANTINE HCL 10 MG TABLET MEMANTINE HCL 5 MG TABLET	PA criteria retired QL and AL added	2 tablets/day	4/1/2018
METHADONE 40 MG TABLET DISPR	Removed from formulary		4/1/2018
METHERGINE 0.2 MG TABLET	QL added	28 tablets/180 days	4/1/2018
NAPROXEN 125 MG/5 ML SUSPEN	Added to formulary with PA and AL	Max age 12 years	4/1/2018
ODOMZO 200 MG CAPSULE	Added to formulary with PA		4/1/2018
SSD 1% CREAM	Added to formulary		4/1/2018
SUMATRIPTAN 20 MG NASAL SPRAY	Added to formulary with PA and QL	1 box/month	4/1/2018
SUMATRIPTAN 5 MG NASAL SPRAY	Added to formulary with PA and QL	2 boxes/month	4/1/2018
TRACLEER 32 MG TABLET FOR SUSP	Added to formulary with PA, AL	Ages 3 – 12 years old	4/1/2018
TYMLOS 80 MCG DOSE PEN INJECTR	Added to formulary with PA		4/1/2018
ZENPEP DR 20,000 UNIT CAPSULE	Coding update for new NDC	16 capsules/day	4/1/2018
ZENPEP DR 40,000 UNIT CAPSULE	Coding update for new NDC	16 capsules/day	4/1/2018
ARMONAIR RespiClick	Added to formulary with QL	1 unit/month	3/1/2018
PREVACID SoluTab 15mg PREVACID SoluTab 30mg	Updated QL, AL remains No AL for CSHCS	1 tablet/day	3/1/2018
ASACOL HD DR 800 MG TABLET	Brand name removed from formulary – generic is covered		1/1/2018
CAYA CONTOURED DIAPHRAGM	Added to formulary		1/1/2018
COMPLEX B-50 TABLET	No PA required		1/1/2018
ESOMEPRAZOLE MAG DR 20 MG CAP	Removed from formulary		1/1/2018
ETIDRONATE DISODIUM 200 MG TAB	Removed from formulary		1/1/2018

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ETIDRONATE DISODIUM 400 MG TAB			
FARXIGA 5 MG TABLET FARXIGA 10 MG TABLET	Removed from formulary		1/1/2018
FOLTANX RF CAPSULE	Removed from formulary Not on MPPL		1/1/2018
GLATIRAMER 40 MG/ML SYRINGE	Added to formulary with PA	12/28 days	1/1/2018
HUMALOG JR 100 UNIT/ML KWIKPEN	Added to formulary	Max age 21, 30ml/ 30 days;1ml/day	1/1/2018
INVOKAMET XR 150-1,000 MG TAB INVOKAMET XR 50-500 MG TABLET INVOKAMET XR 150-500 MG TABLET INVOKAMET XR 50-1,000 MG TAB	QL added	2 tablets/day	1/1/2018
JARDIANCE 10 MG TABLET JARDIANCE 25 MG TABLET	Added to formulary with PA	1 tablet/day	1/1/2018
LEVOMEFOL-PYRIDOXAL-MEC-ALGAL	Removed from formulary Not on MPPL		1/1/2018
L-METHYLFOLATE CA P-5-P ME-CBL	Removed from formulary Not on MPPL		1/1/2018
METANX CAPSULE	Removed from formulary Not on MPPL		1/1/2018
METHERGINE 0.2 MG TABLET	Brand added to formulary	Min age 12	1/1/2018
METHYLERGONOVINE 0.2 MG TABLET	Generic discontinued Brand covered		1/1/2018
NEXIUM 24HR 20 MG CAPSULE	Added to formulary with step- therapy requirements - ST: Step 1 omeprazole and pantoprazole Step 2 Nexium OTC and lansoprazole	2 capsules/day	1/1/2018
NEXIUM DR 20 MG CAPSULE	Removed from formulary		1/1/2018
SYNJARDY 5-1,000 MG TABLET SYNJARDY 12.5-1,000 MG TABLET SYNJARDY 5-500 MG TABLET SYNJARDY 12.5-500 MG TABLET	Added to formulary with PA	2 tablets/day	1/1/2018
SYNJARDY XR 10-1,000 MG TABLET SYNJARDY XR 25-1,000 MG TABLET	Added to formulary with PA	1 tablet/day	1/1/2018
SYNJARDY XR 12.5-1,000 MG TAB SYNJARDY XR 5-1,000 MG TABLET	Added to formulary with PA	2 tablets/day	1/1/2018
WIDE SEAL DIAPHRAGM 60MM WIDE SEAL DIAPHRAGM 65MM WIDE SEAL DIAPHRAGM 70MM WIDE SEAL DIAPHRAGM 75MM WIDE SEAL DIAPHRAGM 80MM WIDE SEAL DIAPHRAGM 85MM WIDE SEAL DIAPHRAGM 90MM WIDE SEAL DIAPHRAGM 95MM	Added to formulary		1/1/2018
BETHKIS 300 MG/4 ML AMPULE	Added to formulary with PA		10/1/2017
BREVICON 28 TABLET	Brand name product only - removed from formulary		10/1/2017
<b>Cetirizine syrup Store/Generic Brands – various</b> CHILD ALL DAY ALLERGY 1 MG/ML CHILD WAL-ZYR 1 MG/ML SOLUTION CHILD'S ALLER-TEC 1 MG/ML SOLN	Added to formulary with QL	10 mL/day	10/1/2017

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CVS CHILD ALLERGY RELF 1 MG/ML EQ CHILD ALLERGY RELF 1 MG/ML EQL CHLD ALL DAY ALLER 1 MG/ML GNP CHLD ALL DAY ALLER 1 MG/ML HM CHLD ALLER COMPLETE 1 MG/ML KRO CHLD ALL DAY ALLER 1 MG/ML PUB CHILDREN'S ALLERGY 1 MG/ML RA CHILD ALLERGY RELF 1 MG/ML SM ALL DAY ALLERGY 1 MG/ML SYR SM CHILD ALL DAY ALLER 1 MG/ML WAL-ZYR SOLUTION			
<b>Chlorpheniramine tablet Store/Generic Brands – various</b> CHLOR-TRIMETON ALLERGY ALLER-CHLOR 4 MG TABLET ALLERGY 4 MG TABLET ALLERGY RELIEF 4 MG TABLET ALLERGY-TIME 4 MG TABLET CVS ALLERGY RELIEF 4 MG TABLET ED-CHLORTAN 4 MG TABLET EQ CHLORTABS 4 MG TABLET EQL ALLERGY 4 MG TABLET GNP ALLERGY 4 MG TABLET HM ALLERGY RELIEF 4 MG TABLET KRO ALLERGY 4 MG TABLET PHARBECHLOR 4 MG TABLET SM ALLERGY 4-HR 4 MG TABLET WAL-FINATE 4 MG TABLET	Added to formulary		10/1/2017
CLOTRIMAZOLE 1% CREAM CLOTRIMAZOLE 1% CREAM GRX CVS CLOTRIMAZOLE 1% CREAM PV CLOTRIMAZOLE 1% CREAM QC CLOTRIMAZOLE 1% CREAM SM CLOTRIMAZOLE AF 1% CREAM	Added to formulary		10/1/2017
FEMCAP 22 MM CERVICAL CAP FEMCAP 26 MM CERVICAL CAP FEMCAP 30 MM CERVICAL CAP	Added to formulary		10/1/2017
FEMCON FE CHEWABLE TABLET	Brand name product only - removed from formulary		10/1/2017
FLUTICASONE-SALMETEROL 113-14 FLUTICASONE-SALMETEROL 232-14 FLUTICASONE-SALMETEROL 55-14	Added to formulary	1 unit/30 days	10/1/2017
FONDAPARINUX 10 MG/0.8 ML SYR FONDAPARINUX 2.5 MG/0.5 ML SYR FONDAPARINUX 5 MG/0.4 ML SYR FONDAPARINUX 7.5 MG/0.6 ML SYR	Removed from formulary		10/1/2017
GENERESS FE CHEWABLE TABLET	Brand name product only - removed from formulary		10/1/2017
GENORA 1/50-28 TABLET	New generic added to formulary		10/1/2017
INCRUSE ELLIPTA 62.5 MCG INH	QL added	1 inhaler/30 days	10/1/2017
LANTUS 100 UNITS/ML VIAL LANTUS SOLOSTAR 100 UNITS/ML	Removed from formulary.		10/1/2017

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	Basaglar is preferred brand of glargine insulin.		
LO LOESTRIN FE 1-10 TABLET	Brand name product only - removed from formulary		10/1/2017
LOESTRIN 21 1-20 TABLET	Brand name product only - removed from formulary		10/1/2017
<b>Loratadine syrup Store/Generic Brands – various</b> ALLERGY RELIEF 5 MG/5 ML SOLN ALLERGY RELIEF SYRUP CHILD CLARITIN 5 MG/5 ML SOLN CHILD WAL-ITIN 5 MG/5 ML SYRUP CLARITIN 5 MG/5 ML SYRUP CVS ALLERGY RELIEF 5 MG/5 ML EQ CHILD ALLERGY RELIEF SOLN GNP ALLERGY RELF 5 MG/5 ML SLN WAL-ITIN 5 MG/5 ML SYRUP	Added to formulary	10 mL/day	10/1/2017
MIBELAS 24 FE CHEWABLE TABLET	Added to formulary Generic of Minastrin 24 FE		10/1/2017
MIDAZOLAM HCL 10 MG/2 ML VIAL MIDAZOLAM HCL 10 MG/2 ML VIAL MIDAZOLAM HCL 10 MG/2 ML VIAL MIDAZOLAM HCL 25 MG/5 ML VIAL MIDAZOLAM HCL 5 MG/ML VIAL MIDAZOLAM HCL 5 MG/ML VIAL MIDAZOLAM HCL 5 MG/ML VIAL MIDAZOLAM HCL 5 MG/ML VIAL MIDAZOLAM HCL 5 MG/ML VIAL MIDAZOLAM HCL 50 MG/10 ML VIAL	Added to formulary for specific application	4 mL/30 days	10/1/2017
MINASTRIN 24 FE CHEWABLE TAB	Removed from formulary		10/1/2017
NARCAN 2 MG NASAL SPRAY	Added to formulary New strength	4 units/90 days	10/1/2017
NECON 1-50-28 TABLET	Brand name product only - removed from formulary		
NORG-EE 0.18-0.215-0.25/0.025	Added to formulary		10/1/2017
NORINYL 1+35-28 TABLET	Brand name product only - removed from formulary		10/1/2017
ORTHO TRI-CYCLEN 28 TABLET	Brand name product only - removed from formulary		10/1/2017
ORTHO TRI-CYCLEN LO TABLET	Brand name product only - removed from formulary		
OVCON-35 28 TABLET	Brand name product only - removed from formulary		10/1/2017
PREMARIN VAGINAL CREAM-APPL	Removed from formulary.  Estrace Vaginal Cream is now the preferred product.		10/1/2017
SAFYRAL TABLET	Brand name product only - removed from formulary		10/1/2017
SPIRIVA 18 MCG CP-HANDIHALER	Removed from formulary.  Incruse Ellipta is now the preferred long-acting inhaled anticholinergic.		10/1/2017

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SPIRIVA RESPIMAT 1.25 MCG INH SPIRIVA RESPIMAT 2.5 MCG INH	Removed from formulary.  Incruse Ellipta is now the preferred long-acting inhaled anticholinergic.		10/1/2017
TOLNAFTATE 1% CREAM TOLNAFTATE AF 1% CREAM GNP TOLNAFTATE 1% CREAM PV TOLNAFTATE 1% CREAM QC TOLNAFTATE 1% CREAM TOLNAFTATE 1% POWDER	Added to formulary		10/1/2017
TUDORZA PRESSAIR 400 MCG INH	Removed from formulary.  Incruse Ellipta is now the preferred long-acting inhaled anticholinergic.		10/1/2017
VEMLIDY 25 MG TABLET	Added to formulary with PA		10/1/2017
YASMIN 28 TABLET	Brand name product only - removed from formulary		10/1/2017
YUVAFEM 10 MCG VAGINAL INSERT	Added to formulary		10/1/2017
ADAPALENE 0.1% CREAM ADAPALENE 0.1% GEL	Removed from formulary		7/1/2017
AQUASOL E 50 UNIT/ML DROPS VITAMIN E 50 UNIT/ML DROPS	AL Added	≤ 12 years old	7/1/2017
BLEPHAMIDE EYE DROPS BLEPHAMIDE EYE OINTMENT	Removed from formulary		7/1/2017
BRIMONIDINE TARTRATE 0.15% DRP	Removed from formulary		7/1/2017
COLESTIPOL HCL GRANULES PACKET	Removed from formulary		7/1/2017
EPANED 1 MG/ML SOLUTION	Removed from formulary		7/1/2017
FENOFIBRATE 130 MG CAPSULE FENOFIBRATE 150 MG CAPSULE	Removed from formulary		7/1/2017
FENOFIBRATE 43 MG CAPSULE FENOFIBRATE 50 MG CAPSULE	QL Added	1 tablet/day	7/1/2017
FENOFIBRIC ACID 35 MG TABLET FENOFIBRIC ACID 105 MG TABLET	QL Added	1 tablet/day	7/1/2017
FLAREX 0.1% EYE DROPS	Removed from formulary		7/1/2017
FLUORIDE 0.25 MG TABLET CHEW	QL Added	1 tablet/day	7/1/2017
FLUVASTATIN SODIUM 20 MG CAP FLUVASTATIN SODIUM 40 MG CAP	Removed from formulary		7/1/2017
GNP DIABETIC SUPPORT FORM TAB	Removed from formulary		7/1/2017
GNP HAIR,SKIN & NAILS TABLET	Removed from formulary		7/1/2017
LUDENT FLUORIDE 0.25 MG TB CHW LUDENT FLUORIDE 0.5 MG TB CHEW LUDENT FLUORIDE 1 MG TAB CHEW	QL Added	1 tablet/day	7/1/2017
MEGAVITE CAPLET VITAMIN D3 COMPLETE CAPLET	Removed from formulary		7/1/2017
MEGAVITE GOLDEN YEARS CAPLET	Removed from formulary		7/1/2017
MEPHYTON 5 MG TABLET	QL Added	5 tablets/30 days	7/1/2017
NIACIN ER 1,000 MG TABLET NIACIN ER 750 MG TABLET NIACIN ER 500 MG TABLET	Removed from formulary • Must use OTC version		7/1/2017
NIACIN-AZE AC-TURMER-FA-B6-ZN NICAZEL FORTE TABLET	Removed from formulary		7/1/2017

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NICADAN TABLET	Removed from formulary		7/1/2017
NICAZEL TABLET VP-ZEL TABLET	Removed from formulary		7/1/2017
OMEPRAZOLE DR 20 MG TABLET CVS OMEPRAZOLE DR 20 MG TABLET EQ OMEPRAZOLE DR 20 MG TABLET GS OMEPRAZOLE DR 20 MG TABLET HM OMEPRAZOLE DR 20 MG TABLET PUB OMEPRAZOLE DR 20 MG TABLET PV OMEPRAZOLE DR 20 MG TABLET RA OMEPRAZOLE DR 20 MG TABLET SB OMEPRAZOLE DR 20 MG TABLET SM OMEPRAZOLE DR 20 MG TABLET SW OMEPRAZOLE DR 20 MG TABLET	Removed from formulary <ul style="list-style-type: none"> <li>Must use Rx Capsule dosage form</li> </ul>		7/1/2017
ONE DAILY TABLET EQ ONE DAILY TABLET GNP ONE DAILY TABLET	Removed from formulary		7/1/2017
POTASSIUM CL 10% (20 MEQ/15 ML) POTASSIUM CL 10% (40 MEQ/30 ML) POTASSIUM CL 20% (40 MEQ/15 ML) solutions	Removed from formulary <ul style="list-style-type: none"> <li>Must use dispersible tablet dosage form</li> </ul>		7/1/2017
POTASSIUM CL 20 MEQ PACKET	Removed from formulary <ul style="list-style-type: none"> <li>Must use dispersible tablet dosage form</li> </ul>		7/1/2017
RANEXA ER 500 MG TABLET RANEXA ER 1,000 MG TABLET	PA Criteria Added		7/1/2017
SOTALOL AF 80 MG TABLET SOTALOL AF 120 MG TABLET SOTALOL AF 160 MG TABLET	QL Added	2 tablets/day	7/1/2017
TIMOLOL 0.25% GEL-SOLUTION TIMOLOL 0.25% GFS GEL-SOLUTION TIMOLOL 0.5% GEL-SOLUTION TIMOLOL 0.5% GFS GEL-SOLUTION	Removed from formulary <ul style="list-style-type: none"> <li>Must use non-gel forming solution</li> </ul>		7/1/2017
TOBRADEX EYE OINTMENT	Removed from formulary		7/1/2017
TRAVOPROST 0.004% EYE DROP	Removed from formulary		7/1/2017
TRETINOIN 0.01% GEL TRETINOIN 0.025% CREAM TRETINOIN 0.025% GEL TRETINOIN 0.05% CREAM TRETINOIN 0.1% CREAM	Removed from formulary		7/1/2017
VALSARTAN 40 MG TABLET VALSARTAN 80 MG TABLET VALSARTAN 160 MG TABLET VALSARTAN 320 MG TABLET	QL Added	2 tablets/day 2 tablets/day 2 tablets/day 1 tablet/day	7/1/2017
VALSARTAN-HCTZ 80-12.5 MG TAB VALSARTAN-HCTZ 160-12.5 MG TAB VALSARTAN-HCTZ 160-25 MG TAB VALSARTAN-HCTZ 320-12.5 MG TAB VALSARTAN-HCTZ 320-25 MG TAB	QL Added	1 tablet/day	7/1/2017
VIGAMOX 0.5% EYE DROPS	Removed from formulary		7/1/2017
ACE AEROSOL CLOUD ENHANCER	Added to formulary with QL	4 units/365 days	4/1/2017
ACETAMINOPHEN 160 MG ODT	Added to formulary with QL	Max 4gm/day APAP Logic	4/1/2017

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ACETAMINOPHEN 160 MG/5 ML ELX	Added to formulary with QL	Max 4gm/day APAP Logic	4/1/2017
ACETAMINOPHEN 500 MG CPLT	Added to formulary with QL	Max 4gm/day APAP Logic	4/1/2017
ACETAMINOPHEN 500 MG/5 ML LIQ	Added to formulary with QL	Max 4gm/day APAP Logic	4/1/2017
ACETAMINOPHEN 80 MG RAPID TAB	Added to formulary with QL	Max 4gm/day APAP Logic	4/1/2017
AEROCHAMBER MINI	Added to formulary with QL	4 units/365 days	4/1/2017
AEROCHAMBER PLUS FLOW-VU	Added to formulary with QL	4 units/365 days	4/1/2017
AEROCHAMBER PLUS FLOW-VU LARGE	Added to formulary with QL	4 units/365 days	4/1/2017
AEROCHAMBER PLUS FLOW-VU MED	Added to formulary with QL	4 units/365 days	4/1/2017
AEROCHAMBER PLUS FLOW-VU SMALL	Added to formulary with QL	4 units/365 days	4/1/2017
AEROCHAMBER PLUS W-FLOWSIGNAL	Added to formulary with QL	4 units/365 days	4/1/2017
AEROCHAMBER PLUS Z STAT	Added to formulary with QL	4 units/365 days	4/1/2017
AEROCHAMBER PLUS Z STAT LARGE	Added to formulary with QL	4 units/365 days	4/1/2017
AEROCHAMBER PLUS Z STAT MEDIUM	Added to formulary with QL	4 units/365 days	4/1/2017
AEROCHAMBER PLUS Z STAT SMALL	Added to formulary with QL	4 units/365 days	4/1/2017
AEROTRACH HOLDING CHAMBER	Added to formulary with QL	4 units/365 days	4/1/2017
AKWA TEARS 1.4% DROPS	Added to formulary		4/1/2017
AMMONIUM LACTATE 12% CREAM	QL removed		4/1/2017
AMMONIUM LACTATE 12% LOTION	QL removed		4/1/2017
AQUADEKS PEDIATRIC LIQUID	Added to formulary		4/1/2017
ARTIFICIAL TEARS 1.4 % DROPS	Added to formulary		4/1/2017
ARTIFICIAL TEARS DROPS	Added to formulary		4/1/2017
ASSESS PEAK FLOW METER	Added to formulary with QL	4 units/365 days	4/1/2017
ASTHMA CHECK PEAK FLOW MTR	Added to formulary with QL	4 units/365 days	4/1/2017
ASTHMAMENTOR PEAK FLOW MTR	Added to formulary with QL	4 units/365 days	4/1/2017
BREATHERITE MDI SPACER	Added to formulary with QL	4 units/365 days	4/1/2017
BREATHRITE VALVED MDI CHAMBER	Added to formulary with QL	4 units/365 days	4/1/2017
BREATHRITE VALVED MDI SPACER	Added to formulary with QL	4 units/365 days	4/1/2017
CHILD IBU-DROPS 50 MG/1.25 ML	Added to formulary		4/1/2017
CHILD IBU-DROPS 50 MG/1.25 ML	Added to formulary		4/1/2017
CHLORHEXIDINE 0.12% RINSE	Removed QL		4/1/2017
COLCHICINE 0.6 MG CAPSULE	Added to formulary with QL	2 capsules/day	4/1/2017
CVS PRENATAL GUMMY VITAMINS	Added to formulary		4/1/2017
CVS SODIUM CHLORIDE 5% OINT	Added to formulary		4/1/2017
CYANOCOBALAMIN 1,000 MCG/ML	Added to formulary		4/1/2017
DENTAGEL 1.1% GEL	Removed AL		4/1/2017
EASIVENT HOLDING CHAMBER	Added to formulary with QL	4 units/365 days	4/1/2017
EASIVENT MASK-LARGE	Added to formulary with QL	4 units /365 days	4/1/2017
EASIVENT MASK-MEDIUM	Added to formulary with QL	4 units /365 days	4/1/2017
EASIVENT MASK-SMALL	Added to formulary with QL	4 units /365 days	4/1/2017
EPINEPHRINE 0.15 MG AUTO-INJCT	Added to formulary with QL	4 pens/ month	4/1/2017
EPINEPHRINE 0.3 MG AUTO-INJECT	Added to formulary with QL	4 pens / month	4/1/2017
ETODOLAC 200 MG CAPSULE	Added to formulary with QL	2 tablets/ day	4/1/1017
ETODOLAC 300 MG CAPSULE	Added to formulary with QL	2 tablets/ day	4/1/2017
ETODOLAC 400 MG TABLET	Added to formulary with QL	2 tablets/ day	4/1/2017
ETODOLAC 500 MG TABLET	Added to formulary with QL	2 tablets/ day	4/1/2017
E-Z SPACER	Added to formulary with QL	4 units /365 days	4/1/2017
FLUORIDEX DEFENSE 1.1% GEL	Removed AL		4/1/2017
FLURBIPROFEN 100 MG TABLET	Added to formulary		4/1/2017
GLUCOTEN CAPLET	Removed from formulary		4/1/2017

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GNP CHLD IBUPROFEN 100 MG/5 ML	Added to formulary	60ml/ day	4/1/2017
IBUPROFEN 200 MG CAPLET	Added to formulary		4/1/2017
IBUPROFEN 200 MG SOFTGEL	Added to formulary		4/1/2017
IBUPROFEN 200 MG TABLET	Added to formulary		4/1/2017
IBUPROFEN JR STR 100 MG	Added to formulary		4/1/2017
IN-CHECK NASAL WITH MASK	Added to formulary with QL	4 units /365 days	4/1/2017
IN-CHECK ORAL FLOW METER	Added to formulary with QL	4 units /365 days	4/1/2017
INSPIRACHAMBER	Added to formulary with QL	4 units /365 days	4/1/2017
INSPIRACHAMBER WITH MASK-MED	Added to formulary with QL	4 units /365 days	4/1/2017
INSPIRACHAMBER WITH MASK-SMALL	Added to formulary with QL	4 units /365 days	4/1/2017
LEVOXYL 100 MCG TABLET	Added to formulary		4/1/2017
LEVOXYL 112 MCG TABLET	Added to formulary		4/1/2017
LEVOXYL 125 MCG TABLET	Added to formulary		4/1/2017
LEVOXYL 137 MCG TABLET	Added to formulary		4/1/2017
LEVOXYL 150 MCG TABLET	Added to formulary		4/1/2017
LEVOXYL 175 MCG TABLET	Added to formulary		4/1/2017
LEVOXYL 200 MCG TABLET	Added to formulary		4/1/2017
LEVOXYL 25 MCG TABLET	Added to formulary		4/1/2017
LIQUITEARS 1.4 % DROPS	Added to formulary		4/1/2017
LITETAIRE MDI CHAMBER	Added to formulary with QL	4 units /365 days	4/1/2017
LITETOUCH LARGE MASK	Added to formulary with QL	4 units /365 days	4/1/2017
LITETOUCH MEDIUM MASK	Added to formulary with QL	4 units /365 days	4/1/2017
LITETOUCH SMALL MASK	Added to formulary with QL	4 units /365 days	4/1/2017
L-METHYL-MC NAC TABLET and METAFOLBIC PLUS CAPLET	Removed from formulary		4/1/2017
LUBRICANT EYE DROPS	Added to formulary		4/1/2017
LUBRICATING PLUS 0.5% EYE DRPS	Added to formulary		4/1/2017
LUDENT FLUORIDE 0.25 MG TB CHW	Added to formulary with QL		4/1/2017
LUDENT FLUORIDE 0.5 MG TB CHEW	Added to formulary with QL		4/1/2017
LUDENT FLUORIDE 1 MG TAB CHEW	Added to formulary with QL		4/1/2017
MACUVITE WITH LUTEIN TABLET	Remove from formulary		4/1/2017
MEDROXYPROGESTERONE 150 MG/ML	QL updated	1 unit / 75 days	4/1/2017
METHAZOLAMIDE 25 MG TABLET	Remove from formulary, NSO		4/1/2017
METHAZOLAMIDE 50 MG TABLET	Remove from formulary, NSO		4/1/2017
MG-PLUS-PROTEIN TABLET	Remove from formulary		4/1/2017
MICROCHAMBER	Added to formulary with QL	4 units /365 days	4/1/2017
MICROLIFE PEAK FLOW METER	Added to formulary with QL	4 units /365 days	4/1/2017
MICROSPACER FOR AEROSOL DEVICE	Added to formulary with QL	4 units /365 days	4/1/2017
MONAGHAN Z STAT CHAMBER	Added to formulary with QL	4 units /365 days	4/1/2017
MONAGHAN Z STAT CHAMBER-LG MSK	Added to formulary with QL	4 units /365 days	4/1/2017
MONAGHAN Z STAT CHAMBER-MD MSK	Added to formulary with QL	4 units /365 days	4/1/2017
MONAGHAN Z STAT CHAMBER-SM MSK	Added to formulary with QL	4 units /365 days	4/1/2017
NAPROXEN 125 MG/5 ML SUSPEN	AL Added		4/1/2017
OCUVITE LUTEIN & ZEAXANTHIN CP	Removed from formulary		4/1/2017
ONE WAY VALVED MOUTHPIECE	Added to formulary with QL	4 units /365 days	4/1/2017
OPTICHAMBER ADULT MASK-LARGE	Added to formulary with QL	4 units /365 days	4/1/2017
PANDA MASK LARGE	Added to formulary with QL	4 units /365 days	4/1/2017
PANDA MASK MEDIUM	Added to formulary with QL	4 units /365 days	4/1/2017
PANDA MASK SMALL	Added to formulary with QL	4 units /365 days	4/1/2017
PEAK-AIR PEAK FLOW METER	Added to formulary with QL	4 units /365 days	4/1/2017
PEDIATRIC MEDIUM MASK	Added to formulary with QL	4 units /365 days	4/1/2017

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PEDIATRIC MOUTHPIECE	Added to formulary with QL	4 units /365 days	4/1/2017
PEDIATRIC PANDA MASK	Added to formulary with QL	4 units /365 days	4/1/2017
PEDIATRIC SMALL MASK	Added to formulary with QL	4 units /365 days	4/1/2017
PERSONAL BEST PEAK FLOW MTR	Added to formulary with QL	4 units /365 days	4/1/2017
PIKO 1 FLOW METER	Added to formulary with QL	4 units /365 days	4/1/2017
PILOCARPINE HCL 7.5 MG TABLET	Added to formulary		4/1/2017
PIROXICAM 10 MG CAPSULE	Added to formulary with QL	1 capsule/day	4/1/2017
PIROXICAM 20 MG CAPSULE	Added to formulary with QL	1 capsule/day	4/1/2017
POCKET CHAMBER	Added to formulary with QL	4 units /365 days	4/1/2017
POCKET PEAK FLOW METER	Added to formulary with QL	4 units /365 days	4/1/2017
PRENATAL 19 TABLET	Added to formulary		4/1/2017
PRENATAL COMPLETE CAPLET	Added to formulary		4/1/2017
PRENATAL TABLET	Added to formulary with AL		4/1/2017
PRENATAL VITAMIN FORMULA TB	Added to formulary with AL		4/1/2017
PRESERVISION AREDS 2 SOFTGEL	Remove from formulary, NSO		4/1/2017
PREVIDENT 1.1% GEL	Removed AL		4/1/2017
PRIMEAIRE CHAMBER	Added to formulary with QL		4/1/2017
PROSIGHT TABLET	Remove from formulary, NSO		4/1/2017
REFRESH CELLUVISC 1% EYE DROPS	Added to formulary		4/1/2017
REFRESH LACRI-LUBE OINTMENT	Added to formulary		4/1/2017
REFRESH LIQUIGEL 1% EYE DROPS	Added to formulary		4/1/2017
REFRESH P.M. OINTMENT	Added to formulary		4/1/2017
REFRESH TEARS 0.5% EYE DROPS	Added to formulary		4/1/2017
RITFLO SPACER	Added to formulary with QL	4 units /365 days	4/1/2017
SE-NATAL 19 TABLET	Removed AL		4/1/2017
SF 1.1% GEL	Removed AL		4/1/2017
SIDESTREAM PEDIATRIC FACE MASK	Added to formulary with QL	4 units /365 days	4/1/2017
SILICONE MASK-INFANT	Added to formulary with QL	4 units /365 days	4/1/2017
SILICONE MASK-PEDIATRIC	Added to formulary with QL	4 units /365 days	4/1/2017
SM LUBRICANT EYE DROPS	Added to formulary		4/1/2017
SODIUM CHLORIDE 5% EYE DROP	Added to formulary		4/1/2017
SPACE CHAMBER PLUS	Added to formulary with QL	4 units /365 days	4/1/2017
SYSTANE 0.3-0.4% EYE DROPS	Added to formulary		4/1/2017
SYSTANE GEL EYE DROPS	Added to formulary		4/1/2017
SYSTANE ULTRA 0.4-0.3% EYE DRP	Added to formulary		4/1/2017
THRIVITE 19 TABLET	Added to formulary		4/1/2017
TRI-VI-SOL DROPS	Added to formulary		4/1/2017
TRUZONE PEAK FLOW METER	Added to formulary with QL	4 units /365 days	4/1/2017
ULORIC 80 MG TABLET	QL added	1 tablet/day	4/1/2017
UNITHROID 50 MCG TABLET	Removed from formulary		4/1/2017
UNITHROID 88 MCG TABLET	Removed from formulary		4/1/2017
VITAMIN D3 50,000 UNITS CAPS	Added to formulary		4/1/2017
VORTEX ADULT MASK	Added to formulary with QL	4 units /365 days	4/1/2017
VORTEX FROG CHILD MASK	Added to formulary with QL	4 units /365 days	4/1/2017
VORTEX HOLDING CHAMBER	Added to formulary with QL	4 units /365 days	4/1/2017
VORTEX LADYBUG TODDLER MASK	Added to formulary with QL	4 units /365 days	4/1/2017
VORTEX VHC FROG CHILD MASK	Added to formulary with QL	4 units /365 days	4/1/2017
VORTEX VHC LADYBUG TODDLER MSK	Added to formulary with QL	4 units /365 days	4/1/2017
V-R MEMORY COMPLEX CAPLET	Removed from formulary		4/1/2017
WESTHROID 130 MG TABLET	Added to formulary		4/1/2017

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WESTHROID 195 MG TABLET	Added to formulary		4/1/2017
WESTHROID 32.5 MG TABLET	Added to formulary		4/1/2017
WESTHROID 65 MG TABLET	Added to formulary		4/1/2017
WESTHROID 97.5 MG TABLET	Added to formulary		4/1/2017
WP THYROID 113.75 MG TABLET	Added to formulary		4/1/2017
WP THYROID 130 MG TABLET	Added to formulary		4/1/2017
WP THYROID 16.25 MG TABLET	Added to formulary		4/1/2017
WP THYROID 32.5 MG TABLET	Added to formulary		4/1/2017
WP THYROID 48.75 MG TABLET	Added to formulary		4/1/2017
WP THYROID 65 MG TABLET	Added to formulary		4/1/2017
WP THYROID 81.25 MG TABLET	Added to formulary		4/1/2017
WP THYROID 97.5 MG TABLET	Added to formulary		4/1/2017

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