

## 2018 Formulary Changes

Name of Affected Drug	Description for Change	Current Tier	New Tier
ALCOHOL SWABS	DELETION OF DRUG FROM FORMULARY		
ALKERAN TAB 2MG	DELETION OF DRUG FROM FORMULARY		
ALOCRI SOL 2%	PRIOR AUTHORIZATION REQUIRED		
ALOMIDE SOL 0.1% OP	PRIOR AUTHORIZATION REQUIRED		
ALREX SUS 0.2%	PRIOR AUTHORIZATION REQUIRED		
ANASTROZOLE TAB 1MG	PRIOR AUTHORIZATION REQUIRED		
APEXICON E CRE 0.05%	PRIOR AUTHORIZATION REQUIRED		
ASACOL HD TAB 800MG	PRIOR AUTHORIZATION REQUIRED		
AZASITE SOL 1%	PRIOR AUTHORIZATION REQUIRED		
AZILECT TAB 0.5MG	DELETION OF DRUG FROM FORMULARY		
AZILECT TAB 1MG	DELETION OF DRUG FROM FORMULARY		
BEPREVE DRO 1.5%	PRIOR AUTHORIZATION REQUIRED		
BESIVANCE SUS 0.6%	PRIOR AUTHORIZATION REQUIRED		
BICALUTAMIDE TAB 50MG	PRIOR AUTHORIZATION REQUIRED		
BILTRICIDE TAB 600MG	PRIOR AUTHORIZATION REQUIRED		
BYSTOLIC TAB 10MG	PRIOR AUTHORIZATION REQUIRED		
BYSTOLIC TAB 2.5MG	PRIOR AUTHORIZATION REQUIRED		
BYSTOLIC TAB 20MG	PRIOR AUTHORIZATION REQUIRED		
BYSTOLIC TAB 5MG	PRIOR AUTHORIZATION REQUIRED		
CHEMET CAP 100MG	PRIOR AUTHORIZATION REQUIRED		
CIPRO HC SUS OTIC	PRIOR AUTHORIZATION REQUIRED		
CIPRODEX SUS 0.3-0.1%	PRIOR AUTHORIZATION REQUIRED		
CORDRAN 24X3 TAP 4MCG/CM	PRIOR AUTHORIZATION REQUIRED		
CORDRAN 24X3 TAP SMALL	PRIOR AUTHORIZATION REQUIRED		
CORDRAN 24X3 TAP SML 24IN	PRIOR AUTHORIZATION REQUIRED		
CORDRAN 80X3 TAP 4MCG/CM	PRIOR AUTHORIZATION REQUIRED		
CORDRAN 80X3 TAP LARGE	PRIOR AUTHORIZATION REQUIRED		
CORDRAN TAPE TAP LRG 80IN	PRIOR AUTHORIZATION REQUIRED		
CREON CAP 36000UNT	DELETION OF DRUG FROM FORMULARY		
CYCLOPHOSPH CAP 25MG	PRIOR AUTHORIZATION REQUIRED		
CYCLOPHOSPH CAP 50MG	PRIOR AUTHORIZATION REQUIRED		
CYCLOPHOSPH TAB 25MG	PRIOR AUTHORIZATION REQUIRED		
CYCLOPHOSPH TAB 50MG	PRIOR AUTHORIZATION REQUIRED		
CYSTAGON CAP 150MG	CHANGED TIER	3	4
CYSTAGON CAP 50MG	CHANGED TIER	3	4
DOFETILIDE CAP 125MCG	CHANGED TIER	1	4
DOFETILIDE CAP 250MCG	CHANGED TIER	1	4
DOFETILIDE CAP 500MCG	CHANGED TIER	1	4
DUREZOL EMU 0.05%	PRIOR AUTHORIZATION REQUIRED		
ELIQUIS TAB 2.5MG	PRIOR AUTHORIZATION REQUIRED		
ELIQUIS TAB 5MG	PRIOR AUTHORIZATION REQUIRED		
EMADINE SOL 0.05% OP	PRIOR AUTHORIZATION REQUIRED		
EMCYT CAP 140MG	PRIOR AUTHORIZATION REQUIRED		
EMEND CAP 125MG	DELETION OF DRUG FROM FORMULARY		
EMEND CAP 40MG	DELETION OF DRUG FROM FORMULARY		
EMEND CAP 80MG	DELETION OF DRUG FROM FORMULARY		
EMEND TRIPAC PAK 80 & 125	DELETION OF DRUG FROM FORMULARY		
ENABLEX TAB 15MG	DELETION OF DRUG FROM FORMULARY		
ENABLEX TAB 7.5MG	DELETION OF DRUG FROM FORMULARY		
ERTACZO CRE 2%	PRIOR AUTHORIZATION REQUIRED		
EXEMESTANE TAB 25MG	PRIOR AUTHORIZATION REQUIRED		
FARESTON TAB 60MG	PRIOR AUTHORIZATION REQUIRED		
FINACEA GEL 15%	PRIOR AUTHORIZATION REQUIRED		
FLUTAMIDE CAP 125MG	PRIOR AUTHORIZATION REQUIRED		
GLEOSTINE CAP 5MG	PRIOR AUTHORIZATION REQUIRED		

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HALOG CRE 0.1%	PRIOR AUTHORIZATION REQUIRED		
HALOG OIN 0.1%	PRIOR AUTHORIZATION REQUIRED		
HALOG-E CRE 0.1%	PRIOR AUTHORIZATION REQUIRED		
INVOKAMET TAB 150-1000	DELETION OF DRUG FROM FORMULARY		
INVOKAMET TAB 150-500	DELETION OF DRUG FROM FORMULARY		
INVOKAMET TAB 50-1000	DELETION OF DRUG FROM FORMULARY		
INVOKAMET TAB 50-500MG	DELETION OF DRUG FROM FORMULARY		
INVOKANA TAB 100MG	DELETION OF DRUG FROM FORMULARY		
INVOKANA TAB 300MG	DELETION OF DRUG FROM FORMULARY		
JANUMET TAB 50-1000	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
JANUMET TAB 50-500MG	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
JANUMET XR TAB 100-1000	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
JANUMET XR TAB 50-1000	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
JANUMET XR TAB 50-500MG	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
JANUVIA TAB 100MG	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
JANUVIA TAB 25MG	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
JANUVIA TAB 50MG	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
JENTADUETO TAB 2.5-1000	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
JENTADUETO TAB 2.5-500	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
JENTADUETO TAB 2.5-850	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
KALETRA SOL	DELETION OF DRUG FROM FORMULARY		
LANCETS	DELETION OF DRUG FROM FORMULARY		
LANTUS INJ 100/ML	DELETION OF DRUG FROM FORMULARY		
LANTUS INJ SOLOSTAR	DELETION OF DRUG FROM FORMULARY		
LASTACAPT SOL 0.25%	PRIOR AUTHORIZATION REQUIRED		
LETROZOLE TAB 2.5MG	PRIOR AUTHORIZATION REQUIRED		
LEUKERAN TAB 2MG	PRIOR AUTHORIZATION REQUIRED		
LIDOCAINE OIN 5%	DELETION OF DRUG FROM FORMULARY		
LOTEMAX GEL 0.5%	PRIOR AUTHORIZATION REQUIRED		
LOTEMAX OIN 0.5%	PRIOR AUTHORIZATION REQUIRED		
LOTEMAX SUS 0.5%	PRIOR AUTHORIZATION REQUIRED		
LYSODREN TAB 500MG	PRIOR AUTHORIZATION REQUIRED		
MARPLAN TAB 10MG	PRIOR AUTHORIZATION REQUIRED		
MELPHALAN INJ 50MG	CHANGED TIER	1	4
MELPHALAN TAB 2MG	PRIOR AUTHORIZATION REQUIRED		
MERCAPTOPUR TAB 50MG	PRIOR AUTHORIZATION REQUIRED		
METHADONE SOL 10MG/5ML	PRIOR AUTHORIZATION REQUIRED		
METHADONE SOL 5MG/5ML	PRIOR AUTHORIZATION REQUIRED		
METHADONE TAB 10MG	PRIOR AUTHORIZATION REQUIRED		
METHADONE TAB 5MG	PRIOR AUTHORIZATION REQUIRED		
METHADOSE TAB 10MG	PRIOR AUTHORIZATION REQUIRED		
NAFTIN GEL 1%	PRIOR AUTHORIZATION REQUIRED		
NAMENDA XR CAP 14MG	PRIOR AUTHORIZATION REQUIRED		
NAMENDA XR CAP 21MG	PRIOR AUTHORIZATION REQUIRED		
NAMENDA XR CAP 28MG	PRIOR AUTHORIZATION REQUIRED		
NAMENDA XR CAP 7MG	PRIOR AUTHORIZATION REQUIRED		
NAMENDA XR CAP TITRATIO	PRIOR AUTHORIZATION REQUIRED		
NATACYN SUS 5% OP	PRIOR AUTHORIZATION REQUIRED		
NEVANAC SUS 0.1%	PRIOR AUTHORIZATION REQUIRED		
NILUTAMIDE TAB 150MG	PRIOR AUTHORIZATION REQUIRED		
OLOPATADINE DRO 0.1%	PRIOR AUTHORIZATION REQUIRED		
OLOPATADINE SOL 0.2%	PRIOR AUTHORIZATION REQUIRED		
ORAVIG TAB 50MG	PRIOR AUTHORIZATION REQUIRED		
OSMOPREP TAB 1.5GM	PRIOR AUTHORIZATION REQUIRED		
OXISTAT LOT 1%	PRIOR AUTHORIZATION REQUIRED		

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PATADAY SOL 0.2%	DELETION OF DRUG FROM FORMULARY		
PRISTIQ TAB 100MG	DELETION OF DRUG FROM FORMULARY		
PRISTIQ TAB 50MG	DELETION OF DRUG FROM FORMULARY		
RAPAFLO CAP 4MG	PRIOR AUTHORIZATION REQUIRED		
RAPAFLO CAP 8MG	PRIOR AUTHORIZATION REQUIRED		
RELPAK TAB 20MG	DELETION OF DRUG FROM FORMULARY		
RELPAK TAB 40MG	DELETION OF DRUG FROM FORMULARY		
REVELA PAK 0.8GM	DELETION OF DRUG FROM FORMULARY		
REVELA PAK 2.4GM	DELETION OF DRUG FROM FORMULARY		
REVELA TAB 800MG	DELETION OF DRUG FROM FORMULARY		
RIDAURA CAP 3MG	PRIOR AUTHORIZATION REQUIRED		
RIFATER TAB	PRIOR AUTHORIZATION REQUIRED		
STRATTERA CAP 100MG	DELETION OF DRUG FROM FORMULARY		
STRATTERA CAP 10MG	DELETION OF DRUG FROM FORMULARY		
STRATTERA CAP 18MG	DELETION OF DRUG FROM FORMULARY		
STRATTERA CAP 25MG	DELETION OF DRUG FROM FORMULARY		
STRATTERA CAP 40MG	DELETION OF DRUG FROM FORMULARY		
STRATTERA CAP 60MG	DELETION OF DRUG FROM FORMULARY		
STRATTERA CAP 80MG	DELETION OF DRUG FROM FORMULARY		
SYNERA DIS 70-70MG	PRIOR AUTHORIZATION REQUIRED		
TABLOID TAB 40MG	PRIOR AUTHORIZATION REQUIRED		
TAMIFLU CAP 30MG	DELETION OF DRUG FROM FORMULARY		
TAMIFLU CAP 45MG	DELETION OF DRUG FROM FORMULARY		
TAMIFLU CAP 75MG	DELETION OF DRUG FROM FORMULARY		
TAZORAC CRE 0.1%	DELETION OF DRUG FROM FORMULARY		
TEKURNA TAB 150MG	PRIOR AUTHORIZATION REQUIRED		
TEKURNA TAB 300MG	PRIOR AUTHORIZATION REQUIRED		
THIOGUANINE TAB 40MG	PRIOR AUTHORIZATION REQUIRED		
TRADJENTA TAB 5MG	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
TRANSDERM-SC DIS 1.5MG	DELETION OF DRUG FROM FORMULARY		
TRUVADA TAB 100-150	PRIOR AUTHORIZATION REQUIRED		
TRUVADA TAB 133-200	PRIOR AUTHORIZATION REQUIRED		
TRUVADA TAB 167-250	PRIOR AUTHORIZATION REQUIRED		
TRUVADA TAB 200-300	PRIOR AUTHORIZATION REQUIRED		
VIGAMOX DRO 0.5%	DELETION OF DRUG FROM FORMULARY		
VISICOL TAB 1.5GM	PRIOR AUTHORIZATION REQUIRED		
XARELTO TAB 10MG	PRIOR AUTHORIZATION REQUIRED		
XARELTO TAB 15MG	PRIOR AUTHORIZATION REQUIRED		
XARELTO TAB 20MG	PRIOR AUTHORIZATION REQUIRED		
ZETIA TAB 10MG	DELETION OF DRUG FROM FORMULARY		
ZIANA GEL	DELETION OF DRUG FROM FORMULARY		
ZYFLO CR TAB 600MG	DELETION OF DRUG FROM FORMULARY		