

**ADDED QUANTITY LIMIT OF 24 SUPPOSITORIES/25 DAYS**

1. PROMETHAZINE SUP 25MG
2. PROMETHEGAN SUP 12.5MG

**ADDED QUANTITY LIMIT OF 60 GRAMS/25 DAYS**

1. GENTAMICIN CRE 0.1%
2. GENTAMICIN OIN 0.1%

**BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY**

1. AFINITOR TAB 2.5MG
2. AFINITOR TAB 5MG
3. AFINITOR TAB 7.5MG
4. APRISO CAP 0.375GM
5. DEPEN TITRA TAB 250MG
6. DYRENIUM CAP 100MG
7. DYRENIUM CAP 50MG
8. EXELDERM CRE 1%
9. FIRAZYR INJ 30MG/3ML
10. HALOG CRE 0.1%
11. LETAIRIS TAB 10MG
12. LETAIRIS TAB 5MG
13. LOTEMAX SUS 0.5%
14. LYRICA CAP 100MG
15. LYRICA CAP 150MG
16. LYRICA CAP 200MG
17. LYRICA CAP 225MG
18. LYRICA CAP 25MG
19. LYRICA CAP 300MG
20. LYRICA CAP 50MG
21. LYRICA CAP 75MG
22. NAFTIN GEL 1%
23. NEBUPENT INH 300MG
24. NUVARING MIS
25. ONE-A-DAY TAB ESSENT
26. ORFADIN CAP 10MG
27. ORFADIN CAP 2MG
28. ORFADIN CAP 5MG
29. RAPAMUNE SOL 1MG/ML
30. REMODULIN INJ 1MG/ML
31. REMODULIN INJ 2.5MG/ML
32. REMODULIN INJ 5MG/ML
33. REMODULIN SOLN 200MG/20ML
34. ROZEREM TAB 8MG
35. SENSIPAR TAB 30MG
36. SENSIPAR TAB 60MG
37. SENSIPAR TAB 90MG
38. SILENOR TAB 3MG
39. SILENOR TAB 6MG
40. SUPRAX CAP 400MG
41. TACLONEX SUS
42. TARCEVA TAB 100MG
43. TARCEVA TAB 150MG
44. TARCEVA TAB 25MG
45. TRACLEER TAB 125MG
46. TRACLEER TAB 62.5MG
47. TRAVATAN Z DRO 0.004%
48. ULORIC TAB 40MG
49. ULORIC TAB 80MG
50. VESICARE TAB 10MG
51. VESICARE TAB 5MG
52. ZIANA GEL

**DRUG REMOVED FROM FORMULARY**

1. ADVATE INJ 1000UNIT
2. ADVATE INJ 1500UNIT
3. ADVATE INJ 2000UNIT
4. ADVATE INJ 250UNIT
5. ADVATE INJ 3000UNIT
6. ADVATE INJ 4000UNIT
7. ADVATE INJ 500UNIT
8. ALPROLIX INJ 1000UNIT
9. ALPROLIX INJ 2000UNIT
10. ALPROLIX INJ 250UNIT
11. ALPROLIX INJ 3000UNIT
12. ALPROLIX INJ 4000UNIT
13. ALPROLIX INJ 500UNIT
14. AMPHOTERICIN INJ 50MG
15. BENEFIX INJ 1000UNIT
16. BENEFIX INJ 2000UNIT
17. BENEFIX INJ 250UNIT
18. BENEFIX INJ 3000UNIT
19. BENEFIX INJ 500UNIT
20. CETROTIDE KIT 0.25MG
21. CHOR GONADOT INJ 10000UNT
22. ELAPRASE INJ 6MG/3ML
23. FEIBA INJ
24. FOSCAVIR INJ 24MG/ML
25. GANIRELIX AC INJ 250/0.5
26. HEMLIBRA INJ 105/0.7
27. HEMLIBRA INJ 150/ML
28. HEMLIBRA INJ 30MG/ML

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|----------------------------|-------------------------------|
| 29. HEMLIBRA INJ 60/0.4    | 62. NUWIQ KIT 4000UNIT        |
| 30. HEMOFIL M INJ 1000UNIT | 63. NUWIQ KIT 500UNIT         |
| 31. HEMOFIL M INJ 1700UNIT | 64. PHENDIMETRAZ TAB 35MG     |
| 32. HEMOFIL M INJ 250UNIT  | 65. PROFILNINE INJ 1500UNIT   |
| 33. HEMOFIL M INJ 500UNIT  | 66. RITUXAN INJ 100MG         |
| 34. HUMATE-P SOL 2400UNIT  | 67. RITUXAN INJ 500MG         |
| 35. HUMATE-P SOL 500-1200  | 68. RIXUBIS INJ 1000UNIT      |
| 36. KEPIVANCE INJ 6.25MG   | 69. RIXUBIS INJ 2000UNIT      |
| 37. KOVALTRY INJ 1000UNIT  | 70. RIXUBIS INJ 250 UNIT      |
| 38. KOVALTRY INJ 2000UNIT  | 71. RIXUBIS INJ 3000UNIT      |
| 39. KOVALTRY INJ 250UNIT   | 72. RIXUBIS INJ 500UNIT       |
| 40. MELPHALAN INJ 50MG     | 73. RUXIENCE INJ 100/10ML     |
| 41. MITOXANTRON INJ 2MG/ML | 74. RUXIENCE INJ 500/50ML     |
| 42. NOVOEIGHT INJ 1500UNIT | 75. SEVELAMER POW 0.8GM       |
| 43. NOVOEIGHT INJ 3000UNIT | 76. SEVELAMER POW 2.4GM       |
| 44. NOVOEIGHT INJ 500UNIT  | 77. SYNERA DIS 70-70MG        |
| 45. NOVOSEVEN RT INJ 1MG   | 78. TAKHZYRO INJ 300/2ML      |
| 46. NOVOSEVEN RT INJ 2MG   | 79. TOPOSAR INJ 100/5ML       |
| 47. NOVOSEVEN RT INJ 5MG   | 80. TOPOTECAN INJ 4MG         |
| 48. NOVOSEVEN RT INJ 8MG   | 81. TRANEXAMIC INJ 100MG/ML   |
| 49. NULOJIX INJ 250MG      | 82. TRUXIMA INJ 100/10ML      |
| 50. NUWIQ INJ 1000UNIT     | 83. TRUXIMA INJ 500/50ML      |
| 51. NUWIQ INJ 2000UNIT     | 84. TUDORZA PRES AER 400/ACT  |
| 52. NUWIQ INJ 2500UNIT     | 85. VIREAD TAB 150MG          |
| 53. NUWIQ INJ 250UNIT      | 86. VIREAD TAB 200MG          |
| 54. NUWIQ INJ 3000UNIT     | 87. VIREAD TAB 250MG          |
| 55. NUWIQ INJ 4000UNIT     | 88. XYNTHA INJ 1000UNIT       |
| 56. NUWIQ INJ 500UNIT      | 89. XYNTHA INJ 2000UNIT       |
| 57. NUWIQ KIT 1000UNIT     | 90. XYNTHA INJ 250UNIT        |
| 58. NUWIQ KIT 2000UNIT     | 91. XYNTHA INJ 500UNIT        |
| 59. NUWIQ KIT 2500UNIT     | 92. XYNTHA SOLOF INJ 3000UNIT |
| 60. NUWIQ KIT 250UNIT      | 93. ZOLEDRONIC INJ 5/100ML    |
| 61. NUWIQ KIT 3000UNIT     |                               |

**EXCLUDED FROM MAIL ORDER**

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|------------------------------|------------------------------|
| 1. ABILIFY MAIN INJ 300MG    | 10. INVEGA SUST INJ 156MG/ML |
| 2. ABILIFY MAIN INJ 300MG    | 11. INVEGA SUST INJ 234/1.5  |
| 3. ABILIFY MAIN INJ 400MG    | 12. INVEGA SUST INJ 39/0.25  |
| 4. ABILIFY MAIN INJ 400MG    | 13. INVEGA SUST INJ 78/0.5ML |
| 5. ARISTADA INJ 441MG/1.     | 14. INVEGA TRINZ INJ 273MG   |
| 6. ARISTADA INJ 662MG/2      | 15. INVEGA TRINZ INJ 410MG   |
| 7. ARISTADA INJ 882MG/3      | 16. INVEGA TRINZ INJ 546MG   |
| 8. ERGOLOID MES TAB 1MG ORAL | 17. INVEGA TRINZ INJ 819MG   |
| 9. INVEGA SUST INJ 117/0.75  |                              |

**CHANGED TIER: Current Tier - 1. New Tier - 4**

1. MELPHALAN TAB 2MG

**CHANGED TIER: Current Tier - 2. New Tier - 3**

1. DENAVIR CRE 1%

**CHANGED TIER: Current Tier - 1. New Tier - 3**

1. EPINASTINE DRO 0.05%
2. FLUCYTOSINE CAP 250MG
3. FLUCYTOSINE CAP 500MG
4. VERAPAMIL CAP 100MG ER
5. VERAPAMIL CAP 120MG ER
6. VERAPAMIL CAP 180MG ER
7. VERAPAMIL CAP 240MG SR
8. VERAPAMIL CAP 300MG ER
9. VERAPAMIL CAP 360MG SR

**CHANGED TIER: Current Tier - 2. New Tier - 5**

1. TRUVADA TAB 200-300

**CHANGED TIER: Current Tier - 3. New Tier - 4**

1. CYSTADANE POW
2. CYSTARAN SOL 0.44%
3. HYDROXY CAPR INJ 1.25/5ML
4. LEUKERAN TAB 2MG
5. TABLOID TAB 40MG

**CHANGED TIER: Current Tier - 2. New Tier - 3. PRIOR AUTHORIZATION REQUIRED**

1. DRITHO-CREME CRE HP 1%

**CHANGED TIER, STEP THERAPY REQUIREMENT REMOVED: Current Tier - 1. New Tier - 3**

1. ROSUVASTATIN TAB 20MG
2. ROSUVASTATIN TAB 40MG

**CHANGED TIER, STEP THERAPY REQUIREMENT REMOVED, REMAINS TIER 5 PREVENTATIVE FOR AGES 40-75 YEARS: Current Tier - 1. New Tier - 3**

1. ROSUVASTATIN TAB 10MG
2. ROSUVASTATIN TAB 5MG

**DRUG REMOVED FROM FORMULARY; OTC OLOPATADINE COVERED ON FORMULARY**

1. OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)
2. OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)

**DRUG REMOVED FROM FORMULARY; TABLET FORM ON FORMULARY**

1. BUT/APAP/CAF CAP

**PRIOR AUTHORIZATION REQUIRED**

1. EPIVIR HBV SOL 5MG/ML
2. FENOPROFEN TAB 600MG
3. TOLCAPONE TAB 100MG
4. TOLMETIN SOD CAP 400MG
5. TOLMETIN SOD TAB 600MG