CMS FORMULARY ID: 18011.000 EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

BUPHENYL 500 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

SODIUM PHENYLBUTYRATE 500 MG TABLET - TIER 3

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

BUTRANS 7.5 MCG/HR TRANSDERM.

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

BUPRENORPHINE 7.5 MCG/HR PATCH TDWK - TIER 1

CMS FORMULARY ID: 18011.000 EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

CANCIDAS 50 MG INTRAVEN.

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

CASPOFUNGIN ACETATE 50 MG VIAL - TIER 3

CMS FORMULARY ID: 18011.000 EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

CANCIDAS 70 MG INTRAVEN.

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

CASPOFUNGIN ACETATE 70 MG VIAL - TIER 3

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

COPAXONE 40 MG/ML SUBCUTANE.

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

GLATIRAMER ACETATE 40 MG/ML SYRINGE - TIER 3

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

EFFIENT 10 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

PRASUGREL HCL 10 MG TABLET - TIER 1

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

EFFIENT 5 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

PRASUGREL HCL 5 MG TABLET - TIER 1

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

ESTRACE 0.01 % VAGINAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

ESTRADIOL 0.01 % CREAM/APPL - TIER 1

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

LEXIVA 700 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

FOSAMPRENAVIR CALCIUM 700 MG TABLET - TIER 3

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

RENVELA 800 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

SEVELAMER CARBONATE 800 MG TABLET - TIER 1

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

REYATAZ 150 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

ATAZANAVIR SULFATE 150 MG CAPSULE - TIER 3

CMS FORMULARY ID: 18011.000 EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

REYATAZ 200 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

ATAZANAVIR SULFATE 200 MG CAPSULE - TIER 3

CMS FORMULARY ID: 18011.000 EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

REYATAZ 300 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

ATAZANAVIR SULFATE 300 MG CAPSULE - TIER 3

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

SABRIL 500 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

VIGABATRIN 500 MG POWD PACK - TIER 3

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

SUSTIVA 200 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

EFAVIRENZ 200 MG CAPSULE - TIER 3

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

SUSTIVA 50 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

EFAVIRENZ 50 MG CAPSULE - TIER 1

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

SUSTIVA 600 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

EFAVIRENZ 600 MG TABLET - TIER 3

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

TRANSDERM-SCOP 1 MG/3 DAY TRANSDERM.

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

SCOPOLAMINE 1 MG/3 DAY PATCH TD 3 - TIER 1

CMS FORMULARY ID: 18011.000 EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

VIGAMOX 0.5 % OPHTHALMIC

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

MOXIFLOXACIN 0.5 % DROPS - TIER 1

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

VIREAD 300 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

TENOFOVIR DISOPROXIL FUMARATE 300 MG TABLET - TIER 3

CMS FORMULARY ID: <u>18011.000</u> EFFECTIVE DATE: 06/01/2018

AFFECTED DRUG NAME

ZIAGEN 20 MG/ML ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT.

ALTERNATIVE DRUG(S) AND TIER(S)

ABACAVIR 20 MG/ML SOLUTION - TIER 1