# CMS FORMULARY ID: <u>18015.000</u> 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 5

# CMS FORMULARY ID: <u>18015.000</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 2

# CMS FORMULARY ID: <u>18015.000</u> 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 5

# CMS FORMULARY ID: <u>18015.000</u> 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 5

# CMS FORMULARY ID: <u>18015.000</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 5** 

# CMS FORMULARY ID: <u>18015.000</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 2

# CMS FORMULARY ID: <u>18015.000</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 2

# CMS FORMULARY ID: <u>18015.000</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 2

# CMS FORMULARY ID: <u>18015.000</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 5

# CMS FORMULARY ID: <u>18015.000</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 2

# CMS FORMULARY ID: <u>18015.000</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 5

# CMS FORMULARY ID: <u>18015.000</u> 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 5

# CMS FORMULARY ID: <u>18015.000</u> 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 5

# CMS FORMULARY ID: <u>18015.000</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 5

# CMS FORMULARY ID: <u>18015.000</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 5

# CMS FORMULARY ID: <u>18015.000</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 2

# CMS FORMULARY ID: <u>18015.000</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 5

# CMS FORMULARY ID: <u>18015.000</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 2

# CMS FORMULARY ID: <u>18015.000</u> 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 2

# CMS FORMULARY ID: <u>18015.000</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 5**

# CMS FORMULARY ID: <u>18015.000</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 2