



Negative Changes - Effective July 1, 2018

Drug Name	Dose	Reason for Change
BUPHENYL	500 MG	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
COPAXONE	40 MG/ML	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
ESTRACE, VAGINAL CREAM	0.1 MG/ML	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
ISTALOL	5 MG/ML	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
RELPAK	20 MG & 40 MG	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
REVELA - ORAL SOLUTION & TABLET	800 MG & 2400 MG	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
REYATAZ	150 MG, 200 MG & 300 MG	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
SABRIL - ORAL SOLUTION	50 MG/ML	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
SUSTIVA CAPSULE	50 MG & 200 MG	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.

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Drug Name	Dose	Reason for Change
TAMIFLU ORAL SOLUTION	6 MG/ML	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
TRANSDERM SCOP	0.0139 MG/HR	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
VIGAMOX	5 MG/ML	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.
ZIAGEN ORAL SOLUTION	20 MG/ML	This brand-name drug will be removed from the formulary. A generic equivalent is available and your pharmacist may dispense the generic version. If you choose to continue taking the brand-name drug, you may pay the full cost of this drug.

Negative Changes - Effective October 6, 2018

Drug Name	Dose	Change
DOXEPIN TOPICAL CREAM	5% Cream	New prior authorization required for member new to therapy. Prior authorization requires FDA approved indication not otherwise excluded from Part D coverage
DICLOFENAC TOPICAL SOLUTION	1.5% Solution	New prior authorization required for member new to therapy. Prior authorization requires FDA approved indication not otherwise excluded from Part D coverage