

Pharmacy Update

Blue Cross Complete is a member of Michigan Managed Care Common Formulary Workgroup. Establishing the MCO Common Formulary will be an ongoing process throughout 2016. Formulary completion is planned for April 1, 2016 with the Health Plans implementing on or before July 1, 2016. The formulary changes listed in the table below were reviewed and approved by the Amerihealth Caritas Enterprise Pharmacy and Therapeutics Committee and are compliant with the requirements established by the State of Michigan and the Common Formulary Workgroup.

Please Note: Changes established by the Common Formulary Workgroup may not be posted immediately. Please allow time for documents to be updated and posted. New information will be posted as soon as possible.

Medication Name	Preferred Drug List Update*	Limit*	Effective Date
Levothyroxine, Levoxyl,, etc.	AL removed for consistency		6/17/2016
Oxycodone HCL 5 MG/5 ML SOLN	QL added	20 mL/day	6/17/2016
Glatopa 20 MG/ML Syringe	QL added	1 injection/day	6/17/2016
PEG-3350 solution PEG-3350 with flavor packs SOL PEG-3350 and electrolytes SOLN PEG 3350 electrolyte SOLN	QL removed		6/17/2016
Fluorometholone 0.1% drops	QL increased	15 mL/30 days	6/17/2016
Lice treatment shampoo Lice treatment 1% crème rinse	QL changed, added as Step 1 before authorization of Malathion	59 mL/30 days	6/17/2016
Naproxen SOD CR and ER 500 MG tablet	Removed from formulary		6/17/2016
Dentagel 1.1% gel Prevident 1.1% gel SF 1.1% gel	AL added for consistency	0-16 years old	6/17/2016
Tizanidine HCL 2 MG tablet Tizanidine HCL 4 MG tablet	AL removed		6/17/2016
Ibuprofen 50 MG/1.25 ML SUSP	QL removed		6/17/2016
Tamiflu 45 MG capsule	QL established	20 tablets/6 months	6/17/2016
Isosorbide MN ER 60 MG tablet	QL adjustment	2 tablets/day	6/17/2016
Ciclopirox 8% solution	QL updated	6.6 mL/28 days	6/17/2016
Fluorouracil 0.5% cream Fluorouracil 5% cream	PA added	Oncology drug criteria	6/17/2016
Santyl ointment	QL updated	60 grams/30 days	6/17/2016
Betamethasone DP AUG 0.05% CRM Betamethasone DP AUG 0.05% gel Betamethasone DP AUG 0.05% OINT	QL updated	50 grams/30 days	6/17/2016
Betamethasone DP AUG 0.05% LOT	QL updated	60 mL/30 days	6/17/2016
Clobetasol 0.05% solution	QL updated	50 mL/30 days	6/17/2016
Halobetasol Prop 0.05% cream Halobetasol Prop 0.05% ointment	QL updated	50 grams/30 days	6/17/2016

AL=Age Limit, PA=Prior Authorization, ST=Requires Step Therapy, QL=Quantity Limit, GL=Gender Limit, CO=Carve Out

Updated August 2016

Medication Name	Preferred Drug List Update*	Limit*	Effective Date
Tri-Vit-Fluor 0.25 MG/ML drop Tri-Vit-Fluor 0.5 MG/ML drop	QL updated	1.5 mL/day	6/17/2016
Invokamet 50-500 MG tablet Invokamet 50-1,000 MG tablet Invokamet 150-500 MG tablet Invokamet 150-1,000 MG tablet	QL updated	2 tablets/day	6/17/2016
Renvela 0.8 GM powder packet Renvela 2.4 GM powder packet	Coverage update	Not covered	6/17/2016
Fosrenol 750 MG powder pack Fosrenol 1,000 MG powder pack	Coverage update	Not covered Only exception is CSHCS	6/17/2016
Velphoro 500 MG chewable tab	Coverage update	Not covered Only exception is CSHCS	6/17/2016
Omeprazole MAG DR 20.6 MG CAP	QL updated	2 capsules/day for all GCN	6/17/2016
Nitrofurantoin Mono-MCR 100 MG	QL updated	2 capsules/day	6/17/2016
Colchicine 0.6 MG tablet	QL updated	3 tablets/day	6/17/2016
Clopidogrel 300 MG tablet	QL updated	1 tablet/30 days	6/17/2016
Mycophenolate 250 MG capsule	QL removed		6/17/2016
Baclofen 10mg Baclofen 20mg	AL removed		6/17/2016
FC2 female condom	QL updated	36 condoms/30 days	6/17/2016
Aurixia 210 MG tablet	Coverage update	Not covered Only exception is CSHCS	6/17/2016
Tecfidera starter pack	QL update	2 tablets/day, 1 pack/year	6/17/2016
Fluorometholone 0.1% drops	QL update	15 mL/month	6/17/2016
Estrace 0.01% cream	QL update	42.5 grams/month	6/17/2016
Budesonide 1 MG/2 ML INH SUSP	QL update	4 mL/day	6/17/2016

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