



BCN Advantage Formulary Updates: November, 2017

Attention BCN Advantage members:

This is a list of changes made to the BCN Advantage formulary since its initial release in October, 2016

BCN Advantage may add or remove drugs from our formulary during the year. If we make any of the following changes, we'll notify you of the change at least 60 days before the effective date:

- Remove drugs from our formulary
- Add prior authorization, quantity limits and/or step therapy to a drug
- Move the drug to a higher cost-sharing tier

Some formulary changes do not require advance notice but will be posted on this link.

If your physician prescribes a drug that is not on our formulary, is not a preferred drug, or is subject to additional utilization requirements, you can ask us to make a coverage exception. You or your physician can initiate an exception request. While the use of a form isn't always required, they're available on the BCNA website at www.bcbsm.com/medicare.

Coverage determinations will be made for standard and urgent requests within 72 and 24 hours, respectively. If BCN Advantage ever denies coverage for your prescription drugs, we'll explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. For more detailed information about your BCN Advantage prescription drug coverage, please review your BCN Advantage *Formulary* or *Evidence of Coverage*.

If you have questions about the BCN Advantage drug formulary, please call the Customer Service number on the back of your ID card 8 a.m. to 8 p.m., Monday through Friday, with weekend hours Oct. 1 through Feb. 14. TTY users call 711.

H5883_Ph_Nov17RxWebUpdate_NM 10262017

BCN AdvantageSM is an HMO-POS and HMO plan with a Medicare contract.
Enrollment in BCN Advantage depends on contract renewal.

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Changes made to the drugs in the BCN Advantage Formulary (additions, deletions, change in coverage)

Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Drug Tier	Notes
11/01/2017	BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR	<i>belimumab</i>	Addition	Benefit Enhancement	5	
11/01/2017	BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE	<i>belimumab</i>	Addition	Benefit Enhancement	5	
11/01/2017	CASPOFUNGIN 50 MG, 70 MG INTRAVENOUS RECON SOLN	<i>caspofungin acetate</i>	Addition	Benefit Enhancement	4	
11/01/2017	<i>estradiol 10 mcg vaginal tablet</i>	<i>estradiol</i>	Addition	Benefit Enhancement	4	
11/01/2017	IDHIFA 50 MG, 100 MG ORAL TABLET	<i>enasidenib mesylate</i>	Addition	Benefit Enhancement	5	PA
11/01/2017	ISENTRESS HD 600 MG ORAL TABLET	<i>raltegravir potassium</i>	Addition	Benefit Enhancement	5	
11/01/2017	LYNPARZA 100 MG, 150 MG ORAL TABLET	<i>olaparib</i>	Addition	Benefit Enhancement	5	PA
11/01/2017	MAVYRET 100-40 MG ORAL TABLET	<i>glecaprevir/pibrentasvir</i>	Addition	Benefit Enhancement	5	PA
11/01/2017	NERLYNX 40 MG ORAL TABLET	<i>neratinib maleate</i>	Addition	Benefit Enhancement	5	PA
11/01/2017	PERTZYE 16,000-57,500- 60,500 UNIT ORAL CAPSULE, DELAYED RELEASE(DR/EC)	<i>lipase/protease/amylase</i>	Addition	Benefit Enhancement	4	



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11/01/2017	PERTZYE 4,000-14,375- 15,125 UNIT ORAL CAPSULE, DELAYED RELEASE(DR/EC)	<i>lipase/protease/amylase</i>	Addition	Benefit Enhancement	4	
11/01/2017	PERTZYE 24,000-86,250- 90,750 UNIT ORAL CAPSULE, DELAYED RELEASE(DR/EC)	<i>lipase/protease/amylase</i>	Addition	Benefit Enhancement	4	
11/01/2017	PERTZYE 8,000-28,750- 30,250 UNIT ORAL CAPSULE, DELAYED RELEASE(DR/EC)	<i>lipase/protease/amylase</i>	Addition	Benefit Enhancement	4	
11/01/2017	<i>prasugrel 5 mg, 10 mg oral tablet</i>	<i>prasugrel hcl</i>	Addition	Benefit Enhancement	2	
11/01/2017	RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK	<i>edaravone</i>	Addition	Benefit Enhancement	5	PA
11/01/2017	TYMLOS 80MCG/DOSE	<i>abaloparatide</i>	Addition	Benefit Enhancement	3	
11/01/2017	<i>vigabatrin 500 mg oral powder in packet</i>	<i>vigabatrin</i>	Addition	Benefit Enhancement	5	
11/01/2017	VYXEOS 44-100 MG INTRAVENOUS RECON SOLN	<i>daunorubicin/cytarabine lipos</i>	Addition	Benefit Enhancement	5	
11/01/2017	ZYTIGA 500 MG ORAL TABLET	<i>abiraterone acetate</i>	Addition	Benefit Enhancement	5	PA
10/1/2017	<i>amnesteem 10 mg, 20 mg, 40 mg oral capsule</i>	<i>isotretinoin</i>	Addition	Benefit Enhancement	2	

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10/1/2017	BUPRENORPHINE 7.5 MCG/HOUR TRANSDERMAL PATCH WEEKLY	<i>buprenorphine</i>	Addition	Benefit Enhancement	4	
10/1/2017	<i>desogestrel-ethinyl estradiol 0.15-0.03 mg oral tablet</i>	<i>desogestrel-ethinyl estradiol</i>	Addition	Benefit Enhancement	2	
10/1/2017	<i>eletriptan hbr 20 mg, 40 mg oral tablet</i>	<i>eletriptan hbr</i>	Addition	Benefit Enhancement	4	
10/1/2017	<i>isibloom 0.15-0.03 mg oral tablet</i>	<i>desogestrel-ethinyl estradiol</i>	Addition	Benefit Enhancement	2	
10/1/2017	<i>meropenem 1 gram intravenous recon soln</i>	<i>meropenem</i>	Addition	Benefit Enhancement	2	
10/1/2017	<i>mesalamine 1.2 gram oral tablet, delayed release (dr/ec)</i>	<i>mesalamine</i>	Addition	Benefit Enhancement	4	
10/1/2017	<i>moxifloxacin 0.5 % ophthalmic (eye) drops</i>	<i>moxifloxacin hcl</i>	Addition	Benefit Enhancement	2	
10/1/2017	ORFADIN 20 MG ORAL CAPSULE	<i>nitisinone</i>	Addition	Benefit Enhancement	5	
10/1/2017	<i>sevelamer carbonate 800 mg oral tablet</i>	<i>sevelamer carbonate</i>	Addition	Benefit Enhancement	2	
10/1/2017	<i>testosterone 30 mg/actuation (1.5 ml) transdermal solution in metered pump w/app</i>	<i>testosterone</i>	Addition	Benefit Enhancement	4	PA
10/1/2017	XATMEP 2.5 MG/ML ORAL SOLUTION	<i>methotrexate</i>	Addition	Benefit Enhancement	5	

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9/1/2017	ARISTADA 1,064 MG/3.9 ML INTRAMUSCULAR SUSPENSION,EXTENDED	<i>aripiprazole lauroxil</i>	Addition	Benefit Enhancement	5	ST
9/1/2017	<i>atomoxetine 10 mg, 18 mg, 25 mg, 40mg, 60mg, 80mg, 100mg oral capsule</i>	<i>atomoxetine</i>	Addition	Benefit Enhancement	4	
9/1/2017	BUPRENORPHINE 5 MCG/HOUR, 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, TRANSDERMAL PATCH WEEKLY	<i>buprenorphine</i>	Addition	Benefit Enhancement	4	
9/1/2017	DIASTAT ACUDIAL 5-7.5-10 MG, 12.5-15-20 MG Kit	<i>diazepam</i>	Addition	Benefit Enhancement	4	
9/1/2017	DIASTAT 2.5 MG KIT	<i>diazepam</i>	Addition	Benefit Enhancement	4	
9/1/2017	GLEOSTINE 10 MG, 40MG, 100MG ORAL CAPSULE	<i>lomustine</i>	Addition	Benefit Enhancement	3	
9/1/2017	JADENU SPRINKLE 90 MG, 360 MG, 180 MG ORAL GRANULES IN PACKET	<i>deferasirox</i>	Addition	Benefit Enhancement	5	
9/1/2017	<i>lidocaine (pf) 10 mg/ml (1 % injection solution</i>	<i>lidocaine hcl/pf</i>	Addition	Benefit Enhancement	2	
9/1/2017	<i>nolix 0.05 % topical lotion</i>	<i>flurandrenolide</i>	Addition	Benefit Enhancement	2	

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9/1/2017	<i>olopatadine 0.2 % ophthalmic drops</i>	<i>olopatadine hcl</i>	Addition	Benefit Enhancement	2	
9/1/2017	ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE	<i>abatacept</i>	Addition	Benefit Enhancement	5	PA
9/1/2017	ORENITRAM 5 MG ORAL TABLET EXTENDED RELEASE	<i>treprostinil diolamine</i>	Addition	Benefit Enhancement	5	PA
9/1/2017	<i>sevelamer carbonate 0.8 gram, 2.4 gram oral powder in packet</i>	<i>sevelamer carbonate</i>	Addition	Benefit Enhancement	2	
9/1/2017	VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION	<i>varicella-zoster ig/maltose</i>	Addition	Benefit Enhancement	3	
8/1/2017	ALUNBRIG 30 MG ORAL TABLET	<i>brigatinib</i>	Addition	Benefit Enhancement	5	PA
8/1/2017	<i>clofarabine 20 mg/20 ml intravenous solution</i>	<i>clofarabine</i>	Addition	Benefit Enhancement	4	
8/1/2017	<i>ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg oral tablet</i>	<i>ezetimibe/simvastatin</i>	Addition	Benefit Enhancement	4	QL
8/1/2017	IMFINZI 50 MG/ML (10 ML) INTRAVENOUS SOLUTION	<i>durvalumab</i>	Addition	Benefit Enhancement	5	PA
8/1/2017	KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG ORAL TABLET	<i>ribociclib succinate/letrozole</i>	Addition	Benefit Enhancement	5	PA

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8/1/2017	KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG ORAL TABLET	<i>ribociclib succinate/letrozole</i>	Addition	Benefit Enhancement	5	PA
8/1/2017	KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG ORAL TABLET	<i>ribociclib succinate/letrozole</i>	Addition	Benefit Enhancement	5	PA
8/1/2017	RYDAPT 25 MG ORAL CAPSULE	<i>midostaurin</i>	Addition	Benefit Enhancement	5	PA
8/1/2017	XATMEP 2.5 MG/ML ORAL SOLUTION	<i>methotrexate</i>	Addition	Benefit Enhancement	5	
8/1/2017	ZEJULA 100 MG ORAL CAPSULE	<i>niraparib tosylate</i>	Addition	Benefit Enhancement	5	PA
7/1/2017	BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION	<i>avelumab</i>	Addition	Benefit Enhancement	5	PA
7/1/2017	<i>busulfan 60 mg/10 mL intravenous solution</i>	<i>busulfan</i>	Addition	Benefit Enhancement	4	
7/1/2017	ESBRIET 267 MG, 801 MG ORAL TABLET	<i>pirfenidone</i>	Addition	Benefit Enhancement	5	PA
7/1/2017	<i>fayosim 0.15 mg-20 mcg/ 0.15 mg-25 mcg oral tablets,dose pack,3 month</i>	<i>l-norgest/e.estradiol-e.estrad</i>	Addition	Benefit Enhancement	2	
7/1/2017	GAMMAPLEX 10 % INTRAVENOUS SOLUTION	<i>immun glob g(igg)/gly/iga 0-50</i>	Addition	Benefit Enhancement	5	PA, B/D

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7/1/2017	INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION	<i>interferon alfa-2b, recomb.</i>	Addition	Benefit Enhancement	5	
7/1/2017	KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION	<i>diph, pertus(ace), tet, polio/pf</i>	Addition	Benefit Enhancement	3	
7/1/2017	<i>levoleucovorin 50 mg intravenous recon soln</i>	<i>levoleucovorin calcium</i>	Addition	Benefit Enhancement	4	
7/1/2017	<i>norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) oral</i>	<i>norethindrone-e.estradiol-iron</i>	Addition	Benefit Enhancement	2	
7/1/2017	<i>rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg oral tablets, dosepack</i>	<i>l-norgest/e.estradiol-e.estrad</i>	Addition	Benefit Enhancement	2	
7/1/2017	<i>roweepra 750 mg 1,000 mg oral tablet</i>	<i>levetiracetam</i>	Addition	Benefit Enhancement	2	
7/1/2017	<i>tazarotene 0.1 % topical cream</i>	<i>tazarotene</i>	Addition	Benefit Enhancement	4	
7/1/2017	VIBATIV 750 MG INTRAVENOUS RECON SOLN	<i>telavancin hcl</i>	Addition	Benefit Enhancement	3	
7/1/2017	<i>zileuton 600 mg oral tablet, er multiphase 12 hr</i>	<i>zileuton</i>	Addition	Benefit Enhancement	4	QL
6/1/2017	<i>clindacin p 1 % topical swab</i>	<i>clindamycin</i>	Addition	Benefit Enhancement	2	
6/1/2017	<i>desvenlafaxine succinate 25mg, 50 mg, 100 mg oral tablet extended release 24 hr</i>	<i>desvenlafaxine succinate</i>	Addition	Benefit Enhancement	4	

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6/1/2017	KISQALI 200 MG/DAY (200 MG X 1) ORAL TABLET	<i>ribociclib</i>	Addition	Benefit Enhancement	5	
6/1/2017	KISQALI 400 MG/DAY (200 MG X 2) ORAL TABLET	<i>ribociclib</i>	Addition	Benefit Enhancement	5	
6/1/2017	KISQALI 600 MG/DAY (200 MG X 3) ORAL TABLET	<i>ribociclib</i>	Addition	Benefit Enhancement	5	
6/1/2017	<i>mibelas 24 fe 1 mg-20 mcg(24) /75 mg (4) oral tablet, chewable</i>	<i>norethindrone</i>	Addition	Benefit Enhancement	2	
6/1/2017	<i>cyclobenzaprine hcl 5mg, 7.5mg, 10 mg tablet</i>	<i>cyclobenzaprine</i>	Removed PA	Benefit Enhancement	2	Removed PA
6/1/2017	<i>memantine hcl 7mg, 14mg, 21mg, 28mg tablet</i>	<i>memantine</i>	Removed PA	Benefit Enhancement	2	Removed PA
6/1/2017	<i>memantine 5 MG-10 MG TABLET, DOSE PACK</i>	<i>memantine</i>	Removed PA	Benefit Enhancement	2	Removed PA
6/1/2017	<i>memantine hcl 2 mg/ml solution, oral</i>	<i>memantine</i>	Removed PA	Benefit Enhancement	2	Removed PA
6/1/2017	NAMENDA 5 MG-10 MG TABLET, DOSE PACK	<i>memantine</i>	Removed PA	Benefit Enhancement	3	Removed PA
6/1/2017	NAMENDA XR 7-14-21-28 MG CAPSULE, SPRINKLE, EXT REL 24 HR DOSE PACK	<i>memantine</i>	Removed PA	Benefit Enhancement	4	Removed PA
6/1/2017	NAMENDA XR 7 MG, 14 MG, 21 MG, 28 MG ORAL TABLET	<i>memantine</i>	Removed PA	Benefit Enhancement	4	Removed PA

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5/1/2017	AUVI-Q 0.15 MG/0.15 ML, 0.3 MG/0.3 ML INJECTION AUTO-INJECTOR	<i>epinephrine</i>	Addition	Benefit Enhancement	3	
5/1/2017	<i>calcium acetate 667 mg oral tablet</i>	<i>calcium acetate</i>	Addition	Benefit Enhancement	1	
5/1/2017	<i>dapsone 25 mg, 100 mg oral tablet</i>	<i>dapsone</i>	Addition	Benefit Enhancement	2	
5/1/2017	EPINEPHRINE 0.15 MG/0.15 ML, 0.3 MG/ML INJECTION AUTO-INJECTOR	<i>epinephrine</i>	Addition	Benefit Enhancement	3	
5/1/2017	EPINEPHRINE 0.3 % INJECTION AUTO-INJECTOR	<i>epinephrine</i>	Addition	Benefit Enhancement	3	
5/1/2017	<i>flurandrenolide 0.05 % topical ointment</i>	<i>flurandrenolide</i>	Addition	Benefit Enhancement	4	
5/1/2017	<i>klor-con m10 10 meq oral tablet, er particles/crystals</i>	<i>potassium chloride</i>	Addition	Benefit Enhancement	1	
5/1/2017	<i>klor-con m20 20 meq oral tablet, er particles/crystals</i>	<i>potassium chloride</i>	Addition	Benefit Enhancement	1	
5/1/2017	LINZESS 72 MCG ORAL CAPSULE	<i>linaclotide</i>	Addition	Benefit Enhancement	3	PA
5/1/2017	MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS	<i>meningococ vac a,c,y,w-135/pf</i>	Addition	Benefit Enhancement	3	
5/1/2017	<i>methylphenidate 20 mg, 40mg oral capsule, ER biphasic 30-70</i>	<i>methylphenidate hcl</i>	Addition	Benefit Enhancement	2	QL

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5/1/2017	<i>methylphenidate 60 mg oral capsule, ER biphasic 50-50</i>	<i>methylphenidate hcl</i>	Addition	Benefit Enhancement	2	QL
5/1/2017	<i>potassium chloride 10 mEq, 20 mEq oral tablet, ER particles/crystals</i>	<i>potassium chloride</i>	Addition	Benefit Enhancement	1	
5/1/2017	<i>prednisolone sodium phosphate 10 mg/5 mL oral solution</i>	<i>prednisolone sod phosphate</i>	Addition	Benefit Enhancement	2	
5/1/2017	SELZENTRY 25 MG ORAL TABLET	<i>maraviroc</i>	Addition	Benefit Enhancement	4	
5/1/2017	SELZENTRY 75 MG ORAL TABLET	<i>maraviroc</i>	Addition	Benefit Enhancement	5	
4/1/2017	<i>amiodarone 100 mg oral tablet</i>	<i>amiodarone</i>	Addition	Benefit Enhancement	2	
4/1/2017	<i>dexmethylphenidate 25 mg, 35 mg oral capsule, er biphasic 50-50</i>	<i>dexmethylphenidate er</i>	Addition	Benefit Enhancement	2	QL
4/1/2017	<i>lopinavir-ritonavir 400-100 mg/5 ml oral solution</i>	<i>lopinavir-ritonavir</i>	Addition	Benefit Enhancement	5	
4/1/2017	<i>norgestimate-ethinyl estradiol 0.25-35 mcg oral tablet</i>	<i>norgestimate-ethinyl</i>	Addition	Benefit Enhancement	2	
4/1/2017	<i>ranitidine hcl 50 mg/2 ml (25 mg/ml) injection solution</i>	<i>ranitidine hcl</i>	Addition	Benefit Enhancement	2	
4/1/2017	<i>ribasphere ribapak 200 mg (7)-400 mg (7) oral tablets, dose pack</i>	<i>ribasphere</i>	Addition	Benefit Enhancement	5	

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3/1/2017	<i>abacavir-lamivudine 600-300 mg oral tablet</i>	<i>abacavir-lamivudine</i>	Addition	Benefit Enhancement	5	
3/1/2017	ADRENALICK AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML INJECTION	<i>epinephrine</i>	Addition	Benefit Enhancement	4	
3/1/2017	<i>adriamycin 20 mg/10 ml intravenous solution</i>	<i>doxorubicin hcl</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>allopurinol sodium 500 mg intravenous recon soln</i>	<i>allopurinol sodium</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>alyacen 1/35 (28) 1-35 mg-mcg oral tablet</i>	<i>norethindrone-ethinyl estrad</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>amabelz 0.5-0.1 mg, 1-0.5 mg oral tablet</i>	<i>estradiol/norethindrone acet</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>amethia lo 0.10 mg-20 mcg (84)/10 mcg (7) oral tablet dose pack, 3 month</i>	<i>l-norgest/e.estradiol-e.estrad</i>	Addition	Benefit Enhancement	2	QL
3/1/2017	<i>amlodipine-olmesartan 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg oral tablet</i>	<i>amlodipine-olmesartan</i>	Addition	Benefit Enhancement	1	QL
3/1/2017	<i>aprepitant 125 mg (1)-80 mg (2) oral capsule, dose pack</i>	<i>aprepitant</i>	Addition	Benefit Enhancement	2	PA, B/D
3/1/2017	<i>aprepitant 40mg, 80 mg, 125 mg oral capsule</i>	<i>aprepitant</i>	Addition	Benefit Enhancement	2	PA, B/D

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Brand 5-Specialty Drugs
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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Drug Tier	Notes
3/1/2017	AZACTAM IN DEXTROSE (ISO-OSM) PIGGYBACK 1 GRAM/50 ML INTRAVENOUS	<i>aztreonam/dextrose-water</i>	Addition	Benefit Enhancement	4	
3/1/2017	<i>azithromycin 500 mg (3 pack) oral tablet</i>	<i>azithromycin</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>bupropion HCl 150 mg oral tablet extended release</i>	<i>bupropion hcl</i>	Addition	Benefit Enhancement	1	
3/1/2017	<i>camrese lo 0.10 mg-20 mcg (84)/10 mcg (7) oral tablets ,dose pack,3 month</i>	<i>l-norgest/e.estradiol-e.estrad</i>	Addition	Benefit Enhancement	2	QL
3/1/2017	<i>caziant (28) 0.1/.125/.15-25 mg mcg oral tablet</i>	<i>desogestrel-ethinyl estradiol</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>cholestyramine light 4 gram oral powder</i>	<i>cholestyramine/aspartame</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>clindamycin phosphate 150 (mg/ml) (6 ml) injection solution</i>	<i>clindamycin phosphate</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>clindamycin phosphate 150 mg/ml injection solution</i>	<i>clindamycin phosphate</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>clindamycin-benzoyl peroxide 1.2 %(1% base) -5 % topical gel</i>	<i>clindamycin phos/benzoyl perox</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>daptomycin 500 mg intravenous recon soln</i>	<i>daptomycin</i>	Addition	Benefit Enhancement	4	PA, B/D
3/1/2017	<i>dextroamphetamine</i>	<i>dextroamphetamine sulfate</i>	Addition	Benefit Enhancement	2	QL

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	<i>5 mg, 10 mg, 15 mg oral capsule, extended release</i>					
3/1/2017	<i>dicyclomine 10 mg/mL intramuscular solution</i>	<i>dicyclomine hcl</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>doxepin 5 % topical cream</i>	<i>doxepin hcl</i>	Addition	Benefit Enhancement	2	
3/1/2017	EMEND 125 MG (25 MG/ ML FINAL CONC.) ORAL SUSPENSION FOR RECONSTITUTION	<i>aprepitant</i>	Addition	Benefit Enhancement	3	PA, B/D
3/1/2017	EPCLUSA 400-100 MG ORAL TABLET	<i>sofosbuvir/velpatasvir</i>	Addition	Benefit Enhancement	5	PA
3/1/2017	EPINEPHRINE AUTO-INJECTOR 0.15 MG/0.3 ML INJECTION	<i>epinephrine</i>	Addition	Benefit Enhancement	3	
3/1/2017	<i>epirubicin solution 200 mg/100 mL intravenous</i>	<i>epirubicin hcl</i>	Addition	Benefit Enhancement	2	
3/1/2017	ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS RECON SOLN	<i>anidulafungin</i>	Addition	Benefit Enhancement	4	
3/1/2017	<i>ergotamine-caffeine 1-100 mg oral tablet</i>	<i>ergotamine tartrate/caffeine</i>	Addition	Benefit Enhancement	2	QL
3/1/2017	<i>erythromycin ethyl succinate 200 mg/5 mL oral suspension for reconstitution</i>	<i>erythromycin ethylsuccinate</i>	Addition	Benefit Enhancement	2	

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3/1/2017	<i>ethacrynic acid 25 mg oral tablet</i>	<i>ethacrynic acid</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>ethynodiol diac-eth estradiol 1-50 mg-mcg oral tablet</i>	<i>ethynodiol d-ethinyl estradiol</i>	Addition	Benefit Enhancement	2	
3/1/2017	EVZIO AUTO-INJECTOR 2 MG/0.4 ML INJECTION	<i>naloxone hcl</i>	Addition	Benefit Enhancement	4	
3/1/2017	<i>ezetimibe 10 mg oral tablet</i>	<i>ezetimibe</i>	Addition	Benefit Enhancement	2	QL
3/1/2017	<i>femynor 0.25-35 mg-mcg oral tablet</i>	<i>norgestimate-ethinyl estradiol</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>Floxin 0.3 % otic drops</i>	<i>ofloxacin</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>Fluocinonide-E 0.05 % topical cream</i>	<i>fluocinonide/emollient base</i>	Addition	Benefit Enhancement	4	
3/1/2017	<i>flurandrenolide 0.05 % topical lotion</i>	<i>flurandrenolide</i>	Addition	Benefit Enhancement	4	
3/1/2017	GAMASTAN S/D SOLUTION 15-18 % RANGE (10 ML) INTRAMUSCULAR	<i>immune globul g (igg)/glycine</i>	Addition	Benefit Enhancement	3	PA, B/D
3/1/2017	GAMASTAN S/D SOLUTION 15-18 % RANGE (2 ML) INTRAMUSCULAR	<i>immune globul g (igg)/glycine</i>	Addition	Benefit Enhancement	3	PA, B/D
3/1/2017	GAMMAGARD S-D (IGA < 1 MCG/ML) RECON	<i>immun glob g/gly/gluc/iga 0-50</i>	Addition	Benefit Enhancement	5	PA, B/D

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	SOLN 5 GRAM, 10 GRAM INTRAVENOUS					
3/1/2017	GAMMAKED SOLUTION 1 GRAM/10 ML (10 %) INJECTION	<i>immun glob g/gly/gluc/iga 0-50</i>	Addition	Benefit Enhancement	5	PA, B/D
3/1/2017	<i>gengraf capsule 50 mg oral</i>	<i>cyclosporine, modified</i>	Addition	Benefit Enhancement	4	PA, B/D
3/1/2017	GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION	<i>alpha-1-proteinase inhibitor</i>	Addition	Benefit Enhancement	4	PA
3/1/2017	HUMIRA PEN PSORIASIS-UVEITIS PEN INJECTOR KIT 40 MG/0.8 ML SUBCUTANEOUS	<i>adalimumab</i>	Addition	Benefit Enhancement	5	
3/1/2017	IMOGAM RABIES-HT (PF) SOLUTION 150 UNIT/ML INTRAMUSCULAR	<i>rabies immune globulin/pf</i>	Addition	Benefit Enhancement	3	
3/1/2017	INFLECTRA 100 MG INTRAVENOUS RECON SOLN	<i>infliximab-dyyb</i>	Addition	Benefit Enhancement	5	PA
3/1/2017	INVOKAMET XR 50-500 MG, 50-1,000 MG, 150-500 MG, 150-1,000 MG ORAL TABLET	<i>canagliflozin/metformin hcl</i>	Addition	Benefit Enhancement	3	
3/1/2017	KINRIX (PF) SYRINGE 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR	<i>diph,pertus(accel),tet,polio/pf</i>	Addition	Benefit Enhancement	3	

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3/1/2017	KYPROLIS 30 MG, 60MG INTRAVENOUS RECON SOLN	<i>carfilzomib</i>	Addition	Benefit Enhancement	5	PA
3/1/2017	<i>larissia 0.1-20 mg-mcg oral tablet</i>	<i>levonorgestrel-ethin estradiol</i>	Addition	Benefit Enhancement	2	
3/1/2017	LARTRUVO SOLUTION 10 MG/ML INTRAVENOUS	<i>olaratumab</i>	Addition	Benefit Enhancement	5	PA
3/1/2017	<i>levalbuterol HCl solution for nebulization 1.25 mg/0.5 mL (2.5 mg/mL) inhalation</i>	<i>levalbuterol hcl</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>lorcet hd tablet 10-325 mg oral</i>	<i>hydrocodone/acetaminophen</i>	Addition	Benefit Enhancement	2	QL
3/1/2017	<i>low-ogestrel (28) 0.3-30 mg-mcg oral tablet</i>	<i>norgestrel-ethinyl estradiol</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>metaxall tablet 800 mg oral</i>	<i>metaxalone</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>metformin 500 mg oral tablet extended release 24hr</i>	<i>metformin hcl</i>	Addition	Benefit Enhancement	1	
3/1/2017	<i>metformin 500 mg oral tablet,ER gast.retention 24 hr</i>	<i>metformin hcl</i>	Addition	Benefit Enhancement	1	
3/1/2017	<i>methotrexate sodium solution 25 mg/mL injection</i>	<i>methotrexate sodium</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>methylphenidate hcl er 20 mg, 40mg oral capsule</i>	<i>methylphenidate hcl er</i>	Addition	Benefit Enhancement	2	QL

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3/1/2017	<i>migergot 2-100 mg rectal suppository</i>	<i>ergotamine tartrate/caffeine</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>morgidox 50 mg oral capsule</i>	<i>doxycycline hyclate</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>mycophenolate mofetil hcl 500 mg intravenous recon soln</i>	<i>mycophenolate mofetil hcl</i>	Addition	Benefit Enhancement	2	PA, B/D
3/1/2017	<i>naftifine 1 % topical cream</i>	<i>naftifine hcl</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>nifedipine 30 mg, 60mg, 90mg oral tablet extended release</i>	<i>nifedipine</i>	Addition	Benefit Enhancement	1	
3/1/2017	<i>nilutamide 150 mg oral tablet</i>	<i>nilutamide</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>nitroglycerin 0.3 mg, 0.4 mg, 0.6mg sublingual tablet</i>	<i>nitroglycerin</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>norethindrone ac-eth estradiol 1-20 mg-mcg oral tablet</i>	<i>norethindrone ac-eth estradiol</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-35 mcg (28) oral tablet</i>	<i>norethindrone ac-eth estradiol</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>nyata 100,000 unit/gram topical powder</i>	<i>nystatin</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>ofloxacin 300 mg oral tablet</i>	<i>ofloxacin</i>	Addition	Benefit Enhancement	2	

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3/1/2017	<i>olmesartan 5 mg, 20 mg, 40mg oral tablet</i>	<i>olmesartan</i>	Addition	Benefit Enhancement	1	
3/1/2017	<i>olmesartan-hydrochlorothiazide 20- 12.5 mg, 40-12.5mg, 40-25 mg oral tablet</i>	<i>olmesartan-hydrochlorothiazide</i>	Addition	Benefit Enhancement	1	
3/1/2017	ORENCIA CLICKJECT AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS	<i>abatacept</i>	Addition	Benefit Enhancement	5	
3/1/2017	ORKAMBI TABLET 100-125 MG ORAL	<i>lumacaftor/ivacaftor</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>oseltamivir 30 mg, 45 mg, 75 mg oral capsule</i>	<i>oseltamivir</i>	Addition	Benefit Enhancement	2	
3/1/2017	OTREXUP (PF) AUTO-INJECTOR 12.5 MG/0.4 ML SUBCUTANEOUS	<i>methotrexate/pf</i>	Addition	Benefit Enhancement	4	
3/1/2017	PANCREAZE 2,600-6,200- 10,850 UNIT ORAL CAPSULE, DELAYED RELEASE(DR/EC)	<i>lipase/protease/amylase</i>	Addition	Benefit Enhancement	3	
3/1/2017	PEDIARIX (PF) SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML INTRAMUSCULAR	<i>hep b vaccine/dp(a)t-polio/pf</i>	Addition	Benefit Enhancement	3	
3/1/2017	<i>pramipexole 3.75 mg oral tablet extended release 24 hr</i>	<i>pramipexole di-hcl</i>	Addition	Benefit Enhancement	4	
3/1/2017	<i>prednisone 5 mg, 10 mg (48 pack) oral tablets, dose pack</i>	<i>prednisone</i>	Addition	Benefit Enhancement	1	

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3/1/2017	<i>prednisone 10 mg oral tablets, dose pack</i>	<i>prednisone</i>	Addition	Benefit Enhancement	1	
3/1/2017	PRIMSOL 50 MG/5 ML ORAL SOLUTION	<i>trimethoprim</i>	Addition	Benefit Enhancement	3	
3/1/2017	<i>quetiapine 50mg, 150 mg, 200mg, 300mg, 400mg oral tablet extended release</i>	<i>quetiapine fumarate</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>rasagiline 0.5 mg, 1mg oral tablet</i>	<i>rasagiline mesylate</i>	Addition	Benefit Enhancement	2	
3/1/2017	RELISTOR 150 MG ORAL TABLET	<i>methylnaltrexone bromide</i>	Addition	Benefit Enhancement	3	PA
3/1/2017	REPATHA PUSHTRONEX WEARABLE INJECTOR 420 MG/3.5 ML	<i>evolocumab</i>	Addition	Benefit Enhancement	5	PA
3/1/2017	RUBRACA 200 MG, 300 MG ORAL TABLET	<i>rucaparib camsylate</i>	Addition	Benefit Enhancement	5	PA
3/1/2017	<i>sps (with sorbitol) 15-20 gram/60 ml oral suspension</i>	<i>sodium polystyrene sulfon/sorb</i>	Addition	Benefit Enhancement	2	
3/1/2017	STELARA 130 MG/26 ML INTRAVENOUS SOLUTION	<i>ustekinumab</i>	Addition	Benefit Enhancement	5	PA
3/1/2017	<i>sumatriptan succinate 4 mg/0.5 ml subcutaneous pen injector</i>	<i>sumatriptan succinate</i>	Addition	Benefit Enhancement	4	

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3/1/2017	TESTRED 10 MG ORAL CAPSULE	<i>methyltestosterone</i>	Addition	Benefit Enhancement	4	
3/1/2017	<i>valganciclovir 50 mg/ml oral recon soln</i>	<i>valganciclovir hcl</i>	Addition	Benefit Enhancement	5	
3/1/2017	VASCEPA 0.5 GRAM ORAL CAPSULE	<i>icosapent ethyl</i>	Addition	Benefit Enhancement	4	
3/1/2017	VIEKIRA XR 8.33 MG-50 MG-33.33 MG-200 MG ORAL TABLET	<i>ombita/paritap/riton/dasabuvir</i>	Addition	Benefit Enhancement	5	PA
3/1/2017	YONDELIS 1 MG INTRAVENOUS RECON SOLN	<i>trabectedin</i>	Addition	Benefit Enhancement	5	PA
3/1/2017	<i>yuvafem 10 mcg vaginal tablet</i>	<i>estradiol</i>	Addition	Benefit Enhancement	2	
3/1/2017	<i>zarah 3-0.03 mg oral tablet</i>	<i>ethinyl estradiol/drospirenone</i>	Addition	Benefit Enhancement	2	
3/1/2017	ZURAMPIC 200 MG ORAL TABLET	<i>lesinurad</i>	Addition	Benefit Enhancement	4	PA
3/1/2017	ZERIT ORAL RECON SOLN	<i>stavudine</i>	Addition	Benefit Enhancement	5	
3/1/2017	<i>jinteli 1mg-5mcg oral tablet</i>	<i>norethindron-ethinyl estradiol</i>	Removed PA	Benefit Enhancement	2	PA Removed
3/1/2017	<i>norethindron-ethinyl estradiol 0.5mg-2.5, 1mg-5mcg tablet</i>	<i>norethindron-ethinyl estradiol</i>	Removed PA	Benefit Enhancement	2	PA Removed

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3/1/2017	<i>vancomycin hcl 1g, 10 g vial</i>	<i>vancomycin</i>	Removed PA	Benefit Enhancement	2	B/D PA removed

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