

# History of Formulary Changes

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## Medicaid Health Plan Common Formulary Changes Effective July 1, 2019

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
DMARD - Antinflammatory, Select. costimulation modulator,T-cell Inhib.	Orencia 125mg/ml, 50mg/0.4ml, 87.5mg/0.7ml Syringe and Orencia ClickJect 125mg/ml	Covered on formulary with Prior Authorization
DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody	Actemra 162mg/0.9ml Syringe & ACTpen	Covered on formulary with Prior Authorization
DMARD - Janus Kinase (JAK) Inhibitors	Xeljanz 5mg, 10mg and Xeljanz XR 11mg Tablet	Covered on formulary with Prior Authorization and Quantity Limit
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers	Cimzia 200mg Vial Kit, Cimzia 200mg/ml Syringe Kit and Starter Kit	Covered on formulary with Prior Authorization
Antipsoriatic Agents, Systemic	Siliq 210mg/1.5ml Syringe	Covered on formulary with Prior Authorization
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel	Humira Citrate Free- 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml Syringe, Pen 40mg/0.4ml, Pedi Crohn 80-40mg, Pedi Crohn 80mg/0.8, Pen Crhn-UC-HS 80mg, Pen PS-UV-AHS 80-40	Covered on formulary with Prior Authorization and Quantity Limit
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations	fluticasone-salmeterol 100-50, 250-50, 500-50 and Wixela 100-50, 250-50, 500-50 Inhub	Covered on formulary with Quantity Limit and Age Edit
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors	Aimovig 140mg/ml Autoinjector	Covered on formulary with Prior Authorization, Quantity Limit and Age Edit
ACE Inhibitors	captopril 12.5mg, 25mg, 50mg, 100mg tablet	Not Covered on formulary
Renin Inhibitor, Direct and Diuretic Combinations	Tekturna HCT 150-12.5mg, 150-25mg, 300-12.5mg, 300-25mg Tablet	Not Covered on formulary
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi)	Entresto 24mg-26mg, 49mg-51mg, 97mg-103mg Tablet	Covered on formulary with Step Therapy, Quantity Limit and Age Edit
Dermatological - Glucocorticoid	hydrocortisone valerate 0.2% cream	Not Covered on formulary
Laxative - Saline and Osmotic	polyethylene glycol 3350 powder packets	Not Covered on formulary
Ophthalmic - Antihistamines	Azelastine hcl 0.05% drops	Covered on formulary with Step Therapy and Quantity Limit
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors	Ajovy 225mg/1.5ml Syringe	Not Covered on formulary
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors	Emgality 120mg/ml Pen	Not Covered on formulary

Medicaid Health Plan Common Formulary Changes Effective July 1, 2019, continued

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Antipsoriatic Agents - Interleukin 23 Inhibitors	Ilumya 100mg/ml Syringe	Not Covered on formulary
Electrolyte Depleters - Ion Exchange Resin	Lokelma 5 Gram, 10 Gram Powder Packet	Not Covered on formulary
Thrombopoietin Receptor Agonists	Mulpleta 3mg Tablet	Not Covered on formulary
Granulocyte Colony-Stimulating Factor (G-CSF)	Nivestym 300mcg/0.5ml, 480mcg/0.8ml Syringe	Covered on formulary with Prior Authorization
Antidiuretic and Vasopressor Hormones	Nocdurna 27.7mcg, 55.3mcg Tablet SL	Not Covered on formulary
Antidiuretic and Vasopressor Hormones	Noctiva 0.83mcg/0.1ml, 1.66mcg/0.1ml Spray	Not Covered on formulary
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based	Tegsedi 284mg/1.5ml Syringe	Not Covered on formulary
ALS Agent - Benzothiazoles	Tiglutik 50mg/10ml Suspension	Not Covered on formulary

## Medicaid Health Plan Common Formulary Changes Effective April 1, 2019

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Medical Supplies & DME - Respiratory Therapy Supplies	Pro Comfort Spacer-Child Mask; Pro Comfort Spacer-Adult Mask	Covered on formulary with Quantity Limit
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives	fenoprofen 600mg tablet	Not Covered on formulary
Antineoplastic - Alkylating Agent - Nitrosoureas	Gleostine 10mg, 40mg, 100mg	Covered on formulary with Prior Authorization
Antianxiety Agent - Antihistamine Type	hydroxyzine pamoate 100mg capsule	Not Covered on formulary
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb	carbidopa-levodopa 25-100mg ODT	Covered on formulary
Antiparkinson Therapy - Ergot Alkaloids and Derivatives	bromocriptine 5mg capsule	Covered on formulary with Quantity Limit
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents	amantadine 100mg tablet	Not Covered on formulary
Narcolepsy & Cataplexy Therapy Agents - Sedative-Type	Xyrem 500mg/ml Oral Solution	Covered on formulary with Prior Authorization and Quantity Limit
Alzheimer's Disease Therapy - Cholinesterase Inhibitors	Rivastigmine 1.5mg, 3mg, 4.5mg, 6mg capsule	Covered on formulary with Quantity Limit and Age Edit
Dermatological - Immunomodulator - Imidazoquinolinamines	imiquimod 5% cream packet	Covered on formulary with Quantity Limit
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists	ranitidine 150mg, 300mg capsule	Not Covered on formulary
Asthma Therapy - Glucocorticoids	Flovent HFA 220mcg Inhaler	Covered on formulary with Quantity Limit and Age Edit
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations	Symbicort 160-4.5mcg Inhaler	Covered on formulary with Quantity Limit and Age Edit
Beta-Adrenergic and Anticholinergic Combo, Inhaled	Bevespi Aerosphere Inhaler	Covered on formulary with Step Therapy
Multiple Sclerosis Agent - Potassium Channel Blocker	dalfampridine ER 10mg tablet	Covered on formulary with Prior Authorization, Quantity Limit and Age Edit
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors	Aimovig 70mg/ml Autoinjector, 140mg Dose-2 Autoinjector	Covered on formulary with Prior Authorization, Quantity Limit and Age Edit

Medicaid Health Plan Common Formulary Changes Effective April 1, 2019, continued

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Thrombopoietin Recept	Doptelet 20mg Tablet	Not Covered on formulary
Granulocyte Colony-Stimulating Factor (G-CSF)	Fulphila 6mg/0.6ml Syringe	Covered on formulary with Prior Authorization
Beta Blockers Cardiac Selective	Kaspargo Sprinkle 25mg, 50mg, 100mg, 200mg Capsule	Not Covered on formulary
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type	Lucemyra 0.18mg Tablet	Not Covered on formulary
DMARD - Janus Kinase (JAK) Inhibitors	Olumiant 2mg Tablet	Covered on formulary with Prior Authorization and Quantity Limit
LHRH (GnRH) Antagonists	Orilissa 150mg, 200mg Tablet	Not Covered on formulary
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents	Osmolex ER 129mg, 193mg, 258mg Tablet	Not Covered on formulary
Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase	Palyngziq 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml Syringe	Not Covered on formulary
Erythropoietins	Retacrit 2,000 unit/ml, 3,000 unit/ml, 4,000 unit/ml, 10,000 unit/ml, 40,000 unit/ml Vial	Covered on formulary with Prior Authorization
Sickle Cell Anemia Agents	Siklos 100mg, 1,000mg Tablet	Not Covered on formulary
Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors	Tavalisse 100mg, 150mg Tablet	Not Covered on formulary
Influenza Antiviral Agents - PA Endonuclease Inhibitor	Xofluza 20mg, 40mg Tablet	Not Covered on formulary
Direct Factor Xa Inhibitors	Xarelto 2.5mg Tablet	Not Covered on formulary
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors	Venclexta Starting Pack, 10mg, 50mg, 100mg Tablet	Covered on formulary with Prior Authorization
Antineoplastic - Hedgehog Pathway Inhibitor	Daurismo 25mg, 100mg Tablet	Covered on formulary with Prior Authorization
Granulocyte Colony-Stimulating Factor (G-CSF)	Granix 300mcg/ml, 480mcg/1.6ml Vial	Covered on formulary with Prior Authorization
Insulin Analogs - Rapid Acting	Humalog 100 units/ml Vial	Covered on formulary with Prior Authorization and Quantity Limit

## Medicaid Health Plan Common Formulary Changes Effective January 1, 2019

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Anthelmintic Agents Other	Reese Pinworm 144mg/ml	Covered on formulary
Antineoplastic - mTOR Kinase Inhibitors	Afinitor 7.5mg Tablet	Covered on formulary with Prior Authorization and Quantity Limit
Estrogen-Progestin	Prempro 0.3mg-1.5mg, 0.45-1.5mg, 0.625-2.5mg, 0.625-5mg Tablet	Covered on formulary with Quantity Limit and Age Edit
Estrogen-Progestin	Premphase 0.625-5mg Tablet	Covered on formulary with Quantity Limit and Age Edit
Estrogen-Progestin	estradiol-noreth 0.5-0.1mg, estradiol-noreth 1-0.5mg, norethin-eth estrad 1mg-5mcg	Covered on formulary with Age and Gender Edit
Estrogen-Progestin	norethind-eth estrad 0.5-2.5	Covered on formulary with Quantity Limit, Age Edit and Gender Edit
Estrogens	Menest 0.3mg, 0.625mg, 1.25mg 2.5mg Tablet	Covered on formulary with Age and Gender Edit
Estrogens	Estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg, 0.1mg Patch	Covered on formulary with Quantity Limit, Age Edit and Gender Edit
Thyroid Hormones - Animal Source (Porcine)	Westhroid, WP 16.25mg, 32.5mg, 48.75mg, 65mg, 81.25mg, 97.5mg, 113.75mg, 130mg, 195mg Tablet	Covered on formulary with Age Edit
Antidiarrheal Antiperistaltic-Anticholinergic Combinations	diphenoxylate-atrop 2.5-0.025/5ml	Not Covered on formulary
Digestive Enzyme Mixtures	Viokace 10,440-39,150 Unit, 20,880-78,300 Unit Tablet	Covered on formulary with Quantity Limit
Digestive Enzyme Mixtures	Pertzye DR 8,000 Unit, 16,000 Unit, 24,000 Unit Capsule	Covered on formulary with Quantity Limit
Direct Factor Xa Inhibitors	Eliquis 2.5mg, 5mg Tablet, Eliquis 5mg Starter Pack	Covered on formulary with Prior Authorization, Quantity Limit and Age Edit
Direct Factor Xa Inhibitors	Xarelto 10mg, 15mg, 20mg Tablet, Xarelto Starter Pack	Covered on formulary with Prior Authorization, Quantity Limit and Age Edit
Skeletal Muscle Relaxant - Central Muscle Relaxants	tizanidine 2mg, 4mg tablet	Covered on formulary with Age Edit
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibitor & Thiazolidinedione	alogliptin-pioglitazone 25-15mg, 25-30mg, 25-45mg, 12.5-15mg, 12.5-30mg, 12.5-45mg tablet	Covered on formulary with Step Therapy and Quantity Limit

**Effective 7/1/2018 plans all utilize the standard NCPDP reject code for any gender edits: NCPDP 61 - Product/Service Not Covered for Patient Gender.**

**Medicaid Health Plan Common Formulary Changes Effective January 1, 2019, continued**

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Antihyperglycemic-Dipeptidyl Peptidase-4 (DPP-4) Inhibitor & Biguanide	alogliptin-metformin 12.5-500mg, 12.5-1000mg tablet	Covered on formulary with Step Therapy and Quantity Limit
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	alogliptin 6.25mg, 12.5mg, 25mg tablet	Covered on formulary with Step Therapy and Quantity Limit
Antihyperglycemic, Incretin Mimetic, GLP-1 Receptor Agonist Analog-Type	Ozempic 0.25-0.5mg, 1mg Dose Pen	Covered on formulary with Prior Authorization and Quantity Limit
Antineoplastic - Antiandrogens	Erleada 60mg Tablet	Covered on formulary with Prior Authorization and Quantity Limit
Antineoplastic - Antiandrogens	Zytiga 500mg Tablet	Covered on formulary with Prior Authorization, Quantity Limit and Gender Edit
Antineoplastic-Isocitrate Dehydrogenase Inhibitors	Tibsovo 250mg Tablet	Covered on formulary with Prior Authorization and Quantity Limit
Antiemetic - Antihistamine-Vitamin Combinations	Bonjesta ER 20-20mg Tablet	Not Covered on formulary
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists	Jynarque 45mg-15mg, 60mg-30mg, 90mg-30mg Tablet	Not Covered on formulary
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting	Lonhala Magnair 25mcg Starter, Lonhala Magnair 25mcg Refill	Not Covered on formulary
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors	Rhopressa 0.02% Ophthalmic Solution	Not Covered on formulary
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins)	Zypitamag 1mg, 2mg, 4mg Tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	blisovi FE 1-20, 1.5-30, blisovi 24 FE, vienva-28, larissia-28, Juleber 28 day	Covered on formulary with Gender Edit
Contraceptive Oral - Triphasic	tri-lo-marzia, trinessa lo tablet	Covered on formulary with Gender Edit
Vaginal Estrogens	yuvafem 10mcg vaginal tablet, yuvafem 10mcg vaginal insert	Covered on formulary
IBS Agent - Gastrointestinal Chloride Channel Activator Agents	Amitiza 8mcg, 24mcg Capsules	Covered on formulary with Prior Authorization and Quantity Limit

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## Medicaid Health Plan Common Formulary Changes Effective October 1, 2018

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Tetracycline Antibiotics	doxycycline hyclate 100mg tablet	Covered on formulary
Contraceptive Oral - Monophasic	noret-estr-fe 0.4-0.035(21)-75	Covered on formulary with Gender Edit
Insulin Analogs - Rapid Acting	Novolog 100 Unit/ml Vial	Not Covered on formulary
Insulin Analogs - Rapid Acting	Novolog 100 Unit/ml Cartridge	Not Covered on formulary
Insulin Analogs - Rapid Acting	Novolog 100 Units/ml Flexpen	Not Covered on formulary
Insulin Analogs - Rapid Acting	Apidra 100 Units/ml Vial	Not Covered on formulary
Insulin Analogs - Rapid Acting	Apidra Solostar 100 Units/ml	Not Covered on formulary
Insulin Analogs - Rapid Acting	Humalog 100 Units/ml Vial	Not Covered on formulary
Insulin Analogs - Rapid Acting	Humalog 100 Units/ml Cartridge	Not Covered on formulary
Insulin Analogs - Rapid Acting	Humalog 100 Units/ml Kwikpen	Not Covered on formulary
Insulin Analogs - Rapid Acting	Humalog JR 100 Units/ml Kwikpen	Not Covered on formulary
Insulin Analogs - Rapid Acting	Admelog Solostar 100 Unit/ml	Covered on formulary with Quantity Limit and Age Edit
Insulin Analogs - Rapid Acting	Admelog 100 Unit/ml Vial	Covered on formulary with Quantity Limit
Asthma Therapy - Glucocorticoids	Qvar 40mcg; 80 mcg Oral Inhaler	Not Covered on formulary
Asthma Therapy - Glucocorticoids	Aerospan 80 mcg Inhaler	Not Covered on formulary
Asthma Therapy - Leukotriene Receptor Antagonists	montelukast sodium 4mg, 5mg chew tablet; montelukast sodium 10mg tablet	Covered on formulary with Quantity Limit
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting	Foradil Aerolizer 12mcg cap	Not Covered on formulary
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations	Symbicort 80-4.5mcg Inhaler	Covered on formulary with Quantity Limit and Age Edit
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations	Symbicort 160-4.5mcg Inhaler	Not Covered on formulary
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations	Dulera 100mcg/5mcg; 200mcg/5mcg Inhaler	Not Covered on formulary
Nasal Anticholinergics	Atrovent 0.03%; 0.06% Spray	Not Covered on formulary
Nasal Corticosteroids	Flonase Allergy Relief 50 mcg Spray OTC; fluticasone propionate 50 mcg spray OTC	Covered on formulary with Quantity Limit
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting	levalbuterol tartrate HFA 45mcg inhaler	Covered on formulary with Step Therapy and Quantity Limit
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors	Steglatro 5mg; 15mg Tablet	Covered on formulary with Prior Authorization

**Effective 7/1/2018 plans all utilize the standard NCPDP reject code for any gender edits: NCPDP 61 - Product/Service Not Covered for Patient Gender.**



Medicaid Health Plan Common Formulary Changes Effective October 1, 2018, continued

Drug Class	Drug Name	New Status
Antihyperglycemic - SGLT-2 Inhibitor & Biguanide Combinations	Segluromet 2.5-500mg; 2.5-1,000mg; 7.5-500mg; 7.5-1,000mg Tablet	Covered on formulary with Prior Authorization
Antineoplastic - Antiandrogens	Yonsa 125mg Tablet	Covered on formulary with Prior Authorization
Antineoplastic - BRAF Kinase Inhibitors	Braftovi 50mg; 75mg Capsule	Covered on formulary with Prior Authorization
Thyroid Hormones - Animal Source (Porcine)	NP Thyroid 15mg; 120mg Tablet	Covered on formulary with Age Edit
Acne Therapy Systemic - Retinoids & Derivatives	Isotretinoin 10mg; 20mg; 30mg; 40mg Capsule	Covered on formulary with Prior Authorization and Quantity Limit

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Medicaid Health Plan Common Formulary Changes Effective July 1, 2018

Drug Class	Drug Name	New Status
Minerals & Electrolytes - Iron Combinations	Elite-OB Caplet	Not Covered on formulary
Antianginal and Anti-ischemic Agents, Non-hemodynamic	Ranexa ER 500mg Tablet	Covered on formulary with Prior Authorization and Quantity Limit
Prenatal Vitamins and Minerals	prenatal complete, SE-natal 19, prenatal 19, CVS prenatal gummy vitamins, Thrivite 19	Covered on formulary with Quantity Limit, Gender Edit and Age Edit
Diagnostic - Urine Test Others	Ketone Care test strips, ketone test strips, Relion ketone test strips, CVS ketone test strip, Chemstrip K, Ketostix Reagent strips	Not Covered on formulary
Antiseptic - Alcohols	isopropyl alcohol 70% wipes	Not Covered on formulary
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors	Otezla Starter Pack, 28 Day Starter Pack	Covered on formulary with Prior Authorization and Quantity Limit
Asthma Therapy - Glucocorticoids	Armonair Resplick 55mcg, 113mcg, 232mcg,	Covered on formulary with Quantity Limit
Asthma Therapy - Glucocorticoids	Flovent HFA 44mcg, 110mcg	Covered on formulary with Quantity Limit and Age Edit
Anthelmintic Agents Other	Benznidazole Tablet 12.5mg, 100mg	Covered on formulary with Prior Authorization
Ophthalmic - Antibacterial-Glucocorticoid Combinations	neomycin-poly-hc eye drops	Not Covered on formulary
Sickle Cell Anemia Agents	Endari 5 Gram Powder Packet	Covered on formulary with Prior Authorization
Antianginal - Coronary Vasodilators (Nitrates)	Nitroglycerin Lingual 0.4mg	Covered on formulary with Step Therapy
ACE Inhibitors	Qbrelis 1mg/ml Solution	Covered on formulary with Age Edit

**Effective 7/1/2018 plans all utilize the standard NCPDP reject code for any gender edits: NCPDP 61 - Product/Service Not Covered for Patient Gender.**

Medicaid Health Plan Common Formulary Changes Effective July 1, 2018, continued

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity	pindolol tablet 5mg, 10mg	Not Covered on formulary
Prenatal Vitamins and Minerals	Prenate AM tablet	Not Covered on formulary
Direct Factor Xa Inhibitors	Eliquis tablet 2.5mg, 5mg	Covered on formulary with Prior Authorization
Platelet Aggregation Inhibitors - Salicylates	Bayer aspirin 81mg chew tablet, aspirin EC 81mg, low dose aspirin 81mg,	Covered on formulary with Quantity Limit
Platelet Aggregation Inhib - PDEsterase & Adenosine deaminase Inhibitor	dipyridamole tablet 50mg	Covered on formulary with Quantity Limit
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb.	amlodipine-valsartan 5-160mg, 5-320mg, 10-160mg 10-320mg	Covered on formulary
Beta Blockers Non-Cardiac Selective	timolol maleate tablet 5mg, 10mg, 20mg	Not Covered on formulary
Pediatric Vitamins	Multivitamins chewable tablet	Covered on formulary
Pediatric Vitamins with Fluoride and Minerals Combinations	tri-vit-fluor-iron 0.25mg/ml, triple-vit w-fluor 0.25mg/ml, tri-vit-fluor 0.25 mg/ml drop, vitamins A,C,D & fluoride drop, tri-vit-fluor 0.5 mg/ml drop	Covered on formulary with Quantity Limit and Age Edit
Pediatric Vitamins with Fluoride Combinations	MVC-Fluoride Chew Tab 0.25mg, 0.5mg, 1mg, multivit-fluor tab chew 0.25mg, 0.5mg, 1mg, multivit-fluor 0.25mg, 0.5mg/ml drop, multivit-fluor-iron 0.25mg/ml, multivit-iron-fl 0.25mg/ml	Covered on formulary with Quantity Limit and Age Edit
Antineoplastic-Isocitrate Dehydrogenase Inhibitors	Idhifa tablet 50mg, 100mg	Covered on formulary with Prior Authorization
Systemic Sympathomimetic Decongestants	nasal decongest 30mg tab, Suphedrine 30mg tab, Sudogest 30mg tab, Suphedrine Sinus Cong 30mg tab, pseudoephedrine 60mg tablet, pseudoephed 30mg/5ml soln	Not Covered on formulary
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, TNF-alpha Sel	Humira Pen Psoriasis-Uveitis	Covered on formulary with Prior Authorization and Quantity Limit
Antineoplastic - Antimetabolite - Folic Acid Analogs	Xatmep 2.5mg/ml Oral Solution	Covered on formulary with Prior Authorization
Glycopeptide Antibiotics	Firvanq Solution 25mg/ml, 50mg/ml	Covered on formulary

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## Medicaid Health Plan Common Formulary Changes Effective April 1, 2018

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Analgesic or Antipyretic Non-Narcotic/Sedative Combinations	Capacet capsule, Esgic capsule, Margesic capsule, Zebutal 50-325-40mg capsule butalbit-acetaminophen-caff capsule	Not Covered on formulary
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors	celecoxib 50mg, 100mg, 200mg, 400mg	Covered on formulary with Quantity Limit
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives	ketoprofen 50mg, 75mg capsule	Not Covered on formulary
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives	naproxen 125/5ml suspension	Covered on formulary with Prior Authorization and Age Edit
Analgesic Narcotic Agonists	methadone 40mg tablet	Not Covered on formulary
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents	amantadine 100mg tablet	Covered on formulary with Quantity Limit
Migraine Therapy - Selective Serotonin Agonists 5-HT(1)	sumatriptan nasal spray 5mg, 20mg	Covered on formulary with Prior Authorization and Quantity Limit
Dermatological - Burn Products Anti-infective	SSD 1% cream	Covered on formulary
Dermatological - Topical Local Anesthetic Amides	lidocaine patch 5%	Not Covered on formulary
Dermatological - Topical Local Anesthetic Amides	lidocaine cream 3%	Not Covered on formulary
Dermatological - NSAID Single Agents	diclofenac sodium 1% gel	Covered on formulary with Quantity Limit
Dermatological - Topical Local Anesthetic Amides	Aspercreme 4% Patch (lidocaine)	Covered on formulary with Quantity Limit
Alzheimer's Disease Therapy - NMDA Receptor Antagonists	memantine tablet 5mg, 10mg, titration pack	Covered on formulary with Quantity Limit and Age Edit
Oxytocic - Ergot Alkaloids	Methergine 0.2mg Tablet	Covered on formulary with Quantity Limit and Age Edit
Antineoplastic - Hedgehog Pathway Inhibitor	Odomzo 200mg Capsule	Covered on formulary with Prior Authorization
Asthma Therapy - Glucocorticoids	Qvar Redihaler 40mcg, 80mcg	Covered on formulary with Quantity Limit
Bone Formation Stimulating Agents - Parathyroid Hormone-Type	Tymlos 80mcg Dose Pen Injector	Covered on formulary with Prior Authorization
Pulmonary Antihypertensive Agents - Endothelin Receptor Antagonists	Tracleer 32mg Tablet for Suspension	Covered on formulary with Prior Authorization and Age Edit
Hepatitis A Vaccine - Single Agents	Havrix 720 units/0.5ml vial & syringe, Havrix 1,440 units/ml vial & syringe	Covered on formulary with Quantity Limit and Age Edit
Hepatitis A Vaccine - Single Agents	Vaqta 25 units/0.5ml vial & syringe, Vaqta 50 units/ml vial & syringe	Covered on formulary with Quantity Limit and Age Edit

## Medicaid Health Plan Common Formulary Changes Effective January 1, 2018

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Antibacterial Folate Antagonist - Other Combinations	sulfatrim pediatric suspension	Covered on formulary
B-Complex Vitamins	Foltanx RF capsule, L-Methylfolate CA P-5-P ME-CBL, Metanx Capsule, Levomefol-Pyridoxal-Mec-Algal	Not Covered on formulary
Bone Resorption Inhibitors - Bisphosphonates	etidronate disodium 200mg, 400mg tablet	Not Covered on formulary
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors	Farxiga 5mg, 10mg Tablet	Not Covered on formulary
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors	Jardiance 10mg, 25mg Tablet	Covered on formulary with Prior Authorization and Quantity Limit
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations	Synjardy 5/500 mg, 12.5/500 mg 5/1000 mg, 12.5/1000 mg	Covered on formulary with Prior Authorization and Quantity Limit
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations	Synjardy XR 5/1000 mg, 10/1000 mg, 12.5/1000 mg, 25/1000 mg	Covered on formulary with Prior Authorization and Quantity Limit
Antihyperglycemic - SGLT-2 Inhibitor & Biguanide Combinations	Invokamet XR 150-1,000mg, 50-500mg, 150-500mg, 50-1,000mg tablet	Quantity Limit added
Insulin Analogs - Rapid Acting	Humalog JR 100 unit/ml Kwikpen	Covered on formulary with Quantity Limit and Age Edit
Oxytocic - Ergot Alkaloids	Methylergonovine 0.2 mg tablet (generic discontinued)	Not Covered on formulary
Oxytocic - Ergot Alkaloids	Methergine 0.2 mg Tablet	Covered on formulary with Age Edit
Digestive Enzyme Mixtures	Zenpep DR 40,000 units Capsule	Covered on formulary with Quantity Limit
Inflammatory Bowel Agent - Aminosalicylates and Related Agents	Asacol HD DR 800 mg Tablet	Not Covered on formulary (*generic product is covered with Step Therapy and Quantity Limit)
Medical Supplies & DME - Diaphragms	Caya Contoured Diaphragm, Wide Seal Diaphragm 60mm, 65mm, 70mm, 75mm, 80mm, 85mm, 90mm, 95mm	Covered on formulary
Multiple Sclerosis Agent - Others	glatiramer 40 mg/ml syringe	Covered on formulary with Prior Authorization and Quantity Limit
Inflammatory Bowel Agent - Aminosalicylates and Related Agents	Delzicol DR 400 mg Capsule	Covered on formulary with Step Therapy and Quantity Limit
Inflammatory Bowel Agent - Aminosalicylates and Related Agents	Apriso ER 0.375 gram Capsule	Covered on formulary with Step Therapy and Quantity Limit

## Medicaid Health Plan Common Formulary Changes Effective October 1, 2017

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
General Anesthetic - Parenteral, Benzodiazepines	midazolam HCL 50mg/10ml, 25mg/5ml, 10mg/2ml, 5mg/ml vials	Covered on formulary with Quantity Limit
Aminoglycoside Antibiotic	Bethkis 300mg/4ml ampule	Covered on formulary with Prior Authorization
Contraceptive Oral - Biphasic	Lo Loestrin FE 1-10 tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	Yasmin 28 tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	Ovcon-35 28 tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	Brevicon 28 tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	Norinyl 1+35-28 tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	Loestrin 21 1-20 tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	Necon 1-50-28 tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	genora 1/50-28 tablet	Covered on formulary with Gender Edit
Contraceptive Oral - Monophasic	Safyral tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	Femcon FE Chewable tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	Generess FE Chewable tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	Minastrin 24 FE Chewable tablet	Not Covered on formulary
Contraceptive Oral - Monophasic	mibelas 24 FE chewable tablet	Covered on formulary with Gender Edit
Contraceptive Oral - Triphasic	Ortho Tri-Cyclen Lo tablet	Not Covered on formulary
Contraceptive Oral - Triphasic	norg-EE 0.18-0.215-0.25/0.025	Covered on formulary with Gender Edit
Contraceptive Oral - Triphasic	Ortho Tri-Cyclen 28 tablet	Not Covered on formulary
Dermatological - Antifungal Imidazole & Related Agents	clotrimazole 1% OTC cream	Covered on formulary
Dermatological - Antifungal Thiocarbamate	tolnaftate 1% OTC powder	Covered on formulary
Dermatological - Antifungal Thiocarbamate	tolnaftate 1% OTC cream	Covered on formulary
Insulin Analogs - Long Acting	Basaglar 100 unit/ml Kwikpen	Covered on formulary with Quantity Limit
Insulin Analogs - Long Acting	Lantus 100 unit/ml vials, Lantus Solostar 100 unit/ml	Not Covered on formulary
Indirect Factor Xa Inhibitors	fondaparinux 2.5mg/0.5 ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml syringe	Not Covered on formulary

Medicaid Health Plan Common Formulary Changes Effective October 1, 2017, continued

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Antihistamines - 1st Generation	Aller-Chlor 4mg, Allergy 4mg, Allergy Relief 4mg, Allergy-Time 4 mg, Chlor-Trimeton Allergy, CVS Allergy Relief 4mg, ED-Chlortan 4mg, EQ Chlortabs 4mg, HM Allergy Relief 4 mg, Kro Allergy 4mg, Pharbeclor 4mg, SM Allergy 4-HR 4mg, Wal-Finate 4 mg, EQL Allergy 4mg, GNP Allergy 4mg OTC tablets	Covered on formulary
Antihistamines - 2nd Generation	Child All Day Allergy 1mg/ml, Child Wal-Zyr 1mg/ml, Child's Aller-Tec 1mg/ml, CVS Child Allergy Relf 1mg/ml OTC solution	Covered on formulary
Antihistamines - 2nd Generation	Allergy Relief 5mg/ml, Child Claritin 5mg/5ml, Child Wal-itin 5mg/5ml, Claritin 5mg/5ml, CVS Allergy Relief 5mg/5ml, EQ Child Allergy Relief OTC solution/syrup	Covered on formulary
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting	Tudorza Pressair 400mcg Inhaler	Not Covered on formulary
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting	Spiriva 18mcg CP-Handihaler Spiriva Respimat 1.25mcg, 2.5mcg Inhaler	Not Covered on formulary
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting	Incruse Ellipta 62.5mcg Inhaler	Quantity Limit added
Nasal Corticosteroids	Flonase Allergy RLF 50mcg Spray	Covered on formulary
Vaginal Estrogens	Premarin Vaginal Cream- APPL	Not Covered on formulary
Vaginal Estrogens	yuvafem 10 mcg vaginal insert	Covered on formulary
Hepatitis B Treatment- Nucleoside Analogs (Antiviral)	Vemlidy 25mg Tablet	Covered on formulary with Prior Authorization and Quantity Limit
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations	fluticasone-salmeterol 55-14, 113-14, 232-14	Covered on formulary with Quantity Limit

## Medicaid Health Plan Common Formulary Changes Effective July 1, 2017

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors	Otezla Starter Pack, 30mg tablet	Covered on formulary with Prior Authorization
Antianginal and Anti-ischemic Agents, Non-hemodynamic	Ranexa ER 500mg, 1,000 mg tablet	Prior Authorization added
Antiarrhythmic - Class II	sotalol AF 80mg, 120mg, 160mg tablet	Quantity Limit added
Antihyperlipidemic - Bile Acid Sequestrants	cholestyramine packet, light packet	Quantity Limit added
Antihyperlipidemic - Bile Acid Sequestrants	colestipol granules packet	Not Covered on formulary
Antihyperlipidemic - Fibric Acid Derivatives	fenofibric acid 35mg, 105mg tablet	Quantity Limit added
Antihyperlipidemic - Fibric Acid Derivatives	fenofibrate 43mg, 50mg capsule	Quantity Limit added
Antihyperlipidemic - Fibric Acid Derivatives	fenofibrate 130mg, 150mg capsule	Not Covered on formulary
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins)	fluvastatin 20mg, 40mg capsule	Not Covered on formulary
Antihyperlipidemic - Nicotinic Acid Derivatives	niacin ER 500mg, 750mg, 1,000 mg tablet (generic Niaspan ER)	Not Covered on formulary
ACE Inhibitors	Epaned 1mg/ml Solution (powder kit) discontinued	Not Covered on formulary
ACE Inhibitors	Epaned 1mg/ml Oral Solution	Covered on formulary with Age Edit
ACE Inhibitors-Diuretic Combinations	quinapril-HCTZ 10-12.5mg, 20-12.5mg, 20-25mg tablet	Covered on formulary
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations	valsartan-HCTZ 80-12.5mg, 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg tablet	Quantity Limit added
Angiotensin II Receptor Blockers (ARBs)	valsartan 40mg, 80mg, 160mg, 320mg tablet	Quantity Limit added
Diuretic - Thiazides and Related	hydrochlorothiazide 12.5mg capsule; hydrochlorothiazide 25mg, 50mg tablet	Quantity Limit removed
Acne Therapy Topical - Retinoids & Derivatives	adapalene 0.1% cream; 0.1% gel	Not Covered on formulary
Acne Therapy Topical - Retinoids & Derivatives	tretinoin 0.025%, 0.05%, 0.1% cream tretinoin 0.01%, 0.025% gel	Not Covered on formulary
Acne Therapy Topical - Retinoids & Derivatives	Differin 0.1% OTC Gel	Covered on formulary with Quantity Limit
Dietary Product - Dietary Supplements	Nicazel, Nicazel Forte, VP-ZEL, GNP Diabetic Support Form, EQ & GNP One Daily, One Daily, GNP Hair, Skin & Nails, niacin-aze ac-turmer-fa-b6-zn, Nicadan tablets	Not Covered on formulary
Dietary Product - Dietary Supplements	Megavite, Vitamin D3 Complete, Megavite Golden Years Caplets	Not Covered on formulary

Medicaid Health Plan Common Formulary Changes Effective July 1, 2017, continued

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Minerals & Electrolytes - Iron Combinations	OB Complete Caplet	Not Covered on formulary
Minerals & Electrolytes - Potassium, Oral	potassium Cl 10% (20 meq/15ml) potassium Cl 10% (40 meq/30ml) potassium Cl 20% (40 meq/15ml)	Not Covered on formulary
Minerals & Electrolytes - Potassium, Oral	potassium Cl 20 meq packet	Not Covered on formulary
Vitamins - B-3, Niacin and Derivatives	various OTC niacin products	Covered on formulary
Vitamins - E	Aquasol E 50units/ml Drops, Vitamin E 50units/ml drops	Age Edit added
Vitamins - K, Phytonadione and Derivatives	Mephyton 5mg tablet	Covered on formulary with Quantity Limit
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (PPIs)	omeprazole 20mg OTC tablets (20mg capsules remain on formulary)	Not Covered on formulary
Ophthalmic Antibiotic - Aminoglycosides	Gentak 0.3% Eye Ointment	Covered on formulary
Ophthalmic Antibiotic - Fluoroquinolones	Vigamox 0.5% Eye Drops	Not Covered on formulary
Ophthalmic - Anti-inflammatory, Glucocorticoids	FML Forte 0.25% Eye Drops	Not Covered on formulary
Ophthalmic - Anti-inflammatory, Glucocorticoids	FML S.O.P. 0.1% Ointment	Not Covered on formulary
Ophthalmic - Anti-inflammatory, Glucocorticoids	Flarex 0.1% Eye Drops	Not Covered on formulary
Ophthalmic - Anti-inflammatory, Glucocorticoids	Pred Mild 0.12% Eye Drops	Not Covered on formulary
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers	timolol 0.25%, 0.5% GFS gel-solution	Not Covered on formulary
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists	brimonidine tartrate 0.15% drop	Not Covered on formulary
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs	Travoprost 0.004% Eye Drops	Not Covered on formulary
Ophthalmic - Antibacterial-Glucocorticoid Combinations	Blephamide Eye Drops, Eye Ointment	Not Covered on formulary
Ophthalmic - Antibacterial-Glucocorticoid Combinations	Tobradex Eye Ointment	Not Covered on formulary
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins)	rosuvastatin 5mg, 10mg, 20mg, 40mg tablet	Covered on formulary with Quantity Limit
Antineoplastic - Antimetabolites	Lonsurf 15mg-6.14mg, 20mg-8.19mg Tablet	Covered on formulary with Prior Authorization
Antihyperglycemic - SGLT-2 Inhibitor & Biguanide Combinations	Invokamet XR 150-1,000mg, 50-500mg, 150-500mg, 50-1,000mg tablet	Covered on formulary with Prior Authorization



## Medicaid Health Plan Common Formulary Changes Effective April 1, 2017

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Alternative Therapy - Antiarthritics	Glucoten Caplet	Not Covered on formulary
Alternative Therapy - Antioxidant	Ocuvite Lutein & Zeaxanthin CP	Not Covered on formulary
Alternative Therapy - Antioxidant	Preservision Areds 2 Softgel	Not Covered on formulary
Alternative Therapy - Antioxidant	Macuvite with Lutein Tablet	Not Covered on formulary
Alternative Therapy - Antioxidant	ProSight Tablet	Not Covered on formulary
Alternative Therapy - Unclassified	V-R Memory Complex Caplet	Not Covered on formulary
Alternative Therapy - Unclassified	L-Methyl-MC NAC Tablet; Metafolbic Plus Caplet	Not Covered on formulary
Alternative Therapy - Unclassified	MG-Plus-Protein Tablet	Not Covered on formulary
Analgesic or Antipyretic Non-Narcotic	acetaminophen ER 650mg Tablet; acetaminophen 8-Hour 650mg	Covered on formulary with Quantity Limit
Analgesic or Antipyretic Non-Narcotic	acetaminophen 500mg/5ml liquid	Covered on formulary with Quantity Limit
Analgesic or Antipyretic Non-Narcotic	acetaminophen 80mg rapid tablet	Covered on formulary with Quantity Limit
Analgesic or Antipyretic Non-Narcotic	acetaminophen 160mg rapid/ODT tablet	Covered on formulary with Quantity Limit
Analgesic or Antipyretic Non-Narcotic	acetaminophen 160mg/5ml elixir	Covered on formulary with Quantity Limit
Analgesic or Antipyretic Non-Narcotic	acetaminophen 500mg	Covered on formulary with Quantity Limit
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives	piroxicam 10mg; 20mg capsule	Covered on formulary with Quantity Limit
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives	flurbiprofen 100mg tablet	Covered on formulary
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives	naproxen 125mg/5ml suspension	Not Covered on formulary
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives	ibuprofen 200mg caplet, tablet	Covered on formulary
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives	ibuprofen 200mg softgel	Covered on formulary with Quantity Limit
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives	ibuprofen 100mg tablet	Covered on formulary
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives	GNP ibuprofen 100mg/5ml	Covered on formulary with Quantity Limit
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives	ibuprofen drops	Covered on formulary
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives	etodolac 200mg, 300mg capsule; etodolac 400mg, 500mg tablet	Covered on formulary with Quantity Limit

Medicaid Health Plan Common Formulary Changes Effective April 1, 2017, continued

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Diuretic - Carbonic Anhydrase Inhibitors	acetazolamide 125mg, 250mg tablet; acetazolamide ER 500mg capsule	Quantity Limit added
Diuretic - Carbonic Anhydrase Inhibitors	methazolamide 25mg, 50mg tablet	Not Covered on formulary
Contraceptive Injectable - Progestin	medroxyprogesterone 150mg/ml	Covered on formulary with Quantity Limit and Gender Edit
Dermatological - Antipsoriatic Agents Topical	calcipotriene 0.005% cream	Not Covered on formulary
Dermatological - Emollients	ammonium lactate 12% cream; lotion (RX form)	Quantity Limit removed
Pediatric Vitamins	Tri-Vi-Sol Drops	Covered on formulary
Pediatric Vitamins and Mineral Combinations	Aquadeks Pediatric Liquid	Covered on formulary for CSHCS only
Prenatal Vitamins and Minerals	prenatal complete caplet	Covered on formulary
Prenatal Vitamins and Minerals	prenatal tablet; prenatal vitamin formula tablet	Covered on formulary with Quantity Limit, Age Edit and Gender Edit
Prenatal Vitamins and Minerals	Se-Natal 19 Tablet; prenatal 19 tablet; Thrivite 19 tablet	Covered on formulary
Prenatal Vitamins and Minerals	CVS prenatal gummy vitamins	Covered on formulary
Vitamins - B-12, Cyanocobalamin and derivatives	Cyanocobalamin 1,000mcg/ml	Covered on formulary
Vitamins - D Derivatives	D3-50 50,000 units capsule, vitamin D3 50,000 units capsule	Covered on formulary
Vitamins - D Derivatives	Dialyvite vitamin D3 50,000 unit	Covered on formulary
Thyroid Hormones - Animal Source (Porcine)	WP Thyroid 16.25mg, 32.5mg 48.75mg 65mg, 81.25mg, 97.5mg, 113.75mg, 130mg Tablet Westhroid 32.5mg, 65mg, 97.5mg, 130mg, 195mg Tablet	Covered on formulary
Thyroid Hormones - Synthetic T3 (Triiodothyronine)	liothyronine sodium 5mcg, 25mcg, 50mcg tablet	Covered on formulary
Thyroid Hormones - Synthetic T4 (Thyroxine)	Levoxyl 25mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg Tablet	Covered on formulary
Thyroid Hormones - Synthetic T4 (Thyroxine)	Unithroid 50mcg, 88mcg Tablet	Not Covered on formulary
Gout Acute Therapy - Antimitotics	colchicine 0.6mg capsule	Covered on formulary with Quantity Limit
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors	Uloric 80mg Tablet	Quantity Limit added
Medical Supplies & DME - Peak Flow Meters	Peak Flow Meters	Covered on formulary with Quantity Limit
Medical Supplies & DME - Respiratory Therapy Supplies	Spacers/Aerochambers	Covered on formulary with Quantity Limit

Medicaid Health Plan Common Formulary Changes Effective April 1, 2017, continued

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Dental Product - Fluoride Preparations	Ludent Fluoride 0.25mg, 0.5mg, 1mg Chew Tablet	Covered on formulary with an Age Edit
Dental Product - Fluoride Preparations	Dentagel 1.1%, Fluoridex Defense 1.1%, Prevident 1.1%, SF 1.1% Gel	Age Edit removed
Mouth and Throat - Antiseptics	chlorhexidine 0.12% rinse	Quantity Limit removed
Mouth and Throat - Saliva Stimulants	pilocarpine hcl 7.5mg tablet	Covered on formulary
Artificial Tears and Lubricant Combinations	Refresh P.M. Ointment, Refresh Lacri-Lube Ointment	Covered on formulary
Artificial Tears and Lubricant Combinations	SM Lubricant Eye Drops Systane 0.3-0.4% Eye Drops Systane Ultra 0.4-0.3% Eye Drops	Covered on formulary
Artificial Tears and Lubricant Combinations	Systane Gel Eye Drops	Covered on formulary
Artificial Tears and Lubricant Single Agents	CVS Artificial Tears Drops	Covered on formulary
Artificial Tears and Lubricant Single Agents	CVS Lubricant 0.5% Eye Drops, Refresh Tears 0.5% Eye Drops	Covered on formulary
Artificial Tears and Lubricant Single Agents	HM Lubricant Plus 0.5% Eye Drops	Covered on formulary
Artificial Tears and Lubricant Single Agents	Refresh Liquigel 1% Eye Drops Refresh Celluvisc 1% Eye Drops	Covered on formulary
Artificial Tears and Lubricant Single Agents	Akwa Tears 1.4% Drops, Artificial Tears 1.4 % Drops Liquitears 1.4 % Drops	Covered on formulary
Ophthalmic - Hyperosmolar Agents	sodium chloride 5% eye drop	Covered on formulary
Ophthalmic - Hyperosmolar Agents	CVS sodium chloride 5% eye ointment	Covered on formulary
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents	epinephrine 0.15mg auto-injector	Covered on formulary with Quantity Limit
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents	epinephrine 0.3mg auto-injector	Covered on formulary with Quantity Limit
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agent	EpiPen 2-Pak Auto-Injector 0.3mg, Jr 0.15mg	Not Covered on formulary

## Medicaid Health Plan Common Formulary Changes Effective March 1, 2017

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Antineoplastic - Antimetabolite - Folic Acid Analogs	methotrexate vial 250mg/10ml; 50mg/2ml; 1gm/40ml; 100mg/4ml; 200mg/ 8ml; 25mg/ml	Covered on formulary
Acne Therapy Topical - Anti-infective	metronidazole 0.75% topical gel	Covered on formulary
Acne Therapy Topical - Anti-infective-Keratolytic Combinations	erythromycin-benzoyl gel	Not Covered on formulary
Acne Therapy Topical - Anti-infective-Keratolytic Combinations	sodium sulfacetamide-sulfur 10-5% cleanser	Covered on formulary
Acne Therapy Topical - Keratolytic	Panoxyl-4 Acne Creamy Wash	Covered on formulary
Dermatological - Antiseborrheic	selenium sulfide 2.25% shampoo	Not Covered on formulary
Dermatological - Glucocorticoid	betamethasone dipropionate 0.05% lotion	Covered on formulary with Quantity Limit
Dermatological - Glucocorticoid	betamethasone dipropionate 0.05% ointment	Covered on formulary with Quantity Limit
Dermatological - Glucocorticoid	fluticasone propionate 0.05% cream	Covered on formulary with Quantity Limit
Dermatological - Glucocorticoid	fluticasone propionate 0.05% ointment	Covered on formulary with Quantity Limit
Dermatological - Glucocorticoid	mometasone furoate 0.1% ointment	Covered on formulary with Quantity Limit
Agents to treat Hypoglycemia (Hyperglycemics)	Glucagen 1mg hypokit	Quantity Limit added
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Tradjenta 5mg tablet	Quantity Limit added
Antihyperglycemic - Sulfonylurea and Biguanide Combinations	glyburide-metformin tablet 2.5-500mg; 5-500mg	Quantity Limit removed
Antihyperglycemic - Sulfonylurea Derivatives	chlorpropamide tablet 100mg; 250mg	Quantity Limit removed
Antihyperglycemic - Sulfonylurea Derivatives	glimepiride tablet 1mg; 2mg; 4mg	Quantity Limit removed
Antihyperglycemic - Sulfonylurea Derivatives	glipizide tablet 5mg; 10mg glipizide ER tablet 2.5mg; 5mg; 10mg glipizide XL tablet 2.5mg; 5mg; 10mg	Quantity Limit removed
Antihyperglycemic - Sulfonylurea Derivatives	glyburide tablet 1.25mg; 2.5mg; 5mg glyburide micro tablet 1.5mg; 3mg; 6mg	Quantity Limit removed
Antihyperglycemic-Dipeptidyl Peptidase-4 (DPP-4) Inhibitor & Biguanide	Jentaduetto tablet 2.5mg-500mg; 2.5mg-850mg; 2.5mg-1000mg	Quantity Limit added
Digestive Enzyme Mixtures	Zenpep DR Capsule 3,000 units; 5,000 units; 10,000 units; 15,000 units; 20,000 units; 25,000 units	Quantity Limit added
Digestive Enzyme Mixtures	Pancreaze DR Capsule 2,600 units; 4,200 units; 10,500 units; 16,800 units; 21,000 units	Quantity Limit added
Laxative - Saline and Osmotic	Milk of Magnesia	Covered on formulary

Medicaid Health Plan Common Formulary Changes Effective March 1, 2017, continued

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Laxative - Saline and Osmotic	Citrate of Magnesia Solution	Covered on formulary
Laxative - Stimulant	bisacodyl EC 5mg tablet	Quantity Limit removed
Laxative - Stimulant	bisacodyl 10mg suppository	Quantity Limit removed
Laxative - Surfactant	Docu Liquid 50mg/5ml	Covered on formulary
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists	Alfuzosin ER 10mg tablet	Covered on formulary
Urinary Antispasmodic - Smooth Muscle Relaxants	Oxytrol For Women 3.9mg/24Hr	Covered on formulary
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibitor & Thiazolidinedione	alogliptin-pioglitazone (Oseni) 25-15mg; 25-30mg; 25-45mg; 12.5-15mg; 12.5-30mg; 12.5-45mg	Quantity Limit added

Medicaid Health Plan Common Formulary Changes Effective February 1, 2017

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Aminoglycoside Antibiotic	Kitabis Pak 300mg/5 ml	Covered on formulary with a PA required
Antileprotic - Immunomodulators	Thalomid 50mg; 100mg; 150mg; 200mg	Covered on formulary with a PA required
Antitubercular - Isonicotinic Acid Derivatives	isoniazid 50mg/5 ml solution	Age Edit added
Fluoroquinolone Antibiotics	levofloxacin 25mg/ml solution	Covered on formulary with an Age Edit
Macrolides	erythromycin filmtab 250mg; 500mg	Not Covered on formulary
Macrolides	erythromycin DR/EC capsule 250mg	Not Covered on formulary
Macrolides	erythromycin ES tablet 400mg	Not Covered on formulary
Macrolides	E.E.S. 200mg/5 ml granules	Not Covered on formulary
Tetracycline Antibiotics	doxycycline monohydrate capsule 75mg; 150mg	Not Covered on formulary
Tetracycline Antibiotics	doxycycline monohydrate tab 50mg; 100mg	Covered on formulary
Tetracycline Antibiotics	tetracycline capsule 250mg; 500mg	Age Edit removed
Anthelmintic Agents Other	ivermectin 3mg tablet	Covered on formulary
Anthelmintic Agents Other	Pin-X 250mg (base) chew tablet Pin-X 144mg/ml (50mg/ml base)	Covered on formulary
Dermatological - Antifungal Allylamines	terbinafine 1% OTC cream	Covered on formulary
Dermatological - Antifungal Imidazole & Related Agents	miconazole nitrate 2% OTC cream	Covered on formulary

Medicaid Health Plan Common Formulary Changes Effective February 1, 2017, continued

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Dermatological - Antifungal-Glucocorticoid Combinations	clotrimazole-betamethasone cream	Covered on formulary with Quantity Limit
Vitamins - PABA	Potaba 500mg capsule	Not Covered on formulary
Otic - Fluoroquinolones	ciprofloxacin 0.2% otic solution	Covered on formulary with Quantity Limit
Otic - Anti-infective-Glucocorticoid Combinations	Ciprodex Otic Suspension	Age Edit removed; Quantity Limit added
Antihistamines - 1st Generation	clemastine fumarate 1.34mg tablet	Quantity Limit removed
Antihistamines - 1st Generation	diphenhydramine 12.5mg/5 ml (RX formulation)	Age Edit removed
Antihistamines - 2nd Generation	cetirizine chew tablet 5mg; 10mg	Not Covered on formulary
Asthma/COPD Therapy - Beta Adrenergic Agents	albuterol sulfate tablet 2mg; 4mg	Not Covered on formulary
Nasal Corticosteroids	triamcinolone 55mcg nasal spray	Not Covered on formulary - (OTC Nasacort Allergy 24HR is covered)
Vaginal Antifungal - Imidazoles	miconazole-3 200mg vaginal suppository	Not Covered on formulary
Vaginal Antifungal - Triazoles	terconazole 80mg suppository	Not Covered on formulary

Medicaid Health Plan Common Formulary Changes Effective January 1, 2017

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations	valsartan-HCTZ 320mg-12.5mg; 320mg-25mg	Covered on formulary
Ophthalmic - Antihistamines	azelastine 0.05% drops	Quantity Limit added
Ophthalmic - Anti-inflammatory, Glucocorticoids	Pred Mild 0.12% drops	Quantity Limit added
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers	timolol 0.25% gel-solution; 0.25% GFS gel-solution	Quantity Limit added
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers	timolol 0.5% gel-solution; 0.5% GFS gel-solution	Quantity Limit added
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists	apraclonidine 0.5% drops	Quantity Limit added
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists	bimonidine tartrate 0.15% drops	Quantity Limit added

Medicaid Health Plan Common Formulary Changes Effective January 1, 2017, continued

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Platelet Aggregation Inhibitors - Salicylates	aspirin 81mg tablet, chewable	Age Edit removed
Diagnostic - Urine Test Others	ketone test strips	Covered on formulary
Estrogen-Androgen	estrogen-methyltestosterone H.S; F.S.	Not Covered on formulary
Anticoagulants - Coumarin	Jantoven 1mg; 2mg; 2.5mg; 3mg; 4mg; 5mg; 6mg; 7.5mg; 10mg	Covered on formulary
Narcotic Antagonists	Evzio 0.4mg auto-injector	Not covered on formulary –Medical Exception Only

Medicaid Health Plan Common Formulary Changes Effective December 1, 2016

<b>Drug Class</b>	<b>Drug Name</b>	<b>New Status</b>
Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (ARNi)	Entresto 24mg-26mg; 49mg-51mg; 97mg-103mg	Covered on formulary with a PA required
Granulocyte Colony-Stimulating Factor (G-CSF)	Zarxio 480mcg/0.8ml; 300mcg/0.5ml	Covered on formulary with a PA required
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibitor & Thiazolidinedione	alogliptin-pioglitazone (Oseni) 25-15mg; 25-30mg; 25-45mg; 12.5-15mg; 12.5-30mg; 12.5-45mg	Covered on formulary with a PA required
Antihyperglycemic-Dipeptidyl Peptidase-4 (DPP-4) Inhibitor & Biguanide	alogliptin-metformin (Kazano) 12.5-500; 12.5-1000	Covered on formulary with a PA required
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	alogliptin (Nesina) 6.25mg; 12.5mg; 25mg	Covered on formulary with a PA required
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting	Spiriva Respimat 1.25mcg Inhaler	Covered on formulary with Quantity Limit
Ophthalmic - Antihistamines	Zaditor 0.025% Eye Drops	Covered on formulary
Acne Therapy Topical - Anti-infective	clindamycin phos 1% pledget (Cleocin Pledget)	Covered on formulary
Granulocyte Colony-Stimulating Factor (G-CSF)	Granix 300mcg/0.5ml Safe Syringe, Syringe; 480mcg/0.8ml Safe Syringe, Syringe	Covered on formulary with a PA required