



**Future Formulary Change File
Blue Medicare Advantage
(HMO)
Formulary: 18014
Effective: 8/1/2018**

CMS FORMULARY ID: 18014.000

EFFECTIVE DATE: 08/01/2018

AFFECTED DRUG NAME

GABITRIL 12 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)

TIAGABINE HCL 12 MG TABLET - TIER 2



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AFFECTED DRUG NAME

GABITRIL 16 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)

TIAGABINE HCL 16 MG TABLET - TIER 2



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AFFECTED DRUG NAME

LIDOCAINE-PRILOCAINE 2.5 %-2.5% TOPICAL

CHANGE TYPE

PRIOR AUTHORIZATION REQUIREMENT ADDED

CHANGE REASON

THIS DRUG REQUIRES A PART B VS PART D DETERMINATION.

ALTERNATIVE DRUG(S) AND TIER(S)



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AFFECTED DRUG NAME

NORVIR 100 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

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ALTERNATIVE DRUG(S) AND TIER(S)

RITONAVIR 100 MG TABLET - TIER 2



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AFFECTED DRUG NAME

NUEDEXTA 20 MG-10MG ORAL

CHANGE TYPE

PRIOR AUTHORIZATION REQUIREMENT ADDED

CHANGE REASON

PA ADDED TO ENSURE APPROPRIATE UTILIZATION.

ALTERNATIVE DRUG(S) AND TIER(S)



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AFFECTED DRUG NAME

ZINBRYTA 150 MG/ML SUBCUTANE.

CHANGE TYPE

DRUG REMOVED FROM FORMULARY

CHANGE REASON

FORMULARY DELETION.

ALTERNATIVE DRUG(S) AND TIER(S)