



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

BUPHENYL 500 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)

SODIUM PHENYL BUTYRATE 500 MG TABLET - TIER 5



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

BUTRANS 7.5 MCG/HR TRANSDERM.

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)

BUPRENORPHINE 7.5 MCG/HR PATCH TDWK - TIER 2



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

CANCIDAS 50 MG INTRAVEN.

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)

CASPOFUNGIN ACETATE 50 MG VIAL - TIER 5



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

CANCIDAS 70 MG INTRAVEN.

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)

CASPOFUNGIN ACETATE 70 MG VIAL - TIER 5



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

COPAXONE 40 MG/ML SUBCUTANE.

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)

GLATIRAMER ACETATE 40 MG/ML SYRINGE - TIER 5



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

EFFIENT 10 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)

PRASUGREL HCL 10 MG TABLET - TIER 2



Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

EFFIENT 5 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)

PRASUGREL HCL 5 MG TABLET - TIER 2



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

ESTRACE 0.01 % VAGINAL

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)

ESTRADIOL 0.01 % CREAM/APPL - TIER 2



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

LEXIVA 700 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)

FOSAMPRENAVIR CALCIUM 700 MG TABLET - TIER 5



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

RENVELA 800 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)

SEVELAMER CARBONATE 800 MG TABLET - TIER 2



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

REYATAZ 150 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)

ATAZANAVIR SULFATE 150 MG CAPSULE - TIER 5



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

REYATAZ 200 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)

ATAZANAVIR SULFATE 200 MG CAPSULE - TIER 5



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

REYATAZ 300 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)

ATAZANAVIR SULFATE 300 MG CAPSULE - TIER 5



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

SABRIL 500 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)

VIGABATRIN 500 MG POWD PACK - TIER 5



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

SUSTIVA 200 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)

EFAVIRENZ 200 MG CAPSULE - TIER 5



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

SUSTIVA 50 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)

EFAVIRENZ 50 MG CAPSULE - TIER 2

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

TRANSDERM-SCOP 1 MG/3 DAY TRANSDERM.

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)

SCOPOLAMINE 1 MG/3 DAY PATCH TD 3 - TIER 2



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

VIGAMOX 0.5 % OPHTHALMIC

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)

MOXIFLOXACIN 0.5 % DROPS - TIER 2



**Future Formulary Change File
Blue Medicare Advantage (PPO)
Formulary: 18278
Effective: 5/1/2018**

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

VIREAD 300 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)

TENOFOVIR DISOPROXIL FUMARATE 300 MG TABLET - TIER 5

CMS FORMULARY ID: 18278.000

EFFECTIVE DATE: 05/01/2018

AFFECTED DRUG NAME

ZIAGEN 20 MG/ML 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)

ABACAVIR 20 MG/ML SOLUTION - TIER 2