



**2017**  
***Elderplan (FIDA)***  
***Formulary Addendum***

Below is a list of formulary changes for the benefit year 2017. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2017 downloadable formulary on the Elderplan (FIDA) website.

For a complete list of drugs covered by Elderplan (FIDA) please visit our Web site at [www.elderplanfida.org](http://www.elderplanfida.org) or call Participant Services at 1-855-462-3167, seven days a week, between the hours of 8 a.m. to 8 p.m. TTY/TDD users should call 711.

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
ACETASOL HC SOL OTIC	Drug removed due to formulary change	Acetic Acid 2% otic sol	January 1, 2017
ACETAZOLAMID INJ 500MG	Drug removed due to formulary change	Acetazolamide caps/tabs	January 1, 2017
ACYCLOVIR OIN 5%	Drug removed due to formulary change	Acyclovir tabs, Famciclovir tabs, Valacyclovir tabs	January 1, 2017
ADAPALENE GEL 0.3%	Drug removed due to formulary change	Adapalene 0.1% gel	January 1, 2017
ALENDRONATE SOL 70/75ML	Drug removed due to formulary change	Alendronate tabs	January 1, 2017
ALORA DIS	Drug removed due to formulary change	Estradiol patch (PA)	January 1, 2017
ALOXI INJ 0.25MG/5	Drug removed due to formulary change	Ondansetron inj, Granisetron inj	January 1, 2017
ALPRAZOLAM CON 1 MG/ML	Drug removed due to formulary change	Clonazepam ODT tabs (QL)	January 1, 2017
ALPRAZOLAM TAB ODT	Drug removed due to formulary change	Clonazepam ODT tabs (QL)	January 1, 2017
ALPRAZOLAM TAB ER	Drug removed due to formulary change	Clonazepam ODT tabs (QL)	January 1, 2017
AMCINONIDE CRE 0.1%	Drug removed due to formulary change	Fluocinonide 0.05% cream/gel	January 1, 2017
AMCINONIDE LOT 0.1%	Drug removed due to formulary change	Fluocinonide 0.05% cream/gel	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
AMCINONIDE OIN 0.1%	Drug removed due to formulary change	Fluocinonide 0.05% cream/gel	January 1, 2017
AMINOSYN M INJ 3.5%	Drug removed due to formulary change	Aminosyn II inj, Aminosyn-RF inj	January 1, 2017
AMLOD/ATORVA TAB	Drug removed due to formulary change	Amlodipine and Atorvastatin tabs- available separately	January 1, 2017
AMMONIUM CHL INJ 5MEQ/ML	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
ANDROID CAP 10MG	Drug removed due to formulary change	Andoderm patch (QL/PA), Danazol caps, Testosterone inj	January 1, 2017
APIDRA INJ SOLOSTAR	Drug removed due to formulary change	Novolog Flexpen inj	January 1, 2017
APIDRA INJ U-100	Drug removed due to formulary change	Novolog 100/ml inj	January 1, 2017
APLENZIN TAB	Drug removed due to formulary change	Bupropion tabs	January 1, 2017
ARANESP INJ	Drug removed due to formulary change	Procrit inj (PA)	January 1, 2017
ARRANON INJ 5MG/ML	Drug removed due to formulary change	Adrucil inj, Alimta inj, Fludarabine inj, Fluorouracil inj, Methotrexate inj/tabs	January 1, 2017
ASCOMP/COD CAP 30MG	Drug removed due to formulary change	APAP/Codeine tabs (QL)	January 1, 2017
ASTAGRAF XL CAP	Drug removed due to formulary change	Tacrolimus caps, Prograf caps	January 1, 2017
ATROPINE SUL SOL 1% OP	Drug removed due to formulary change	Pilocarpine oph sol	January 1, 2017
AVONEX KIT 30MCG	Drug removed due to formulary change	Betaseron inj (PA/QL), Copaxone 40mg (PA/QL), Glatopa (PA/QL), Gilenya (PA/QL)	January 1, 2017
AVONEX PEN KIT 30MCG	Drug removed due to formulary change	Betaseron inj (PA/QL), Copaxone 40mg (PA/QL), Glatopa (PA/QL), Gilenya (PA/QL)	January 1, 2017
AVONEX PREFL KIT 30MCG	Drug removed due to formulary change	Betaseron inj (PA/QL), Copaxone 40mg (PA/QL), Glatopa (PA/QL), Gilenya (PA/QL)	January 1, 2017
AZASAN TAB	Drug removed due to formulary change	Azathioprine 50mg tabs	January 1, 2017
AZOR TAB	Brand drug being replaced with generic	Amlodipine/Olmesartan tabs, Amlodipine/Valsartan tabs	January 1, 2017
BACIIM INJ 50000UNT	Drug removed due to formulary change	Azactam inj, Aztreonam inj, Cayston inj (PA), Vancomycin inj	January 1, 2017
BACTROBAN OIN NASAL 2%	Drug removed due to formulary change	Mupirocin 2% ointment	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
BENICAR HCT TAB	Brand drug being replaced with generic	Olmesartan/HCTZ, Valsartan/HCTZ tabs, Losartan/HCTZ tabs, Irbersartan/HCTZ tabs	January 1, 2017
BENICAR TAB	Brand drug being replaced with generic	Olmesartan, Valsartan, Losartan, Irbersartan	January 1, 2017
BERINERT INJ 500UNIT	Drug removed due to formulary change	Cinryze inj (PA)	January 1, 2017
BETAMETH VAL AER 0.12%	Drug removed due to formulary change	Betamethasone Valerate cream/lotion/ointment	January 1, 2017
BETAXOLOL TAB	Drug removed due to formulary change	Atenolol tabs, Bisoprolol tabs, Metoprolol Succinate ER tabs, Metoprolol Tartrate tabs	January 1, 2017
BICILLIN C-R INJ 1200000	Drug removed due to formulary change	Amox-Clav tabs/sol, Ampicillin/Sulbactam inj, Piperacillin/Tazobactam inj	January 1, 2017
BICILLIN C-R INJ 900/300	Drug removed due to formulary change	Amox-Clav tabs/sol, Ampicillin/Sulbactam inj, Piperacillin/Tazobactam inj	January 1, 2017
BIMATOPROST SOL 0.03%	Drug removed due to formulary change	Latanoprost oph sol, Lumigan 0.01% oph sol	January 1, 2017
BLEPHAMIDE SUS OP	Drug removed due to formulary change	Neomycin/Polymyxin/Dex 0.1% oph susp, Sulfacetamide/Prednisolone oph sol, Tobramycin/Dexamethasone oph susp	January 1, 2017
BRISDELLE CAP 7.5MG	Drug removed due to formulary change	Paroxetine 10mg tabs (QL)	January 1, 2017
BUDESONIDE SUS 1MG/2ML	Drug removed due to formulary change	Budesonide 0.5mg susp	January 1, 2017
BUDESONIDE SUS 32MCG	Drug removed due to formulary change	Fluticasone nasal spray (QL)	January 1, 2017
BUPRENORPHIN INJ 0.3MG/ML	Drug removed due to formulary change	Buprenorphine sublingual (PA/QL), Butorphanl inj, Nalbuphine inj	January 1, 2017
BUT/APAP/CAF CAP CODEINE	Drug removed due to formulary change	APAP/Codeine tabs (QL)	January 1, 2017
BUT/ASA/CAF/ CAP COD 30MG	Drug removed due to formulary change	APAP/Codeine tabs (QL)	January 1, 2017
BUTISOL SOD TAB 30MG	Drug removed due to formulary change	Phenobarbital tabs (PA)	January 1, 2017
CALCIPOTRIEN OIN 0.005%	Drug removed due to formulary change	Calcipotriene 0.005% cream	January 1, 2017
CALCIPOTRIEN OIN BETAMETH	Drug removed due to formulary change	Calcipotriene and Betamethasone Valerate cream- available separately	January 1, 2017
CARBIDOPA TAB 25MG	Drug removed due to formulary change	Carbidopa/Levodopa tabs	January 1, 2017
CDP/AMITRIP TAB	Drug removed due to formulary change	Lorazepam tabs (QL) and Amitriptyline available separately	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
CEFAZOLIN INJ 1GM/50ML	Drug removed due to formulary change	Cefazolin 500mg inj	January 1, 2017
CEFOTETAN INJ 10G	Drug removed due to formulary change	Cefoxitin inj, Cefuroxime inj	January 1, 2017
CELLCEPT IV INJ 500MG	Drug removed due to formulary change	Mycophenolate susp/tabs	January 1, 2017
CEPHALEXIN CAP 750MG	Drug removed due to formulary change	Cephalexin 500mg caps	January 1, 2017
CEPHALEXIN TAB	Drug removed due to formulary change	Cephalexin caps	January 1, 2017
CEREBYX INJ 500/10ML	Drug removed due to formulary change	Phenytoin caps	January 1, 2017
CHLORAMPHEN INJ 1GM	Drug removed due to formulary change	Ceftriaxone inj	January 1, 2017
CHLORDIAZEP CAP	Drug removed due to formulary change	Alprazolam tabs (QL), Lorazepam (QL)	January 1, 2017
CHLOROTHIAZ INJ 500MG	Drug removed due to formulary change	Chlorothiazide tabs, HCTZ tabs	January 1, 2017
CHOR GONADOT INJ 10000UNT	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
CICLOPIROX SOL 8%	Drug removed due to formulary change	Ciclopirox cream/gel, Nystatin powder	January 1, 2017
CIDOFOVIR INJ 75MG/ML	Drug removed due to formulary change	Ganciclovir inj, Valganciclovir tabs	January 1, 2017
CIPRO HC SUS OTIC	Drug removed due to formulary change	Ciprodex otic susp	January 1, 2017
CLEMASTINE TAB 2.68MG	Drug removed due to formulary change	Levocetirizine 5mg tabs	January 1, 2017
CLEOCIN SUP 100MG	Drug removed due to formulary change	Clindamycin 2% vaginal cream, Metronidazole 0.75% vaginal gel	January 1, 2017
CLINDAMY/BEN GEL 1-5%	Drug removed due to formulary change	Erythromycin/Benzoyl Peroxide gel	January 1, 2017
CLINDAMYCIN AER 1%	Drug removed due to formulary change	Clindamycin 1% gel/lotion/soln, Erythromycin 2% gel/soln	January 1, 2017
CLINIMIX E INJ	Drug removed due to formulary change	Aminosyn II inj, Aminosyn-RF inj, Clinimix inj, Freamine HBC inj	January 1, 2017
CLINISOL SF INJ 15%	Drug removed due to formulary change	Aminosyn II inj, Aminosyn-RF inj, Clinimix inj, Freamine HBC inj	January 1, 2017
CLOBETASOL AER 0.05%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
CLOBETASOL E CRE 0.05%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017
CLOBETASOL GEL 0.05%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017
CLOBETASOL LOT 0.05%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017
CLOBETASOL OIN 0.05%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017
CLOBETASOL SHA 0.05%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017
CLOBETASOL SOL 0.05%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017
CLODAN SHA 0.05%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017
CLOLAR INJ 1MG/ML	Drug removed due to formulary change	Adrucil inj, Alimta inj, Fludarabine inj, Fluorouracil inj, Methotrexate inj/tabs	January 1, 2017
CLONIDINE TAB 0.1MG ER	Drug removed due to formulary change	Clonidine 0.1mg tabs, Guanfacine ER tabs (PA)	January 1, 2017
CLOPIDOGREL TAB 300MG	Drug removed due to formulary change	Clopidogrel 75mg tabs	January 1, 2017
CLORPRES TAB	Drug removed due to formulary change	Clonidine and Chlorthalidone tabs- available separately	January 1, 2017
CLOTRIM/BETA CRE DIPROP	Drug removed due to formulary change	Clotrimazole cream and Betamethasone Dipropionate- available separately	January 1, 2017
CLOTRIM/BETA LOT DIPROP	Drug removed due to formulary change	Clotrimazole cream and Betamethasone Dipropionate- available separately	January 1, 2017
CODEINE SULF TAB	Drug removed due to formulary change	Morphine sulfate tabs (QL), Oxycodone tabs (QL)	January 1, 2017
COLCHICINE CAP 0.6MG	Drug removed due to formulary change	Colcrys 0.6mg tabs (QL)	January 1, 2017
CONDYLOX GEL 0.5%	Drug removed due to formulary change	Imiquimod 5% cream, Podofilox 0.5% sol	January 1, 2017
COREG CR CAP	Drug removed due to formulary change	Carvedilol tabs, Metoprolol Succinate ER tabs, Bisoprolol tabs	January 1, 2017
CORMAX SCALP SOL 0.05%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017

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CORTISPORIN CRE 0.5%	Drug removed due to formulary change	Hydrocortisone 1% cream	January 1, 2017
CORTISPORIN OIN 1%	Drug removed due to formulary change	Hydrocortisone 1% ointment	January 1, 2017
COSMEGEN INJ 0.5MG	Drug removed due to formulary change	Bleomycin inj, Daunorubicin inj, Doxorubicin inj	January 1, 2017
CUPRIMINE CAP 250MG	Drug removed due to formulary change	Depen Titra 250mg tabs, Syprine 250mg tabs	January 1, 2017
CYCLOBENZAPR TAB 7.5MG	Drug removed due to formulary change	Cyclobenzaprine 5mg tabs (PA), Baclofen tabs, Tizanidine tabs	January 1, 2017
CYCLOSET TAB 0.8MG	Drug removed due to formulary change	Bromocriptine caps/tabs	January 1, 2017
CYRAMZA INJ	Drug removed due to formulary change	Avastin inj (PA)	January 1, 2017
CYTARABINE INJ 100MG/ML	Drug removed due to formulary change	Adrucil inj, Alimta inj, Fludarabine inj, Fluorouracil inj, Methotrexate inj/tabs	January 1, 2017
DARAPRIM TAB 25MG	Drug removed due to formulary change	Chloroquine tabs, Hydroxychloroquine tabs, Mefloquine tabs	January 1, 2017
DARZALEX SOL 100MG/5M	Drug removed due to formulary change	Herceptin inj (PA), Keytruda inj (PA), Rituxan inj (PA), Tecentriq inj (PA), Yervoy inj (PA)	January 1, 2017
DECITABINE INJ 50MG	Drug removed due to formulary change	Adrucil inj, Alimta inj, Fludarabine inj, Fluorouracil inj, Methotrexate inj/tabs	January 1, 2017
DEMECLOCYCL TAB	Drug removed due to formulary change	Doxycycline caps/tabs, Minocycline caps	January 1, 2017
DENAVIR CRE 1%	Drug removed due to formulary change	Acyclovir tabs, Famciclovir tabs, Valacyclovir tabs	January 1, 2017
DESLORATADIN TAB ODT	Drug removed due to formulary change	Levocetirizine 5mg tabs	January 1, 2017
DESLORATADIN TAB	Drug removed due to formulary change	Levocetirizine 5mg tabs	January 1, 2017
DESONIDE CRE 0.05%	Drug removed due to formulary change	Fluocinolone Acetonide cream/oint, Betamethasone Dipropionate cream/lotion/oint	January 1, 2017
DESONIDE LOT 0.05%	Drug removed due to formulary change	Fluocinolone Acetonide cream/oint, Betamethasone Dipropionate cream/lotion/oint	January 1, 2017
DESONIDE OIN 0.05%	Drug removed due to formulary change	Fluocinolone Acetonide cream/oint, Betamethasone Dipropionate cream/lotion/oint	January 1, 2017
DESVENLAFAX TAB ER	Drug removed due to formulary change	Pristiq caps (QL), Venlafaxine ER caps (QL)	January 1, 2017
DEXEDRINE TAB	Drug removed due to formulary change	Amphetamine/Dextroamphetamine tabs (QL), Amphetamine ER caps (QL)	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
DEXMETHYLPH TAB	Drug removed due to formulary change	Methylphenidate tabs (QL), Methylphenidate ER tabs (QL)	January 1, 2017
DEXTROAMPHET TAB	Drug removed due to formulary change	Amphetamine/Dextroamphetamine tabs (QL), Amphetamine ER caps (QL)	January 1, 2017
DICLO/MISOPR TAB	Drug removed due to formulary change	Diclofenac and Misoprostol- available separately	January 1, 2017
DICLOFENAC GEL 3%	Drug removed due to formulary change	Diclofenac 1% gel (PA)	January 1, 2017
DICLOFENAC SOL 1.5%	Drug removed due to formulary change	Diclofenac 1% gel (PA)	January 1, 2017
DIFLORASONE CRE 0.05%	Drug removed due to formulary change	Halobetasol 0.05% cream	January 1, 2017
DIFLORASONE OIN 0.05%	Drug removed due to formulary change	Halobetasol 0.05% ointment	January 1, 2017
DILTIAZEM INJ 100MG	Drug removed due to formulary change	Diltiazem sol/tabs	January 1, 2017
DOXERCALCIF CAP	Drug removed due to formulary change	Calcitriol caps	January 1, 2017
DOXERCALCIF INJ 4MCG/2ML	Drug removed due to formulary change	Calcitriol 1mcg/ml inj	January 1, 2017
DOXYCYCL HYC TAB	Drug removed due to formulary change	Doxycycline Hyclate caps	January 1, 2017
DOXYCYCLINE CAP	Drug removed due to formulary change	Doxycycline Monohydrate tabs	January 1, 2017
DOXYCYCLINE SUS 25MG/5ML	Drug removed due to formulary change	Doxycycline Hyclate caps	January 1, 2017
DULOXETINE CAP 40MG	Drug removed due to formulary change	Duloxetine 20mg caps (QL)	January 1, 2017
E.E.S. GRAN SUS 200/5ML	Drug removed due to formulary change	E.E.S. tabs	January 1, 2017
ECONAZOLE CRE 1%	Drug removed due to formulary change	Ketoconazole 2% cream	January 1, 2017
ELAPRASE INJ 6MG/3ML	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
ELIDEL CRE 1%	Drug removed due to formulary change	Tacrolimus ointment	January 1, 2017
ELIGARD INJ	Drug removed due to formulary change	Trelstar 3.75mg (PA), Trelstar Mix 11.25mg (PA)	January 1, 2017
EMPLICITI INJ	Drug removed due to formulary change	Herceptin inj (PA), Keytruda inj (PA), Rituxan inj (PA), Tecentriq inj (PA), Yervoy inj (PA)	January 1, 2017

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ENBREL INJ	Drug removed due to formulary change	Humira inj (PA)	January 1, 2017
ENBREL SRCLK INJ 50MG/ML	Drug removed due to formulary change	Humira inj (PA)	January 1, 2017
ENVARUSUS XR TAB	Drug removed due to formulary change	Tacrolimus caps, Prograf caps	January 1, 2017
EPINASTINE DRO 0.05%	Drug removed due to formulary change	Azelastine oph sol, Bepreve, Pataday, Pazeo, Lastacaft	January 1, 2017
EPINEPHRINE INJ 0.15MG	Drug removed due to formulary change	Epipen JR	January 1, 2017
EPIRUBICIN INJ 50/25ML	Drug removed due to formulary change	Epirubicin inj 50/25ml	January 1, 2017
EPROSART MES TAB 600MG	Drug removed due to formulary change	Irbersartan tabs, Losartan tabs, Valsartan tabs	January 1, 2017
EQUETRO CAP	Drug removed due to formulary change	Ziprasidone caps (QL), Latuda tabs (QL)	January 1, 2017
ERBITUX INJ 100MG	Drug removed due to formulary change	Herceptin inj (PA), Keytruda inj (PA), Rituxan inj (PA), Tecentriq inj (PA), Yervoy inj (PA)	January 1, 2017
ERGOLOID MES TAB 1MG ORAL	Drug removed due to formulary change	Pimozide tabs	January 1, 2017
ERGOMAR SUB 2MG	Drug removed due to formulary change	Dihydroergotamine inj 1mg/ml	January 1, 2017
ERWINAZE INJ 10000UNT	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
ERYPED SUS	Drug removed due to formulary change	Azithromycin susp, Erythromycin 250mg caps	January 1, 2017
ESTAZOLAM TAB	Drug removed due to formulary change	Temazepam 7.5mg (QL/PA), Temazepam 15mg (QL/PA)	January 1, 2017
ESTROPIPATE TAB	Drug removed due to formulary change	Estradiol tabs (PA)	January 1, 2017
ETIDRON DISD TAB	Drug removed due to formulary change	Alendronate tabs (QL)	January 1, 2017
FENOFIBRATE CAP	Drug removed due to formulary change	Fenofibrate micronized caps, Fenofibrate tabs, Gemfibrozil 600mg tabs	January 1, 2017
FENOFIBRIC CAP	Drug removed due to formulary change	Fenofibrate micronized caps, Fenofibrate tabs, Gemfibrozil 600mg tabs	January 1, 2017
FENOPROFEN TAB 600MG	Drug removed due to formulary change	Diclofenac tabs, Ibuprofen tabs, Meloxicam tabs, Naproxen tabs	January 1, 2017
FENTANYL DIS 37.5MCG	Drug removed due to formulary change	Fentanyl 25mcg (PA), Fentanyl 50mcg (PA), Fentanyl 75mcg (PA)	January 1, 2017



Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
FENTANYL DIS 62.5MCG	Drug removed due to formulary change	Fentanyl 25mcg (PA), Fentanyl 50mcg (PA), Fentanyl 75mcg (PA)	January 1, 2017
FENTANYL DIS 87.5MCG	Drug removed due to formulary change	Fentanyl 25mcg (PA), Fentanyl 50mcg (PA), Fentanyl 75mcg (PA)	January 1, 2017
FIRMAGON INJ	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
FLAVOXATE TAB 100MG	Drug removed due to formulary change	Oxybutynin ER tabs (QL)	January 1, 2017
FLECTOR DIS 1.3%	Drug removed due to formulary change	Diclofenac 1% gel (PA)	January 1, 2017
FLUOCINONIDE CRE 0.05%	Drug removed due to formulary change	Fluocinonide 0.05% emol cream/gel	January 1, 2017
FLUOCINONIDE CRE 0.1%	Drug removed due to formulary change	Fluocinonide 0.05% emol cream/gel	January 1, 2017
FLUOCINONIDE OIN 0.05%	Drug removed due to formulary change	Fluocinonide 0.05% emol cream/gel	January 1, 2017
FLUOROURACIL CRE 0.5%	Drug removed due to formulary change	Fluorouracil 5% cream, Fluorouracil 2% soln	January 1, 2017
FLUOXETINE CAP 90MG DR	Drug removed due to formulary change	Fluoxetine tabs/caps (QL), Paroxetine tabs (QL), Sertraline tabs (QL)	January 1, 2017
FLUOXETINE TAB 60MG	Drug removed due to formulary change	Fluoxetine tabs/caps (QL), Paroxetine tabs (QL), Sertraline tabs (QL)	January 1, 2017
FLUTICASONE LOT 0.05%	Drug removed due to formulary change	Fluticasone 0.05% cream/ointment	January 1, 2017
FLUVASTATIN CAP	Drug removed due to formulary change	Simvastatin, Atorvastatin, Lovastatin, Pravastatin, Rosuvastatin (QL)	January 1, 2017
FLUVOXAMINE CAP ER	Drug removed due to formulary change	Fluvoxamine tab (QL), Citalopram tabs (QL)	January 1, 2017
FOLOTYN INJ 40MG/2ML	Drug removed due to formulary change	Adrucil inj, Alimta inj, Fludarabine inj, Fluorouracil inj, Methotrexate inj/tabs	January 1, 2017
FOMEPIZOLE INJ 1GM/ML	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
FORFIVO XL TAB 450MG	Drug removed due to formulary change	Bupropion tabs, Bupropion XL tabs	January 1, 2017
FOSPHENYTOIN INJ 100/2ML	Drug removed due to formulary change	Phenytoin caps/soln	January 1, 2017
FOSRENOL POW	Drug removed due to formulary change	Renvela pak, Calcium Acetate 667mg caps	January 1, 2017
FRAGMIN INJ	Drug removed due to formulary change	Enoxaparin inj	January 1, 2017

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GENOTROPIN INJ 12MG	Drug removed due to formulary change	Norditropin inj (PA)	January 1, 2017
GLASSIA INJ	Drug removed due to formulary change	Prolastin-C inj 1000mg (PA), Zemaira inj 1000mg (PA)	January 1, 2017
GLYB/METFORM TAB	Drug removed due to formulary change	Glipizide/Metformin tabs (QL)	January 1, 2017
GLYSET TAB	Drug removed due to formulary change	Acarbose tabs	January 1, 2017
GUANIDINE TAB 125MG	Drug removed due to formulary change	Pyridostigmine 60mg tabs	January 1, 2017
H.P. ACTHAR INJ 80UNIT	Drug removed due to formulary change	Methotrexate tabs, Prednisone tabs, Humira inj (PA)	January 1, 2017
HALAVEN INJ 1MG/2ML	Drug removed due to formulary change	Abraxane inj, Docetaxel inj, Paclitaxel inj	January 1, 2017
HARVONI TAB 90-400MG	Drug removed due to formulary change	Zepatier tabs (PA), Sovaldi tabs (PA)	January 1, 2017
HC/ACET ACID SOL OTIC	Drug removed due to formulary change	Acetic Acid 2% otic sol	January 1, 2017
HORIZANT TAB 600MG	Drug removed due to formulary change	Lyrica caps (QL)	January 1, 2017
HUMATROPE INJ	Drug removed due to formulary change	Norditropin inj (PA)	January 1, 2017
HYDROCO/APAP TAB 10-300MG	Drug removed due to formulary change	Hydroco/APAP 10-325mg tabs (QL)	January 1, 2017
HYDROCO/APAP TAB 2.5-325	Drug removed due to formulary change	Hydrocodone/APAP 5-325mg tabs (QL)	January 1, 2017
HYDROCO/APAP TAB 5-300MG	Drug removed due to formulary change	Hydrocodone/APAP 5-325mg tabs (QL)	January 1, 2017
HYDROCO/APAP TAB 7.5-300	Drug removed due to formulary change	Hydrocodone/APAP 7.5-325mg tabs (QL)	January 1, 2017
HYDROCOD/IBU TAB 10-200MG	Drug removed due to formulary change	Hydrocodone/Ibuprofen 7.5-200mg tabs (QL)	January 1, 2017
HYDROCOD/IBU TAB 5-200MG	Drug removed due to formulary change	Hydrocodone/Ibuprofen 7.5-200mg tabs (QL)	January 1, 2017
HYPERRAB S/D INJ 150/ML	Drug removed due to formulary change	Flebogamma inj DIF 10% (PA), Bivigam inj 10% (PA)	January 1, 2017
IBANDRONATE INJ 3MG/3ML	Drug removed due to formulary change	Alendronate tabs (QL), Pamidronate inj	January 1, 2017
IBANDRONATE TAB 150MG	Drug removed due to formulary change	Alendronate tabs (QL)	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
ILARIS INJ 180MG	Drug removed due to formulary change	Araclyst (PA)	January 1, 2017
IMIPRAM PAM CAP	Drug removed due to formulary change	Imipramine tabs (PA), Desipramine tabs	January 1, 2017
IRENKA CAP 40MG	Drug removed due to formulary change	Duloxetine 20mg caps (QL)	January 1, 2017
IXEMPRA KIT INJ 45MG	Drug removed due to formulary change	Abraxane inj, Docetaxel inj, Paclitaxel inj	January 1, 2017
JADENU TAB	Drug removed due to formulary change	Chemet 100mg caps, Exjade tabs (PA), Ferriprox tab/sol (PA)	January 1, 2017
JEVTANA INJ 60/1.5ML	Drug removed due to formulary change	Abraxane inj, Docetaxel inj, Paclitaxel inj	January 1, 2017
KCL/D5W/LR INJ 0.15%	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
KEPIVANCE INJ 6.25MG	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
KETEK TAB	Drug removed due to formulary change	Azithromycin tabs	January 1, 2017
KETOPROFEN CAP 200MG ER	Drug removed due to formulary change	Ketoprofen caps 50mg, Ketoprofen caps 75mg	January 1, 2017
KHEDEZLA TAB ER	Drug removed due to formulary change	Duloxetine caps (QL), Venlafaxine tabs, Venlafaxine ER caps (QL)	January 1, 2017
KINERET INJ	Drug removed due to formulary change	Humira inj (PA)	January 1, 2017
KOMBIGLYZE TAB	Drug removed due to formulary change	Janumet (QL), Janumet XR (QL), Jentadueto (QL), Jentadueto XR (QL)	January 1, 2017
LABETALOL INJ 5MG/ML	Drug removed due to formulary change	Labetalol tabs, Carvedilol tabs	January 1, 2017
LACRISERT MIS 5MG OP	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
LACTATED RIN SOL IRRIGAT	Drug removed due to formulary change	Sterile Water for Irrigation	January 1, 2017
LAMICTAL KIT	Drug removed due to formulary change	Lamotrigine tabs, Lamotrigine ER tabs, Carbamazepine tabs/susp, Carbamazepine ER tabs	January 1, 2017
LAMICTAL ODT TAB	Drug removed due to formulary change	Lamotrigine tabs, Lamotrigine ER tabs, Carbamazepine tabs/susp, Carbamazepine ER tabs	January 1, 2017
LAMICTAL XR KIT	Drug removed due to formulary change	Lamotrigine tabs, Lamotrigine ER tabs, Carbamazepine tabs/susp, Carbamazepine ER tabs	January 1, 2017
LAMOTRIGINE TAB ODT	Drug removed due to formulary change	Lamotrigine tabs, Lamotrigine ER tabs, Carbamazepine tabs/susp, Carbamazepine ER tabs	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
LANSOPR/AMOX MIS /CLARITH	Drug removed due to formulary change	Amoxicillin caps, Clarithromycin tabs, Omeprazole caps- available separately	January 1, 2017
LEVALBUTEROL NEB 0.31MG	Drug removed due to formulary change	Levalbuterol neb sol 1.25mg, Albuterol neb sol 0.63mg	January 1, 2017
LEVALBUTEROL NEB 0.63MG	Drug removed due to formulary change	Levalbuterol neb sol 1.25mg, Albuterol neb sol 0.63mg	January 1, 2017
LEVOCARNITIN INJ 200MG/ML	Drug removed due to formulary change	Levocarnitine sol 1gm/10ml, Levocarnitine 330mg tabs	January 1, 2017
LEVOFLOXACIN SOL 0.5%	Drug removed due to formulary change	Ciprofloxacin 0.3% sol, Ofloxacin 0.3% sol	January 1, 2017
LEVORPHANOL TAB 2MG	Drug removed due to formulary change	Morphine sulfate tabs (QL), Oxycodone tabs (QL)	January 1, 2017
LINDANE SHA 1%	Drug removed due to formulary change	Malathion 0.5% lotion, Permethrin 5% cream	January 1, 2017
LOKARA LOT 0.05%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% lotion, Triamcinolone 0.025% lotion	January 1, 2017
LUPRON DEPOT INJ 22.5MG	Drug removed due to formulary change	Lupron Depot inj 3.75mg (PA), Lupron Depot inj 11.25mg (PA), Trelstar Mix inj 3.75mg (PA), Trelstar Mix inj 11.25mg (PA)	January 1, 2017
LUPRON DEPOT INJ 30MG	Drug removed due to formulary change	Lupron Depot inj 3.75mg (PA), Lupron Depot inj 11.25mg (PA), Trelstar Mix inj 3.75mg (PA), Trelstar Mix inj 11.25mg (PA)	January 1, 2017
LUPRON DEPOT INJ 45MG	Drug removed due to formulary change	Lupron Depot inj 3.75mg (PA), Lupron Depot inj 11.25mg (PA), Trelstar Mix inj 3.75mg (PA), Trelstar Mix inj 11.25mg (PA)	January 1, 2017
LUPRON DEPOT INJ 7.5MG	Drug removed due to formulary change	Lupron Depot inj 3.75mg (PA), Lupron Depot inj 11.25mg (PA), Trelstar Mix inj 3.75mg (PA), Trelstar Mix inj 11.25mg (PA)	January 1, 2017
MECLOFEN SOD CAP	Drug removed due to formulary change	Diclofenac sodium tabs, Naproxen tabs, Ibuprofen tabs	January 1, 2017
MEMANT TITRA PAK 5-10MG	Drug removed due to formulary change	Memantine tabs (PA)	January 1, 2017
MENEST TAB	Drug removed due to formulary change	Estradiol tabs (PA)	January 1, 2017
MEPROBAMATE TAB	Drug removed due to formulary change	Buspirone tabs, Hydroxyzine tabs (PA)	January 1, 2017
MESTINON SYP 60MG/5ML	Drug removed due to formulary change	Pyridostigmine 60mg tabs	January 1, 2017
MESTINON TAB TIMESPAN	Drug removed due to formulary change	Pyridostigmine 60mg tabs	January 1, 2017
METAPROTEREN SYP 10MG/5ML	Drug removed due to formulary change	Albuterol neb sol, Terbutaline inj 1mg/ml	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
METAPROTEREN TAB	Drug removed due to formulary change	Albuterol tabs, Terbutaline tabs	January 1, 2017
METFORMIN ER TAB 1000MG	Drug removed due to formulary change	Metformin ER 500mg tabs, Metformin 1000mg tabs	January 1, 2017
METHADONE INJ 10MG/ML	Drug removed due to formulary change	Methadone tabs/sol (PA)	January 1, 2017
METHOXSALEN CAP 10MG	Drug removed due to formulary change	8-MOP 10mg cap, Acitretin caps (PA)	January 1, 2017
METHYLD/HCTZ TAB	Drug removed due to formulary change	Clondine and HCTZ tabs- available separately	January 1, 2017
METHYLDOPA TAB 250MG	Drug removed due to formulary change	Clonidine tabs	January 1, 2017
METHYLPHENID TAB 27MG ER	Drug removed due to formulary change	Methylphenidate tabs (QL), Methylphenidate ER tabs (QL)	January 1, 2017
METHYLTESTOS CAP 10MG	Drug removed due to formulary change	Andoderm patch (QL/PA), Danazol caps, Testosterone inj	January 1, 2017
METOCLOPRAM TAB ODT	Drug removed due to formulary change	Metoclopramide tabs/sol	January 1, 2017
METRONIDAZOL CAP 375MG	Drug removed due to formulary change	Metronidazole tabs	January 1, 2017
METRONIDAZOL GEL 1%	Drug removed due to formulary change	Metronidazole 0.75% gel	January 1, 2017
MICONAZOLE 3 SUP 200MG	Drug removed due to formulary change	Terconazole 80mg suppository	January 1, 2017
MIGLITOL TAB	Drug removed due to formulary change	Acarbose tabs	January 1, 2017
MODAFINIL TAB	Drug removed due to formulary change	Armodafinil tabs (QL/PA)	January 1, 2017
MONUROL PAK GRANULES	Drug removed due to formulary change	Methenamine 1gm, Nitrofurantoin caps (PA)	January 1, 2017
MORPHINE SUL CAP ER	Drug removed due to formulary change	Morphine Sulfate ER tabs (QL)	January 1, 2017
MOXIFLOXACIN INJ	Drug removed due to formulary change	Ciprofloxacin inj, Levofloxacin inj	January 1, 2017
MUPIROCIN CRE 2%	Drug removed due to formulary change	Mupirocin 2% ointment	January 1, 2017
NAFTIFINE CRE HCL	Drug removed due to formulary change	Ciclopirox cream/gel, Nystatin cream	January 1, 2017
NAFTIN CRE 2%	Drug removed due to formulary change	Ciclopirox cream/gel, Nystatin cream	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
NAFTIN GEL	Drug removed due to formulary change	Ciclopirox cream/gel, Nystatin cream	January 1, 2017
NAMENDA TAB 5-10MG	Drug removed due to formulary change	Memantine tabs (PA)	January 1, 2017
NEO/POLY GU SOL 40/ML IR	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
NEULASTA INJ 6MG/0.6M	Drug removed due to formulary change	Neupogen inj (PA), Granix inj (PA)	January 1, 2017
NEVANAC SUS 0.1%	Drug removed due to formulary change	Bromfenac 0.09% oph sol, Diclofenac 0.1% oph sol, Ketorolac 0.4% oph sol, Ketorolac 0.5% oph sol	January 1, 2017
NITROFUR MAC CAP 25MG	Drug removed due to formulary change	Nitrofurantoin mac 50mg caps (PA)	January 1, 2017
NITROGLYCRN SPR 0.4MG	Drug removed due to formulary change	Nitrostat sublingual tabs	January 1, 2017
NOVAREL INJ 10000UNT	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
NUCYNTA ER TAB	Drug removed due to formulary change	Tramadol 50mg tabs (QL), Morphine sulfate ER tabs (QL)	January 1, 2017
NUCYNTA TAB	Drug removed due to formulary change	Tramadol 50mg tabs (QL), Morphine sulfate tabs (QL)	January 1, 2017
NUTROPIN AQ INJ	Drug removed due to formulary change	Norditropin inj (PA)	January 1, 2017
NUTROPIN AQ INJ NUSPIN 5	Drug removed due to formulary change	Norditropin inj (PA)	January 1, 2017
NYSTAT/TRIAM CRE	Drug removed due to formulary change	Nystatin cream and Triamcinolone cream-available separately	January 1, 2017
NYSTAT/TRIAM OIN	Drug removed due to formulary change	Nystatin ointment and Triamcinolone ointment-available separately	January 1, 2017
OFLOXACIN TAB 400MG	Drug removed due to formulary change	Ciprofloxacin tabs, Levofloxacin tabs	January 1, 2017
OGESTREL TAB	Drug removed due to formulary change	Cryselle-28 tabs	January 1, 2017
OLANZA/FLUOX CAP	Drug removed due to formulary change	Olanzapine and Fluoxetine (QL)- available separately	January 1, 2017
OLOPATADINE DRO 0.1%	Drug removed due to formulary change	Azelastine oph sol, Pataday sol	January 1, 2017
OMNITROPE INJ 5.8MG	Drug removed due to formulary change	Norditropin inj (PA)	January 1, 2017
ONCASPAR INJ 750/ML	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
ONGLYZA TAB	Drug removed due to formulary change	Januvia tabs (QL), Tradjenta tabs (QL)	January 1, 2017
OPDIVO INJ 40MG/4ML	Drug removed due to formulary change	Herceptin inj (PA), Keytruda inj (PA), Rituxan inj (PA), Tecentriq inj (PA), Yervoy inj (PA)	January 1, 2017
ORENCIA INJ	Drug removed due to formulary change	Humira inj (PA)	January 1, 2017
OSMOPREP TAB 1.5GM	Drug removed due to formulary change	Gavilyte, PEG-3350 soln, Golytely, Moviprep, Suprep	January 1, 2017
OXAPROZIN TAB 600MG	Drug removed due to formulary change	Diclofenac sodium tabs, Naproxen tabs, Ibuprofen tabs	January 1, 2017
OXAZEPAM CAP	Drug removed due to formulary change	Alprazolam tabs (QL), Lorazepam (QL)	January 1, 2017
OXTELLAR XR TAB	Drug removed due to formulary change	Lamotrigine tabs, Lamotrigine ER tabs, Carbamazepine tabs/susp, Carbamazepine ER tabs	January 1, 2017
OXYCOD/IBU TAB 5-400MG	Drug removed due to formulary change	Oxycodone/APAP tabs	January 1, 2017
OXYMORPHONE TAB ER	Drug removed due to formulary change	Hydromorphone ER tabs (QL), Morphine Sulfate ER tabs (QL)	January 1, 2017
OXYMORPHONE TAB HCL	Drug removed due to formulary change	Hydromorphone tabs (QL), Morphine Sulfate tabs (QL)	January 1, 2017
PANTOPRAZOLE INJ SOD 40MG	Drug removed due to formulary change	Esomeprazole inj, Pantoprazole tabs (QL)	January 1, 2017
PARICALCITOL INJ	Drug removed due to formulary change	Calcitriol inj 1,cg/ml, Paricalcitol caps	January 1, 2017
PAROXETIN ER TAB	Drug removed due to formulary change	Paroxetine tabs (QL), Sertraline tabs (QL), Fluoxetine tabs/caps (QL)	January 1, 2017
PEG-INTRON KIT	Drug removed due to formulary change	Pegasys inj (PA), Ribavirin caps/tabs	January 1, 2017
PERJETA INJ 420/14ML	Drug removed due to formulary change	Herceptin inj (PA), Keytruda inj (PA), Rituxan inj (PA), Tecentriq inj (PA), Yervoy inj (PA)	January 1, 2017
PERPHEN/AMIT TAB	Drug removed due to formulary change	Perphenazine and Amitriptyline- available separately	January 1, 2017
PHYSIOSOL SOL IRRIGAT	Drug removed due to formulary change	Sterile Water for Irrigation	January 1, 2017
PICATO GEL 0.015%	Drug removed due to formulary change	Fluorouracil 5% cream, Fluorouracil 2% soln, Imiquimod cream 5%	January 1, 2017
PICATO GEL 0.05%	Drug removed due to formulary change	Fluorouracil 5% cream, Fluorouracil 2% soln, Imiquimod cream 5%	January 1, 2017
PIOGLIT/GLIM TAB	Drug removed due to formulary change	Pioglitazone and Glimepiride (QL)- available separately	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
PIOGLITA/MET TAB	Drug removed due to formulary change	Pioglitazone and Metformin- available separately	January 1, 2017
PLENAMINE INJ 15%	Drug removed due to formulary change	Aminosyn II inj, Aminosyn-RF inj, Clinimix inj, Freamine HBC inj	January 1, 2017
POLYMYXIN B INJ 500000	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
POT CITRATE TAB 1620MG	Drug removed due to formulary change	Potassium Citrate 1080mg tabs	January 1, 2017
PRED-G S.O.P OIN OP	Drug removed due to formulary change	Neomycin/Polymyxin/Dex 0.1% oph susp, Sulfacetamide/Prednisolone oph sol, Tobramycin/Dexamethasone oph susp	January 1, 2017
PRED-G SUS OP	Drug removed due to formulary change	Neomycin/Polymyxin/Dex 0.1% oph susp, Sulfacetamide/Prednisolone oph sol, Tobramycin/Dexamethasone oph susp	January 1, 2017
PREDNICARBAT CRE 0.1%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017
PREDNICARBAT OIN 0.1%	Drug removed due to formulary change	Betamethasone Dipropionate 0.05% cream/lotion/oint, Betamethasone Valerate cre/oint, Desoximethasone cream/lot/oint	January 1, 2017
PREDNISOLONE TAB ODT	Drug removed due to formulary change	Prednisone tabs, Methylprednisone tabs	January 1, 2017
PREDNISONE PAK	Drug removed due to formulary change	Prednisone tabs, Methylprednisone tabs	January 1, 2017
PREGNYL INJ 10000UNT	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
PREMARIN VAG CRE 0.625MG	Drug removed due to formulary change	Estrace 0.1mg/gm vaginal cream	January 1, 2017
PREMPHASE TAB	Drug removed due to formulary change	Fyavolv tabs (PA), Jinteli (PA)	January 1, 2017
PREPOPIK PAK	Drug removed due to formulary change	PEG-3350 Electrolyte soln, Moviprep, Suprep	January 1, 2017
PROAIR HFA AER	Drug removed due to formulary change	Ventolin HFA	January 1, 2017
PROAIR RESPI AER	Drug removed due to formulary change	Ventolin HFA	January 1, 2017
PROCAINAMIDE INJ	Drug removed due to formulary change	Disopyramide caps (PA), Quinidine sulfate tabs	January 1, 2017
PROGESTERONE CAP	Drug removed due to formulary change	Medroxyprogesterone acetate tabs, Norethindrone acetate 5mg tabs	January 1, 2017
PROVENTIL AER HFA	Drug removed due to formulary change	Ventolin HFA	January 1, 2017



Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
PYRIDOSTIGMI TAB 180MG	Drug removed due to formulary change	Pyridostigmine 60mg tabs	January 1, 2017
QUDEXY XR CAP	Drug removed due to formulary change	Lamotrigine tabs, Lamotrigine ER tabs, Carbamazepine tabs/susp, Carbamazepine ER tabs	January 1, 2017
QUINIDINE GL INJ 80MG/ML	Drug removed due to formulary change	Disopyramide caps (PA), Quinidine sulfate tabs	January 1, 2017
RANITIDINE CAP	Drug removed due to formulary change	Ranitidine tabs	January 1, 2017
REBIF INJ	Drug removed due to formulary change	Betaseron 0.3mg inj (QL/PA)	January 1, 2017
REBIF REBIDO INJ	Drug removed due to formulary change	Betaseron 0.3mg inj (QL/PA)	January 1, 2017
REBIF TITRTN INJ PACK	Drug removed due to formulary change	Betaseron 0.3mg inj (QL/PA)	January 1, 2017
RECTIV OIN 0.4%	Drug removed due to formulary change	Nitroglycerin patch, Proctozone cream	January 1, 2017
REPAGLINIDE/METFORMIN TAB	Drug removed due to formulary change	Repaglinide and Metformin- available separately	January 1, 2017
RHEUMATREX TAB	Drug removed due to formulary change	Methotrexate 2.5mg tabs	January 1, 2017
RIBAPAK PAK	Drug removed due to formulary change	Ribasphere tabs	January 1, 2017
RINGERS IRR SOL	Drug removed due to formulary change	Sterile Water for Irrigation	January 1, 2017
RISEDRONATE TAB	Drug removed due to formulary change	Alendronate tabs (QL)	January 1, 2017
ROPINIROLE TAB ER	Drug removed due to formulary change	Ropinirole tabs, Pramipexole tabs	January 1, 2017
ROZEREM TAB 8MG	Drug removed due to formulary change	Hetlioz 20mg caps (PA)	January 1, 2017
SAIZEN INJ	Drug removed due to formulary change	Norditropin inj (PA)	January 1, 2017
SARAFEM TAB	Drug removed due to formulary change	Fluoxetine caps/tabs (QL)	January 1, 2017
SAVELLA MIS TITR PAK	Drug removed due to formulary change	Duloxetine caps (QL), Lyrica caps (QL)	January 1, 2017
SAVELLA TAB	Drug removed due to formulary change	Duloxetine caps (QL), Lyrica caps (QL)	January 1, 2017
SECONAL SOD CAP 100MG	Drug removed due to formulary change	Phenobarbital tabs (PA)	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
SEROSTIM INJ	Drug removed due to formulary change	Norditropin inj (PA)	January 1, 2017
SIGNIFOR LAR INJ	Drug removed due to formulary change	Signifor inj (PA), Sandostatin kit LAR (PA), Octreotide inj (PA)	January 1, 2017
SIMULECT INJ 20MG	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
SOD LACTATE INJ 5MEQ/ML	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
SOLU-MEDROL INJ 2GM	Drug removed due to formulary change	Methylprednisone acetate inj	January 1, 2017
SPIRIVA AER 1.25MCG	Drug removed due to formulary change	Incruse Ellipta 62.5mcg (QL), Atrovent HFA (QL)	January 1, 2017
SPIRIVA CAP HANDIHLR	Drug removed due to formulary change	Incruse Ellipta 62.5mcg (QL), Atrovent HFA (QL)	January 1, 2017
SPIRIVA SPR 2.5MCG	Drug removed due to formulary change	Incruse Ellipta 62.5mcg (QL), Atrovent HFA (QL)	January 1, 2017
STRIVERDI AER 2.5MCG	Drug removed due to formulary change	Serevent diskus (QL)	January 1, 2017
SYNALGOS-DC CAP	Drug removed due to formulary change	Hydrocodone/APAP tabs (QL), Naproxen tabs, Ibuprofen tabs	January 1, 2017
TAZORAC GEL 0.05%	Drug removed due to formulary change	Tazorac 0.05% cream	January 1, 2017
TAZORAC GEL 0.1%	Drug removed due to formulary change	Tazorac 0.1% cream	January 1, 2017
TEKURNA TAB	Drug removed due to formulary change	Lisinopril tabs, Enalapril tabs, Losartan tabs, Irbersartan tabs, Valsartan tabs	January 1, 2017
TELMIS/AMLOD TAB	Drug removed due to formulary change	Amlodipine/Valsartan tabs	January 1, 2017
TEMAZEPAM CAP 22.5MG	Drug removed due to formulary change	Temazepam 7.5mg (QL/PA), Temazepam 15mg (QL/PA)	January 1, 2017
TEMAZEPAM CAP 30MG	Drug removed due to formulary change	Temazepam 7.30mg (QL/PA), Temazepam 15mg (QL/PA)	January 1, 2017
TESTOSTERONE GEL 1%(25MG)	Drug removed due to formulary change	Andoderm patch (QL/PA), Danazol caps, Testosterone inj	January 1, 2017
TESTOSTERONE GEL 1%(50MG)	Drug removed due to formulary change	Andoderm patch (QL/PA), Danazol caps, Testosterone inj	January 1, 2017
TESTOSTERONE GEL PUMP 1%	Drug removed due to formulary change	Andoderm patch (QL/PA), Danazol caps, Testosterone inj	January 1, 2017
THIOTEPA INJ 15MG	Drug removed due to formulary change	Bendeka inj, Cisplatin inj, Treanda inj	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
THYMOGLOBULN INJ 25MG	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
TIROSINT CAP	Drug removed due to formulary change	Levothyroxine tabs, Levoxyl tabs, Synthroid tabs	January 1, 2017
TIZANIDINE CAP	Drug removed due to formulary change	Tizanidine tabs, Baclofen tabs, Cyclobenzaprine tabs (PA)	January 1, 2017
TOLAZAMIDE TAB	Drug removed due to formulary change	Glimepiride tabs (QL), Glipizide tabs (QL), Glipizide ER tabs (QL)	January 1, 2017
TOLBUTAMIDE TAB 500MG	Drug removed due to formulary change	Glimepiride tabs (QL), Glipizide tabs (QL), Glipizide ER tabs (QL)	January 1, 2017
TOLMETIN SOD CAP 400MG	Drug removed due to formulary change	Diclofenac sodium tabs, Naproxen tabs, Ibuprofen tabs	January 1, 2017
TOLMETIN SOD TAB 600MG	Drug removed due to formulary change	Diclofenac sodium tabs, Naproxen tabs, Ibuprofen tabs	January 1, 2017
TOPIRAMATE CAP ER	Drug removed due to formulary change	Topiramate caps/tabs, Lamotrigine tabs, Lamotrigine ER tabs	January 1, 2017
TORISEL SOL 25MG/ML	Drug removed due to formulary change	Afinitor tabs (ODT/PA)	January 1, 2017
TRAMADOL HCL TAB ER	Drug removed due to formulary change	Tramadol 50mg tabs (QL)	January 1, 2017
TRANDO/VERAP TAB CR	Drug removed due to formulary change	Amlodipine/Benazepril caps, Trandolapril and Verapamil-available separately	January 1, 2017
TRAVOPROST DRO 0.004%	Drug removed due to formulary change	Travatan Z 0.004% oph sol, Latanoprost oph sol	January 1, 2017
TRAZODONE TAB 300MG	Drug removed due to formulary change	Trazodone 150mg tabs	January 1, 2017
TRELSTAR MIX INJ 22.5MG	Drug removed due to formulary change	Trelstar 3.75mg (PA), Trelstar Mix 11.25mg (PA)	January 1, 2017
TREXALL TAB	Drug removed due to formulary change	Methotrexate 2.5mg tabs, Mercaptopurine 50mg tabs	January 1, 2017
TRIAMT/HCTZ CAP 50-25MG	Drug removed due to formulary change	Triamterene/HCTZ 37.5-25mg caps/tabs	January 1, 2017
TRIAZOLAM TAB	Drug removed due to formulary change	Temazepam 7.5mg (QL/PA), Temazepam 15mg (QL/PA)	January 1, 2017
TRIBENZOR20- TAB	Brand drug being replaced with generic	Amlodipine/Valsartan/HCTZ tabs	January 1, 2017
TRIBENZOR40- TAB	Brand drug being replaced with generic	Amlodipine/Valsartan/HCTZ tabs	January 1, 2017
TROKENDI XR CAP	Drug removed due to formulary change	Lamotrigine tabs, Lamotrigine ER tabs, Carbamazepine tabs/susp, Carbamazepine ER tabs	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
TROSPIUM CHL CAP 60MG ER	Drug removed due to formulary change	Trospium chloride 20mg (QL), Tolterodine tabs, Tolterodine ER tabs (QL), Oxybutynin ER tabs (QL), Toviaz tabs (QL)	January 1, 2017
TYZINE PED DRO 0.05%	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
UVADEX INJ 20MCG/ML	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
VARIZIG INJ 125UNIT	Drug removed due to formulary change	Flebogamma inj DIF 10% (PA), Bivigam inj 10% (PA)	January 1, 2017
VECTIBIX INJ 100MG	Drug removed due to formulary change	Herceptin inj (PA), Keytruda inj (PA), Rituxan inj (PA), Tecentriq inj (PA), Yervoy inj (PA)	January 1, 2017
VENLAFAXINE TAB ER	Drug removed due to formulary change	Venlafaxine ER caps (QL), Venlafaxine tabs	January 1, 2017
VICODIN ES TAB 7.5-300	Drug removed due to formulary change	Hydrocodone/APAP 7.5-325mg tabs (QL)	January 1, 2017
VICODIN HP TAB 10-300MG	Drug removed due to formulary change	Hydrocodone/APAP 10-325mg tabs (QL)	January 1, 2017
VICODIN TAB 5-300MG	Drug removed due to formulary change	Hydrocodone/APAP 5-325mg tabs (QL)	January 1, 2017
VIRAZOLE INH 6GM	Drug removed due to formulary change	Consult Health Care Professional	January 1, 2017
VPRIV INJ 400UNIT	Drug removed due to formulary change	Cerdelga 84mg tabs (PA), Cerezyme inj (PA)	January 1, 2017
XIFAXAN TAB 200MG	Drug removed due to formulary change	Xifaxan 550mg tabs (PA), Metronidazole tabs	January 1, 2017
ZALTRAP INJ 100/4ML	Drug removed due to formulary change	Avastin inj (PA)	January 1, 2017
ZANOSAR INJ 1GM	Drug removed due to formulary change	Bicnu inj, Gleostine caps	January 1, 2017
ZARXIO INJ	Drug removed due to formulary change	Neupogen inj (PA), Granix inj (PA)	January 1, 2017
ZENZEDI TAB	Drug removed due to formulary change	Amphetamine/Dextroamphetamine tabs (QL), Amphetamine ER caps (QL)	January 1, 2017
ZOLPIDEM ER TAB	Drug removed due to formulary change	Zolpidem tabs (QL/PA)	January 1, 2017
ZOMACTON INJ	Drug removed due to formulary change	Norditropin inj (PA)	January 1, 2017
ZORBTIVE INJ 8.8MG	Drug removed due to formulary change	Norditropin inj (PA)	January 1, 2017
ZOVIRAX CRE 5%	Drug removed due to formulary change	Acyclovir tabs, Famciclovir tabs, Valacyclovir tabs	January 1, 2017

Affected Drug Name	Description of Change	2017 Covered Alternative	Effective Date
ZYFLO CR TAB 600MG	Drug removed due to formulary change	Montelukast tabs, Zafirlukast tabs	January 1, 2017
ZYFLO TAB 600MG	Drug removed due to formulary change	Montelukast tabs, Zafirlukast tabs	January 1, 2017

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, you may ask Elderplan (FIDA) to make an exception to our coverage rules. To request a formulary or utilization restriction exception, please contact CVS/ Caremark at 1-866-443-0935, 24 hours a day, 7 days a week. TTY/TDD users should call 711.

Elderplan FIDA Total Care is a managed care plan that contracts with both Medicare and the New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Participant Handbook.

Limitations and restrictions may apply. For more information, call Elderplan FIDA Total Care Participant Services or read the Elderplan FIDA Total Care Participant Handbook. This means that you need to follow certain rules to have Elderplan FIDA Total Care pay for your services.

Benefits, List of Covered Drugs, and pharmacy and provider networks may change from time to time throughout the year and on January 1 of each year.

The State of New York has created a Participant Ombudsman Program to provide Participants free, confidential assistance on any services offered by Elderplan FIDA Total Care. The Participant Ombudsman may be reached toll-free at 1-844-614-8800 or online at [www.icannys.org](http://www.icannys.org).

Elderplan FIDA Total Care (Medicare-Medicaid Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Elderplan FIDA Total Care (Medicare-Medicaid Plan) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**ATTENTION:** If you speak a non-English language or require assistance in ASL, language assistance services, free of charge, are available to you. Call 1-855-462-3167 (TTY: 711).

(Spanish) **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-462-3167 (TTY: 711).

(Chinese) **注意：** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-462-3167 (TTY: 711)。

(Russian) **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-462-3167 (телетайп: 711).

(French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-462-3167 (TTY: 711).

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-462-3167 (TTY: 711)번으로 전화해 주십시오.

(Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-462-3167 (TTY: 711).

(Yiddish) אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-855-462-3167 (TTY: 711).

(Bengali) লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-855-462-3167 (TTY: 711)।

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-462-3167 (TTY: 711).

(Arabic) ملحوظة: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في ASL، فإن خدمات المساعدة اللغوية تتوافر لك مجاناً. اتصل برقم 1-855-462-3167 (TTY: 711).

(French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-462-3167 (ATS: 711).

(Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-462-3167 (TTY: 711).

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-462-3167 (TTY: 711).

(Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-462-3167 (TTY: 711).

(Albanian) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-462-3167 (TTY: 711).