

Future Formulary Change File

CMS FORMULARY ID: 17044.000

EFFECTIVE DATE: 09/01/2017

AFFECTED DRUG NAME

LIDOCAINE 5 % TOPICAL

CHANGE TYPE

PRIOR AUTHORIZATION REQUIREMENT ADDED

CHANGE REASON

ADDITION OF UTILIZATION MANAGEMENT REQUIREMENT DUE TO NEW CLINICAL GUIDELINES.

ALTERNATIVE DRUG(S) AND TIER(S)

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VIRAZOLE 6 G INHALATION

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)

RIBAVIRIN 6 G VIAL-NEB - TIER 3

**iCare Medicare Plan (HMO SNP)
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