

**Independent Care Health Plan
Future Formulary Change File**

CMS FORMULARY ID: 17044.000

EFFECTIVE DATE: 10/01/2017

AFFECTED DRUG NAME

BUTRANS 10 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 10 MCG/HR PATCH TDWK - TIER 1

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CMS FORMULARY ID: 17044.000

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AFFECTED DRUG NAME

BUTRANS 15 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 15 MCG/HR PATCH TDWK - TIER 1

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AFFECTED DRUG NAME

BUTRANS 20 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 20 MCG/HR PATCH TDWK - TIER 1

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AFFECTED DRUG NAME

BUTRANS 5 MCG/HR TRANSDERM.

CHANGE TYPE

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CHANGE REASON

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW
GENERIC EQUIVALENT.**

ALTERNATIVE DRUG(S) AND TIER(S)

BUPRENORPHINE 5 MCG/HR PATCH TDWK - TIER 1

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AFFECTED DRUG NAME

STRATTERA 10 MG ORAL

CHANGE TYPE

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CHANGE REASON

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW
GENERIC EQUIVALENT.**

ALTERNATIVE DRUG(S) AND TIER(S)

ATOMOXETINE HCL 10 MG CAPSULE - TIER 1

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AFFECTED DRUG NAME

STRATTERA 100 MG ORAL

CHANGE TYPE

BRAND VERSION REMOVED FROM FORMULARY

CHANGE REASON

GENERIC DRUG AVAILABLE AT LOWER TIER.

ALTERNATIVE DRUG(S) AND TIER(S)

ATOMOXETINE HCL 100 MG CAPSULE - TIER 1

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AFFECTED DRUG NAME

STRATTERA 18 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)

ATOMOXETINE HCL 18 MG CAPSULE - TIER 1

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CMS FORMULARY ID: 17044.000

EFFECTIVE DATE: 10/01/2017

AFFECTED DRUG NAME

STRATTERA 25 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)

ATOMOXETINE HCL 25 MG CAPSULE - TIER 1

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CMS FORMULARY ID: 17044.000

EFFECTIVE DATE: 10/01/2017

AFFECTED DRUG NAME

STRATTERA 40 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)

ATOMOXETINE HCL 40 MG CAPSULE - TIER 1

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EFFECTIVE DATE: 10/01/2017

AFFECTED DRUG NAME

STRATTERA 60 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)

ATOMOXETINE HCL 60 MG CAPSULE - TIER 1

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AFFECTED DRUG NAME

STRATTERA 80 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)

ATOMOXETINE HCL 80 MG CAPSULE - TIER 1
