

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

**CMS FORMULARY ID: 18011.000**

**EFFECTIVE DATE: 07/01/2018**

**AFFECTED DRUG NAME**

**NAMENDA XR 14 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)**

**MEMANTINE HCL ER 14 MG CAP SPR 24 - TIER 1**

---

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

**CMS FORMULARY ID: 18011.000**

**EFFECTIVE DATE: 07/01/2018**

**AFFECTED DRUG NAME**

**NAMENDA XR 21 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)**

**MEMANTINE HCL ER 21 MG CAP SPR 24 - TIER 1**

---

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

**CMS FORMULARY ID: 18011.000**

**EFFECTIVE DATE: 07/01/2018**

**AFFECTED DRUG NAME**

**NAMENDA XR 28 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)**

**MEMANTINE HCL ER 28 MG CAP SPR 24 - TIER 1**

---

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

**CMS FORMULARY ID: 18011.000**

**EFFECTIVE DATE: 07/01/2018**

**AFFECTED DRUG NAME**

**NAMENDA XR 7 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)**

**MEMANTINE HCL ER 7 MG CAP SPR 24 - TIER 1**

---

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

**CMS FORMULARY ID: 18011.000**

**EFFECTIVE DATE: 07/01/2018**

**AFFECTED DRUG NAME**

**SYPRINE 250 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)**

**TRIENTINE HCL 250 MG CAPSULE - TIER 3**

---

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

**CMS FORMULARY ID: 18011.000**

**EFFECTIVE DATE: 07/01/2018**

**AFFECTED DRUG NAME**

**TAMIFLU 6 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)**

**OSELTAMIVIR PHOSPHATE 6 MG/ML SUSP RECON - TIER 1**

---