

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

**CMS FORMULARY ID: 18011.000**

**EFFECTIVE DATE: 08/01/2018**

**AFFECTED DRUG NAME**

**GABITRIL 12 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)**

**TIAGABINE HCL 12 MG TABLET - TIER 1**

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**CMS FORMULARY ID: 18011.000**

**EFFECTIVE DATE: 08/01/2018**

**AFFECTED DRUG NAME**

**GABITRIL 16 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)**

**TIAGABINE HCL 16 MG TABLET - TIER 1**

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**AFFECTED DRUG NAME**

**LIDOCAINE-PRILOCAINE 2.5 %-2.5% TOPICAL**

**CHANGE TYPE**

**PRIOR AUTHORIZATION REQUIREMENT ADDED**

**CHANGE REASON**

**THIS DRUG REQUIRES A PART B VS PART D DETERMINATION.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

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**AFFECTED DRUG NAME**

**NORVIR 100 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)**

**RITONAVIR 100 MG TABLET - TIER 1**

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**AFFECTED DRUG NAME**

**NUEDEXTA 20 MG-10MG ORAL**

**CHANGE TYPE**

**PRIOR AUTHORIZATION REQUIREMENT ADDED**

**CHANGE REASON**

**PA ADDED TO ENSURE APPROPRIATE UTILIZATION.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

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**EFFECTIVE DATE: 08/01/2018**

**AFFECTED DRUG NAME**

**ZINBRYTA 150 MG/ML SUBCUTANE.**

**CHANGE TYPE**

**DRUG REMOVED FROM FORMULARY**

**CHANGE REASON**

**FORMULARY DELETION.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

