



Formulary Updates

Effective 01/01/2020

DEFINITIONS

- Formulary** These drugs are included in AllWays Health Partners’ covered drug list.
- Non-Formulary** These drugs are not included in AllWays Health Partners’ formulary. AllWays Health Partners would only cover formulary alternatives. Providers can request Non-Formulary drugs as an exception, and AllWays Health Partners would require trial of all appropriate formulary alternatives prior to approving coverage of a Non-Formulary drug. If a Non-Formulary drug is approved, the member’s cost sharing would be the highest tier.
- Preferred** These drugs are on AllWays Health Partners’ formulary and offer a lower cost to members.
- Non-Preferred** These drugs are on AllWays Health Partners’ formulary but offer a higher cost to members.
- Excluded** AllWays Health Partners does not cover these drugs. Members will receive a denial for all Excluded drug requests.

Updates for All Members

The following changes are being made to the listed medications:

Co-Packaged Kits	Products co-packaged with over-the-counter medications will be considered plan exclusions.
Non-FDA Approved Medications	<p>These non-FDA approved medications will be considered plan exclusions:</p> <ul style="list-style-type: none"> • Benzoyl peroxide cloth 6% • Ferrous sulfate tab 325 mg • Lidocaine HCL cream 3% • Lidocaine-hydrocortisone acetate rectal gel kit 3-2.5% • Methenamine-hyoscyamine-meth blue-sod phos-phen sal tab 81 mg • Phenazopyridine HCL tab 100 mg • Podophyllum resin solution 25%

	<ul style="list-style-type: none"> • Salicylic acid film foaming liquid 27.5% • Salicylic acid gel 6% • Sennosides-docusate sodium tab 8.6-50 mg • Silver nitrate-potassium nitrate applicator 75-25% • Water for injection
Fenofibrate 120mg	This medication will no longer be considered formulary.
Dihydroergotamine Spray Tagrisso	These medications will now require a prior authorization.
Doxepin Cream	This medication will now be a part of a step therapy program. A quantity limit of 45 grams per month and a maximum day supply limit of 30 will apply.
Nascobal	Nascobal will now require prior authorization and a quantity limit of 4 single use spray containers per month will apply.

Updates for My Care Family Members

The following changes are being made to the listed medications:

Calcium Regulators/Parathyroid Hormones	Forteo will no longer be considered formulary. Tymlos will become a preferred medication.
Short-Acting Beta-Agonists	ProAir Respiclick will no longer be considered formulary.
Hepatitis C Preferred Products	Brand name Epclusa, Brand name Harvoni and Sovaldi will no longer be considered formulary. Generic ledipasvir/sofosbuvir and generic sofosbuvir/velpatasvir are now the preferred products.
HIV Preferred Products	Dovato, Juluca and Triumeq have been added as MassHealth Preferred products.

Updates for Commercial Members

The following changes are being made to the listed medications:

MS – Non-Interferons	Glatopa and glatiramer acetate will no longer be considered formulary. Brand name Copaxone will become a preferred medication.
Plaque Psoriasis	The following medications will have updated criteria that requires a trial of Cosentyx, Enbrel, Humira, Otezla, Stelara, and Skyrizi for a diagnosis of plaque psoriasis: <ul style="list-style-type: none"> • Cimzia • Ilumya • Inflectra/Renflexis/Remicade • Siliq • Taltz • Tremfya

Rheumatoid Arthritis	<p>The following medications will have updated criteria that requires a trial of Enbrel, Humira, and Rinvoq for a diagnosis of rheumatoid arthritis:</p> <ul style="list-style-type: none"> • Actemra • Cimzia • Remicade/Inflectra/Renflexis • Kineret • Orencia • Simponi • Simponi Aria • Xeljanz/Xeljanz XR • Kevzara
Dry Eye	Xiidra will be considered formulary and preferred with PA.
Urinary Antispasmodics	<p>Oxytrol will no longer be considered formulary. Myrbetriq will become preferred. Toviaz will move to non-preferred.</p>
Estrogen Vaginal	<p>Femring will no longer be considered formulary. Estring will become preferred. Intrarosa will be added to the formulary as non-preferred with prior authorization.</p>
Continuous Glucose Monitors (CGM)	<p>Dexcom 6 and FreeStyle Libre will be available through the pharmacy benefit with a prior authorization.</p> <p>Please note: Additional CGM products will continue to be available through the DME benefit and requires a prior authorization. No exception will be made to obtain a CGM other than the two noted through the pharmacy benefit.</p>
Short-Acting Beta-Agonists	ProAir and ProAir Respiclick will no longer be considered formulary.
Stendra	This medication will no longer be considered formulary.
Medical Medications	<p>These medications are considered medical benefit and will no longer be available on the pharmacy benefit.</p> <p>Please see last page for grid.</p>
Generic Specialty Medications	Previously generic specialty medications on the 6 Tier plans defaulted to Tier 2, which is a non-specialty generic tier. Generic specialty medications will now pay on Tier 5, which is our preferred specialty tier.
Non-Formulary Specialty Medications	Previously non-formulary specialty medications on the 6 Tier plans defaulted to Tier 4, which is a non-specialty and non-preferred brand tier. Non-formulary specialty medications, if approved, will now pay on Tier 6, which is our non-preferred specialty tier.

Medical Medications Being Removed from the Commercial Pharmacy Benefit

SORBITOL IRRIGATION SOLN 3%
RINGER'S SOLUTION FOR IRRIGATION
LACTATED RINGER'S FOR IRRIGATION
ACETIC ACID IRRIGATION SOLN 0.25%
SODIUM CHLORIDE IRRIGATION SOLN 0.9%
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN
LEVONORGESTREL RELEASING IUD 19.5 MCG/DAY (52 MG TOTAL)
GLYCINE IRRIGATION SOLN 1.5%
NEOMYCIN-POLYMYXIN B GU IRRIGATION SOLN
CARMUSTINE IN POLIFEPROSAN INTRACRANIAL IMPLANT WAFER 7.7 MG
LEVONORGESTREL RELEASING IUD 14 MCG/DAY (13.5 MG TOTAL)
LEVONORGESTREL RELEASING IUD 20 MCG/DAY (52 MG TOTAL)
LEVONORGESTREL RELEASING IUD 17.5 MCG/DAY (19.5 MG TOTAL)
*CARDIOPLEGIC SOLN**
*ANTICOAGULANT CITRATE DEXTROSE SOLUTION A**
MITOMYCIN SOLN FOR INTRAVESICAL INSTILLATION 20 MG/40ML
BCG LIVE INTRAVESICAL FOR SUSP 50 MG
*CITRIC ACID-GLUCONOLACTONE-MAGNESIUM CARBONATE SOLN**
BUPIVACAINE 0.75% IN DEXTROSE INJ 8.25%
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.59 MG
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.19 MG
VALRUBICIN SOLN FOR INTRAVESICAL INSTILLATION 40 MG/ML
CLONIDINE HCL INJ (FOR EPIDURAL INFUSION) 100 MCG/ML
CLONIDINE HCL INJ (FOR EPIDURAL INFUSION) 500 MCG/ML
TESTOSTERONE IMPLANT PELLETS 200 MG
TESTOSTERONE IMPLANT PELLETS 100 MG
*ELECTROLYTE-M IN D5W SOLN***
ABCIXIMAB IV SOLN 2 MG/ML
ACETYLCYSTEINE INJ 200 MG/ML
ACYCLOVIR SODIUM IV SOLN 50 MG/ML
ADENOSINE IV SOLN 12 MG/4ML
ADENOSINE IV SOLN 3 MG/ML (DIAGNOSTIC)
ADENOSINE IV SOLN 6 MG/2ML
ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 100 MG
ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 160 MG
ALEMTUZUMAB IV INJ 30 MG/ML (FOR INFUSION)
ALFENTANIL HCL IV SOLN 1000 MCG/2ML (500 MCG/ML) (BASE EQ)
ALFENTANIL HCL IV SOLN 2500 MCG/5ML (500 MCG/ML) (BASE EQ)
ALGLUCOSIDASE ALFA FOR IV SOLN 50 MG
AMIFOSTINE FOR INJ 500 MG
AMINOCAPROIC ACID INJ 250 MG/ML
AMINOPHYLLINE INJ 25 MG/ML
AMIODARONE HCL INJ 150 MG/3ML (50 MG/ML)
AMIODARONE HCL INJ 450 MG/9ML (50 MG/ML)
AMPHOTERICIN B FOR IV SOLN 50 MG
AMPICILLIN & SULBACTAM SODIUM FOR IV SOLN 15 (10-5) GM
AMPICILLIN SODIUM FOR IV SOLN 10 GM
APREPITANT IV EMULSION 130 MG/18ML
ARSENIC TRIOXIDE INJ 10 MG/10ML (1 MG/ML)

Medical Medications Being Removed from the Commercial Pharmacy Benefit

ARSENIC TRIOXIDE IV SOLN 12 MG/6ML (2 MG/ML)
ATEZOLIZUMAB IV SOLN 1200 MG/20ML
AVELUMAB SOLN FOR IV INFUSION 200 MG/10ML (20 MG/ML)
AXICABTAGENE CILOLEUCEL SUSPENSION FOR IV INFUSION
AZITHROMYCIN IV FOR SOLN 500 MG
BELINOSTAT FOR IV INJ 500 MG
BENDAMUSTINE HCL FOR IV SOLN 100 MG
BENDAMUSTINE HCL FOR IV SOLN 25 MG
BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML)
BEZLOTUXUMAB IV SOLN 1000 MG/40ML (25 MG/ML)
BLINATUMOMAB FOR IV INFUSION 35 MCG
BORTEZOMIB FOR IV INJ 3.5 MG
BRENTUXIMAB VEDOTIN FOR IV SOLN 50 MG
BUSULFAN INJ 6 MG/ML
CABAZITAXEL INJ 60 MG/1.5ML (FOR IV INFUSION)
CALCITRIOL INJ 1 MCG/ML
CALCIUM CHLORIDE INJ 10%
CALCIUM GLUCONATE INJ 10%
CARBOPLATIN IV SOLN 150 MG/15ML
CARBOPLATIN IV SOLN 450 MG/45ML
CARBOPLATIN IV SOLN 50 MG/5ML
CARBOPLATIN IV SOLN 600 MG/60ML
CARMUSTINE FOR INJ 100 MG
CEFOTETAN DISODIUM FOR IV SOLN 1 GM AND DEXTROSE 3.58% 50 ML
CEFOTETAN DISODIUM FOR IV SOLN 2 GM AND DEXTROSE 2.08% 50 ML
CEFOXITIN SODIUM FOR IV SOLN 1 GM
CEFOXITIN SODIUM FOR IV SOLN 2 GM
CEFTAZIDIME FOR IV SOLN 1 GM
CEFTAZIDIME FOR IV SOLN 2 GM
CEFTRIAXONE SODIUM FOR INJ 10 GM
CEFTRIAXONE SODIUM FOR IV SOLN 1 GM
CEFTRIAXONE SODIUM FOR IV SOLN 2 GM
CEFUROXIME SODIUM FOR IV SOLN 1.5 GM
CETUXIMAB IV SOLN 100 MG/50ML (2 MG/ML)
CETUXIMAB IV SOLN 200 MG/100ML (2 MG/ML)
CIDOFOVIR IV INJ 75 MG/ML
CIPROFLOXACIN 200 MG/100ML IN D5W
CIPROFLOXACIN 400 MG/200ML IN D5W
CISPLATIN INJ 100 MG/100ML (1 MG/ML)
CISPLATIN INJ 200 MG/200ML (1 MG/ML)
CISPLATIN INJ 50 MG/50ML (1 MG/ML)
CLADRIBINE IV SOLN 10 MG/10ML (1 MG/ML)
CLINDAMYCIN PHOSPHATE IN D5W IV SOLN 300 MG/50ML
CLINDAMYCIN PHOSPHATE IN D5W IV SOLN 600 MG/50ML
CLINDAMYCIN PHOSPHATE IN D5W IV SOLN 900 MG/50ML
CLINDAMYCIN PHOSPHATE IV SOLN 900 MG/6ML
CLOFARABINE IV SOLN 1 MG/ML
COPANLISIB HCL FOR IV SOLN 60 MG (BASE EQUIVALENT)
CUPRIC CHLORIDE INJ 0.4 MG/ML

Medical Medications Being Removed from the Commercial Pharmacy Benefit

CYCLOSPORINE IV SOLN 50 MG/ML
CYSTEINE HCL INJ 50 MG/ML
CYTOMEGALOVIRUS IMMUNE GLOBULIN (HUMAN) IV INJ
DACARBAZINE FOR INJ 100 MG
DACARBAZINE FOR INJ 200 MG
DACTINOMYCIN FOR INJ 0.5 MG
DANTROLENE SODIUM FOR IV SOLN 20 MG
DARATUMUMAB IV SOLN 100 MG/5ML
DARATUMUMAB IV SOLN 400 MG/20ML
DAUNORUBICIN HCL IV SOLN 20 MG/4ML (BASE EQUIV)
DAUNORUBICIN HCL IV SOLN 50 MG/10ML (BASE EQUIV)
DAUNORUBICIN-CYTARABINE LIPOSOME FOR IV INJ 44-100 MG
DECITABINE FOR INJ 50 MG
DEXRAZOXANE FOR INJ 250 MG
DEXRAZOXANE FOR INJ 500 MG
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%
DEXTROSE 5% IN LACTATED RINGERS
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%
DEXTROSE INJ 10%
DEXTROSE INJ 30%
DEXTROSE INJ 5%
DEXTROSE INJ 50%
DEXTROSE INJ 70%
DILTIAZEM HCL IV SOLN 125 MG/25ML (5 MG/ML)
DILTIAZEM HCL IV SOLN 25 MG/5ML (5 MG/ML)
DILTIAZEM HCL IV SOLN 50 MG/10ML (5 MG/ML)
DIPYRIDAMOLE IV SOLN 5 MG/ML
DOBUTAMINE HCL INJ 12.5 MG/ML
DOBUTAMINE INJ 1 MG/ML IN D5W
DOBUTAMINE INJ 2 MG/ML IN D5W
DOBUTAMINE INJ 4 MG/ML IN D5W
DOCETAXEL (NON-ALCOHOL FORMULA) IV SOLN 160 MG/8ML
DOCETAXEL (NON-ALCOHOL FORMULA) IV SOLN 20 MG/ML
DOCETAXEL (NON-ALCOHOL FORMULA) IV SOLN 80 MG/4ML
DOCETAXEL FOR INJ CONC 160 MG/8ML (20 MG/ML)
DOCETAXEL FOR INJ CONC 20 MG/ML
DOCETAXEL FOR INJ CONC 200 MG/10ML (20 MG/ML)
DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML)
DOCETAXEL SOLN FOR IV INFUSION 160 MG/16ML
DOCETAXEL SOLN FOR IV INFUSION 20 MG/2ML
DOCETAXEL SOLN FOR IV INFUSION 80 MG/8ML
DOPAMINE HCL INJ 40 MG/ML
DOPAMINE INJ 0.8 MG/ML IN D5W
DOPAMINE INJ 1.6 MG/ML IN D5W
DOPAMINE INJ 3.2 MG/ML IN D5W
DOXERCALCIFEROL INJ 4 MCG/2ML (2 MCG/ML)

Medical Medications Being Removed from the Commercial Pharmacy Benefit

DOXORUBICIN HCL FOR INJ 10 MG
DOXORUBICIN HCL FOR INJ 50 MG
DOXORUBICIN HCL INJ 2 MG/ML
DOXORUBICIN HCL LIPOSOMAL INJ (FOR IV INFUSION) 2 MG/ML
DOXYCYCLINE HYCLATE FOR INJ 100 MG
DURVALUMAB SOLN FOR IV INFUSION 120 MG/2.4ML (50 MG/ML)
DURVALUMAB SOLN FOR IV INFUSION 500 MG/10ML (50 MG/ML)
ELOTUZUMAB FOR IV SOLN 300 MG
ELOTUZUMAB FOR IV SOLN 400 MG
ENALAPRILAT IV INJ 1.25 MG/ML
EPIRUBICIN HCL IV SOLN 200 MG/100ML (2 MG/ML)
EPIRUBICIN HCL IV SOLN 50 MG/25ML (2 MG/ML)
EPTIFIBATIDE IV SOLN 20 MG/10ML (2 MG/ML)
EPTIFIBATIDE IV SOLN 200 MG/100ML (2 MG/ML)
EPTIFIBATIDE IV SOLN 75 MG/100ML (0.75 MG/ML)
ERIBULIN MESYLATE INJ 1 MG/2ML (0.5 MG/ML)
ESMOLOL HCL INJ 100 MG/10ML
FAMOTIDINE INJ 20 MG/2ML
FAMOTIDINE INJ 200 MG/20ML
FAMOTIDINE INJ 40 MG/4ML
FAT EMULSION PLANT BASED IV EMULSION 20%
FLUCONAZOLE IN NACL 0.9% INJ 200 MG/100ML
FLUCONAZOLE IN NACL 0.9% INJ 400 MG/200ML
FLUDARABINE PHOSPHATE FOR INJ 50 MG
FLUDARABINE PHOSPHATE INJ 25 MG/ML
FLUMAZENIL IV SOLN 0.5 MG/5ML (0.1 MG/ML)
FLUMAZENIL IV SOLN 1 MG/10ML (0.1 MG/ML)
FLUORESCHEIN SODIUM IV SOLN 10%
FLUOROURACIL IV SOLN 1 GM/20ML (50 MG/ML)
FLUOROURACIL IV SOLN 2.5 GM/50ML (50 MG/ML)
FLUOROURACIL IV SOLN 5 GM/100ML (50 MG/ML)
FLUOROURACIL IV SOLN 500 MG/10ML (50 MG/ML)
FOMEPIZOLE INJ 1 GM/ML (FOR IV INFUSION)
FOSAPREPITANT DIMEGLUMINE FOR IV INFUSION 150 MG (BASE EQ)
GANCICLOVIR SODIUM FOR INJ 500 MG
GEMCITABINE HCL FOR INJ 1 GM
GEMCITABINE HCL FOR INJ 2 GM
GEMCITABINE HCL FOR INJ 200 MG
GEMCITABINE HCL INJ 1 GM/10ML (100 MG/ML) (BASE EQUIV)
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)
GEMCITABINE HCL INJ 1.5 GM/15ML (100 MG/ML) (BASE EQUIV)
GEMCITABINE HCL INJ 2 GM/20ML (100 MG/ML) (BASE EQUIV)
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)
GEMCITABINE HCL INJ 200 MG/2ML (100 MG/ML) (BASE EQUIV)
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)
GEMTUZUMAB OZOGAMICIN FOR IV SOLN 4.5 MG
GENTAMICIN IN SALINE INJ 0.8 MG/ML
GENTAMICIN IN SALINE INJ 1 MG/ML
GENTAMICIN IN SALINE INJ 1.2 MG/ML

Medical Medications Being Removed from the Commercial Pharmacy Benefit

GENTAMICIN IN SALINE INJ 1.6 MG/ML
GLYCINE DILUENT FOR INJECTION
GRANISETRON HCL INJ 1 MG/ML
GRANISETRON HCL INJ 4 MG/4ML (1 MG/ML)
HEPARIN SOD LOCK FLUSH & NACL LOCK FLUSH 100 UNT/ML-0.9% KIT
HEPARIN SODIUM (PORCINE) 100 UNIT/ML IN D5W
HEPARIN SODIUM (PORCINE) 2 UNIT/ML IN SODIUM CHLORIDE 0.9%
HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W
HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 1 UNIT/ML
HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 10 UNIT/ML
HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 100 UNIT/ML
HEPARIN SODIUM (PORCINE)-DEXTROSE IV SOL 20000 UNIT/500ML-5%
HETASTARCH IN SODIUM CHLORIDE INJ 6-0.9%
IBRITUMOMAB TIUXETAN FOR YTTRIUM-90 (Y-90) KIT 3.2 MG/2ML
IBUTILIDE FUMARATE INJ 1 MG/10ML
IDARUBICIN HCL IV INJ 10 MG/10ML (1 MG/ML)
IDARUBICIN HCL IV INJ 20 MG/20ML (1 MG/ML)
IDARUBICIN HCL IV INJ 5 MG/5ML (1 MG/ML)
IDURSULFASE SOLN FOR IV INFUSION 6 MG/3ML (2 MG/ML)
IFOSFAMIDE FOR INJ 1 GM
IFOSFAMIDE FOR INJ 3 GM
IFOSFAMIDE IV INJ 1 GM/20ML (50 MG/ML)
IFOSFAMIDE IV INJ 3 GM/60ML (50 MG/ML)
IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 250 MG
IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 500 MG
INDOCYANINE GREEN FOR INJ 25 MG
INDOMETHACIN SODIUM IV FOR SOLN 1 MG
IPILIMUMAB SOLN FOR IV INFUSION 200 MG/40ML (5 MG/ML)
IPILIMUMAB SOLN FOR IV INFUSION 50 MG/10ML (5 MG/ML)
IRINOTECAN HCL INJ 100 MG/5ML (20 MG/ML)
IRINOTECAN HCL INJ 300 MG/15ML (20 MG/ML)
IRINOTECAN HCL INJ 40 MG/2ML (20 MG/ML)
IRINOTECAN HCL INJ 500 MG/25ML (20 MG/ML)
IRON SUCROSE INJ 20 MG/ML (FE EQUIV)
IXABEPILONE FOR IV INFUSION 15 MG
IXABEPILONE FOR IV INFUSION 45 MG
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ
LABETALOL HCL IV SOLN 5 MG/ML
LACTATED RINGER'S SOLUTION
LARONIDASE SOLN FOR IV INFUSION 2.9 MG/5ML (500 UNIT/5ML)
LEVETIRACETAM INJ 500 MG/5ML (100 MG/ML)

Medical Medications Being Removed from the Commercial Pharmacy Benefit

LEVOFLOXACIN IN D5W IV SOLN 250 MG/50ML
LEVOFLOXACIN IN D5W IV SOLN 500 MG/100ML
LEVOFLOXACIN IN D5W IV SOLN 750 MG/150ML
LEVOFLOXACIN IV SOLN 25 MG/ML
LEVOLEUCOVORIN CALCIUM FOR IV INJ 50 MG (BASE EQUIV)
LEVOLEUCOVORIN CALCIUM INJ 175 MG/17.5ML (BASE EQUIV)
LEVOLEUCOVORIN CALCIUM IV SOLN PF 250 MG/25ML (BASE EQUIV)
LIDOCAINE HCL IV INJ 20 MG/ML
LIDOCAINE IV INFUSION IN D5W INJ 4 MG/ML
LIDOCAINE IV INFUSION IN D5W INJ 8 MG/ML
LINEZOLID IN SODIUM CHLORIDE IV SOLN 600 MG/300ML-0.9%
LINEZOLID IV SOLN 600 MG/300ML (2 MG/ML)
LUTETIUM LU 177 DOTATATE IV SOLN 370 MBQ/ML (10 MCI/ML)
MANGANESE CHLORIDE INJ 0.1 MG/ML
MELPHALAN HCL FOR INJ 50 MG (BASE EQUIV)
MELPHALAN HCL FOR INJ 50 MG (PROPYLENE GLYCOL (PG) FREE)
MEROPENEM IV FOR SOLN 1 GM
MEROPENEM IV FOR SOLN 500 MG
MESNA INJ 100 MG/ML
METOPROLOL TARTRATE IV SOLN 5 MG/5ML
METOPROLOL TARTRATE IV SOLN CART INJ 5 MG/5ML (1 MG/ML)
METRONIDAZOLE IN NAACL 0.79% IV SOLN 500 MG/100ML
MILRINONE LACTATE IV SOLN 20 MG/20ML (BASE EQUIVALENT)
MILRINONE LACTATE IV SOLN 50 MG/50ML (BASE EQUIVALENT)
MITOMYCIN FOR IV SOLN 20 MG
MITOMYCIN FOR IV SOLN 40 MG
MITOMYCIN FOR IV SOLN 5 MG
MITOXANTRONE HCL INJ CONC 20 MG/10ML (2 MG/ML)
MITOXANTRONE HCL INJ CONC 25 MG/12.5ML (2 MG/ML)
MITOXANTRONE HCL INJ CONC 30 MG/15ML (2 MG/ML)
MOGAMULIZUMAB-KPKC IV SOLN 20 MG/5ML (4 MG/ML)
NAFCILLIN SODIUM FOR IV SOLN 10 GM
NELARABINE IV SOLN 5 MG/ML
NEOSTIGMINE METHYLSULFATE IV SOLN 10 MG/10 ML (1 MG/ML)
NEOSTIGMINE METHYLSULFATE IV SOLN 5 MG/10 ML (0.5 MG/ML)
NEOSTIGMINE METHYLSULFATE SOLN PREF SYR 3 MG/3ML (1 MG/ML)
NICARDIPINE HCL IV SOLN 2.5 MG/ML
NIVOLUMAB IV SOLN 100 MG/10ML
NIVOLUMAB IV SOLN 240 MG/24ML
NIVOLUMAB IV SOLN 40 MG/4ML
NOREPINEPHRINE BITARTRATE IV SOLN 1 MG/ML (BASE EQUIVALENT)
OBINUTUZUMAB SOLN FOR IV INFUSION 1000 MG/40ML (25 MG/ML)
OFATUMUMAB CONC FOR IV INFUSION 100 MG/5ML
OFATUMUMAB CONC FOR IV INFUSION 1000 MG/50ML
OLARATUMAB SOLN FOR IV INFUSION 190 MG/19ML (10 MG/ML)
OLARATUMAB SOLN FOR IV INFUSION 500 MG/50ML (10 MG/ML)
OXALIPLATIN FOR IV INJ 100 MG
OXALIPLATIN FOR IV INJ 50 MG
OXALIPLATIN IV SOLN 100 MG/20ML

Medical Medications Being Removed from the Commercial Pharmacy Benefit

OXALIPLATIN IV SOLN 50 MG/10ML
PACLITAXEL IV CONC 100 MG/16.7ML (6 MG/ML)
PACLITAXEL IV CONC 150 MG/25ML (6 MG/ML)
PACLITAXEL IV CONC 30 MG/5ML (6 MG/ML)
PACLITAXEL IV CONC 300 MG/50ML (6 MG/ML)
PACLITAXEL PROTEIN-BOUND PARTICLES FOR IV SUSP 100 MG
PALIFERMIN FOR IV INJ 6.25 MG
PANCURONIUM BROMIDE INJ 1 MG/ML
PANITUMUMAB IV SOLN 100 MG/5ML
PANITUMUMAB IV SOLN 400 MG/20ML
PANTOPRAZOLE SODIUM FOR IV SOLN 40 MG (BASE EQUIV)
PARICALCITOL IV SOLN 2 MCG/ML
PARICALCITOL IV SOLN 5 MCG/ML
PEGLOTICASE INJ 8 MG/ML (FOR IV INFUSION)
PEMBROLIZUMAB IV SOLN 100 MG/4ML (25 MG/ML)
PEMETREXED DISODIUM FOR IV SOLN 100 MG (BASE EQUIV)
PEMETREXED DISODIUM FOR IV SOLN 500 MG (BASE EQUIV)
PENTOSTATIN FOR INJ 10 MG
PERTUZUMAB SOLN FOR IV INFUSION 420 MG/14ML (30 MG/ML)
PIPERACILLIN SOD-TAZOBACTAM NA FOR INJ 3.375 GM (3-0.375 GM)
PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 2.25 GM (2-0.25 GM)
PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 4.5 GM (4-0.5 GM)
PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 40.5 GM (36-4.5 GM)
PLASMA PROTEIN FRACTION INJ 5%
PORFIMER SODIUM FOR INJ 75 MG
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ
POTASSIUM CHLORIDE INJ 20 MEQ/50ML
POTASSIUM PHOSPHATES INJ 150 MM/50ML (PHOS) 220 MEQ/50ML (K)
PRALATREXATE IV INJ 20 MG/ML
PRALATREXATE IV INJ 40 MG/2ML
PROPRANOLOL HCL INJ 1 MG/ML
QUINUPRISTIN-DALFOPRISTIN FOR INJ 500 MG (150-350 MG)
RADIUM RA 223 DICHLORIDE INJ 30 MICROCURIE/ML (1100 KBQ/ML)
RASBURICASE FOR IV SOLN 1.5 MG
RASBURICASE FOR IV SOLN 7.5 MG
RIFAMPIN FOR INJ 600 MG
RINGER'S SOLUTION
ROLAPITANT HCL IV EMUL 166.5 MG/92.5ML (1.8 MG/ML) (BASE EQ)
ROMIDEPSIN FOR IV INJ 10 MG
SAMARIUM SM 153 LEXIDRONAM INJ 1850 MBQ/ML (50 MCI/ML)
SIPULEUCEL-T SUSPENSION FOR IV INFUSION
SOD FERRIC GLUC CMPLX IN SUCROSE IV SOLN 12.5 MG/ML (FE EQ)
SODIUM CHLORIDE FLUSH IV SOLN 0.9%
SODIUM CHLORIDE IV SOLN 0.9%
SODIUM THIOSULFATE INJ 25%
STREPTOZOCIN FOR INJ 1 GM
SUFENTANIL CITRATE INJ 100 MCG/2ML (50 MCG/ML)
SUFENTANIL CITRATE INJ 50 MCG/ML

Medical Medications Being Removed from the Commercial Pharmacy Benefit

SULFAMETHOXAZOLE-TRIMETHOPRIM IV SOLN 400-80 MG/5ML
TEMOZOLOMIDE FOR IV SOLN 100 MG
TEMSIROLIMUS SOLN FOR IV INFUSION 25 MG/ML
TENIPOSIDE IV SOLN 10 MG/ML
TISAGENLECLEUCEL SUSPENSION FOR IV INFUSION
TOPOTECAN HCL FOR INJ 4 MG (BASE EQUIV)
TOPOTECAN HCL INJ 4 MG/4ML (BASE EQUIV) (FOR INFUSION)
TRABECTEDIN FOR INJ 1 MG
TRANEXAMIC ACID IV SOLN 1000 MG/10ML (100 MG/ML)
TRASTUZUMAB FOR IV SOLN 150 MG
VORICONAZOLE FOR INJ 200 MG
WATER FOR IV INJECTION
ZIDOVUDINE IV SOLN 10 MG/ML
ZINC CHLORIDE INJ 1 MG/ML
ZIV-AFLIBERCEPT IV SOLN 100 MG/4ML (FOR INFUSION)
ZIV-AFLIBERCEPT IV SOLN 200 MG/8ML (FOR INFUSION)
VANCOMYCIN HCL FOR IV SOLN 1 GM (BASE EQUIVALENT)
VANCOMYCIN HCL FOR IV SOLN 10 GM (BASE EQUIVALENT)
VANCOMYCIN HCL FOR IV SOLN 5 GM (BASE EQUIVALENT)
VANCOMYCIN HCL FOR IV SOLN 500 MG (BASE EQUIVALENT)
VECURONIUM BROMIDE FOR INJ 10 MG
VECURONIUM BROMIDE FOR INJ 20 MG
VELAGLUCERASE ALFA FOR INJ 400 UNIT
VERAPAMIL HCL IV SOLN 2.5 MG/ML
VINBLASTINE SULFATE INJ 1 MG/ML
VINCRISTINE SULFATE IV SOLN 1 MG/ML
VINCRISTINE SULFATE LIPOSOME IV SUSP 5 MG/31ML (0.16 MG/ML)
VINOELBINE TARTRATE INJ 10 MG/ML (BASE EQUIV)
VINOELBINE TARTRATE INJ 50 MG/5ML (10 MG/ML) (BASE EQUIV)
CARFILZOMIB FOR INJ 10 MG
CARFILZOMIB FOR INJ 30 MG
CARFILZOMIB FOR INJ 60 MG
ALDESLEUKIN FOR IV SOLN 22000000 UNIT