



Formulary Updates to DHMP Commercial Plans
DHHA: DMC/DMC-HP/POS
DHMO/HDHP: City & County of Denver/Denver Police/DERP

Denver Health Medical Plan (DHMP) may add or remove drugs from the formulary or make changes to restrictions on formulary drugs during the year. If DHMP removes drugs from the formulary, or adds a restriction to an existing formulary drug, such as prior authorization, quantity limits and/or step therapy, [and/or moves a drug to a higher cost-sharing tier], DHMP will notify you of the change at least 60 days before the date that the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe, or the drug's manufacturer removes the drug from the market, DHMP will immediately remove the drug from the formulary.

The table below outlines previous and/or recent changes to the formulary. The newest updates are highlighted in yellow. For questions or if you would like more information related to these changes please call the DHMP Pharmacy Services Department at 303-602-2070 or 877-357-0963.

FORMULARY ABBREVIATIONS (Explanations can be found on the website in the DHMP Commercial Formulary and Pharmaceutical Management Procedures)

DISC = Lowest Copay Tier (note: DISC = Tier 1 for the DHMO plan); LA = Limited Access (must be filled at DH Pharmacy or PA Required); PA = Prior Authorization; PREV = Preventative Medication; QL = Quantity Limit; ST = Step Therapy

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Symbicort Inhalers	New Addition	New Addition	Advair Diskus or Advair HFA	Tier 4	LA, QL, ST	07/01/2019
Clobazam Tablets and Suspension	New Addition	New Addition	Lamotrigine and Topiramate	Tier 2	LA, QL, ST	07/01/2019
Rizatriptan Tablets and Oral Disintegrating Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2019
Invokana Tablets	New Addition	New Addition	One Formulary Diabetic Medication	Tier 4	LA, QL, ST	07/01/2019
Paliperidone Extended-	New Addition	New Addition	N/A	Tier 2	LA, QL, PA	07/01/2019

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Release Tablets						
Dexmethylphenidate Tablets and Extended-Release Capsules	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2019
Cefixime 400 mg Capsules	New Generic for Suprax 400 mg Capsules	New Generic	N/A	Tier 1	QL	07/01/2019
Eletriptan Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	07/01/2019
First-Omeprazole Suspension	Deletion	Regulatory Requirement	N/A	N/A		07/01/2019
First-Mouthwash BLM Liquid	Deletion	Regulatory Requirement	N/A	N/A		07/01/2019
Aripiprazole Tablets and Solution	Age Restriction Added	Regulatory Requirement	N/A	N/A	AGE, LA, QL	07/01/2019
Clozapine Tablets	Age Restriction Added	Regulatory Requirement	N/A	N/A	AGE	07/01/2019
Olanzapine Tablets	Age Restriction Added	Regulatory Requirement	N/A	N/A	AGE, LA, QL	07/01/2019
Paliperidone Tablets	Age Restriction Added	Regulatory Requirement	N/A	N/A	AGE, LA, PA, QL	07/01/2019
Quetiapine Tablets	Age Restriction Added	Regulatory Requirement	N/A	N/A	AGE, LA, QL	07/01/2019
Risperidone Tablets and Solution	Age Restriction Added	Regulatory Requirement	N/A	N/A	AGE	07/01/2019
Ziprasidone Capsules	Age Restriction Added	Regulatory Requirement	N/A	N/A	AGE, LA, QL	07/01/2019
Sevelemer Carbonate 800	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2019

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
mg Tablets						
Sevelemer Hydrochloride 800 mg Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2019
FreeStyle Libre 14-Day Reader and Sensor	New Addition	New Addition	N/A	Tier 2	LA, QL, PA	04/01/2019
Fluticasone/Salmeterol and Wixela-Inhub Disk Inhalers	New Generics for Advair Diskus	New Generic	N/A	Tier 1	QL	04/01/2019
Buprenorphine/Naloxone 2 mg/0.5 mg, 4 mg/1 mg, and 12 mg/3 mg Films	New Generics for Suboxone 2 mg/0.5 mg, 4 mg/1 mg, and 12 mg/3 mg Films	New Generic	N/A	Tier 2	LA, QL	04/01/2019
Albuterol Sulfate 90 mcg Metered Dose Inhaler	New Generic	New Generic; Therapeutic Alternative to ProAir HFA and Ventolin HFA	N/A	Tier 1	QL	04/01/2019
Ledipasvir/Sofosbuvir Tablets	New Generic for Harvoni	New Generic	N/A	Tier 4	LA, QL, PA	01/01/2019
Sofosbuvir/Velpatasvir Tablets	New Generic for Epclusa	New Generic	N/A	Tier 4	LA, QL, PA	01/01/2019
Vardenafil Tablets	New Generic for Levitra	New Generic	N/A	Tier 1	QL	01/01/2019
Albendazole Tablets	New Generic for Albenza	New Generic	N/A	Tier 1		01/01/2019
Estradiol Valerate Vials	New Addition	New Addition	N/A	Tier 1		01/01/2019
Lyrica	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Gabapentin or Duloxetine	N/A	LA, QL, ST	01/01/2019
Gardasil Injections	Age Restriction Increased From	Clinical Reevaluation	N/A	N/A	AGE	01/01/2019

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Ages 9 – 26 Years to Ages 9 – 45 Years					
Novolog Novolog Mix 70-30 Humalog Humalog Mix 50-50 Humalog Mix 75-25 Novolin 70-30 Humulin 70-30 Novolin N Humulin N Novolin R Humulin R	Tier Change from DISC Tier to Tier 1	Cost Reevaluation	N/A	Tier 1		01/01/2019
Atomoxetine Capsules	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2018
Fondaparinux Syringes	New Addition	New Addition	N/A	Tier 4	LA, QL	07/01/2018
Sildenafil Tablets (Generic for Viagra Only)	New Addition	New Addition	N/A	Tier 1	QL	07/01/2018
Levitra Tablets	Step Therapy Restriction Added	Clinical and Cost Reevaluation; New Addition of Sildenafil Tablets	Sildenafil (Generic for Viagra Only)	N/A	LA, QL, ST	07/01/2018
Buprenorphine/Naloxone Film 8 mg/2 mg Film	New Generic for Suboxone 8 mg/2 mg Film	New Generic	N/A	Tier 2	LA, QL	07/01/2018
Praziquantel Tablets	New Generic for Biltricide	New Generic	N/A	Tier 2	LA	07/01/2018
Atovaquone/Proguanil Tablets	Tier Change from Tier 2 to Tier 1; Quantity Limit Restriction Added	Cost Reevaluation	N/A	Tier 1	QL	07/01/2018
Ritonavir Tablets	New Generic for Norvir	New Generic	N/A	Tier 2	LA	04/01/2018

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Tacrolimus Capsules	New Addition	New Addition	N/A	Tier 2	LA	04/01/2018
Tradjenta Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL	04/01/2018
Jentadueto Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL	04/01/2018
Narcan Nasal Spray	New Addition	New Addition	N/A	Tier 3	QL	04/01/2018
Buprenorphine Sublingual Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2018
Estradiol Vaginal Cream	New Addition	New Addition	N/A	Tier 1	QL	04/01/2018
Efavirenz Capsules	New Generic for Sustiva	New Generic	N/A	Tier 2	LA	04/01/2018
Tenofovir Disoproxil Fumarate Tablets	New Generic for Viread	New Generic	N/A	Tier 2	LA	04/01/2018
Atazanavir Capsules	New Generic for Reyataz	New Generic	N/A	Tier 2	LA	04/01/2018
Aripiprazole Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2018
Metformin Extended-Release Tablets (Generic for Fortamet)	Tier Change from Tier DISC/PREV to Tier 2; Limited Access Restriction Added	Cost Reevaluation	Metformin Extended-Release (Generic for Glucophage XR)	Tier 2	LA	01/01/2018
Lyrica Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2018
Oxycodone Extended-Release Tablets	New Addition	New Addition	One Formulary Long-Acting Opioid	Tier 2	LA, QL, ST	01/01/2018
Victoza Pens	New Addition	New Addition	One Formulary Diabetic Medication	Tier 4	LA, QL, ST	01/01/2018
Priftin Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2018
Atorvastatin, Lovastatin, Pravastatin, Simvastatin	Tier Change from Tier 1 or 2 to Tier PREV	Regulatory Requirement	N/A	PREV	QL	01/01/2018

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
and Rosuvastatin Tablets						
Abacavir Oral Solution	New Generic Available for Ziagen	New Generic	N/A	Tier 2	LA	10/01/2017
Eletriptan Tablets	New Generic Available for Relpax	New Generic	Sumatriptan and zolmitriptan	Tier 2	LA, QL, ST	10/01/2017
Imiquimod	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Clinical and Cost Reevaluation	N/A	Tier 1		10/01/2017
Enoxaparin	Tier Change from Tier 4 to Tier 3; Limited Access Restriction Removed	Clinical and Cost Reevaluation	N/A	Tier 3	QL	10/01/2017
Mavyret	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	10/01/2017
Entresto Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL	07/01/2017
Risperdal Consta Syringes	New Addition	New Addition	Oral Risperidone	Tier 4	LA, QL, ST	07/01/2017
Jardiance Tablets	New Addition	New Addition	One Formulary Diabetic Medication	Tier 4	LA, QL, ST	07/01/2017
Codeine Products	Age Restriction Updated to 12 Years and Older	FDA Safety Warning Labeling Change	N/A	N/A	Age, QL	07/01/2017
Tramadol Tablets	Age Restriction Added for 12 Years and Older	FDA Safety Warning Labeling Change	N/A	N/A	Age, QL	07/01/2017
Ondansetron Tablets and Oral-Disintegrating Tablets	Quantity Limit Increased from 30 Tablets Per 30 Days to 90 Tablets Per 30 Days	Clinical and Cost Reevaluation	N/A	N/A	QL	07/01/2017
Norvir	Tier Change from Tier 5 to Tier 4	Clinical Reevaluation	N/A	Tier 4	LA	07/01/2017
Vivitrol Vials	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	Tier 4	LA, QL	07/01/2017
Antipyrine/Benzocaine	Tier Change from Tier 1 to Tier 2;	Regulatory	N/A	Tier 2	LA	07/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Otic Solution Atropine Ophthalmic Solution Cytra-K Crystals and Oral Solution Donnatal Elixir and Tablets Esterified Estrogens/ Methyltestosterone Tablets Hydrocortisone/ Pramoxine Rectal Cream Phenazopyridine Tablets	Limited Access Restriction Added	Requirement				
Tacrolimus Ointment	New Addition	New Addition	Topical Corticosteroids	Tier 2	LA, QL, ST	04/01/2017
Vyvanse Capsules	New Addition	New Addition	Amphetamine Salts and Methylphenidate	Tier 3 or 4	LA, QL, ST	04/01/2017
Xarelto 20 mg Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	04/01/2017
Venlafaxine Extended-Release Capsules	Quantity Limit Restriction Increased	Clinical Reevaluation	N/A	N/A	QL	04/01/2017
Fenofibrate Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	QL	04/01/2017
Doxycycline Capsules and Tablets	Quantity Limit Restriction Increased	Cost Reevaluation	N/A	N/A	QL	04/01/2017
Duloxetine Capsules	Step Therapy Restriction	Clinical and Cost	N/A	Tier 1	QL	04/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Removed and Tier Change from Tier 2 to Tier 1	Reevaluation				
Moviprep Bowel Preparation	New Addition	Regulatory Requirement	N/A	PREV		04/01/2017
Osmoprep Bowel Preparation	New Addition	Regulatory Requirement	N/A	PREV		04/01/2017
Prepopik Bowel Preparation	New Addition	Regulatory Requirement	N/A	PREV		04/01/2017
Suclear Bowel Preparation	New Addition	Regulatory Requirement	N/A	PREV		04/01/2017
Suprep Bowel Preparation	New Addition	Regulatory Requirement	N/A	PREV		04/01/2017
Aranesp Syringes and Vials	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	N/A	LA	01/01/2017
Leukine Syringes and Vials	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	N/A	LA	01/01/2017
Neupogen Syringes and Vials	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	N/A	LA	01/01/2017
Epinephrine Auto-Injectors	New Generic Available for Epipen and Epipen Jr	New Generic	N/A	Tier 1	QL	01/01/2017
Descovy Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2017
Genvoya Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2017
Odefsey Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2017
Vemlidy Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2017
Vivitrol Vials	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2017
Oseltamivir Capsules	New Generic Available for Tamiflu	New Generic	N/A	Tier 1	QL	01/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Abacavir/Lamivudine Tablets	New Generic Available for Epzicom	New Generic	N/A	Tier 2	LA	01/01/2017
Aripiprazole Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Clozapine, Olanzapine, Quetipaine, Risperidone, Ziprasidone	N/A	LA, QL, PA	01/01/2017
Lidocaine 5% Ointment	Tier Change from Tier 1 to Tier 2 and Limited Access and Quantity Limit Restrictions Added	Cost Reevaluation	Lidocaine 4% Cream	Tier 2	LA, QL	01/01/2017
Sovaldi Tablets	Deletion	Cost Reevaluation	Epclusa, Harvoni, Zepatier	N/A	N/A	01/01/2017
Epclusa Tablets	New Addition	New Addition	N/A	Tier 4	LA, PA, QL	10/01/2016
Zepatier Tablets	New Addition	New Addition	N/A	Tier 4	LA, PA, QL	10/01/2016
Mesalamine Delayed-Release Tablets	New Generic Available for Asacol HD	New Generic	N/A	N/A		10/01/2016
Colchicine Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL, ST	10/01/2016
Guanfacine Extended-Release Tablets	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	10/01/2016
Acitretin Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Methotrexate	N/A	LA, ST	10/01/2016
Rosuvastatin Tablets	New Generic Available for Crestor	New Generic	N/A	Tier 2	LA, QL	07/01/2016
Modafinil Tablets	New Addition	New Addition	N/A	Tier 2	QL	07/01/2016
Complera Tablets	New Addition	New Addition	N/A	Tier 4	LA	07/01/2016
Celecoxib Capsules	Step Therapy Restriction	Clinical Reevaluation	N/A	N/A	QL	07/01/2016

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Removed					
Diclofenac Gel	New Generic Available for Voltaren Gel	New Generic	N/A	Tier 1	QL	07/01/2016
Levitra Tablets	Age Restriction Removed	Clinical Reevaluation	N/A	N/A	QL	07/01/2016
Piroxicam Capsules	New Addition	New Addition	N/A	Tier 1		04/01/2016
Ciprofloxacin Otic Solution	New Addition	New Addition	N/A	Tier 1		04/01/2016
Cipro HC Otic Suspension	New Addition	New Addition	N/A	Tier 2		04/01/2016
Ciprodex Otic Suspension	New Addition	New Addition	N/A	Tier 2		04/01/2016
Phentermine Capsules and Tablets	New Addition	New Addition	N/A	Tier 1	QL	04/01/2016
Raloxifene Tablets	New Addition	New Addition	N/A	PREV	QL	04/01/2016
Clindamycin/Benzoyl Peroxide Gel	New Addition	New Addition	N/A	Tier 1	QL	04/01/2016
Eszopiclone Tablets	New Addition	New Addition	N/A	Tier 1	QL	04/01/2016
Sodium Fluoride Gel and Cream	New Addition	New Addition	N/A	Tier 1		04/01/2016
Dorzolamide/Timolol Ophthalmic Solution	New Addition	New Addition	N/A	Tier 1		04/01/2016
Tamoxifen Tablets	Tier Change from Tier 1 to Tier PREV	Clinical Reevaluation	N/A	PREV		04/01/2016
Lo Norgestimate-ethinyl Estradiol Tablets	New Generic Available for Ortho Tri-Cyclen Lo	New Generic	New Generic	PREV		04/01/2016
Xarelto Tablets	New Addition	New Addition	Warfarin	Tier 3	LA, QL, ST	01/01/2016
Humalog Mix 75/25 and 50/50 Kwikpen Insulin	New Addition	New Addition	N/A	Tier 3	LA, QL	01/01/2016

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Pens						
Novolog Mix 70/30 Flexpen insulin pens	New Addition	New Addition	N/A	Tier 3	LA, QL	01/01/2016
Sodium Chloride 3% Nebulizer Solution Vials	New Addition	New Addition	N/A	Tier 1		01/01/2016
Ciclopirox 8% Topical Solution	New Addition	New Addition	N/A	Tier 1		01/01/2016
Aluminum Chloride 20% Topical Solution	New Addition	New Addition	N/A	Tier 1		01/01/2016
Triumeq Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2016
Prezcobix Tablets	New Addition	New Addition	N/A	Tier 4	LA	01/01/2016
Daraprim Tablets	Tier Change from Tier 2 to Tier 3; Limited Access Restriction Added	Cost Reevaluation	N/A	Tier 3	LA	01/01/2016
Tivicay Tablets	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2016
Stribild Tablets	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA	01/01/2016
Celecoxib Capsules	Prior Authorization Restriction Changed to Step Therapy Restriction	Clinical Reevaluation	Formulary NSAIDs	N/A	LA, ST	01/01/2016
Capecitabine Tablets	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	N/A	LA	01/01/2016
Adapalene Cream, Gel and Lotion	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A		01/01/2016
Epinephrine and EpiPen Autoinjectors	Quantity Limit Restriction Increased from 2 to 4 Per Fill	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2016
Abacavir, abacavir/	Tier Change from Tier 4 to Tier 2	Cost Reevaluation	N/A	Tier 2	LA	01/01/2016

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
lamivudine/zidovudine, didanosine, lamivudine, lamivudine/zidovudine, nevirapine, stavudine, zidovudine						
Alkeran, Atripla, Fareston, Hexalen, Leukeran, Lysodren, Matulane Myleran, Neupogen, Pegasys, Prezista, Reyataz, Tabloid, Truvada, Viread, acitretin, bexarotene, capecitabine, cyclophosphamide, enoxaparin, glatiramer, lomustine, temozolomide, tretinoin, valganciclovir	Tier Change from Tier 4 to Tier 3	Cost Reevaluation	N/A	Tier 3	LA	01/01/2016
Aripiprazole, calcipotriene, celecoxib, desmopressin, duloxetine, esomeprazole, isotretinoin, ivermectin, leflunomide, methylphenidate er 24h,	Tier Change from Tier 1 to Tier 2	Cost Reevaluation	N/A	Tier 2	LA	01/01/2016

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
mycophenolate, olanzapine, omega-3 acid ethyl esters, quetiapine, testosterone gel, tizanidine, ursodiol, vancomycin, ziprasidone, acetazolamide, acetic acid/hydrocortisone, atovaquone/proguanil, balsalazide, betamethasone/ propylene glycol 0.05% lot/oint, bicalutamide, bromocriptine, budesonide ampules, calcium acetate, chlorpromazine, cholestyramine, clindamycin recon soln, clobetasol 0.05% cr/gel/ lot/oint/soln, clomipramine, clozapine, cromolyn sod ampules, cyclosporine modified, dantrolene, desonide 0.05% cr/lot/oint, desoximetasone cr/gel/						

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
oint, dextroamphetamine sulf,dextroamphetamine/ amphetamine, divalproex, doxycycline, econazole cr, ethambutol, ethosuximide, fluocinolone cr/oil/oint/ soln, fluocinonide cr/gel/oint/soln, fluorouracil cr/soln, griseofulvin, hydrocortisone supp, hydrocortisone val cr/oint, hydroxychloroquine, hyoscyamine, imiquimod, isometh/dichlorph/apap, lidocaine patch, lidocaine/prilocaine cr, malathion, mercaptopurine, mesalamine enema, methylergonovine, methylphenidate er, midodrine, niacin er, norethindrone acetate,						

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
nystatin/triamcinolone cr/oint, permethrin cr, perphenazine, podofilox soln, propylthiouracil, salsalate, sumatriptan nasal, tobramycin/dexameth drops, tolterodine, tretinoin cr/gel/tablet, trifluoperazine, trifluridine, zafirlukast						
Chantix Starting and Continuing Paks	Step Therapy Restriction Removed; Limited Access Restriction Added	Clinical Reevaluation	N/A	N/A	LA, QL	10/01/2015
Lantus Solostar Pens	New Addition	New Addition	N/A	Tier 2	QL	10/01/2015
Levemir Flextouch Pens	New Addition	New Addition	N/A	Tier 2	QL	10/01/2015
Tizanidine Tablets	New Addition	New Addition	N/A	Tier 1	LA	10/01/2015
Lidocaine Extended-Release Patches	Step Therapy Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	10/01/2015
Zolpidem Extended-Release Tablets	Step Therapy Restriction Removed	Cost Reevaluation	N/A	Tier 1	LA, QL	10/01/2015
Risedronate 5 mg, 30 mg and 35 mg Tablets	New Generic Available for Actonel	New Generic	N/A	Tier 1		07/01/2015
Aripiprazole Tablets	New Generic Available for Abilify	New Generic	N/A	Tier 1	LA, PA, QL	07/01/2015
PEG 3350/Bisacodyl/Sodium Chloride/Sodium Bicarbonate/Potassium	New Generic Available for Halflytely-Bisacodyl	New Generic	N/A	Tier 1		07/01/2015

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Chloride						
True Metrix Air Glucometer	New Addition	New Addition	N/A	Tier 1	QL	07/01/2015
True Metrix Air Test Strips	New Addition	New Addition	N/A	Tier 1	QL	07/01/2015
True Metrix Air Control Solution	New Addition	New Addition	N/A	Tier 1	QL	07/01/2015
Gynol II Spermicide Jelly	New Addition	New Addition	N/A	PREV		07/01/2015
FC2 Female Condom	New Addition	New Addition	N/A	PREV		07/01/2015
FemCap Cervical Cap	New Addition	New Addition	N/A	PREV		07/01/2015
Today Contraceptive Sponge	New Addition	New Addition	N/A	PREV		07/01/2015
Paragard IUD	New Addition	New Addition	N/A	PREV		07/01/2015
Nexplanon Implantable Rod	New Addition	New Addition	N/A	PREV		07/01/2015
Buprenorphine/Naloxone Sublingual Tablets	New Addition	New Addition	N/A	Tier 1	LA, QL	07/01/2015
Guanfacine Extended-Release Tablets	New Addition	New Addition	N/A	Tier 1	LA, QL, ST	07/01/2015
Xifaxan Tablets	New Addition	New Addition	N/A	Tier 3	LA, QL, ST	07/01/2015
Doxycycline Capsules/Tablets	Step Therapy Restriction Removed; Limited Access Restriction Removed; Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	04/01/2015
Valsartan Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2015
Valsartan/HCTZ Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2015

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Amlodipine/Benazepril Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2015
Janumet Tablets	New Addition	New Addition	N/A	Tier 3	LA	04/01/2015
Omega-3 Acid Ethyl Esters Capsules	New Addition	New Addition	N/A	Tier 1	LA, QL	04/01/2015
Harvoni Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2015
Esomeprazole Capsules	New Generic Available for Nexium	New Generic	N/A	Tier 1	LA, QL, ST	04/01/2015
Incivek Tablets	Deletion	Manufacturer Discontinued	Harvoni	Tier 4	LA, PA, QL	04/01/2015
Estradiol Twice-weekly Patches	New Generic Available for Alora	New Generic	N/A	Tier 1		04/01/2015
Valganciclovir Tablets	New Generic Available for Valcyte	New Generic	N/A	N/A	LA	04/01/2015
Acyclovir, albuterol nebulizer soln., albuterol tablets and syrup, amoxicillin, antipyrine/benzocaine otic, atropine 1% op. soln., baclofen, benztropine, carbamazepine, cephalexin, chlorhexidine gluconate, ciprofloxacin, cyclobenzaprine, dexamethasone,	Tier Change from Discount Tier (DISC) to Tier 1	Cost Reevaluation	N/A	Tier 1		01/01/2015

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
dicyclomine, digoxin, erythromycin 0.5% op. oint., fluconazole 150 mg tab, fluocinonide cream, gentamicin 0.3% op. soln., hydrocortisone cream and oint., ibuprofen, indomethacin, ipratropium bromide nebulizer soln., isoniazid, isosorbide mononitrate ER, lactulose, levobunolol 0.5% op. soln., levothyroxine, lidocaine viscous, meloxicam, metoclopramide, naproxen, neo/polymyx b/dexam op., nystatin cream, penicillin vk, polymyxin/TMP op. soln., prednisone, prochlorperazine, promethazine tabs and syrup, promethazine DM, ranitidine, SMZ/TMP, thioridazine, timolol maleate op. soln.,						

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
tobramycin 0.3% op. soln., triamcinolone cream and oint., trihexyphenidyl						
Levitra	Prior Authorization Restriction Removed; Age Restriction Added	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2015
Ventolin HFA inhaler	Tier Change from Tier 1 to Tier 2	Cost Reevaluation	N/A	Tier 2	QL	01/01/2015
Celecoxib Capsules	New Generic Available for Celebrex	New Generic	N/A	Tier 1	LA, PA, QL	01/01/2015
Halflytely-Bisacodyl	Tier Change from Preventative (PREV) Tier to Tier 2	Cost Reevaluation	N/A	Tier 2		01/01/2015
Auvi-Q	Deleted	Cost Reevaluation	Epinephrine Auto-Injector	N/A		01/01/2015
Twinject	Deleted	Cost Reevaluation	Epinephrine Auto-Injector	N/A		01/01/2015
EpiPen	Tier Change from Tier 2 to Tier 3	Cost Reevaluation	Epinephrine Auto-Injector	Tier 3	LA, QL	01/01/2015
EpiPen Jr	Tier Change from Tier 2 to Tier 3	Cost Reevaluation	Epinephrine Auto-Injector	Tier 3	LA, QL	01/01/2015
Avonex	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2015
Betaseron	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2015
Leflunomide Tablets	New Addition	New Addition	N/A	Tier 1	LA, QL	01/01/2015
Enbrel	New Addition	New Addition	N/A	Tier 4	LA, QL, ST	01/01/2015
Humira	New Addition	New Addition	N/A	Tier 4	LA, QL, ST	01/01/2015
Rebif	New Addition	New Addition	N/A	Tier 4	LA, QL	01/01/2015

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Duloxetine Capsules	New Addition	New Addition	N/A	Tier 1	LA, QL, ST	01/01/2015
Nexium Capsules	New Addition	New Addition	N/A	Tier 3	LA, QL, ST	01/01/2015
Sovaldi Tablets	New Addition	New Addition	N/A	Tier 4	LA, PA, QL	01/01/2015
Doxycycline Capsules/Tablets	Tier Change from Discount Tier (DISC) to Tier 1; Step Therapy Restriction Added; Limited Access Restriction Added	Cost Reevaluation	Minocycline	Tier 1	LA, ST	01/01/2015
Ella Tablets	New Addition	New Addition	N/A	PREV		10/01/2014
Tivicay Tablets	New Addition	New Addition	N/A	Tier 3	LA, QL, ST	10/01/2014
Stribild Tablets	New Addition	New Addition	N/A	Tier 3	LA, ST	10/01/2014
Minocycline Capsules	Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	10/01/2014
Fenofibrate 54 mg, 134 mg, 160 mg	New Addition	New Addition	N/A	Tier 1	QL, ST	07/01/2014
Levemir Vials	New Addition	New Addition	N/A	Tier 2	QL	07/01/2014
Lidocaine Extended-Release Patches	New Addition	New Addition	N/A	Tier 1	QL, ST	07/01/2014
Nicotine Lozenges	New Addition	New Addition	N/A	Tier 1		07/01/2014
Midazolam 1mg/ml and 5mg/ml Vials	New Addition	New Addition	N/A	Tier 1	LA, QL	07/01/2014
Rifabutin Capsules	New Generic Available for Mycobutin	New Generic	N/A	Tier 1		07/01/2014
Budesonide 32 mcg Nasal Spray	New Generic Available for Rhinocort Aqua	New Generic	N/A	Tier 1	QL	07/01/2014
Risedronate 150 mg Tablets	New Generic Available for Actonel	New Generic	N/A	Tier 1		07/01/2014

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Testosterone Gel	New Generic Available for Testim Gel	New Generic	N/A	Tier 1	LA	07/01/2014
Glimepiride Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2014
Capecitabine Tablets	New Generic Available for Xeloda	New Generic	N/A	Tier 1	LA, PA	04/01/2014
Abacavir/Lamivudine/ Zidovudine Tablets	New Generic Available for Trizivir	New Generic	N/A	Tier 1	LA	04/01/2014
Tolterodine Extended- Release Capsules	New Generic Available for Detrol LA	New Generic	N/A	Tier 1		04/01/2014
Chantix Tablets	Step Therapy Changed to Previous Failure of Bupropion or Nicotine Replacement Therapy	Clinical Reevaluation	N/A	N/A	ST, QL	04/01/2014
Progesterone Capsules	New Addition	New Addition	N/A	Tier 1	QL	01/01/2014
Pramipexole Tablets	New Addition	New Addition	N/A	Tier 1		01/01/2014
Tobramycin 0.3% Ophthalmic Solution	New Addition	New Addition	N/A	DISC	QL	01/01/2014
Levobunolol 0.5% Ophthalmic Solution	New Addition	New Addition	N/A	DISC	QL	01/01/2014
Ceftibuten Suspension	New Generic Available for Cedax	New Generic	N/A	Tier 1		01/01/2014
Ceftibuten Capsules	New Generic Available for Cedax	New Generic	N/A	Tier 1		01/01/2014
Niacin Extended-Release Tablets	New Generic Available for Niaspan	New Generic	N/A	Tier 1		01/01/2014
Chantix Tablets	Prior Authorization Restriction Changed to Step Therapy	Clinical Reevaluation	N/A	PREV	ST, QL	01/01/2014
Nicotine patch	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	PREV	QL	01/01/2014
Nicotine gum	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	PREV		01/01/2014

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Pulmozyme Inhalation Solution	Prior Authorization Restriction Changed to Quantity Limit and Age Restrictions	Clinical Reevaluation	N/A	Tier 3	LA, QL	01/01/2014
Regranex Gel	Deletion of Drug From Formulary	Clinical Reevaluation	None	N/A		01/01/2014
Maxair Inhalation Aerosol	Deletion of Drug From Formulary	Clinical Reevaluation	Ventolin HFA	Tier 1	QL	01/01/2014
Tetracycline Capsules	Deletion of Drug From Formulary	Clinical and Cost Reevaluation	Doxycycline	Tier 1		01/01/2014
Glimepiride Tablets	Tier Change	Cost Reevaluation	N/A	DISC		01/01/2014
Fluconazole 150 mg tablets	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014
Promethazine 25 mg tablets	Tier Change	Cost Reevaluation	N/A	DISC		01/01/2014
Promethazine 6.25 mg/5 mL Oral Solution	Tier Change	Cost Reevaluation	N/A	DISC		01/01/2014
Gentamicin 0.3% Ophthalmic Solution	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014
Polymyxin/TMP Ophthalmic Solution	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014
Isosorbide Mononitrate ER Tablets	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014
Prenatal Plus Tablets	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014
Ventolin HFA Inhalation Aerosol	Tier Change	Cost Reevaluation	N/A	Tier 1	QL	01/01/2014
ProAir HFA Inhalation Aerosol	Tier Change	Cost Reevaluation	Ventolin HFA	Tier 2	QL	01/01/2014
Proventil HFA Inhalation Aerosol	Tier Change	Cost Reevaluation	Ventolin HFA	Tier 2	QL	01/01/2014

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Crestor Tablets	Tier Change	Clinical and Cost Reevaluation	Atorvastatin	Tier 3	LA, QL	01/01/2014
Codeine Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Hydromorphone Tablets	Quantity Limit Restriction Changed	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Morphine Sulfate Extended-Release Tablets	Quantity Limit Restriction Changed	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Oxycodone Tablets	Quantity Limit Restriction Changed	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Venlafaxine Extended-Release Capsules/Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Baclofen Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Cyclobenzaprine Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Abilify Tablets	Age Restriction Removed; Prior Authorization Now Required for All Ages	Clinical Reevaluation	N/A	N/A	QL, PA	01/01/2014
Zostavax Injection	Age Restriction Changed	Clinical Reevaluation	N/A	N/A	QL	01/01/2014
Dipyridamole Tablets	New Addition	New Addition	N/A	Tier 1		10/01/2013
Eplerenone Tablets	New Addition	New Addition	N/A	Tier 1		10/01/2013
Ketorolac Ophthalmic 0.4% and 0.5% Solution	New Addition	New Addition	N/A	Tier 1		10/01/2013
Levofloxacin 0.5% Ophthalmic Solution	New Addition	New Addition	N/A	Tier 1		10/01/2013
Monurol Packets	New Addition	New Addition	N/A	Tier 2	QL	10/01/2013
Naphazoline Ophthalmic 0.1 % Solution	New Addition	New Addition	N/A	Tier 1		10/01/2013

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Terazosin Capsules	New Addition	New Addition	N/A	DISC		10/01/2013
Skyla Intrauterine System	New Addition	New Addition	N/A	PREV		10/01/2013
Midodrine Tablets	New Addition	New Addition	N/A	Tier 1		10/01/2013
Ventolin HFA Inhaler	Line Extension; New Addition	Cost Reevaluation	N/A	Tier 1	QL	10/01/2013
Escitalopram Tablets	Step Therapy Restriction Removed	Cost Reevaluation	N/A	Tier 1	QL	10/01/2013
Copaxone Injection	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	Tier 3	LA	10/01/2013
Betaseron Injection	Prior Authorization Restriction Changed to Step Therapy Restriction	Clinical Reevaluation	N/A	Tier 3	LA, ST	10/01/2013
Avonex Injection	Prior Authorization Restriction Changed to Step Therapy	Clinical Reevaluation	N/A	Tier 3	LA, ST	10/01/2013
Regranex Gel	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	Tier 3	LA, QL	10/01/2013
Mycophenolate Mofetil Tablets	Prior Authorization Restriction Removed; Quantity Limit Added	Clinical Reevaluation	N/A	Tier 1	QL	10/01/2013
Sumatriptan Injection	Prior Authorization Restriction Changed to Step Therapy	Clinical Reevaluation	N/A	Tier 1	LA, QL	10/01/2013
DDAVP	Prior Authorization Restriction Removed; Generic Available	Clinical Reevaluation	N/A	Tier 1	QL	10/01/2013
Lomustine Capsules	New Generic Available for Ceenu	New Generic	N/A	Tier 1		10/01/2013
Temozolomide Capsules	New Generic Available for Temodar	New Generic	N/A	Tier 1		10/01/2013
Acamprosate Tablets	New Generic Available for Campral	New Generic	N/A	Tier 1	LA	10/01/2013

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Acitretin Capsules	New Generic Available for Soriatane	New Generic	N/A	Tier 1	LA	10/01/2013
Testim Gel	New Addition	New Addition	N/A	Tier 3	LA	07/01/2013
Testosterone Cypionate Vial	New Addition	New Addition	N/A	Tier 1	LA	07/01/2013
Naloxone Vial	New Addition	New Addition	N/A	Tier 1	LA	07/01/2013
Balsalazide Tablets	New Addition	New Addition	N/A	Tier 1		05/08/2013
Asacol 400 mg	Deletion of Drug From Formulary	Manufacturer Discontinuation	Asacol HD 800 mg	Tier 2		04/19/2013
Glipizide/Metformin Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2013
First-Mouthwash BLM	New Addition	New Addition	N/A	Tier 2		04/01/2013
Adapalene Cream and Gel	New Addition	New Addition	N/A	Tier 1	ST	04/01/2013
Ondansetron 4 mg and 8 mg tablets and ODT	Limited Access Restriction Removed	Cost Reevaluation	N/A	Tier 1		04/01/2013