



**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
Scopolamine Patches	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2021
Divigel Packets	New Addition	New Addition	Estradiol Tablets or Patches	Tier 4	LA, QL, ST	04/01/2021
Briavact Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2021
Zolmitriptan Nasal Spray	New Generic for Zomig Nasal Spray	New Generic	N/A	Tier 1	QL	04/01/2021
Lubiprostone Capsules	New Generic for Amitiza; Prior Authorization Restriction Removed; Tier Change from Tier 4 to Tier 2	New Generic; Clinical Reevaluation	N/A	Tier 2	LA, QL	04/01/2021
Linzess Capsules	Prior Authorization Restriction	Clinical Reevaluation	Lubiprostone	N/A	LA, QL, ST	04/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Removed; Step Therapy Restriction Added					
Cambia Packets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the Following: Eletriptan, Rizatriptan, Sumatriptan, Zolmitriptan	N/A	LA, QL, ST	04/01/2021
Biktarvy Tablets	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	04/01/2021
Buprenorphine Patches	New Addition	New Addition	N/A	Tier 1	QL	04/01/2021
Prasugrel Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2021
Cinacalcet Tablets	New Addition	New Addition	N/A	Tier 4	LA, PA	04/01/2021
Dimethyl Fumarate Capsules	New Addition	New Addition	N/A	Tier 4	LA, PA	04/01/2021
Bystolic Tablets	New Addition	New Addition	Two of the Following: Atenolol, Carvedilol, Labetalol, Metoprolol, Nadolol, Pindolol, Propranolol, Sotalol	Tier 4	LA, QL, ST	04/01/2021
Polyethylene glycol 3350/ Sodium sulfate/Sodium chloride/Potassium	New Addition	New Addition	N/A	PREV		01/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
chloride/Ascorbic acid/ Sodium ascorbate (MoviPrep) Bowel Preparation Kit						
Coartem Tablets	New Addition	New Addition	N/A	Tier 3	QL	01/01/2021
Imatinib Tablets	New Addition	New Addition	N/A	Tier 4	LA, PA	01/01/2021
Tasigna Capsules	New Addition	New Addition	N/A	Tier 5	LA, PA	01/01/2021
Budesonide/Formoterol Inhalers	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed; Quantity Limit Increased	Clinical Reevaluation	N/A	Tier 1	QL	01/01/2021
Efavirenz/Emtricitabine/ Tenofovir Disoproxil Fumarate Tablets	New Generic for Atripla	New Generic	N/A	Tier 2	LA	01/01/2021
Emtricitabine/ Tenofovir Disoproxil Fumarate Tablets	New Generic for Truvada	New Generic	N/A	Tier 2	LA	01/01/2021
Fosfomycin Packets	New Generic for Monurol	New Generic	N/A	Tier 1	QL	01/01/2021
Levothyroxine Capsules	New Generic for Tirosint	New Generic	Levothyroxine Tablets	Tier 2	LA, QL, ST	01/01/2021
Rufinamide Suspension	New Generic for Banzel	New Generic	Lamotrigine, Topiramate and Clobazam	Tier 2	LA, QL, ST	01/01/2021
Tolvaptan Tablets	New Generic for Jynarque	New Generic	N/A	Tier 4	LA, QL, PA	01/01/2021
Alvesco Inhalers	New Addition	New Addition	N/A	Tier 3	QL	10/01/2020
Lumigan Eye Drops	New Addition	New Addition	Latanoprost Eye Drops and	Tier 4	LA, QL, ST	10/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			Travoprost Eye Drops			
Vyzulta Eye Drops	New Addition	New Addition	Latanoprost Eye Drops and Travoprost Eye Drops	Tier 4	LA, QL, ST	10/01/2020
Zejula Capsules	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	10/01/2020
Tymlos Injection	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	10/01/2020
Forteo Injection	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	10/01/2020
Emtricitabine 200 mg Capsule	New Generic for Emtriva 200 mg Capsules	New Generic	N/A	Tier 4	LA	10/01/2020
Ciprofloxacin/ Dexamethasone Ear Drops	New Generic for Ciprodex Ear Drops	New Generic	N/A	Tier 1		10/01/2020
FreeStyle Libre Reader and Sensor	Prior Authorization Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	10/01/2020
Nurtec ODT Orally-Disintegrating Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	07/01/2020
Ubrelvy Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	07/01/2020
Reyvow Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	07/01/2020
Bunavail Buccal Film	New Addition	Regulatory Requirement	N/A	Tier 1	QL	07/01/2020
Zubsolv Sublingual Tablet	New Addition	Regulatory Requirement	N/A	Tier 1	QL	07/01/2020
Sublocade Injection	New Addition	Regulatory Requirement	N/A	Tier 1	QL	07/01/2020
Vivitrol Injection	Tier Change from Tier 3 to Tier 1	Regulatory	N/A	Tier 1	QL	07/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
		Requirement				
Nicotrol Inhaler	New Addition	Regulatory Requirement	N/A	PREV	QL	07/01/2020
Nicotrol Nasal Spray	New Addition	Regulatory Requirement	N/A	PREV	QL	07/01/2020
Ajovy Injection	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	07/01/2020
Combigan Eye Drops	New Addition	New Addition	Brimonidine Eye Drops or Timolol Eye Drops	Tier 4	LA, QL, ST	07/01/2020
Brilinta Tablets	New Addition	New Addition	Clopidogrel	Tier 4	LA, QL, ST	07/01/2020
Cimzia Injection	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	07/01/2020
Horizant Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	07/01/2020
Bydureon Injection	New Addition	New Addition	Trulicity	Tier 4	LA, QL, ST	07/01/2020
Combipatch Transdermal Patches	New Addition	New Addition	Estradiol/norethindrone Tablets, Estradiol Patches or Estradiol Vaginal Cream	Tier 4	LA, QL, ST	07/01/2020
Femring Vaginal Ring	New Addition	New Addition	Estradiol Vaginal Cream	Tier 4	LA, QL, ST	07/01/2020
Desvenlafaxine Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL, PA	07/01/2020
Clindamycin Vaginal Cream	New Addition	New Addition	N/A	Tier 1	QL	07/01/2020
Ezetimibe Tablets	New Addition	New Addition	N/A	Tier 1	QL	07/01/2020
Farxiga Tablets	Step Therapy Restriction Removed	Clinical Reevaluation	N/A	N/A	LA, QL	07/01/2020
Insulin Aspart and Insulin	New Generic for Novolog and	New Generic	N/A	Tier 1	QL	04/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Aspart/Insulin Aspart Protamine Mix Vials	Novolog Mix					
Insulin Aspart and Insulin Aspart/Insulin Aspart Protamine Mix Pens and Cartridges	New Generic for Novolog and Novolog Mix	New Generic	N/A	Tier 2	LA, QL	04/01/2020
Budesonide/Formoterol Inhalers	New Generic for Symbicort; Step Therapy Restriction Removed	New Generic; Clinical and Cost Reevaluation	N/A	Tier 2	LA, QL	04/01/2020
Hydroxychloroquine Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	LA, QL	04/01/2020
Chloroquine Tablets	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	QL	04/01/2020
Kaletra Tablets and Oral Solution	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	LA, QL	04/01/2020
Pyrimethamine Tablets	New generic for Daraprim	New Generic	N/A	Tier 2	LA	04/01/2020
Glycopyrrolate Tablets	New Addition	New Addition	N/A	Tier 1		04/01/2020
Dulera Inhalers	New Addition	New Addition	Fluticasone/ Salmeterol and Budesonide/ Formoterol	Tier 4	LA, QL, ST	04/01/2020
Tirosint Capsules and Oral Solution	New Addition	New Addition	Levothyroxine	Tier 4	LA, QL, ST	04/01/2020
Fiasp Vials, Pens and Cartridges	New Addition	New Addition	Insulin Aspart and Insulin Lispro	Tier 4	LA, QL, ST	04/01/2020
Nucynta ER Tablets	New Addition	New Addition	Oxycodone ER, Morphine ER, Fentanyl, or	Tier 4	LA, QL, ST	04/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			Methadone			
Envarsus XR Tablets	New Addition	New Addition	Tacrolimus	Tier 5	LA, ST	04/01/2020
Corlanor Tablets and Oral Solution	New Addition	New Addition	Atenolol, Carvedilol, Labetalol, Metoprolol, Nadolol, Pindolol, Propranolol or Sotalol	Tier 4	LA, QL, ST	04/01/2020
Trelegy Ellipta Inhalers	New Addition	New Addition	Two of the following: Fluticasone/ Salmeterol Inhaler; Budesonide/ Formoterol Inhaler; Spiriva Inhaler	Tier 4	LA, QL, ST	04/01/2020
Eliquis Tablets	New Addition	New Addition	Xarelto	Tier 4	LA, QL, ST	04/01/2020
Contrave Tablets	New Addition	New Addition	Phentermine	Tier 4	LA, QL, ST	04/01/2020
Emgality Pens and Syringes	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2020
Invega Sustenna Syringes	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2020
Abilify Maintena Vials and Syringes	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	04/01/2020
Stelara Vials and Syringes	New Addition	New Addition	N/A	Tier 5	LA, PA	04/01/2020
Lansoprazole Capsules	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
and Orally-Disintegrating Tablets						
Lupron Depot and Depot-Ped Syringe Kits	New Addition	New Addition	N/A	Tier 4	LA, PA	04/01/2020
Breo Ellipta Inhalers	New Addition	New Addition	Fluticasone/ Salmeterol and Budesonide/ Formoterol	Tier 4	LA, QL, ST	04/01/2020
Oxycodone ER Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	04/01/2020
Symbicort Inhalers	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	04/01/2020
Acitretin Capsules	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA	04/01/2020
Ozempic Pens	New Addition	New Addition	Trulicity	Tier 4	LA, QL, ST	04/01/2020
Estrogeal Transdermal Gel	New Addition	New Addition	Estradiol Tablets, Patches or Vaginal Cream	Tier 4	LA, QL, ST	04/01/2020
Baqsimi Nasal Spray	New Addition	New Addition	Glucagon Injection	Tier 4	LA, QL, ST	04/01/2020
Cequa Eye Drops	New Addition	New Addition	Restasis	Tier 4	LA, QL, ST	04/01/2020
Victoza Pens	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	04/01/2020
Trulicity Pens	New Addition	New Addition	N/A	Tier 4	LA, QL	04/01/2020
Toujeo and Toujeo Max Pens	New Addition	New Addition	Lantus and Levemir	Tier 4	LA, QL, ST	04/01/2020
Dovato Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL	04/01/2020
Armour Thyroid Tablets	New Addition	New Addition	Levothyroxine	Tier 4	LA, QL, ST	04/01/2020



Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Neulasta Syringes	New Addition	New Addition	N/A	Tier 5	LA, QL	04/01/2020
Dexilant Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Omeprazole, Pantoprazole and Esomeprazole	N/A	LA, QL, ST	04/01/2020
Qbrexza Towelettes	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Drysol	N/A	LA, QL, ST	04/01/2020
Mydayis Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical and Cost Reevaluation	Amphetamine and Methylphenidate Products	N/A	LA, QL, ST	04/01/2020
Potassium Citrate Extended-Release Tablets	New Addition	New Addition	N/A	Tier 2	LA	01/01/2020
Pregabalin Capsules	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2020
Esomeprazole Capsules	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2020
Etonogestrel/Ethinyl Estradiol Vaginal Ring	New Generic for Nuvaring	New Generic	N/A	N/A		01/01/2020
Trikafta Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Simponi Autoinjectors	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Fetzima Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Mydayis Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Dexilant Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Qsymia Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Trintellix Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Estring Vaginal Ring	New Addition	New Addition	Estradiol Vaginal Cream	Tier 4	LA, QL, ST	01/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Synagis Vials	New Addition	New Addition	N/A	Tier 5	LA, PA	01/01/2020
Cambia Powder Packets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Qbrexza Towelettes	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Cosentyx Syringes and Pens	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Famotidine Tablets	New Addition	New Addition	N/A	Tier 1		01/01/2020
Biktarvy Tablets	New Addition	New Addition	Triumeq, Tivicay/Descovy, Isentress/Descovy	Tier 5	LA, QL, ST	01/01/2020
Myrbetriq Tablets	New Addition	New Addition	Oxybutynin, Tolterodine	Tier 4	LA, QL, ST	01/01/2020
Banzel Tablets and Suspension	New Addition	New Addition	Lamotrigine, Topiramate, Clobazam	Tier 4	LA, QL, ST	01/01/2020
Eucrisa Ointment	New Addition	New Addition	Topical Corticosteroids, Tacrolimus Ointment	Tier 4	LA, QL, ST	01/01/2020
Amitiza Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Jakafi Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Valchlor Gel	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Orencia Syringes	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Jynarque Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Rubraca Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Cuvposa Solution	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Linzess Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Xyrem Solution	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Viiibryd Tablets	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Gilenya Capsules	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Tobi Podhaler	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Epidiolex Solution	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Vraylar Capsules	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	01/01/2020
Orkambi Tablets and Granule Packs	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Kalydeco Tablets and Granule Packs	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Insulin Lispro Vials and Pens	New Generic for Humalog Vials and KwikPens	New Generic		Tier 1	QL	10/01/2019
Dupixent Syringes	New Addition	New Addition		Tier 5	LA, QL, PA	10/01/2019
Otezla Tablets	New Addition	New Addition		Tier 5	LA, QL, PA	10/01/2019
Farxiga Tablets	New Addition	New Addition	One Formulary Diabetic Medication		LA, QL, ST	10/01/2019
Belsomra Tablets	New Addition	New Addition	Two of the following: Eszopiclone, Zolpidem, Temazepam, Trazodone	Tier 4	LA, QL, ST	10/01/2019
Latuda Tablets	New Addition	New Addition		Tier 4	LA, QL, PA	10/01/2019
Aimovig Autoinjectors	New Addition	New Addition		Tier 4	LA, QL, PA	10/01/2019
Xiidra Ophthalmic Solution	New Addition	New Addition	Restasis	Tier 4	LA, QL, ST	10/01/2019

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Vimpat Tablets	New Addition	New Addition	Two of the following: Carbamazepine, Divalproex sodium or valproic acid, Felbamate, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Phenobarbital, Phenytoin, Pregabalin (Lyrica), Topiramate, Zonisamide	Tier 4	LA, QL, ST	10/01/2019
Erythromycin 333mg Tablets	New Generic for Ery-Tab 333 mg Tablets	New Generic		Tier 1		10/01/2019
Pregabalin Capsules	New Generic for Lyrica	New Generic	Gabapentin or Duloxetine	Tier 2	LA, QL, ST	10/01/2019
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Invokana Tablets	New Addition	New Addition	One Formulary Diabetic Medication	Tier 4	LA, QL, ST	07/01/2019
Paliperidone Extended-Release Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL, PA	07/01/2019
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
Sevelemer Carbonate 800 mg Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2019
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,	New Generics for Suboxone 2 mg/0.5 mg, 4 mg/1 mg, and	New Generic	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
and 12 mg/3 mg Films	12 mg/3 mg Films					
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 Ages 9 – 26 Years to Ages 9 – 45 Years	Clinical Reevaluation	N/A	N/A	AGE	01/01/2019
Novolog Novolog Mix 70-30 Humalog Humalog Mix 50-50 Humalog Mix 75-25 Novolin 70-30 Humulin 70-30 Novolin N	Tier Change from DISC Tier to Tier 1	Cost Reevaluation	N/A	Tier 1		01/01/2019

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Humulin N Novolin R Humulin R						
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
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
Jentaduetto 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	New Generic for Viread	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
Fumarate Tablets						
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 and Rosuvastatin Tablets	Tier Change from Tier 1 or 2 to Tier PREV	Regulatory Requirement	N/A	PREV	QL	01/01/2018
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	Clinical and Cost Reevaluation	N/A	Tier 3	QL	10/01/2017



Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Removed					
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 Otic Solution Atropine Ophthalmic Solution Cytra-K Crystals and Oral Solution Donnatal Elixir and Tablets Esterified Estrogens/ Methyltestosterone	Tier Change from Tier 1 to Tier 2; Limited Access Restriction Added	Regulatory Requirement	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
Tablets Hydrocortisone/ Pramoxine Rectal Cream Phenazopyridine Tablets						
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 Removed and Tier Change from Tier 2 to Tier 1	Clinical and Cost Reevaluation	N/A	Tier 1	QL	04/01/2017
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	New Addition	Regulatory	N/A	PREV		04/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Preparation		Requirement				
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
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	Cost Reevaluation	Lidocaine 4% Cream	Tier 2	LA, QL	01/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Limit Restrictions Added					
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 Removed	Clinical Reevaluation	N/A	N/A	QL	07/01/2016
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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 Pens	New Addition	New Addition	N/A	Tier 3	LA, QL	01/01/2016
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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/ lamivudine/zidovudine, didanosine, lamivudine, lamivudine/zidovudine, nevirapine, stavudine, zidovudine	Tier Change from Tier 4 to Tier 2	Cost Reevaluation	N/A	Tier 2	LA	01/01/2016
Alkeran, Atripla, Fareston, Hexalen, Leukeran, Lysodren, Matulane Myleran,	Tier Change from Tier 4 to Tier 3	Cost Reevaluation	N/A	Tier 3	LA	01/01/2016

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Neupogen, Pegasys, Prezista, Reyataz, Tabloid, Truvada, Viread, acitretin, bexarotene, capecitabine, cyclophosphamide, enoxaparin, glatiramer, lomustine, temozolomide, tretinoin, valganciclovir						
Aripiprazole, calcipotriene, celecoxib, desmopressin, duloxetine, esomeprazole, isotretinoin, ivermectin, leflunomide, methylphenidate er 24h, mycophenolate, olanzapine, omega-3 acid ethyl esters, quetiapine, testosterone gel, tizanidine, ursodiol, vancomycin, ziprasidone, acetazolamide, acetic acid/hydrocortisone, atovaquone/proguanil,	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
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/ oint, dextroamphetamine sulf, dextroamphetamine/ amphetamine, divalproex, doxycycline, econazole cr, ethambutol, ethosuximide, fluocinolone cr/oil/oint/ soln, fluocinonide						



Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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, nystatin/triamcinolone cr/oint, permethrin cr, perphenazine, podofilox soln, propylthiouracil, salsalate, sumatriptan nasal, tobramycin/dexameth drops, tolterodine, tretinoin cr/gel/tablet,						

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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 Chloride	New Generic Available for Halflytely-Bisacodyl	New Generic	N/A	Tier 1		07/01/2015
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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, 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,	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
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., 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	Cost Reevaluation	N/A	Tier 2		01/01/2015

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	(PREV) Tier to Tier 2					
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
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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
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	Clinical Reevaluation	N/A	N/A	ST, QL	04/01/2014

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
	Nicotine Replacement Therapy					
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
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	Tier Change	Cost Reevaluation	N/A	DISC	QL	01/01/2014



Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
tablets						
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
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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
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	Asacol HD 800 mg	Tier 2		04/19/2013

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
		Discontinuation				
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