



Formulary Updates to Denver Health Medicaid Choice (DHMC) and Child Health Plan Plus (CHP+) Plans

DHMC/CHP+ may add or remove drugs from the formulary or make changes to restrictions on formulary drugs during the year. If DHMC/CHP+ 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], DHMC/CHP+ will notify you of the change at least 10 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, DHMC/CHP+ 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 DHMC/CHP+ Pharmacy Services Department at 303-602-2070 or 877-357-0963.

FORMULARY ABBREVIATIONS (Explanations can be found on the website in the DHMC/CHP+ Formulary and Pharmaceutical Management Procedures)

LA = Limited Access (must be filled at DH Pharmacy or PA Required); PA = Prior Authorization; QL = Quantity Limit; ST = Step Therapy

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Azelaic Acid Gel	New Addition	New Addition	N/A	Tier 1	QL	10/01/2021
Linezolid Tablets	New Addition	New Addition	N/A	Tier 1	QL	10/01/2021
Nebivolol Tablets	New Generic for Bystolic; Tier Change from Tier 4 to Tier 2	New Generic	Two of the Following: Atenolol, Carvedilol, Labetalol, Metoprolol, Nadolol, Pindolol, Propranolol, Sotalol	Tier 2	LA, QL, ST	10/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Colchicine Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	10/01/2021
Desvenlafaxine Succinate Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	10/01/2021
Tacrolimus Ointment	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	10/01/2021
Eliquis Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	10/01/2021
Repatha Syringes, SureClick Pens and Pushtrex On-Body Infusor	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the following: Atorvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin	N/A	LA, QL, ST	10/01/2021
Varenicline Tablets	New Generic for Chantix	New Generic	N/A	N/A	QL	10/01/2021
Motegrity Tablets	New Addition	New Addition	Lubiprostone	Tier 4	LA, QL, ST	10/01/2021
Trokendi XR Capsules	New Addition	New Addition	Topiramate ER (generic for Qudexy XR)	Tier 4	LA, QL, ST	10/01/2021
Droxia Capsules	New Addition	New Addition	Hydroxurea 500 mg (generic for Hydreia)	Tier 4	LA, QL, ST	10/01/2021
Dificid Tablets and Suspension	New Addition	New Addition	N/A	Tier 4	LA, QL	10/01/2021
Tresiba Vials and FlexTouch Pens	New Addition	New Addition	Lantus and Levemir	Tier 4	LA, QL, ST	07/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Repatha Syringes, SureClick Pens and Pushtronex On-Body Infusor	New Addition	New Addition	N/A	Tier 4	LA, PA	07/01/2021
Etravirine Tablets	New Generic for Intelence; Tier Change from Tier 5 to Tier 2	New Generic	N/A	Tier 2	LA	07/01/2021
Lopinavir/Ritonavir Tablets	New Generic for Kaletra; Tier Change from Tier 5 to Tier 2	New Generic	N/A	Tier 2	LA, QL	07/01/2021
Rufinamide Tablets	New Generic for Banzel; Tier Change from Tier 4 to Tier 2	New Generic	Lamotrigine, Topiramate and Clobazam	Tier 2	LA, QL, ST	07/01/2021
Progesterone Capsules	Quantity Limit Increased	Clinical and Cost Reevaluation	N/A	N/A	QL	07/01/2021
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
Briivact 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 Removed; Step Therapy Restriction Added	Clinical Reevaluation	Lubiprostone	N/A	LA, QL, ST	04/01/2021
Cambia Packets	Prior Authorization Restriction	Clinical Reevaluation	Two of the	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		Following: Eletriptan, Rizatriptan, Sumatriptan, Zolmitriptan			
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
Esterified Estrogen/ Methyltestosterone Tablets	Deletion	Regulatory Requirement	N/A	N/A		04/01/2021
Hydrocortisone Acetate Suppositories	Deletion	Regulatory Requirement	N/A	N/A		04/01/2021
Dichloralphenazone/	Deletion	Regulatory	N/A	N/A		04/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Isometheptene/ Acetaminophen Capsules		Requirement				
Hydrocortisone/ Pramoxine Rectal Cream	Deletion	Regulatory Requirement	N/A	N/A		04/01/2021
Potassium Citrate/Citric Acid Packets	Deletion	Regulatory Requirement	N/A	N/A		04/01/2021
Phenobarbital/ Hyoscyamine/Atropine/ Scopolamine Tablets	Deletion	Regulatory Requirement	N/A	N/A		04/01/2021
Polyethylene glycol 3350/ Sodium sulfate/Sodium chloride/Potassium chloride/Ascorbic acid/ Sodium ascorbate (MoviPrep) Bowel Preparation Kit	New Addition	New Addition	N/A	Tier 1		01/01/2021
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/	New Generic for Truvada	New Generic	N/A	Tier 2	LA	01/01/2021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Tenofovir Disoproxil Fumarate Tablets						
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 Travoprost Eye Drops	Tier 4	LA, QL, ST	10/01/2020
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	Prior Authorization Restriction	Clinical and Cost	N/A	N/A	LA, QL	10/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
and Sensor	Removed	Reevaluation				
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 Requirement	N/A	Tier 1	QL	07/01/2020
Nicotrol Inhaler	New Addition	Regulatory Requirement	N/A	Tier 1	QL	07/01/2020
Nicotrol Nasal Spray	New Addition	Regulatory Requirement	N/A	Tier 1	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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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 Aspart/Insulin Aspart Protamine Mix Vials	New Generic for Novolog and Novolog Mix	New Generic	N/A	Tier 1	QL	04/01/2020
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	Quantity Limit Restriction Added	Clinical Reevaluation	N/A	N/A	LA, QL	04/01/2020

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Solution						
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 Methadone	Tier 4	LA, QL, ST	04/01/2020
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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
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 and Orally-Disintegrating Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	04/01/2020
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

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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Adacel/Boostrix Adolescent and Adult TDAP Vaccines	New Addition	New Addition	N/A	Tier 1		01/01/2020
Daptacel/Infanrix Pediatric TDAP Vaccines	New Addition	New Addition	N/A	Tier 1		01/01/2020
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
Buprenorphine Sublingual Tablets	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Regulatory Requirement	N/A	Tier 1	QL	01/01/2020
Buprenorphine/Naloxone Sublingual Films and Tablets	Tier Change from Tier 2 to Tier 1; Limited Access Restriction Removed	Regulatory Requirement	N/A	Tier 1	QL	01/01/2020
Vivitrol Suspension for Injection	Tier Change from Tier 4 to Tier 3; Limited Access Restriction Removed	Regulatory Requirement	N/A	Tier 3	QL	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

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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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
Xyrem Solution	New Addition	New Addition	N/A	Tier 5	LA, QL, PA	01/01/2020
Viibryd 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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Xiidra Ophthalmic Solution	New Addition	New Addition	Restasis	Tier 4	LA, QL, ST	10/01/2019
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

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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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
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
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
Buprenorphine/Naloxone Film 8 mg/2 mg Film	New Generic for Suboxone 8 mg/2mg 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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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
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 1 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
Abacavir Oral Solution	New Generic Available for Ziagen	New Generic	N/A	Tier 2	LA	10/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Eletriptan	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 3 to Tier 2; Limited Access Restriction Removed	Clinical and Cost Reevaluation	N/A	Tier 2	QL	10/01/2017
Mavyret	New Addition	New Addition	N/A	Tier 4	LA, QL, PA	10/01/2017
Entresto Tablets	New Addition	New Addition	N/A	Tier 3	LA, QL	07/01/2017
Risperdal Consta Syringes	New Addition	New Addition	Oral Risperidone	Tier 3	LA, QL, ST	07/01/2017
Jardiance Tablets	New Addition	New Addition	One Formulary Diabetic Medication	Tier 3	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 4 to Tier 3	Clinical Reevaluation	N/A	Tier 3	LA	07/01/2017
Vivitrol Vials	Prior Authorization Restriction Removed	Clinical Reevaluation	N/A	Tier 3	LA, QL	07/01/2017

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Antipyrine/Benzocaine 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	Tier Change from Tier 1 to Tier 2; Limited Access Restriction Added	Regulatory Requirement	N/A	Tier 2	LA	07/01/2017
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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
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 3	LA	01/01/2017
Genvoya Tablets	New Addition	New Addition	N/A	Tier 3	LA	01/01/2017
Odefsey Tablets	New Addition	New Addition	N/A	Tier 3	LA	01/01/2017
Vemlidy Tablets	New Addition	New Addition	N/A	Tier 3	LA	01/01/2017
Vivitrol Vials	New Addition	New Addition	N/A	Tier 3	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

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