



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

Medicaid Choice/CHP+ may add or remove drugs from the formulary or make changes to restrictions on formulary drugs during the year. If Medicaid Choice/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], Medicaid Choice/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, Medicaid Choice/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 Medicaid Choice/CHP+ Pharmacy Services Department at 303-602-2070 or 877-357-0963.

FORMULARY ABBREVIATIONS (Explanations can be found on the website in the Medicaid Choice/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
Sofosbuvir/Velpatasvir Tablets, Epclusa Tablets, Epclusa Pellets	Prior Authorization Restriction Removed; Quantity Limit Restriction Updated	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Ledipasvir/Sofosbuvir Tablets, Harvoni Tablets, Harvoni Pellets	Prior Authorization Restriction Removed; Quantity Limit Restriction Updated	Clinical Reevaluation	N/A	N/A	LA, QL	01/01/2023
Bydureon Injection	Step Therapy Restriction Updated	Clinical Reevaluation	Current or previous use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023
Byetta Injection	Step Therapy Restriction Added	Clinical Reevaluation	Current or previous use of another formulary diabetes product	N/A	LA, ST	01/01/2023
Ozempic Injection	Step Therapy Restriction Updated	Clinical Reevaluation	Current or previous use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023
Trulicity Injection	Step Therapy Restriction Added	Clinical Reevaluation	Current or previous use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Victoza Injection	Step Therapy Restriction Added	Clinical Reevaluation	Current or previous use of another formulary diabetes product	N/A	LA, QL, ST	01/01/2023
Phexxi Vaginal Gel	Tier Change from Tier 4 to Tier 1; Quantity Limit Restriction Removed	Regulatory Requirement	N/A	Tier 1		01/01/2023
Phenelzine Tablets	New Addition	New Addition	N/A	Tier 1		01/01/2023
Entecavir Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	01/01/2023
Juluca Tablets	New Addition	New Addition	N/A	Tier 5	LA, QL	01/01/2023
Cabenuva Injection	New Addition	New Addition	N/A	Tier 5	LA, QL	01/01/2023
Torseamide Tablets	New Addition	New Addition	N/A	Tier 1		01/01/2023
Memantine Tablets	New Addition	New Addition	N/A	Tier 1	QL	01/01/2023
Mesalamine Suppositories	New Addition	New Addition	N/A	Tier 2	LA, QL	01/01/2023
Clonidine Extended-Release Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	01/01/2023
Fingolimod	New Generic for Gilenya; Tier Change from Tier 5 to Tier 4	New Generic	New Generic	Tier 4	LA, QL, PA	01/01/2023
Estradiol gel packets	New Generic for Divigel; Tier Change from Tier 4 to Tier 2	New Generic	New Generic	Tier 2	LA, QL, ST	01/01/2023
Pilocarpine Tablets	New Addition	New Addition	N/A	Tier 1		10/01/2022
Tranexamic Acid Tablets	New Addition	New Addition	N/A	Tier 1	QL	10/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Budesonide Delayed-Release/Extended-Release Capsules	New Addition	New Addition	N/A	Tier 2	LA, QL	10/01/2022
Darifenacin Extended-Release Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	10/01/2022
Ramelteon Tablets	New Addition	New Addition	N/A	Tier 2	LA, QL	10/01/2022
Levalbuterol HFA Inhaler	New Addition	New Addition	Albuterol HFA Inhaler	Tier 2	LA, QL, ST	10/01/2022
Pimecrolimus Cream	New Addition	New Addition	Tacrolimus Ointment	Tier 2	LA, QL, ST	10/01/2022
Omnipod 5 (G6) Intro Kit and Pods, Omnipod DASH Pods, Omnipod Classic Pods	New Addition	New Addition	N/A	Tier 4	LA, QL	10/01/2022
FreeStyle Libre 3 Sensors	New Addition	New Addition	N/A	Tier 2	LA, QL	07/01/2022
Dexcom G6 Receiver, Transmitter and Sensors	New Addition	New Addition	FreeStyle Libre 3 Sensors	Tier 4	LA, QL, ST	07/01/2022
Molnupiravir Capsules	New Addition	Regulatory Requirement	N/A	Tier 1	QL	07/01/2022
Paxlovid Tablets	New Addition	Regulatory Requirement	N/A	Tier 1	QL	07/01/2022
Fluticasone HFA Inhalers	New Generic for Flovent HFA; Tier Change from Tier 4 to Tier 2	New Generic	N/A	Tier 2	LA, QL	07/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Fluticasone/Vilanterol Inhalers	New Generic for Breo Ellipta; Tier Change from Tier 4 to Tier 2	New Generic	Fluticasone/ Salmeterol and Budesonide/ Formoterol	Tier 2	LA, QL, ST	07/01/2022
Lacosamide Tablets and Oral Solution	New Generic for Vimpat; Tier Change from Tier 4 to Tier 2	New Generic	Two of the following: Carbamazepine, Divalproex sodium or valproic acid, Felbamate, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Phenobarbital, Phenytoin, Pregabalin (Lyrica), Topiramate, Zonisamide	Tier 2	LA, QL, ST	07/01/2022
Insulin Glargine Vials and Pens	New Generic for Lantus and Lantus Solostar; Tier Change from Tier 3 to Tier 1	New Generic	N/A	Tier 1	QL	07/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Vilazodone Tablets	New Generic for Viibryd; Tier Change from Tier 4 to Tier 2	New Generic	Three of the following: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine	Tier 2	LA, QL, ST	07/01/2022
Fetzima Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the following: Desvenlafaxine Succinate, Duloxetine, Venlafaxine Extended-Release	N/A	LA, QL, ST	04/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Vraylar Capsules	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the following: Aripiprazole, Clozapine, Lamotrigine, Lithium, Olanzapine, Quetiapine, Risperidone, Ziprasidone	N/A	LA, QL, ST	04/01/2022
Apretude Injection	New Addition	Regulatory Requirement	N/A	Tier 4	LA	04/01/2022
Lokelma Packets	New Addition	New Addition	N/A	Tier 4	LA, QL	04/01/2022
Estradiol Vaginal Tablets	New Addition	New Addition	N/A	Tier 1	QL	04/01/2022
Imvexxy Vaginal Inserts	New Addition	New Addition	Estradiol Vaginal Cream and Estradiol Vaginal Tablets	Tier 4	LA, QL, ST	04/01/2022
Phexxi Vaginal Gel	New Addition	New Addition	N/A	Tier 4	LA, QL	04/01/2022
Brimonidine/Timolol Eye Drops	New Generic for Combigan; Tier Change from Tier 4 to Tier 2	New Generic	N/A	Tier 2	LA	04/01/2022
Cyclosporine Eye Drops	New Generic for Restasis; Tier Change from Tier 4 to Tier 2	New Generic	N/A	Tier 2	LA, QL	04/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Naloxone Nasal Spray	New Generic for Narcan Nasal Spray; Tier Change from Tier 3 to Tier 1	New Generic	N/A	Tier 1	QL	04/01/2022
Glycopyrrolate Oral Solution	New Generic for Cuvposa; Tier Change from Tier 4 to Tier 2	New Generic	N/A	Tier 2	LA, QL, PA	04/01/2022
Dexlansoprazole Capsules	New Generic for Dexilant; Tier Change from Tier 4 to Tier 2	New Generic	N/A	Tier 2	LA, QL, ST	04/01/2022
Calcipotriene Solution, Cream and Ointment	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2022
Invokana Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2022
Jardiance Tablets	Step Therapy Restriction Removed	Clinical and Cost Reevaluation	N/A	N/A	LA, QL	01/01/2022
Trintellix Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Three of the following: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine		LA, QL, ST	01/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Viibryd Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Three of the following: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine		LA, QL, ST	01/01/2022
Paliperidone Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Aripiprazole, Clozapine, Olanzapine, Quetiapine, Risperidone, or Ziprasidone	N/A	LA, QL, ST	01/01/2022
Latuda Tablets	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the following: Aripiprazole, Clozapine, Lamotrigine, Lithium, Olanzapine,	N/A	LA, QL, ST	01/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
			Quetiapine, Risperidone, Ziprasidone			
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
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	Prior Authorization Restriction Removed; Step Therapy Restriction Added	Clinical Reevaluation	Two of the following: Atorvastatin,	N/A	LA, QL, ST	10/01/021

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Pushtronex On-Body Infusor			Lovastatin, Pravastatin, Rosuvastatin, Simvastatin			
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 Hydrea)	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
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

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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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/ Isometheptene/ Acetaminophen Capsules	Deletion	Regulatory Requirement	N/A	N/A		04/01/2021
Hydrocortisone/	Deletion	Regulatory Requirement	N/A	N/A		04/01/2021

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

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

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

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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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 Methadone	Tier 4	LA, QL, ST	04/01/2020
Envarsus XR Tablets	New Addition	New Addition	Tacrolimus	Tier 5	LA, ST	04/01/2020

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

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

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

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

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

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

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

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

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

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

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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
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, Quetiapine, 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	Eplclusa, Harvoni, Zepatier	N/A	N/A	01/01/2017
Eplclusa 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

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