BlueCross BlueShield Arizona
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Health Choice

2023 Formulary Changes – Year to Date

BCBSAZ Health Choice Arizona may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, and/or move a drug at a higher cost-sharing tier, we will notify you of the change at least 30 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.

This table shows drugs that have been removed from the 2023 BCBSAZ Health Choice Arizona Formulary.

Name of Drug	Description of Change	Alternative Drug	Effective Date
MARAVIROC	Formulary Deletion	SELZENTRY (BRAND)	1/1/2023
TRIZIVIR	Formulary Deletion	ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	1/1/2023
VIRACEPT	Formulary Deletion	See formulary listing "ANTIRETROVIRALS"	1/1/2023
INVIRASE	Formulary Deletion	See formulary listing "ANTIRETROVIRALS"	1/1/2023
STAVUDINE	Formulary Deletion	See formulary listing "ANTIRETROVIRALS"	1/1/2023
ACYCLOVIR OINTMENT	Formulary Deletion	BRAND ZOVIRAX OINTMENT	4/1/2023
LETAIRIS	Formulary Deletion	Generic AMBRISENTAN TABLETS	4/1/2023
TRACLEER	Formulary Deletion	Generic BOSENTAN TABLETS	4/1/2023
FULPHILA	Formulary Deletion	FYLNETRA, NIVESTYM, ZIEXTENZO	4/1/2023

NEUPOGEN	Formulary Deletion	FYLNETRA, NIVESTYM, ZIEXTENZO	4/1/2023
UDENYCA	Formulary Deletion	FYLNETRA, NIVESTYM, ZIEXTENZO	4/1/2023
NYVEPRIA	Formulary Deletion	FYLNETRA, NIVESTYM, ZIEXTENZO	4/1/2023
NOVOPEN/INPEN	Add PA requirement		4/1/2023
LATUDA TABLET	Formulary Deletion	GENERIC LURASIDONE TABLET	6/15/2023
PRADAXA PELLET PACK	Formulary Deletion	PRADAXA TABLET, ELIQUIS, XARELTO, WARFARIN	10/1/2023
AIMOVIG	Formulary Deletion	AJOVY, EMGALITY, UBRELVY (Current users will be granted continued coverage for AIMOVIG)	10/1/2023
MIGERGOT RECTAL	Formulary Deletion	CAFERGOT	10/1/2023
AVSOLA	Non-Preferred Medical Product	INFLIXIMAB (AG by Johnson and Johnson)	10/1/2023
INFLECTRA	Non-Preferred Medical Product	INFLIXIMAB (AG by Johnson and Johnson)	10/1/2023
GLUCAGON EMERGENCY KIT (LILLY)	Product has been discontinued	GLUCAGON INJECTION, GLUCAGON EMERGENCY KIT (AMPHASTAR), GVOKE PEN, ZEGALOGUE	10/1/2023
GLYXAMBI	Formulary Deletion	See formulary listing “DPP-4”, “SGLT-2” (Current users will be granted continued coverage for GLYXAMBI)	10/1/2023
HUMULIN VIAL OTC	Formulary Deletion	See formulary listing “Insulin”	10/1/2023
FOCALIN XR	Formulary Deletion	GENERIC DEXMETHYLPHENIDATE ER	10/1/2023

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This table outlines the positive changes to our formulary that may impact you.

Name of Drug	Description of Change	Drug Coverage	Effective Date
VFEND SUSPENSION	Add to Formulary	PA required	1/1/2023
SYMFI	Add to Formulary	QL of 1 per day	1/1/2023
SYMFI LO	Add to Formulary	QL of 1 per day	1/1/2023
CINRYZE	Add to Formulary	PA required	1/1/2023
BERINERT	Add to Formulary	PA required	1/1/2023
FIRAZYR	Add to Formulary	PA required	1/1/2023
ORLADEYO	Add to Formulary	PA required	1/1/2023
KALBITOR	Add to Formulary	PA required	1/1/2023
EUCRISA	Add to Formulary	PA required	1/1/2023
DUPIXENT	Add to Formulary	PA required	1/1/2023
SELZENTRY (BRAND)	Add to Formulary	PA required	1/1/2023
ABACAVIR/LAMIVUDINE/ZIDOVUDINE	Add to Formulary		1/1/2023
ADVAIR HFA	Remove Step Therapy requirement	Covered for FDA approved ages	2/1/2023
ADVAIR DISKUS	Remove Step Therapy requirement	Covered for FDA approved ages	2/1/2023
SYMBICORT	Remove Step Therapy requirement	Covered for FDA approved ages	2/1/2023
DULERA	Remove Step Therapy requirement	Covered for FDA approved ages	2/1/2023
TESTOSTERONE PAK (generic VOGELXO)	Add to Formulary	PA required	2/1/2023

COQ-10 CAPSULES	Add to Formulary	QL of 4 per day	3/1/2023
AMBRISENTAN TABLETS	Add to Formulary	PA required	4/1/2023
BOSENTAN TABLETS	Add to Formulary	PA required	4/1/2023
ARANESP	Add to Formulary	PA required	4/1/2023
BIVIGAM	Add to preferred agents; Medical billing	PA required	4/1/2023
OCTABAM	Add to preferred agents; Medical billing	PA required	4/1/2023
XEMBIFY	Add to preferred agents; Medical billing	PA required	4/1/2023
FIRST-METRONIDAZOLE SUSPENSION	Add to Formulary	PA required for age>10	6/1/2023
RIFABUTIN	Add to Formulary	QL of 28 every 90 days	6/1/2023
LURASIDONE TABLETS	Add to Formulary	QL of 1 per day; PA Required for < 6 years of age	6/15/2023
LOTEPREDNOL OPHTH SOLUTION (generic Lotemax)	Add to Formulary		9/1/2023
CALCITRIOL CAPSULES	Remove Quantity Limit		9/1/2023
TELMISARTAN TABLETS	Add to Formulary	QL of 1 per day	9/1/2023
SOLU-CORTEF	Add to Formulary	QL of 2 vials per 30 days	9/1/2023
MAGNESIUM GLUCONATE TABLETS	Add to Formulary		9/1/2023
SPIRIVA RESPIMAT	Add to Formulary		10/1/2023
INFLIXIMAB (AG by Johnson and Johnson)	Preferred Medical Product		10/1/2023

GLUCAGON EMERGENCY KIT (AMPHASTAR)	Add to Formulary	QL of 2 injections per month	10/1/2023
ZEGALOGUE AUTOINJECTOR	Add to Formulary	QL of 2 injections per month	10/1/2023
DEXMETHYLPHENIDATE ER	Add to Formulary	QL of 2 per day; PA Required for < 6 years	10/1/2023
RELION NOVOLIN R, N, 70/30	Add to Formulary		10/1/2023
ENTRESTO	Remove Prior Authorization requirement	QL of 2 per day	10/1/2023

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This table outlines the changes to Prior Authorization Criteria that may impact you.

Name of Drug	Description of Change	Effective Date
METHOCARBAMOL	Add Safety Quantity Limit of 4 grams/day	1/1/2023
PREGABALIN	Remove Step Therapy requirement. Add Safety Quantity Limit of 600mg/day	2/1/2023
ACCU-CHEK TEST STRIPS	Update Quantity Limit to 4 per day if diagnosis of Gestational Diabetes	2/15/2023

EFFECTIVE 10/1/22, BCBSAZ HEALTH CHOICE ARIZONA USES AHCCCS FFS PRIOR AUTHORIZATION CRITERIA. PLEASE VISIT https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/FFS_PharmaPriorAuthCriteria.pdf **FOR A COPY OF ALL CURRENT PA CRITERIA.**