



## 2019 Formulary Changes – Year to Date

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 60 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 2019 Steward Health Choice Arizona Formulary.**

| Name of Drug                      | Description of Change  | Alternative Drug                             | Effective Date |
|-----------------------------------|------------------------|--|----------------|
| Buprenorphine Patch (generic)     | Removed from formulary | Brand Butrans patch                          | 1/1/2019       |
| Tobi                              | Removed from formulary | Generic Tobramycin inhalation solution       | 1/1/2019       |
| Kapvay                            | Removed from formulary | Clonidine ER 0.1mg                           | 2/14/2019      |
| Ranexa                            | Removed from formulary | Ranolazine Tablet                            | 2/28/2019      |
| Erythromycin/Benzoyl Peroxide Gel | Removed from formulary | Erythromycin, Benzoyl Peroxide products      | 5/1/2019       |
| Tazarotene Gel                    | Removed from formulary | Differin gel                                 | 5/1/2019       |
| Tazarotene Cream                  | Removed from formulary | Differin gel                                 | 5/1/2019       |
| Plan B                            | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019       |
| Yaz                               | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019       |
| Yasmin                            | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019       |



This table shows drugs that have been removed from the 2019 Steward Health Choice Arizona Formulary.

| Name of Drug                          | Description of Change  | Alternative Drug                             | Effective Date |
|---------------------------------------|------------------------|--|----------------|
| Loestrin FE                           | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019       |
| Ortho-Cyclen                          | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019       |
| Ortho-Tri-Cyclen LO                   | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019       |
| Ortho-Tri-Cyclen                      | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019       |
| Seasonique                            | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019       |
| Ritalin LA                            | Removed from formulary | Methylphenidate ER                           | 3/14/2019      |
| Butalbital/Caffeine/Codine/APAP 300mg | Removed from formulary | Butalbital/Caffeine/Codine/APAP 325mg        | 6/1/2019       |
| generic Concerta                      | Removed from formulary | Brand Concerta                               | 5/1/2019       |
| Brand Avodart                         | Removed from formulary | Generic Dutasteride                          | 5/1/2019       |
| Steglatro                             | Removed from formulary |  | 8/1/2019       |
| Segluromet                            | Removed from formulary |  | 8/1/2019       |
| Desvenlafaxine                        | Removed from formulary |  | 8/1/2019       |
| Isocabozid                            | Removed from formulary |  | 8/1/2019       |
| Phenelzine                            | Removed from formulary |  | 8/1/2019       |
| Tranlycypromine                       | Removed from formulary |  | 8/1/2019       |
| EMSAM                                 | Removed from formulary |  | 8/1/2019       |
| Nefeazodone                           | Removed from formulary |  | 8/1/2019       |
| VenlafaxineER TABs                    | Removed from formulary | Venlafaxine ER Caps                          | 8/1/2019       |
| Escitalopram Solution                 | Removed from formulary | Escitalopram                                 | 8/1/2019       |
| Fluoxetine Weekly Tabs                | Removed from formulary | Fluoxetine                                   | 8/1/2019       |
| Fluvoxamine ER Tabs                   | Removed from formulary | Fluvoxamine                                  | 8/1/2019       |



|  |                              |  |                       |
|--|------------------------------|--|-----------------------|
| Paroxetine Suspension                                    | Removed from formulary       | Paroxetine                             | 8/1/2019              |
| Paroxetine CR  | Removed from formulary       | Paroxetine                             | 8/1/2019              |
| <b>Name of Drug</b>                                      | <b>Description of Change</b> | <b>Alternative Drug</b>                | <b>Effective Date</b> |
| Paroxetine Mesylate                                      | Removed from formulary       | Paroxetine                             | 8/1/2019              |
| Vilazodone   | Removed from formulary       |  | 8/1/2019              |
| Ventolin HFA   | Removed from formulary       | ProAir HFA                             | 8/1/2019              |
| Xopenex HFA  | Removed from formulary       | ProAir HFA                             | 8/1/2019              |
| Procrit  | Removed from formulary       | Retacrit                               | 8/1/2019              |
| Epogen   | Removed from formulary       | Retacrit                               | 8/1/2019              |
| Glipizide-Metformin                                      | Removed from formulary       | Metformin, Glipizide                   | 8/1/2019              |
| Imatinib Tabs  | Removed from formulary       | (brand) Gleevec Tab                    | 8/1/2019              |
| Purixan Suspension                                       | Removed from formulary       |  | 8/1/2019              |
| Restasis Multidose                                       | Removed from formulary       | Restasis (single dose)                 | 8/1/2019              |
| Ofloxacin (otic)   | Removed from formulary       | Ciprodex (Otic), Ciprofloxacin (otic)  | 8/1/2019              |
| Butalbital/Acetaminophen/Caffeine CAPS (Esgic, Fioricet) | Removed from formulary       | Butalbital/Acetaminophen/Caffeine TABS | 8/1/2019              |
| Epoprostenol   | Removed from formulary       |  | 8/1/2019              |
| Iloprost (Ventavis)                                      | Removed from formulary       |  | 8/1/2019              |
| Treprostinil (Tyvaso, Remodulin)                         | Removed from formulary       |  | 8/1/2019              |
| Saphris  | Removed from formulary       |  | 10/1/19               |
| Aripiprazole Solution                                    | Removed from formulary       |  | 10/1/19               |
| Aripiprazole Orally Disintegrating                       | Removed from formulary       |  | 10/1/19               |
| Focalin (brand) tablets                                  | Removed from formulary       | Dexmethlphenidate tablets              | 10/1/19               |
| Epinephrine 0.15/0.3mg (generic Adrenaclick)             | Removed from Formulary       | Mylan generic Epinephrine Autoinjector | 10/1/19               |
| EpiPen   | Removed from formulary       | Mylan generic Epinephrine Autoinjector | 10/1/19               |



|                                |                        |  |         |
|--------------------------------|------------------------|--|---------|
| EpiPen Jr.                     | Removed from formulary | Mylan generic Epinephrine Autoinjector | 10/1/19 |
| Advair Discus                  | Removed from formulary |  | 10/1/19 |
| QVAR (discontinued)            | Removed from formulary |  | 10/1/19 |
| Pulmicort (brand) 1mg respules | Removed from formulary | Budesonide respules                    | 10/1/19 |
| Dextroamphetamine ER caps      | Removed from formulary |  | 10/1/19 |
| Focalin (brand) tabs           | Removed from formulary | Dexmethylphenidate tabs                | 10/1/19 |



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

| Name of Drug   | Description of Change     | Drug Coverage | Previous Coverage | Effective Date |
|--|---------------------------|---------------|-------------------|----------------|
| Xarelto  | Addition to the Formulary | QL 60/30      |                   | 1/1/2019       |
| Rosuvastatin   | Addition to the Formulary | QL 30/30      |                   | 3/1/2019       |
| Dakins Solution  | Addition to the Formulary |               |                   | 3/1/2019       |
| Povidone-Iodine Solution   | Addition to the Formulary |               |                   | 3/1/2019       |
| Steglatro  | Addition to the Formulary | PA            |                   | 5/1/2019       |
| Segluromet   | Addition to the Formulary | PA            |                   | 5/1/2019       |
| Invokana   | Addition to the Formulary | PA            |                   | 8/1/2019       |
| Farxiga  | Addition to the Formulary | PA            |                   | 8/1/2019       |
| Jardiance  | Addition to the Formulary | PA            |                   | 8/1/2019       |
| Adcirca (Brand)  | Addition to the Formulary | PA            |                   | 8/1/2019       |
| Dexmethlphenidate tab  | Addition to the Formulary |               |                   | 10/1/19        |
| Tudorza  | Addition to the Formulary |               |                   | 10/1/19        |
| Xeljanz  | Addition to the Formulary | PA            |                   | 10/1/19        |
| Otezla   | Addition to the Formulary | PA            |                   | 10/1/19        |
| Symjepi  | Addition to the Formulary | QL            |                   | 10/1/19        |
| Epinephrine 0.15mg/0.3mg<br>(Mylan Brand, generic<br>EpiPen/EpiPen Jr)                               | Addition to the Formulary | QL            |                   | 10/1/19        |
| Budesonide 1mg respules<br>( <i>BRAND Pulmicort</i><br>0.25/0.5mg respules<br>remain formulary w/PA) | Addition to the Formulary | PA            |                   | 10/1/19        |



|   |                           |    |  |         |
|---|---------------------------|----|--|---------|
| Advair HFA  | Addition to the Formulary | ST |  | 10/1/19 |
| sofosbuvir/velpatasvir (generic Epclusa)                        | Addition to the Formulary | PA |  | 10/1/19 |
| buprenorphine/naloxone sublingual tablet (generic formulations) | Addition to the Formulary |    |  | 10/1/19 |
| Sublocade   | Addition to the Formulary | PA |  | 10/1/19 |
| Dynavel XR  | Addition to the Formulary | PA |  | 10/1/19 |
| Pifeltro  | Addition to the Formulary | PA |  | 10/1/19 |



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

| Name of Drug                               | Description of Change | Effective Date |
|--|-----------------------|----------------|
| Ezetimibe                                  | PA requirement Added  | 3/1/2019       |
| Truvada                                    | PA removed            | 3/1/2019       |
| Tretinoin Gel                              | Added age limit (<26) | 5/1/2019       |
| Tretinoin Cream                            | Added age limit (<26) | 5/1/2019       |
| Ivermectin                                 | PA removed            | 1/1/2019       |
| Valganciclovir                             | PA requirement Added  | 1/1/2019       |
| Vimpat                                     | PA requirement Added  | 1/1/2019       |
| Brillinta                                  | PA requirement Added  | 1/1/2019       |
| Uloric                                     | PA requirement Added  | 1/1/2019       |
| Spinosad                                   | PA requirement Added  | 1/1/2019       |
| Elmiron                                    | PA requirement Added  | 1/1/2019       |
| Actimmune                                  | PA criteria change    | 5/1/2019       |
| Amitiza                                    | PA criteria change    | 5/1/2019       |
| Azopt                                      | PA criteria change    | 5/1/2019       |
| Celecoxib                                  | PA criteria change    | 5/1/2019       |
| Cosopt                                     | PA criteria change    | 5/1/2019       |
| Diclofenac Gel 1%                          | PA criteria change    | 5/1/2019       |
| Donepezil                                  | PA criteria change    | 5/1/2019       |
| ADHD medications in children < 6 years old | PA criteria change    | 5/1/2019       |
| Anzemet                                    | PA criteria change    | 5/1/2019       |



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

| Name of Drug   | Description of Change | Effective Date |
|--|-----------------------|----------------|
| Aranesp/Epogen/Procrit   | PA criteria change    | 5/1/2019       |
| Dutasteride  | PA criteria change    | 5/1/2019       |
| Byetta/Bydureon/Victoza/Symlin   | PA criteria change    | 5/1/2019       |
| DDAVP  | PA criteria change    | 5/1/2019       |
| Dificid  | PA criteria change    | 5/1/2019       |
| DPPI4 Inhibitors (Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, Kombiglyze XR, Onglyza) | PA criteria change    | 5/1/2019       |
| Elidel 1% Cream  | PA criteria change    | 5/1/2019       |
| Entresto   | PA criteria change    | 5/1/2019       |
| Eucrisa  | PA criteria change    | 5/1/2019       |
| Fuzeon   | PA criteria change    | 5/1/2019       |
| Galantamine  | PA criteria change    | 5/1/2019       |
| Tacrolimus   | PA criteria change    | 5/1/2019       |
| Step Therapy   | PA criteria change    | 5/1/2019       |
| Hemlibra   | PA criteria change    | 5/1/2019       |
| Glyxambi   | PA criteria change    | 5/1/2019       |
| Steglatro  | PA requirement Added  | 5/1/2019       |
| Segluromet   | PA requirement Added  | 5/1/2019       |