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2022 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 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 2022 Health Choice Arizona Formulary.

Name of Drug	Description of Change	Alternative Drug	Effective Date
INTELENCE 25 MG TABLET	Formulary Deletion	(See formulary)	1/1/2022
EDURANT 25 MG TABLET	Formulary Deletion	(See formulary)	1/1/2022
VIREAD TABLET	Formulary Deletion	(See formulary)	1/1/2022
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABLET (SYMFI LO)	Formulary Deletion	(See formulary)	1/1/2022
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABLET (SYMFI)	Formulary Deletion	(See formulary)	1/1/2022
GS ATHLETE’S FOOT 1% LQ SPRAY (TOLNAFTATE SPRAY)	Formulary Deletion	(See formulary)	1/1/2022
BETAMETHASONE DP 0.05% OINTMENT	Formulary Deletion	BETAMETHASONE DP 0.05% CREAM	1/1/2022



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BETAMETHASONE DP AUG 0.05% GEL/LOTION/OINTMENT	Formulary Deletion	BETAMETHASONE DP 0.05% CREAM	1/1/2022
FLUOCINONIDE 0.05% GEL	Formulary Deletion	FLUOCINONIDE 0.05% CREAM	1/1/2022
FLUOCINONIDE-E 0.05% CREAM	Formulary Deletion	FLUOCINONIDE 0.05% CREAM	1/1/2022
ALCLOMETASONE DIPRO 0.05% CREAM/OINTMENT	Formulary Deletion	HYDROCORTISONE 2.5% LOTION/OINTMENT/CREAM	1/1/2022
DESONIDE 0.05% OINTMENT/CREAM/LOTION	Formulary Deletion	HYDROCORTISONE 2.5% LOTION/OINTMENT/CREAM	1/1/2022
SCALPICIN 1% ANTI-ITCH LIQUID	Formulary Deletion	DERMA-SMOOTH-FS SCALP OIL	1/1/2022
FLUOCINOLONE 0.01% SOLUTION/CREAM	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
FLUOCINOLONE 0.025% CREAM	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
SYNALAR 0.025% OINTMENT	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
HYDROCORTISONE VAL 0.2% CREAM/OINTMENT	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
HYDROCORTISONE BUTYR 0.1% OINTMENT/CREAM/SOLUTION	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
PREDNICARBATE 0.1% CREAM/OINTMENT	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
CLOBETASOL 0.05% TOPICAL LOTN	Formulary Deletion	CLOBETASOL 0.05% OINTMENT/GEL/CREAM	1/1/2022



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LEUKINE 250 MCG VIAL	Formulary Deletion		1/1/2022
ACYCLOVIR OINTMENT	Formulary Deletion	BRAND Zovirax Ointment	04/01/2022
PANCRELIPASE	Add QL of 500 capsules every 30 days		05/01/2022
CREON	Add QL of 500 capsules every 30 days		05/01/2022
ZENPEP	Add QL of 500 capsules every 30 days		05/01/2022



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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
TIVICAY PD 5 MG TAB FOR SUSP	Addition to the Formulary		1/1/2022
NORVIR 100 MG POWDER PACKET	Addition to the Formulary		1/1/2022
JULUCA 50-25 MG TABLET	Addition to the Formulary		1/1/2022
DELSTRIGO 100-300-300 MG TAB	Addition to the Formulary		1/1/2022
SYMTUZA 800-150-200-10 MG TAB	Addition to the Formulary		1/1/2022
EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ATRIPLA)	Addition to the Formulary		1/1/2022
AUSTEDO TABLET	Addition to the Formulary	PA Required	1/1/2022
INGREZZA CAPSULE	Addition to the Formulary	PA Required	1/1/2022
KLOXXADO 8 MG NASAL SPRAY	Addition to the Formulary	PA Required	1/1/2022
DEXCOM G6 SYSTEM	Addition to the Formulary	PA required depending on age; Quantity Limit of 3 sensors every 30 days	1/1/2022
FREESTYLE LIBRE 2 SYSTEM	Addition to the Formulary	PA required depending on age; Quantity Limit of 2 sensors every 28 days	1/1/2022
CLONAZEPAM ODT	Remove PA requirement		1/1/2022
BUDESONIDE VIALS	Remove PA requirement		1/1/2022
ZOVIRAX 5% CREAM	Addition to the Formulary		4/1/2022



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ZOVIRAX 5% OINTMENT	Addition to the Formulary		4/1/2022
ASACOL HD DR 800MG TABLET	Addition to the Formulary	180 tablets per 30 days	4/1/2022
CIPRO HC OTIC SUSPENSION	Addition to the Formulary		4/1/2022
PSYLLIUM POWDER 83%	Addition to the formulary		4/1/2022
DESCOVY 120/15MG	Addition to the formulary	30 tablets per 30 days	4/1/2022
DRY EYE RELIEF GEL (SYSTANE/GENTEAL)	Addition to the formulary		4/1/2022



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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
Continuous Glucose Monitors	Added Libre 2 system	1/1/2022
Dupixent	New Indication	4/1/2022
Rinvoq	New Indication	4/1/2022
Otezla	New Indication	4/1/2022
Entresto	Revised to remove t/f enalapril	4/1/2022
Cosentyx	New Indication	4/1/2022
Eucrisa	New Indication	4/1/2022
Vimpat	New Indication	4/1/2022
Non-Formulary Criteria: Oral CGRP	Add Qulipta	4/1/2022
Lupkynis	New Criteria	4/1/2022
Xeljanz	New Indication	4/1/2022
Recorlev	New Criteria	4/1/2022
Adbry	New Criteria	4/1/2022
Austedo	New Criteria	4/1/2022
Livtencity	New Criteria	4/1/2022