

NOTICE: Steward Health Choice Arizona Formulary Changes

Formulary additions:

Effective 8/1/19, the following products will be covered by Steward Health Choice Arizona with Prior Authorization: Gleevec (Brand name only), Invokana, Farxiga, Jardiance and Adcirca (Brand name only)

Formulary deletions:

Effective 8/1/19, the following products will be removed from the Steward Health Choice Arizona Formulary: Steglatro, Segluromet, Restasis (multidose vials only), Desvenlafaxine, Phenelzine, Emsam, Escitalopram Solution, Fluvoxamine ER, Paroxetine CR, Venlafaxine ER Tabs, Paroxetine Suspension, Ventolin HFA, Xopenex HFA, Glipizide-Metformin combination tablets, Imatinib (generic for Gleevec), Ofloxacin otic solution, Epoprostenol, Iloprost (Ventavis), and Trepstinil (Tyvaso, Remodulin).

In addition, the following changes apply to Medical Injectables effective 8/1/19:

Preferred	Non Preferred
Q5108 Fulphila (pegfilgrastim-jmdb, biosimilar) injection for subcutaneous use	J2505 Neulasta (pegfilgrastim) injection for subcutaneous use
Q5111 Udenyca (pegfilgrastim-cbqv, biosimilar) injection for subcutaneous use	J2505 Neulasta (pegfilgrastim) Onpro Kit for subcutaneous use
J1442 Neupogen (filgrastim) injection for subcutaneous use	J0885 Epogen (epoetin alfa) for non-ESRD use, injection
Q5106 Retacrit (epoetin alfa epbx, biosimilar) for non-ESRD use, injection	J0885 Procrit (epoetin alfa) for non-ESRD use, injection
Q5105 Retacrit (epoetin alfa epbx, biosimilar) for ESRD on dialysis, injection	J0881 Aranesp (darbepoetin alfa) for non-ESRD use, injection
J1556 Bivigam (immune globulin) injection	J1459 Privigen (immune globulin) injection
J1559 Hizentra (immune globulin) injection	J1555 Cuvitru (immune globulin) injection
J1560 Gamastan S-D (gamma globulin) injection	J1557 Gammaplex (immune globulin) injection
J1561 Gamunex-C (immune globulin) injection	J1562 Vivaglobin (immune globulin) injection
J1566 Carimune NF Nanofiltered (immune globulin) injection	J1568 Octagam (immune globulin) injection
J1569 Gammagard (immune globulin) injection	J1575 Hyqvia (immune globulin/hyaluronidase) injection
J1572 Flebogamma Dif (immune globulin) injection	J1599 immune globulin injection, not otherwise specified
J2796 Nplate, romiplostim injection	Q5107 Mvasi (bevacizumab-awwb, biosimilar) injection
J9035 Avastin (bevacizumab) injection (oncology uses)	Q5113 Herzuma (trastuzumab-pkrb, biosimilar) injection
J9355 Herceptin (trastuzumab) injection	J3490 Kanjinti (trastuzumab-anns, biosimilar) injection
	Q5114 Ogivri (trastuzumab-dkst, biosimilar) injection
	Q5112 Ontruzant (trastuzumab-dttb, biosimilar) injection
	J3490 Trazimera (trastuzumab-qyyp, biosimilar) injection

Questions regarding the changes above may be directed to the Steward Health Choice Pharmacy Services department at (800) 322-8670.

