



## 2017 Formulary Updates

Health Choice Utah 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, we will notify you of the change 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 outlines upcoming negative changes to our formulary that may impact you**

| Name of Drug                                 | Description of Change | Alternative Drug(s)/Change   | Effective Date |
|--|-----------------------|--|----------------|
| Amiodarone 400mg                             | Remove from Formulary | Amiodarone 200mg   | 06/01/2017     |
| Azelastine HCl Nasal Spray 0.15%             | Remove from Formulary | Azelastine Nasal Spray 0.10%   | 06/01/2017     |
| Bacitracin Ophth Oint                        | Add Quantity Limit    |  | 06/01/2017     |
| Benazepril/Hydrochlorothiazide               | Remove from Formulary | Benazepril tablets and Hydrochlorothiazide 12.5mg capsules as separate prescriptions | 06/01/2017     |
| Betamethasone dipropionate Aug               | Add Quantity Limit    |  | 06/01/2017     |
| Clobetasol                                   | Add Quantity Limit    |  | 06/01/2017     |
| Cordran Tape                                 | Remove from Formulary | Fluocinolone, Betamethasone, Triamcinolone & Mometasone                              | 06/01/2017     |
| Cyclobenzaprine HCl Tab 7.5 MG               | Remove from Formulary | Cyclobenzaprine 5mg and 10mg   | 06/01/2017     |
| Desoximetasone Cream, Gel & Ointment         | Remove from Formulary | Fluocinolone, Betamethasone, Triamcinolone & Mometasone                              | 06/01/2017     |
| Diflorasone Diacetate 0.05% Cream & Ointment | Remove from Formulary | Clobetasol and Betamethasone   | 06/01/2017     |
| Doxycycline Hyclate Delayed Release Tablets  | Remove from Formulary | Doxycycline Hyclate 20mg & 100mg Tablets and 50mg & 100mg Capsules                   | 06/01/2017     |

| Name of Drug                                 | Description of Change   | Alternative Drug(s)/Change  | Effective Date |
|--|-------------------------|---|----------------|
| Doxycycline Monohydrate 75mg Capsules        | Remove from Formulary   | Doxycycline Hyclate 20mg & 100mg Tablets and 50mg & 100mg Capsules or Doxycycline Monohydrate 50mg & 100mg Capsules | 6/1/2017       |
| Doxycycline Monohydrate Tablets              | Remove from Formulary   | Doxycycline Hyclate 20mg & 100mg Tablets and 50mg & 100mg Capsules or Doxycycline Monohydrate 50mg & 100mg Capsules | 6/1/2017       |
| Eliquis Tablets                              | Add Quantity Limit      |   | 6/1/2017       |
| EpiPen & EpiPen-JR                           | Remove from Formulary   | Epinephrine 0.15mg/0.15ml, Epinephrine 0.3mg/0.3ml, Adrenaclick 0.15mg/0.15ml                                       | 6/1/2017       |
| Erythromycin Tablets & Capsules              | Remove from Formulary   | Alternative antibiotics on formulary  | 6/1/2017       |
| Fenofibrate 43mg & 130mg Micronized Capsules | Remove from Formulary   | Fenofibrate Micronized Capsules 67mg, 134mg & 200mg   | 6/1/2017       |
| Fluocinonide                                 | Add Quantity Limit      |   | 6/1/2017       |
| Freestyle Test Strips                        | Change Quantity Limit   | QL 500/90 days (members on insulin) otherwise QL 200/90   | 1/17/2017      |
| Hydrochlorothiazide 12.5mg tablets           | Remove from Formulary   | Hydrochlorothiazide 12.5mg Capsules   | 6/1/2017       |
| Lidocaine 3% cream                           | Remove from Formulary   | Aspercreme w/ Lidocaine 4%  | 5/1/2017       |
| Mesalamine Rectal Enema Kit                  | Remove from Formulary   | Mesalamine Enema 4gm  | 6/1/2017       |
| Metronidazole Gel 1%                         | Remove from Formulary   | Metronidazole 0.75% Gel or Cream  | 6/1/2017       |
| Minocycline Tablets & SR tablets             | Remove from Formulary   | Minocycline capsules  | 6/1/2017       |
| Nitroglycerin Spray                          | Remove from Formulary   | Nitrostat Sublingual Tablets  | 6/1/2017       |
| Precision Xtra Test Strips                   | Change Quantity Limit   | QL 500/90 days (members on insulin) otherwise QL 200/90   | 1/17/2017      |
| Stivarga                                     | Add Prior Auth Criteria |   | 5/1/2017       |
| Temazepam 7.5mg & 22.5mg                     | Remove from Formulary   | Estazolam, Flurazepam, Temazepam 15mg & 30mg  | 6/1/2017       |
| Tetracycline capsules                        | Remove from Formulary   | Alternative antibiotics on formulary  | 6/1/2017       |
| Tobramycin-Dexamethasone Ophth Oint          | Add Quantity Limit      |   | 6/1/2017       |
| Truvada                                      | Add PA Criteria         |   | 1/1/2017       |
| Xarelto tablets                              | Add Quantity Limit      |   | 6/1/2017       |

UPDATED 4/17/2017

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

| Name of Drug                        | Description of Change | Drug Coverage | Previous Coverage | Effective Date |
|-------------------------------------|-----------------------|---------------|-------------------|----------------|
| Actimmune                           | Addition to Formulary | PA            | N/A               | 1/1/2017       |
| Afinitor                            | Addition to Formulary | PA            | N/A               | 1/1/2017       |
| Aspercreme w/ Lidocaine 4%          | Addition to Formulary |               | N/A               | 5/1/2017       |
| Descovy                             | Addition to Formulary |               | N/A               | 1/1/2017       |
| Evotaz                              | Addition to Formulary |               | N/A               | 1/1/2017       |
| Invokamet XR                        | Addition to Formulary |               | N/A               | 5/1/2017       |
| Jakafi                              | Addition to Formulary | PA            | N/A               | 1/1/2017       |
| Makena/hydroxyprogesterone caproate | Addition to Formulary | PA            | Medical           | 5/1/2017       |
| Odefsey                             | Addition to Formulary |               | N/A               | 1/1/2017       |
| Prezcobix                           | Addition to Formulary |               | N/A               | 1/1/2017       |
| Vitekta                             | Addition to Formulary |               | N/A               | 1/1/2017       |
| Targretin                           | Addition to Formulary | PA            | N/A               | 1/1/2017       |
| Zelboraf                            | Addition to Formulary | PA            | N/A               | 1/1/2017       |
| Zolinza                             | Addition to Formulary | PA            | N/A               | 1/1/2017       |

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

| Name of Drug | Description of Change   | Effective Date |
|--------------|-------------------------|----------------|
| Stivarga     | Addition of PA Criteria | 5/1/2017       |
| Truvada      | Addition of PA Criteria | 1/1/2017       |