



2018 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
Arimidex tablets	Add PA Criteria		1/1/2018
Aromasin tablets	Add PA Criteria		1/1/2018
Bosulif tablets	Remove from Formulary	Cyclophosphamide capsules, hydroxyurea capsules, Iclusig tablets	1/1/2018
Caprelsa tablets	Add PA Criteria		1/1/2018
Cometriq tablets	Remove from Formulary	Caprelsa tablets	1/1/2018
Cotellic tablets	Remove from Formulary	Zelboraf tablets	1/1/2018
Cyclophosphamide capsules	Add PA Criteria		1/1/2018
Diclegis tablets	Remove from formulary	Doxylamine tablets & pyridoxine tablets separately	1/1/2018
Epclusa tablets	Remove from Formulary	Mavyret	1/1/2018
Etoposide capsules	Add PA Criteria		1/1/2018
Fareston tablets	Add PA Criteria		1/1/2018
Gilotrif tablets	Remove from Formulary		1/1/2018
Gleostine capsules	Add PA Criteria		1/1/2018
Harvoni tablets	Remove from Formulary	Mavyret	1/1/2018
Hexalen capsules	Add PA Criteria		1/1/2018
Lenvima capsules	Remove from Formulary	Sutent capsules, Afinitor tablets, Afinitor Disperz	1/1/2018

Name of Drug	Description of Change	Alternative Drug(s)/Change	Effective Date
Leucovorin tablets	Add PA Criteria		1/1/2018
Matulane capsules	Add PA Criteria		1/1/2018
Ninlaro capsules	Remove from Formulary	Cyclophosphamide capsules, Revlimid capsules, Thalomid capsules	1/1/2018
Olmesartan tablets	Remove from Formulary	Eprosartan, irbesartan, losartan, valsartan	1/1/2018
Olmesartan-HCTZ tablets	Remove from Formulary	Irbesartan-HCTZ, losartan-HCTZ, valsartan-HCTZ	1/1/2018
Pomalyst capsules	Remove from Formulary	Cyclophosphamide capsules, Revlimid capsules, Thalomid capsules	1/1/2018
Sovaldi tablets	Remove from Formulary	Mavyret	1/1/2018
Stivarga tablets	Remove from Formulary		1/1/2018
Sutent capsules	Add PA Criteria		1/1/2018
Synribo subcutaneous injection	Remove from Formulary		1/1/2018
Vesanoid capsules	Add PA Criteria		1/1/2018
Xtandi capsule	Remove from Formulary	Bicalutamide, flutamide	1/1/2018
Zafirlukast tablets	Remove from Formulary	Montelukast	1/1/2018

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
Mavyret tablets	Addition to Formulary	Prior Authorization	N/A	1/1/2018
Doxylamine tablets	Addition to Formulary		N/A	1/1/2018
Pyridoxine tablets	Addition to Formulary		N/A	1/1/2018
Eligard 22.5mg, 30mg, 45mg	Addition to Formulary	Prior Authorization	N/A	1/1/2018
Lupron Depot 11.25mg, 22.5mg, 30mg, 45mg	Addition to Formulary	Prior Authorization	N/A	1/1/2018

UPDATED 12/27/17

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

Name of Drug	Description of Change	Effective Date
Afinitor	Updated PA Criteria	1/1/2018
Afinitor Disperz	Updated PA Criteria	1/1/2018
Ampyra- NON FORMULARY	Added NF PA Criteria	1/1/2018
Iclusig	Updated PA Criteria	1/1/2018
Jakafi	Updated PA Criteria	1/1/2018
Revlimid	Updated PA Criteria	1/1/2018
Targretin capsules	Updated PA Criteria	1/1/2018
Thalomid	Updated PA Criteria	1/1/2018
Zelboraf	Updated PA Criteria	1/1/2018
Zolinza	Updated PA Criteria	1/1/2018

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