

Colorado Access Formulary Change Notification

Commercial				
Drug Name	Effective Date	CHIP HMO	CHIP ASO	Change Note
lanthanum carbonate chew tab(Brand Equiv FOSRENOL)	9/12/2017	F	F	Add generic to formulary as covered.
CLARITHROMYC SUSP	9/19/2017	F	F	Add brand to formulary as covered.
FLURBIPROFEN OPHTH SOLN	9/19/2017	F	F	Add brand to formulary as covered.
betamethasone augmented gel	9/26/2017	F	F	Add generic to formulary as covered.
BETAMETHASONE AUGMENTED GEL	9/26/2017	N/A	N/A	Remove brand from formulary as it is no longer available.
fosamprenavir tab(Brand Equiv LEXIVA)	9/26/2017	F	F	Add generic to formulary as covered.
sodium phenylbutyrate tab(Brand Equiv BUPHENYL)	9/26/2017	F	F	Add generic to formulary as covered, PA.
INFERGEN INJ	10/1/2017	NC	NC	Move brand to not covered on formulary.
NEXAVAR TAB	10/1/2017	NC	NC	Move brand to not covered on formulary.
CABOMETYX TAB	10/1/2017	NC	NC	Move brand to not covered on formulary.
XALKORI CAP	10/1/2017	NC	NC	Move brand to not covered on formulary.
TARCEVA TAB	10/1/2017	NC	NC	Move brand to not covered on formulary.
IRESSA TAB	10/1/2017	NC	NC	Move brand to not covered on formulary.
VOTRIENT TAB	10/1/2017	NC	NC	Move brand to not covered on formulary.
CAPRELSA TAB	10/1/2017	NC	NC	Move brand to not covered on formulary.
budesonide SR cap(Brand Equiv ENTOCORT)	10/1/2017	F	F	Remains covered on formulary with addition of ST.
ENTOCORT EC CAP	10/1/2017	F	F	Move brand to covered on formulary with ST.
risedronate DR tab	10/1/2017	F	F	Remains covered on formulary, removal of ST.
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	10/1/2017	NC	NC	Move brand to not covered on formulary.
GENOTROPIN INJ	10/1/2017	F	F	Move brand to covered on formulary with LMSP, PA.
MOVANTIK TAB	10/1/2017	NC	NC	Move brand to not covered on formulary.
NAMZARIC CAP	10/1/2017	NC	NC	Move brand to not covered on formulary.
EXTAVIA INJ	10/1/2017	F	F	Remains covered on formulary, removal of ST.
GILENYA CAP	10/1/2017	F	F	Remains covered on formulary, removal of QL.
LYSTEDA TAB	10/1/2017	NC	NC	Move brand to not covered on formulary.
adapalene cream(Brand Equiv DIFFERIN)	10/1/2017	F	F	Remains covered on formulary, removal of PA.
adapalene gel(Brand Equiv DIFFERIN)	10/1/2017	F	F	Remains covered on formulary, removal of PA.
tretinoin cream	10/1/2017	F	F	Remains covered on formulary, removal of PA.
tretinoin gel(Brand Equiv RETIN-A GEL)	10/1/2017	F	F	Remains covered on formulary, removal of PA.
INCIVEK TAB	10/1/2017	NC	NC	Move brand to not covered on formulary.
VICTRELIS CAP	10/1/2017	NC	NC	Move brand to not covered on formulary.
ULESFIA LOTION	10/1/2017	NC	NC	Move brand to not covered on formulary.
duloxetine EC cap	10/1/2017	F	F	Remains covered on formulary, removal of ST.
AMICAR SOLN	10/1/2017	F	F	Move brand to covered on formulary.
AMICAR TAB	10/1/2017	F	F	Move brand to covered on formulary.