

## Colorado Access Formulary Change Notification

Commercial Drug Name	Effective Date	CHIP HMO	CHIP ASO	Change Note
VIDEX EC CAP 125MG	1/3/2018	Tier 2	Tier 2	Add brand as covered on formulary.
PREDNICARBATE CREAM	1/3/2018	Tier 1	Tier 1	Add brand as covered on formulary.
TIMOLOL OPTH GEL SOLN	1/3/2018	Tier 2	Tier 2	Add brand as covered on formulary.
REYATAZ CAP	1/3/2018	Tier 2+ Penalty	Tier 2+ Penalty	Add brand as covered on formulary.
ataznavir cap (brand equive REYATAZ CAP)	1/3/2018	Tier 1	Tier 1	Add generic as covered on formulary.
LORZONE TAB	1/9/2018	NC	NC	Move brand to not covered on formulary.
PRISTIQ TAB	1/15/2018	NC	NC	Move brand to not covered on formulary.
desvenlafaxine ER tab (brand equiv PRISTIQ TAB)	1/15/2018	NC	NC	Move generic to not covered on formulary.
ALUNBRIG TAB	1/16/2018	NC	NC	Move brand to not covered on formulary.
SOLARAZE GEL	2/1/2018	Tier 2+ Penalty	Tier 2+ Penalty	Remains covered on formulary with PA, addition of QL = 300 gm/30 days
diclofenac gel (brand equiv SOLARAZE GEL)	2/1/2018	Tier 1	Tier 1	Remains covered on formulary with PA, addition of QL = 300 gm/30 days
amantadine tab	2/1/2018	NC	NC	Move generic to not covered on formulary.
rasagiline tab (brand equiv AZILECT TAB)	2/1/2018	NC	NC	Move generic to not covered on formulary.
aspirin/dipyridamole cap (brand equiv AGGRENOX CAP)	2/1/2018	NC	NC	Move generic to not covered on formulary.
VEMLIDY TAB	2/1/2018	NC	NC	Move brand to not covered on formulary.
BONIVA TAB	2/1/2018	NC	NC	Move brand to not covered on formulary.
ibandronate tab (brand equiv BONIVA)	2/1/2018	NC	NC	Move generic to not covered on formulary.
LINZESS CAP	2/1/2018	NC	NC	Move brand to not covered on formulary.
ANORO ELLIPTA INHALER	2/1/2018	NC	NC	Move brand to not covered on formulary.
PRALUENT INJ	2/1/2018	NC	NC	Move brand to not covered on formulary.
RUBRACA TAB	2/1/2018	NC	NC	Move brand to not covered on formulary.
ALKERAN TAB	2/1/2018	NC	NC	Move brand to not covered on formulary.
melphalan tab (brand equiv ALKERAN TAB)	2/1/2018	NC	NC	Move generic to not covered on formulary.
OCUFEN OPTH SOLN	2/1/2018	NC	NC	Move brand to not covered on formulary.

flurbiprofen ophth soln (brand equiv OCUFEN OPHTH SOLN)	2/1/2018	NC	NC	Move generic to not covered on formulary.
GILENYA CAP	2/1/2018	NC	NC	Move brand to not covered on formulary.
bromfenac ophth soln (brand equiv BROMDAY)	2/1/2018	NC	NC	Move generic to not covered on formulary.
SANTYL OINT	2/1/2018	NC	NC	Move brand to not covered on formulary.
FOSRENOL CHEW TAB	2/1/2018	NC	NC	Move brand to not covered on formulary.
lanthanum carbonate chew tab (brand equiv FOSRENOL)	2/1/2018	NC	NC	Move generic to not covered on formulary.
CANASA SUPP	2/1/2018	NC	NC	Move brand to not covered on formulary.
SENSIPAR TAB	2/1/2018	NC	NC	Move brand to not covered on formulary.