

Colorado Access Formulary Change Notification

Commercial				
Drug Name	Effective Date	CHP HMO	CHP ASO	Change Note
desvenlafaxine ER tab (PRISTIQ Equiv)	3/7/2017	NC	NC	Add generic to formulary as not covered.
POTASSIUM CHLORIDE SOLN	3/7/2017	F	F	Add brand to formulary as covered.
XERMELO TAB	3/7/2017	NC	NC	Add brand to formulary as not covered.
VYVANSE CHEW TAB	3/14/2017	NC	NC	Add brand to formulary as not covered.
RHOFADE CREAM	3/14/2017	NC	NC	Add brand to formulary as not covered.
XULTOPHY INJ	3/14/2017	NC	NC	Add brand to formulary as not covered.
ARYMO ER TAB	3/14/2017	NC	NC	Add brand to formulary as not covered.
mibelas chew tab	3/21/2017	F	F	Add generic to formulary as covered.
MINASTRIN	3/21/2017	F	F	Add brand to formulary as covered.
KISQALI TAB	3/21/2017	NC	NC	Add brand to formulary as not covered.
STELARA INJ	3/28/2017	NC	NC	Add brand to formulary as not covered.
RESERVAPAK SYRUP	3/28/2017	NC	NC	Add brand to formulary as not covered.
DELZICOL CAP	4/1/2017	NC	NC	Move brand to not covered.
LINZESS CAP	4/1/2017	F	F	Move brand to covered with a PA.
buprenorphine/naloxone SL tab	4/1/2017	NC	NC	Move generic to not covered.
SUBOXONE SL	4/1/2017	NC	NC	Move brand to not covered.
MOVANTIK TAB	4/1/2017	F	F	Move brand to covered with a PA.
BUNAVAIL/SUBOXONE SL FILM	4/1/2017	F	F	Move brand to covered.
ZUBSOLV SL TAB	4/1/2017	F	F	Move brand to covered.
ANORO ELLIPTA INHALER	4/1/2017	F	F	Move brand to covered.
ASACOL HD/MESALAMINE TAB	4/1/2017	NC	NC	Move brand to not covered.
CEPHALEXIN TAB	4/1/2017	NC	NC	Move brand to not covered.
lidocaine oint	4/1/2017	F	F	Add generic to include QL=107gm/30 days
PEGASYS INJ	4/1/2017	F	F	Remove step therapy from brand
PEGASYS INJ KIT	4/1/2017	F	F	Remove step therapy from brand
TOBI NEB SOLN	4/1/2017	NC	NC	Move brand to not covered.