

2019 Formulary Changes – Year to Date

Health Choice Arizona 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, and/or move a drug at a higher cost-sharing tier, we will notify you of the change at least 60 days 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 shows drugs that have been removed from the 2019 Steward Health Choice Arizona Formulary.

| Name of Drug | Description of Change | Alternative Drug | Effective Date |
|-----------------------------------|------------------------|--|----------------|
| Buprenorphine Patch (generic) | Removed from formulary | Brand Butrans patch | 1/1/2019 |
| Tobi | Removed from formulary | Generic Tobramycin inhalation solution | 1/1/2019 |
| Kapvay | Removed from formulary | Clonidine ER 0.1mg | 2/14/2019 |
| Ranexa | Removed from formulary | Ranolazine Tablet | 2/28/2019 |
| Erythromycin/Benzoyl Peroxide Gel | Removed from formulary | Erythromycin, Benzoyl Peroxide products | 5/1/2019 |
| Tazarotene Gel | Removed from formulary | Differin gel | 5/1/2019 |
| Tazarotene Cream | Removed from formulary | Differin gel | 5/1/2019 |
| Plan B | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019 |
| Yaz | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019 |
| Yasmin | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019 |

This table shows drugs that have been removed from the 2019 Steward Health Choice Arizona Formulary.

| Name of Drug | Description of Change | Alternative Drug | Effective Date |
|---------------------------------------|------------------------|--|----------------|
| Loestrin FE | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019 |
| Ortho-Cyclen | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019 |
| Ortho-Tri-Cyclen LO | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019 |
| Ortho-Tri-Cyclen | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019 |
| Seasonique | Removed from formulary | Generic product on formulary, removing Brand | 5/1/2019 |
| Ritalin LA | Removed from formulary | Methylphenidate ER | 3/14/2019 |
| Butalbital/Caffeine/Codine/APAP 300mg | Removed from formulary | Butalbital/Caffeine/Codine/APAP 325mg | 6/1/2019 |
| generic Concerta | Removed from formulary | Brand Concerta | 5/1/2019 |
| Brand Avodart | Removed from formulary | Generic Dutasteride | 5/1/2019 |
| Steglatro | Removed from formulary | | 8/1/2019 |
| Segluromet | Removed from formulary | | 8/1/2019 |
| Desvenlafaxine | | | 8/1/2019 |
| Isocaboxazid | | | 8/1/2019 |
| Phenelzine | | | 8/1/2019 |
| Tranlycypromine | | | 8/1/2019 |
| EMSAM | | | 8/1/2019 |
| Nefeazodone | | | 8/1/2019 |
| VenlafaxineER TABs | | Venlafaxine ER Caps | 8/1/2019 |
| Escitalopram Solution | | Escitalopram | 8/1/2019 |
| Fluoxetine Weekly Tabs | | Fluoxetine | 8/1/2019 |
| Fluvoxamine ER Tabs | | Fluvoxamine | 8/1/2019 |
| Paroxetine Suspension | | Paroxetine | 8/1/2019 |
| Paroxetine CR | | Paroxetine | 8/1/2019 |

HEALTH CHOICE

ARIZONA

| Name of Drug | Description of Change | Alternative Drug | Effective Date |
|--|-----------------------|--|----------------|
| Paroxetine Mesylate | | Paroxetine | 8/1/2019 |
| Vilazodone | | | 8/1/2019 |
| Ventolin HFA | | ProAir HFA | 8/1/2019 |
| Xopenex HFA | | ProAir HFA | 8/1/2019 |
| Procrit | | Retacrit | 8/1/2019 |
| Epogen | | Retacrit | 8/1/2019 |
| Glipizide-Metformin | | Metformin, Glipizide | 8/1/2019 |
| Imatanib Tabs | | (brand) Gleevec Tab | 8/1/2019 |
| Purixan Suspension | | | 8/1/2019 |
| Restasis Multidose | | Restasis (single dose) | 8/1/2019 |
| Ofloxacin (otic) | | Ciprodex (Otic), Ciprofloxacin (otic) | 8/1/2019 |
| Butalbital/Acetaminophen/Caffeine CAPS (Esgic, Fioricet) | | Butalbital/Acetaminophen/Caffeine TABS | 8/1/2019 |
| Epoprostenol | | | 8/1/2019 |
| Iloprost (Ventavis) | | | 8/1/2019 |
| Treprostinil (Tyvaso, Remodulin) | | | 8/1/2019 |

HEALTH CHOICE

ARIZONA

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

| Name of Drug | Description of Change | Drug Coverage | Previous Coverage | Effective Date |
|--------------------------|---------------------------|---------------|-------------------|----------------|
| Xarelto | Addition to the Formulary | QL 60/30 | | 1/1/2019 |
| Rosuvastatin | Addition to the Formulary | QL 30/30 | | 3/1/2019 |
| Dakins Solution | Addition to the Formulary | | | 3/1/2019 |
| Povidone-Iodine Solution | Addition to the Formulary | | | 3/1/2019 |
| Steglatro | Addition to the Formulary | PA | | 5/1/2019 |
| Segluromet | Addition to the Formulary | PA | | 5/1/2019 |
| Invokana | Addition to the Formulary | PA | | 8/1/2019 |
| Farxiga | Addition to the Formulary | PA | | 8/1/2019 |
| Jardiance | Addition to the Formulary | PA | | 8/1/2019 |
| Adcirca (Brand) | Addition to the Formulary | PA | | 8/1/2019 |

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

| Name of Drug | Description of Change | Effective Date |
|-------------------|-----------------------|----------------|
| Ezetimibe | PA requirement Added | 3/1/2019 |
| Truvada | PA removed | 3/1/2019 |
| Tretinoin Gel | Added age limit (<26) | 5/1/2019 |
| Tretinoin Cream | Added age limit (<26) | 5/1/2019 |
| Ivermectin | PA removed | 1/1/2019 |
| Valganciclovir | PA requirement Added | 1/1/2019 |
| Vimpat | PA requirement Added | 1/1/2019 |
| Brillinta | PA requirement Added | 1/1/2019 |
| Uloric | PA requirement Added | 1/1/2019 |
| Spinosad | PA requirement Added | 1/1/2019 |
| Elmiron | PA requirement Added | 1/1/2019 |
| Actimmune | PA criteria change | 5/1/2019 |
| Amitiza | PA criteria change | 5/1/2019 |
| Azopt | PA criteria change | 5/1/2019 |
| Celecoxib | PA criteria change | 5/1/2019 |
| Cosopt | PA criteria change | 5/1/2019 |
| Diclofenac Gel 1% | PA criteria change | 5/1/2019 |
| Donepezil | PA criteria change | 5/1/2019 |

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| ADHD medications in children < 6 years old | PA criteria change | 5/1/2019 |
| Anzemet | PA criteria change | 5/1/2019 |

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

| Name of Drug | Description of Change | Effective Date |
|--|-----------------------|----------------|
| Aranesp/Epogen/Procrit | PA criteria change | 5/1/2019 |
| Dutasteride | PA criteria change | 5/1/2019 |
| Byetta/Bydureon/Victoza/Symlin | PA criteria change | 5/1/2019 |
| DDAVP | PA criteria change | 5/1/2019 |
| Dificid | PA criteria change | 5/1/2019 |
| DPPI4 Inhibitors (Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, Kombiglyze XR, Onglyza) | PA criteria change | 5/1/2019 |
| Elidel 1% Cream | PA criteria change | 5/1/2019 |
| Entresto | PA criteria change | 5/1/2019 |
| Eucrisa | PA criteria change | 5/1/2019 |
| Fuzeon | PA criteria change | 5/1/2019 |
| Galantamine | PA criteria change | 5/1/2019 |
| Tacrolimus | PA criteria change | 5/1/2019 |
| Step Therapy | PA criteria change | 5/1/2019 |
| Hemlibra | PA criteria change | 5/1/2019 |
| Glyxambi | PA criteria change | 5/1/2019 |
| Steglatro | PA requirement Added | 5/1/2019 |
| Segluromet | PA requirement Added | 5/1/2019 |



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