

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 |
|------------------------------|-----------------------|--|----------------|
| Adapalene 0.1% gel and cream | Remove from Formulary | Differin OTC 0.1% gel | 4/15/2018 |
| Advair Diskus and HFA | Remove from Formulary | Fluticasone/salmeterol | 5/1/2018 |
| 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 |
| Dulera | Remove from Formulary | Fluticasone/salmeterol | 5/1/2018 |
| 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 |
| Gilenya | Remove from Formulary | | 4/1/2018 |
| Gilotrif tablets | Remove from Formulary | | 1/1/2018 |

UPDATED 4/2/18

| Name of Drug | Description of Change | Alternative Drug(s)/Change | Effective Date |
|--------------------------------|-----------------------|--|----------------|
| 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 |
| Leucovorin tablets | Add PA Criteria | | 1/1/2018 |
| Matulane capsules | Add PA Criteria | | 1/1/2018 |
| Memantine ER | Remove from Formulary | Memantine IR, donepezil, rivastigmine, galantamine | 4/15/2018 |
| Ninlaro capsules | Remove from Formulary | Cyclophosphamide capsules, Revlimid capsules, Thalomid capsules | 1/1/2018 |
| Norditropin | Remove from Formulary | Zomactan | 4/15/2018 |
| 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 |
| Oxycontin | Remove from Formulary | Buprenorphine patch, fentanyl patch, methadone, morphine sulfate ER, oxymorphone ER, tramadol ER | 4/15/2018 |
| Pomalyst capsules | Remove from Formulary | Cyclophosphamide capsules, Revlimid capsules, Thalomid capsules | 1/1/2018 |
| Rebif | Remove from Formulary | Copaxone, Avonex, Betaseron, Plegridy | 1/1/2018 |
| Restasis ophthalmic emulsion | Remove from Formulary | Xiidra ophthalmic solution | 4/15/2018 |
| 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 |
| Symbicort | Remove from Formulary | Fluticasone/salmeterol | 5/1/2018 |
| Synribo subcutaneous injection | Remove from Formulary | | 1/1/2018 |
| Vesanoid capsules | Add PA Criteria | | 1/1/2018 |

UPDATED 4/2/18

| Name of Drug | Description of Change | Alternative Drug(s)/Change | Effective Date |
|---------------------|-----------------------|----------------------------|----------------|
| Victoza | Add Quantity Limit | | 4/15/2018 |
| 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 |
|--|-----------------------|-------------------------------------|-------------------|----------------|
| Aubagio tablets | Addition to Formulary | Prior Authorization | N/A | 1/1/2018 |
| Differin OTC 0.1% gel | Addition to Formulary | | N/A | 4/15/2018 |
| Doxylamine tablets | Addition to Formulary | | N/A | 1/1/2018 |
| Eligard 22.5mg, 30mg, 45mg | Addition to Formulary | Prior Authorization | N/A | 1/1/2018 |
| Flolan | Addition to Formulary | Prior Authorization | N/A | |
| Fluticasone/salmeterol breath activated powder | Addition to Formulary | | N/A | 4/15/2018 |
| Juluca tablets | Addition to Formulary | Prior Authorization, Quantity Limit | N/A | 5/1/2018 |
| Lupron Depot 11.25mg, 22.5mg, 30mg, 45mg | Addition to Formulary | Prior Authorization | N/A | 1/1/2018 |
| Mavyret tablets | Addition to Formulary | Prior Authorization | N/A | 1/1/2018 |
| Melatonin tablets | Addition to Formulary | Prior Authorization | N/A | 4/15/2018 |
| Pyridoxine tablets | Addition to Formulary | | N/A | 1/1/2018 |
| Stiolto Respimat | Addition to Formulary | Step Therapy | N/A | 4/15/2018 |
| Xiidra ophthalmic | Addition to Formulary | Prior Authorization | N/A | 6/1/2018 |

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

| Name of Drug | Description of Change | Effective Date |
|--------------|-----------------------|----------------|
|--------------|-----------------------|----------------|

UPDATED 4/2/18

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|-----------------------|----------------------|----------|
| 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 |
| Avonex | Updated PA Criteria | 1/1/2018 |
| Betaseron | Updated PA Criteria | 1/1/2018 |
| Copaxone | Updated PA Criteria | 1/1/2018 |
| Iclusig | Updated PA Criteria | 1/1/2018 |
| Jakafi | Updated PA Criteria | 1/1/2018 |
| Plegridy | Updated PA Criteria | 1/1/2018 |
| Revlimid | Updated PA Criteria | 1/1/2018 |
| Targretin capsules | Updated PA Criteria | 1/1/2018 |
| Tecfidera 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 |

UPDATED 4/2/18