

Colorado Access Formulary Change Notification

Commercial				
Drug Name	Effective Date	CHIP HMO	CHIP ASO	Change Note
ISTALOL OPTH SOLN 0.5%	12/5/2017	Tier 2	Tier 2	Brand remains covered on formulary.
timolol maleate ophth soln 0.5% (brand equiv ISTOLOL OPTH SOLN 0.5%)	12/5/2017	Tier 1	Tier 1	Add generic as covered on formulary.
CIMETIDINE SOLN	12/5/2017	Tier 1	Tier 1	Add brand as covered on formulary.
VITAMIN C TAB	12/5/2017	Tier 1	N/A	Add brand as covered on HMO formulary only; OTC
BETAMETHASONE AUGMENTED GEL	12/5/2017	Tier 1	Tier 1	Add brand as covered on formulary.
RISPERIDONE ODT	12/12/2017	Tier 2	Tier 2	Add brand as covered on formulary.
ALBUTEROL TAB ER	12/12/2017	Tier 2	Tier 2	Add brand as covered on formulary.
LORZONE TAB	12/12/2017	Tier 1	Tier 1	Add brand as covered on formulary.
SUSTIVA CAP	12/27/2017	Tier 2+ Penalty	Tier 2+ Penalty	Add brand as covered on formulary.
efavirenz cap (brand equiv SUSTIVA CAP)	12/27/2017	Tier 1	Tier 1	Add generic as covered on formulary.
VIREAD TAB	12/27/2017	Tier 2	Tier 2	Brand remains covered on formulary.
tenofovir disoproxil fumarate tab (brand equiv VIREAD TAB)	12/27/2017	Tier 1	Tier 1	Add generic as covered on formulary.
PREDNICARBATE OIN	12/27/2017	Tier 1	Tier 1	Add brand as covered on formulary.
COPAXONE INJ	1/1/2018	NC	NC	Move brand to not covered on formulary.
glatiramer inj (brand equiv COPAXONE INJ)	1/1/2018	Tier 1	Tier 1	Move generic to covered on formulary; SP
ZYKADIA CAP	1/1/2018	Tier 2	Tier 2	Move brand to covered; LMSP, PA; QL = 5 caps/day
RYDAPT CAP	1/1/2018	Tier 2	Tier 2	Move brand to covered; LMSP, PA
ZEJULA CAP	1/1/2018	Tier 2	Tier 2	Move brand to covered; LD, PA; QL = 3 caps/day
TYMLOS INJ	1/1/2018	Tier 2	Tier 2	Move brand to covered; LMSP
ALUNBRIG TAB	1/1/2018	Tier 2	Tier 2	Move brand to covered; LD, PA; QL = 6 tabs/day
ZOVIRAX OINT	1/1/2018	NC	NC	Move brand to not covered on formulary.
acyclovir oint	1/1/2018	Tier 1	Tier 1	Move generic to covered on formulary.
DUPIXENT INJ	1/1/2018	Tier 2	Tier 2	Move brand to covered; LMSP, PA; QL = 2 inj/28
MAVYRET TAB	1/1/2018	Tier 2	Tier 2	Move brand to covered; LMSP, PA; QL = 3 tabs/day
VOSEVI TAB	1/1/2018	Tier 2	Tier 2	Move brand to covered; LMSP, PA; QL = 1 tab /day
TRELEGY ELLIPTA INHALER	1/1/2018	Tier 2	Tier 2	Move brand to covered on formulary.