



2017 Formulary Updates

Health Choice Arizona may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, or 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 negative changes to our formulary that may impact you.

Name of Drug	Description of Change	Alternative Drug*	Effective
Amiodarone 400mg	Remove from Formulary	Amiodarone 200mg	4/1/2017
Aplenzin ER tablets	Remove from Formulary	Bupropion HCl Immediate Release Tablets	4/1/2017
Azelastine HCl Nasal Spray 0.15%	Remove from Formulary	Azelastine Nasal Spray 0.10%	4/1/2017
Bacitracin Ophth Oint	Add Quantity Limit		4/1/2017
Benazepril/Hydrochlorothiazide	Remove from Formulary	Benazepril tablets and Hydrochlorothiazide 12.5mg capsules as separate prescriptions	4/1/2017
Betamethasone	Add Quantity Limit		4/1/2017
Clobetasol	Add Quantity Limit		4/1/2017
Cordran Tape	Remove from Formulary	Fluocinolone, Betamethasone, Triamcinolone & Mometasone	4/1/2017
Cyclobenzaprine HCl Tab 7.5 MG	Remove from Formulary	Cyclobenzaprine 5mg and 10mg	4/1/2017
Denavir 1% Cream	Remove from Formulary	Docosanol (Abreva) 10% Cream	4/1/2017
Desoximetasone Cream, Gel & Ointment	Remove from Formulary	Fluocinolone, Betamethasone, Triamcinolone & Mometasone	4/1/2017
Diflorasone Diacetate 0.05% Cream & Ointment	Remove from Formulary	Clobetasol and Betamethasone	4/1/2017
Doxycycline Hyclate Delayed Release Tablets	Remove from Formulary	Doxycycline Hyclate 20mg & 100mg Tablets and 50mg & 100mg Capsules	4/1/2017
Doxycycline Monohydrate 75mg Capsules	Remove from Formulary	Doxycycline Hyclate 20mg & 100mg Tablets and 50mg & 100mg Capsules or Doxycycline Monohydrate 50mg & 100mg Capsules	4/1/2017
Doxycycline Monohydrate Tablets	Remove from Formulary	Doxycycline Hyclate 20mg & 100mg Tablets and 50mg & 100mg Capsules or Doxycycline Monohydrate 50mg & 100mg Capsules	4/1/2017
Erythromycin Tablets & Capsules	Remove from Formulary	Alternative antibiotics on formulary	4/1/2017



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Fenofibrate 120mg	Remove from Formulary	Fenofibrate Tablets 48mg, 54mg, 145mg & 160mg	4/1/2017
Fenofibrate 43mg & 130mg Micronized Capsules	Remove from Formulary	Fenofibrate Micronized Capsules 67mg, 134mg & 200mg	4/1/2017
Fenofibrate Capsule 150mg	Remove from Formulary	Fenofibrate Micronized Capsules 67mg, 134mg & 200mg and Fenofibrate Tablets 48mg, 54mg, 145mg & 160mg	4/1/2017
Fluocinonide	Add Quantity Limit		4/1/2017
Fluoxetine tablets	Remove from Formulary	Fluoxetine Capsules	4/1/2017
Freestyle Test Strips	Change Quantity Limit	QL 500/90 days (members on insulin) otherwise QL 200/90	1/17/2017
Hydrochlorothiazide 12.5mg tablets	Remove from Formulary	Hydrochlorothiazide 12.5mg Capsules	4/1/2017
Lidocaine 3% cream, gel & lotion	Remove from Formulary	Aspercreme w/ Lidocaine 4%	4/1/2017
Lidocaine 3%-Hydrocortisone Kit	Remove from Formulary	Lidocaine 2%-Hydrocortisone Ace KIT	4/1/2017
Lidocaine 5% Ointment	Add Quantity Limit & Prior Auth		4/1/2017
Mesalamine Rectal Enema Kit	Remove from Formulary	Mesalamine Enema 4gm	4/1/2017
Metformin ER (generic Glumetza & generic Fortamet)	Remove from Formulary	Metformin ER 500mg and 750mg (generic Glucophage XR)	4/1/2017
Methadone	Remove from Formulary	Embeda, Fentanyl patches, Hysingla ER, MSER tabs, Oxycontin	1/1/2017
Metronidazole Gel 1%	Remove from Formulary	Metronidazole 0.75% Gel or Cream	4/1/2017
Minocycline Tablets & SR tablets	Remove from Formulary	Minocycline capsules	4/1/2017
Morphine Sulfate ER Capsules	Remove from Formulary	Embeda, Fentanyl patches, Hysingla ER, MSER tabs, Oxycontin	1/1/2017
Morphine Sulfate ER Pellets	Remove from Formulary	Embeda, Fentanyl patches, Hysingla ER, MSER tabs, Oxycontin	1/1/2017
Morphine Sulfate ER Tablets	Add Prior Auth Criteria		1/1/2017
Naratriptan tablets	Remove from Formulary	Sumatriptan and Rizatriptan	4/1/2017
Niacin ER Tablets (generic Niaspan)	Remove from Formulary	Over-the-Counter Niacin Controlled Release (Generic Slo-Niacin)	4/1/2017
Nitroglycerin Spray	Remove from Formulary	Nitrostat Sublingual Tablets	4/1/2017
Nutropin AQ	Remove from Formulary	Genotropin and Norditropin	1/1/2017
Oxymorphone ER Tablets	Remove from Formulary	Embeda, Fentanyl patches, Hysingla ER, MSER tabs, Oxycontin	1/1/2017
Precision XTRA Test Strips	Change Quantity Limit	QL 500/90 days (members on insulin) otherwise QL 200/90	1/1/2017
Stivarga	Add Prior Auth Criteria		4/1/2017



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Name of Drug	Description of Change	Alternative Drug*	Effective
Temazepam 7.5mg & 22.5mg	Remove from Formulary	Estazolam, Flurazepam, Temazepam 15mg & 30mg	4/1/2017
Tetracycline capsules	Remove from Formulary	Alternative antibiotics on formulary	4/1/2017
Tizanidine capsules	Remove from Formulary	Tizanidine tablets	4/1/2017
Tobramycin-Dexamethasone Ophth Oint	Add Quantity Limit		4/1/2017
Tramadol ER	Remove from Formulary	Embeda, Fentanyl patches, Hysingla ER, MSER tabs, Oxycontin	1/1/2017
Truvada	Add Prior Auth Criteria		1/1/2017
Urelle Tablets	Remove from Formulary	Phenazopyridine	4/1/2017
Uribel Capsules	Remove from Formulary	Phenazopyridine	4/1/2017
Venlafaxine ER tablets	Remove from Formulary	Venlafaxine ER Capsules	4/1/2017
Short-Acting Opioids Exceeding a 7 Day Supply	Add Prior Auth Criteria		4/1/2017

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
Aspercreme w/ Lidocaine 4%	Addition to the Formulary		NA	4/1/2017
Descovy	Addition to the Formulary		NA	1/1/2017
Embeda	Addition to the Formulary	PA	NA	1/1/2017
Evotaz	Addition to the Formulary		NA	1/1/2017
Hysingla ER	Addition to the Formulary	PA	NA	1/1/2017
Makena	Addition to the Formulary	PA	Medical PA	1/1/2017
Odefsey	Addition to the Formulary		NA	1/1/2017
Prezcobix	Addition to the Formulary		NA	1/1/2017
Vitekta	Addition to the Formulary		NA	1/1/2017



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

Name of Drug	Description of Change	Effective Date
Butrans	Criteria Change	1/1/2017
Fentanyl patches (certain strengths)	Criteria Change	1/1/2017
Non-formulary Opioid Criteria	Criteria Change	1/1/2017
Oxycontin	Criteria Change	1/1/2017
Preferred Long-acting opioids	Criteria change	4/1/2017