

## Colorado Access Formulary Change Notification

Commercial Drug Name	Effective Date	CHIP HMO	CHIP ASO	Change Note
MAKENA INJ	3/6/2018	Tier 2	Tier 2	Add brand as covered on formulary; MSP, PA
IMBRUVICA TAB	3/6/2018	NC	NC	Add brand as not covered on formulary
IMBRUVICA CAP 70MG	3/6/2018	NC	NC	Add brand as not covered on formulary
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN	3/13/2018	Tier 2	Tier 2	Add brand as covered on formulary
fentanyl patch 37.5mg, 62.5mg, 87.5mg (brand equiv FENTANYL)	3/20/2018	NC	NC	Add generic as not covered on formulary
erythromycin tab (brand equiv ERYTHROMYCIN)	3/20/2018	NC	NC	Add generic as not covered on formulary
PREVACID SOLUTAB	3/20/2018	Tier 2+ Penalty	Tier 2+ Penalty	Add brand as covered on formulary
lansoprazole odt (brand equiv PREVACID SOLUTAB)	3/20/2018	Tier 1	Tier 1	Add generic as covered on formulary
NORVIR TAB	3/20/2018	Tier 2+ Penalty	Tier 2+ Penalty	Add brand as covered on formulary
ritonavir tab (brand equiv NORVIR)	3/20/2018	Tier 1	Tier 1	Add generic as covered on formulary
SAFYRAL TAB	3/20/2018	NC	NC	Add brand as not covered on formulary
tydemy tab (brand equiv SAFYRAL)	3/20/2018	NC	NC	Add generic as not covered on formulary
B-D INSULIN SYRINGE	3/20/2018	Tier 1	Tier 1	Add brand NDC as covered on formulary
NOXAFIL TAB	4/1/2018	Tier 2	Tier 2	Move brand to covered on formulary
ORKAMBI TAB	4/1/2018	Tier 2	Tier 2	Move brand to covered on formulary; PA, QL= 4 tabs/day

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