

Colorado Access Formulary Change Notification

Commercial				
Drug Name	Effective Date	CHIP HMO	CHIP ASO	Change Note
MUPIROCIN CREAM	3/5/19	NC	NC	Add brand as not covered on formulary.
cyclobenzaprine ER cap (brand equiv AMRIX)	3/5/19	NC	NC	Add generic as not covered on formulary.
treprostinil inj (brand equiv REMODULIN)	3/5/19	NC	NC	Add generic as not covered on formulary.
ranolazine tab (brand equiv RANEXA)	3/5/19	NC	NC	Add generic as not covered on formulary.
MEXILETINE CAP	3/12/19	Tier 1	Tier 1	Add brand as covered on formulary.
ALISKIREN TAB, TEKTRUNA TAB	3/12/19	NC	NC	Add brand as covered on formulary.
ISOSORBIDE DINITRATE TAB 30MG	3/12/19	Tier 1	Tier 1	Add brand as covered on formulary.
AIMOVIG INJ	3/20/19	NC	NC	Add NDC: 55513084301 as not covered on formulary.
pyridostigmi soln (brand equiv MESTINON)	3/20/19	NC	NC	Add generic as not covered on formulary.
METHYLPHENID TAB 72MG ER	3/20/19	NC	NC	Add brand as not covered on formulary.
REPATHA INJ	4/1/19	Tier 2	Tier 2	Remove brand from Mandatory Specialty Drug Program; PA and QL remain the same.
REPATHA PUSHTRONEX INJ	4/1/19	Tier 2	Tier 2	Remove brand from Mandatory Specialty Drug Program; PA and QL remain the same.
INDERAL XL CAP, INNOPRAN XL CAP	4/1/19	Tier 1	Tier 1	No change in coverage; Update publishing name from INNOPRAN XL CAP only