

**Colorado Access Formulary Change Notification**

<b>Commercial</b>				
<b>Drug Name</b>	<b>Effective Date</b>	<b>CHIP HMO</b>	<b>CHIP ASO</b>	<b>Change Note</b>
RYVENT TAB	8/6/19	NC	NC	Add brand as not covered on formulary.
prednisone pack	8/6/19	NC	NC	Add generic as not covered on formulary.
OXYCODONE/ASPIRIN TAB	8/14/19	Tier 1	Tier 1	Add brand as covered on formulary.
CLINDAMYCIN PAD	8/14/19	Tier 1	Tier 1	Add brand as covered on formulary.
LACTULOSE PACK	8/20/19	NC	NC	Add brand as not covered on formulary.
NITROGLYCERIN ER CAP	8/20/19	Tier 1	Tier 1	Add brand as covered on formulary.
GLUCAGON DIAGNOSTIC INJ	8/20/19	Tier 2	Tier 2	Move brand to covered on formulary; QL=2 inj/fill, 1 fill/30 days
GLUCAGON INJ KIT	8/20/19	Tier 2	Tier 2	Brand remains covered; Add QL=2 inj/fill, 1 fill/30 days
granisetron tab	8/20/19	Tier 1	Tier 1	Generic remains covered; Update QL to 14 tabs/fill, 1 fill/30 days
KYTRIL TAB	8/20/19	Tier 2+Penalty	Tier 2+Penalty	Brand remains covered; Add QL=14 tabs/fill, 1 fill/30 days
LETAIRIS TAB	8/20/19	NC	NC	Brand moved to not covered on formulary.
PRALUENT INJ	8/20/19	NC	NC	Brand moved to not covered on formulary.
TARGRETIN GEL	8/20/19	Tier 2	Tier 2	Brand remains covered; Add Step Therapy requiring trial of VALCHLOR GEL
VALCHLOR GEL	8/20/19	Tier 2	Tier 2	Move brand to covered on formulary; LD (Accredo), PA, QL=4 tabs/30 days
halcinonide cream (brand equiv HALOG)	8/27/19	NC	NC	Add generic as not covered on formulary.
DYRENIUM CAP	8/27/19	Tier 2+Penalty	Tier 2+Penalty	Move brand from Tier 2 to Tier 2+Penalty.
triamterene cap (brand equiv DYRENIUM)	8/27/19	Tier 1	Tier 1	Add generic as covered on formulary.
ambisentan tab (brand equiv LETAIRIS)	9/1/19	Tier 1	Tier 1	Generic remains covered; Update from LD to LMSP.
KETOPROFEN CAP	9/1/19	NC	NC	Move brand to not covered on formulary.
ketoprofen cap	9/1/19	NC	NC	Move generic to not covered on formulary.
NARDIL TAB	9/1/19	Tier 2+Penalty	Tier 2+Penalty	Move brand from Tier 2 to Tier 2+Penalty.