

## Colorado Access Formulary Change Notification

Commercial				
Drug Name	Effective Date	CHIP HMO	CHIP ASO	Change Note
ZIAGEN SOLN	10/4/2017	Tier 2+ penalty	Tier 2+ penalty	Add brand to formulary as covered.
abacavir soln (brand equiv ZIAGEN)	10/4/2017	Tier 1	Tier 1	Add generic to formulary as covered.
PENICILLIN VK SOLN	10/17/2017	Tier 1	Tier 1	Add brand to formulary as covered.
AMPICILLIN CAP	10/17/2017	Tier 1	Tier 1	Add brand to formulary as covered.
BROMFENAC OPTH SOLN 0.09% (ONCE DAILY)	10/17/2017	Tier 1	Tier 1	Add brand to formulary as covered.
ENBREL MINI INJ	10/31/2017	Tier 2	Tier 2	Add brand to formulary as covered LMSP, PA, QL
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	11/1/2017	Tier 2	Tier 2	Move brand from PG to PB
SANTYL OINT	11/1/2017	Tier 2	Tier 2	Brand remains covered at PB, add QL= 90gm/30 days
ANTARA CAP	11/1/2017	NC	NC	Move brand from covered to not covered.
fenofibrate cap 43mg, 130mg (brand equiv ANTARA)	11/1/2017	NC	NC	Move generic from covered to not covered.
fenofibrate cap 67mg, 134mg, 200mg (brand equiv ANTARA)	11/1/2017	Tier 1	Tier 1	Generic remains covered.
fenofibrate tab 40mg, 120mg (brand equiv FENOGLIDE)	11/1/2017	NC	NC	Move generic from covered to not covered.
FENOGLIDE TAB	11/1/2017	NC	NC	Move brand from covered to not covered.
TRICOR TAB	11/1/2017	NC	NC	Move brand from covered to not covered.
fenofibrate tab 48mg, 54mg, 145mg, 160mg (brand equiv Tricor)	11/1/2017	Tier 1	Tier 1	Generic remains covered.
CARAC CREAM	11/1/2017	NC	NC	Move brand from covered to not covered.
carisoprodol/aspirin tab (brand equiv SOMA COMPOUND)	11/1/2017	NC	NC	Move brand from covered to not covered.
carisoprodol/aspirin/codeine tab (brand equiv SOMA COMPOUND/CODEINE)	11/1/2017	NC	NC	Move brand from covered to not covered.