

2024 Formulary Changes – Year to Date

BCBSAZ Health Choice Arizona may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, and/or move a drug at a higher cost-sharing tier, we will notify you of the change at least 30 days 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 shows drugs that have been removed from the 2024 BCBSAZ Health Choice Arizona Formulary.

Name of Drug	Description of Change	Alternative Drug	Effective Date
APTIVUS CAPSULE	Formulary Deletion	See formulary section “ANTIRETROVIRALS”	1/1/2024
DIDANOSINE CAPSULE	Formulary Deletion	See formulary section “ANTIRETROVIRALS”	1/1/2024
ATRIPLA TABLET	Removal of BRAND	EFAVIRENZ-EMTRICITABINE-TENOFOVIR TABLET	1/1/2024
EQUETRO	Formulary Deletion	Lurasidone, Ziprasidone	1/1/2024
GLATOPA 40MG	Formulary Deletion	COPAXONE 40MG	1/1/2024
BETASERON INJ 0.3MG	Formulary Deletion	See formulary section “MULTIPLE SCLEROSIS AGENTS”	1/1/2024
EXTAVIA INJ	Formulary Deletion	See formulary section “MULTIPLE SCLEROSIS AGENTS”	1/1/2024

PLEGRIDY INJ	Formulary Deletion	See formulary section "MULTIPLE SCLEROSIS AGENTS"	1/1/2024
AUBAGIO TABLETS	Removal of BRAND	TERIFLUNOMIDE TABLET	1/1/2024
TECFIDERA CAPSULE	Removal of BRAND	DIMETHYL FUMARATE CAPSULE	1/1/2024
AMPYRA TABLET	Removal of BRAND	DALFAMPRIDINE ER TABLET	1/1/2024
GILENYA CAPSULE	Removal of BRAND	FINGOLIMOD CAPSULE	1/1/2024
VIMPAT TABLET/SOLUTION	Removal of BRAND	LACOSAMIDE TABLET/SOLUTION	1/1/2024
OXCARBAZEPINE SUSPENSION	Removal of GENERIC	TRILEPTAL SUSPENSION	1/1/2024
OXTELLAR XR TABLET	Formulary Deletion	See formulary section "ANTICONVULSANTS - MISC"	1/1/2024
RUFINAMIDE SUSPENSION	Removal of GENERIC	BANZEL SUSPENSION	1/1/2024
FIRAZYR	Removal of BRAND	ICATIBANT, SAJAZIR	1/1/2024
ORLADEYO	Formulary Deletion	HAEGARDA	1/1/2024
CLOTRIMAZOLE SOL 1% (OTC)	Formulary Deletion	CLOTRIMAZOLE SOL 1% (Rx ONLY)	1/1/2024
ANDROGEL GEL PUMP	Removed from Market	TESTOSTERONE GEL PUMP (generic ANDROGEL)	4/1/2024
ANDROGEL GEL PACKET	Removed from Market	TESTOSTERONE GEL PUMP (generic ANDROGEL)	4/1/2024
ARANESP DISP SYRIN	Formulary Deletion	EPOGEN, RETACRIT	4/1/2024
PROCRIT	Formulary Deletion	EPOGEN, RETACRIT	4/1/2024
BRAND GLEEVEC	Formulary Deletion	Generic IMATINIB	4/1/2024
BRAND REVLIMID	Formulary Deletion	Generic LENALIDOMIDE	4/1/2024

BRAND REVATIO SUSPENSION	Formulary Deletion	LIQREV	4/1/2024
BRAND ADCIRCA	Formulary Deletion	Generic TADALAFIL	4/1/2024
SILDENAFIL SUSPENSION	Formulary Deletion	LIQREV	4/1/2024
LIALDA	Formulary Deletion	Generic MESALAMINE, APRISO, CANASA, DELZICOL, PENTASA, SFROWASA, SULFASALAZINE	4/1/2024
ASACOL HD	Removed from Market	Generic MESALAMINE, APRISO, CANASA, DELZICOL, PENTASA, SFROWASA, SULFASALAZINE	4/1/2024
MESALAMINE (LIALDA AG)	Removed from Market	Generic MESALAMINE, APRISO, CANASA, DELZICOL, PENTASA, SFROWASA, SULFASALAZINE	4/1/2024
SUCRAID	Formulary Deletion	Not eligible for coverage under Medicaid	4/1/2024

This table outlines the **positive** changes to our formulary that may impact you.

Name of Drug	Description of Change	Drug Coverage	Effective Date
EDURANT TABLET	Add to Formulary		1/1/2024
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB	Add to Formulary		1/1/2024
EFAVIRENZ-EMTRICITABINE-TENOFOVIR TABLET	Add to Formulary		1/1/2024
ZOLPIDEM ER TABLET	Add to Formulary	QL of 1 per day; PA req for age under 18; PA req for more than one sedative hypnotic every 30 days	1/1/2024
AUSTEDO XR/AUSTEDO XR TITRATION PACK	Add to Formulary	PA required	1/1/2024
COPAXONE 40MG	Add to Formulary	PA required	1/1/2024
REBIF/REBIF REBIDO	Add to Formulary	PA required	1/1/2024
TERIFLUNOMIDE TABLET	Add to Formulary	PA required	1/1/2024
KESIMPTA INJ	Add to Formulary	PA required	1/1/2024
TYSABRI INJ	Preferred Agent	Medical PA	1/1/2024
OCREVUS INJ	Preferred Agent	Medical PA	1/1/2024
DIMETHYL FUMARATE CAPSULE	Add to Formulary	PA required	1/1/2024
DALFAMPRIDINE ER TABLET	Add to Formulary	QL of 2 per day; PA required	1/1/2024
FINGOLIMOD CAPSULE	Add to Formulary	PA required	1/1/2024
VALTOCO NASAL SPRAY	Add to Formulary	QL of 2 per 30 days	1/1/2024

NAZYLAM NASAL SPRAY	Add to Formulary	QL of 2 per 30 days	1/1/2024
DIASTAT GEL	Add to Formulary	QL of 2 per 30 days	1/1/2024
XCOPRI TABLET/ XCOPRI PAK	Add to Formulary	PA Required	1/1/2024
DILANTIN CAPSULE 30MG	Add to Formulary		1/1/2024
CELONTIN CAPSULE	Add to Formulary	PA Required	1/1/2024
FYCOMPA TABLET	Add to Formulary	PA Required	1/1/2024
EPIDOLEX SOLUTION	Add to Formulary	PA Required	1/1/2024
CARBATROL CAPSULE	Add to Formulary		1/1/2024
TRILEPTAL SUSPENSION	Add to Formulary		1/1/2024
BANZEL SUSPENSION	Add to Formulary	PA Required	1/1/2024
TROKENDI XR	Add to Formulary	PA Required	1/1/2024
TOPIRAMATE ER (generic Qudexy XR)	Add to Formulary	PA Required	1/1/2024
HAEGARDA INJ	Add to Formulary	PA Required	1/1/2024
ICATIBANT INJ	Add to Formulary	PA Required	1/1/2024
SAJAZIR INJ	Add to Formulary	PA Required	1/1/2024
ADBRY INJ	Add to Formulary	PA Required	1/1/2024
BETAMETHASONE DIP OINTMENT 0.05%	Add to Formulary		1/1/2024
FLUOCINOLONE ACETONIDE SOLN 0.01%	Add to Formulary		1/1/2024
CLOTRIMAZOLE SOL 1% (Rx ONLY)	Add to Formulary		1/1/2024

DYNA-HEX 4 (CHLORHEXIDINE GLUCONATE)	Add to Formulary		1/1/2024
BIOTENE DRY MOUTH MOUTHWASH	Add to Formulary		1/1/2024
VITAMIN D3 ORAL LIQUID 12	Add to Formulary		1/1/2024
VITRON-C (IRON-VITAMIN C TAB 65-125 MG)	Add to Formulary		1/1/2024
LEUCOVORIN CALCIUM TAB 5 MG	Remove PA	QL of 12 tablets/84 days	1/1/2024
CLOBAZAM SUSPENSION	Remove PA		1/1/2024
NADOLOL TABLETS	Remove PA		1/1/2024
ESTRADIOL VALERATE IM (10/20/40mg)	Add to formulary	QL of 20mg/week	1/1/2024
RANOLAZINE TAB ER 12HR 500 MG	Remove PA	QL of 2 per day	1/1/2024
VALGANCICLOVIR HCL TAB 450 MG	Remove PA	QL of 4 per day	1/1/2024
ARNUITY ELLIPTA	Add to formulary		1/1/2024
FLUTICASONE PROPIONATE HFA AERO	Add to formulary		1/1/2024
QVAR REDHALER	Add to formulary		1/1/2024
FREESTYLE LIBRE SYSTEMS (Libre, Libre 2, Libre 3)	Update PA	No PA required for members with history of insulin use in the last 60 days	3/1/2024
XIFAXAN	Remove PA	QL of 60 tablets every 30 days	3/1/2024
K-PHOS NEUTRAL (Brand); POT PHOS MONOBASIC W/SOD PHOS	Add to formulary		4/1/2024
ORPHENADRINE CITRATE TAB ER 12	Add to formulary	QL of 2 per day	4/1/2024
DROXIA (Brand); HYDROXYUREA CAP 300 MG	Add to formulary		4/1/2024

SCOPOLAMINE TD PATCH 72HR 1 MG	Add to formulary		4/1/2024
CEFIXIME 400MG TABLET		Increase QL from 1 every 30 days to 2 every 30 days	4/1/2024
COLCHICINE (generic MITIGARE)	Add to Formulary		4/1/2024
TESTOSTERONE GEL PUMP (generic ANDROGEL)	Add to Formulary	PA required	4/1/2024
NEUPOGEN DISP SYRIN (INJECTION)	Add to Formulary	PA required	4/1/2024
NEUPOGEN VIAL (INJECTION)	Add to Formulary	PA required	4/1/2024
NYVEPRIA	Add to Formulary	PA required	4/1/2024
UDENYCA AUTOINJECTOR	Add to Formulary	PA required	4/1/2024
IMATINIB TABLET	Add to Formulary	PA required	4/1/2024
LENALIDOMIDE	Add to Formulary	PA required	4/1/2024
XIIDRA	Add to Formulary	PA required	4/1/2024
LIQREV SUSPENSION	Add to Formulary	PA required	4/1/2024
ORENITRAM ER	Add to Formulary	PA required	4/1/2024
ORENITRAM TITRATION KIT	Add to Formulary	PA required	4/1/2024
TADALAFIL (generic ADCIRCA)	Add to Formulary	PA required	4/1/2024
ZURZUVAE	Add to Formulary	PA required	4/1/2024
PENBRAYA	Add to Formulary	Age limit and QL limit per FDA labeling	4/1/2024
MENACTRA	Add to Formulary	Age limit and QL limit per FDA labeling	4/1/2024

TRUMENBA	Add to Formulary	Age limit and QL limit per FDA labeling	4/1/2024
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**EFFECTIVE 10/1/22, BCBSAZ HEALTH CHOICE ARIZONA USES AHCCCS FFS PRIOR AUTHORIZATION CRITERIA.
PLEASE VISIT <https://www.azahcccs.gov/PlansProviders/Pharmacy/> FOR A COPY OF ALL CURRENT PA CRITERIA.**