BlueCross BlueShield Arizona
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Health Choice

Upcoming Changes to the Health Choice Pathway (HMO D-SNP) Formulary
Próximos cambios al Formulario de Health Choice Pathway (HMO D-SNP)

The table below outlines upcoming changes to our formulary that may impact you.
A continuación, se presentan los próximos cambios al Formulario.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AMINOSYN-PF INJ 7%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	TROPHAMINE INJ 10%	Tier 1	05/01/2022
BEKYREE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KARIVA TAB 28 DAY	Tier 1	02/01/2022
BYSTOLIC TAB	Deletion Of Drug From Formulary	Generic Available	NEBIVOLOL TAB	Tier 1	05/01/2022
CAZIANT PAK	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VELIVET PAK	Tier 1	10/01/2022
CHANTIX PAK 1MG	Deletion Of Drug From Formulary	Generic Available	VARENICLINE TAB 1MG	Tier 1	05/01/2022
CHANTIX TAB	Deletion Of Drug From Formulary	Generic Available	VARENICLINE TAB	Tier 1	05/01/2022
CYCLAFEM TAB 1/35	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORTREL TAB 1/35	Tier 1	02/01/2022
CYCLAFEM TAB 7/7/7	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORTREL TAB 7/7/7	Tier 1	02/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
DEXILANT CAP DR	Deletion Of Drug From Formulary	Generic Available	DEXLANSOPRAZOLE CAP DR	Tier 1	08/01/2022
DIGOX TAB 0.125MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.125MG	Tier 1	10/01/2022
DIGOX TAB 0.25MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.25MG	Tier 1	10/01/2022
DUREZOL EMU 0.05%	Deletion Of Drug From Formulary	Generic Available	DIFLUPREDNATE EMU 0.05%	Tier 1	05/01/2022
FARYDAK CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XPOVIO PAK	Tier 1	06/01/2022
FAYOSIM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIVELSA TAB	Tier 1	02/01/2022
FREAMINE HBC INJ 6.9%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FREAMINE III INJ 10%	Tier 1	01/01/2022
INTELENCE TAB 100MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 100MG	Tier 1	01/01/2022
INTELENCE TAB 200MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 200MG	Tier 1	01/01/2022
IVERMECTIN TAB 3MG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		03/01/2022
KALETRA TAB 100-25MG	Deletion Of Drug From Formulary	Generic Available	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 1	01/01/2022
KALETRA TAB 200-50MG	Deletion Of Drug From Formulary	Generic Available	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 1	01/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
METHYLDOPA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLONIDINE TAB	Tier 1	09/01/2022
MIBELAS 24 CHEW FE	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1	02/01/2022
MINITRAN TD PATCH	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NITROGLYCERIN TD PATCH	Tier 1	02/01/2022
MONDOXYNE NL CAP 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 1	02/01/2022
NARCAN SPR	Deletion Of Drug From Formulary	Generic Available	NALOXONE HCL SPR	Tier 1	05/01/2022
PREVIFEM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPRINTEC 28 TAB 28 DAY	Tier 1	07/01/2022
SUTENT CAP	Deletion Of Drug From Formulary	Generic Available	SUNITINIB CAP	Tier 1	01/01/2022
TRILYTE SOLN	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAVILYTE-N SOLN FLAVOR PACK	Tier 1	01/01/2022
TRI-PREVIFEM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRI-SPRINTEC TAB	Tier 1	04/01/2022
UKONIQ TAB 200MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		08/01/2022
VIMPAT TAB	Deletion Of Drug From Formulary	Generic Available	LACOSAMIDE TAB	Tier 1	08/01/2022
XCOPRI TAB PACK 50-200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XCOPRI TAB	Tier 1	01/01/2022

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Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
ZARAH TAB 3-0.03MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SYEDA TAB 3-0.03MG	Tier 1	03/01/2022

*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

*Los medicamentos alternativos son medicamentos que podría considerar con su recetador. Solo su médico puede determinar los medicamentos alternativos que sean apropiados para usted dada la naturaleza individualizada de la terapia con medicamentos. Consulte a su prescriptor para confirmar si este es un medicamento apropiado para usted.

**Applies to new starts / **Aplica para nuevos comienzos

Last Update: 12/1/2022
Última actualización:12/1/2022