

## **Formulary Change Notice**

Please find below a table of formulary changes effective in 2017.

Drug	Change	Formulary alternative
abacavir/lamivudine tab	Addition to 2017 formulary	-
Invirase cap	Removed from 2017 formulary	Invirase tablets remain on formulary at tier 4
Onglyza	Removed from 2017 formulary	Januvia, Tradjenta
Kombiglyze	Removed from 2017 formulary	Janumet
		Betamethasone valerate, augmented betamethasone, fluticasone propionate, flucinolone acetonide, triamcinolone,
Fluocinonide ointment	Added PA	mometasone furoate, desoximetasone
Zetia	Removed from 2017 formulary (implemented 12/28)	ezetimibe
ezetimibe	Addition to 2017 formulary (implemented 12/28)	-
Epclusa	Addition to 2017 formulary	-
Venclexta and starter pack	Addition to 2017 formulary	-
Zinbryta	Addition to 2017 formulary	-
Daklinza	Removed from commercial 2017 formulary	Epclusa, Harvoni, Sovaldi, Zepatier

PA: prior authorization (criteria can be found on the provider portal for commercial/exchange members, or on the CCHP website for Medicare members)

QL: quantity limits (can be found on the printed formulary)