

Formulary Addendum as of December 1, 2021

Additions

Drug Name	Tier	Notes	Effective Date
ABIRATERONE TAB 500MG	5	PA	3/ 1/21
accutane CAPS 20mg	2	PA	6/ 1/21
accutane CAPS 30mg	2	PA	6/ 1/21
accutane CAPS 40mg	2	PA	6/ 1/21
ADRENALIN SOLN 1mg/ml	4		4/ 1/21
arformoterol neb 15/2 mL	5	PA	8/ 1/21
<i>asenapine sub 10mg</i>	2	QL (60 tabs every 30 days)	3/ 1/21
<i>asenapine sub 2.5mg</i>	2	QL (60 tabs every 30 days)	3/ 1/21
<i>asenapine sub 5mg</i>	2	QL (60 tabs every 30 days)	3/ 1/21
AYVAKIT TAB 25MG	5	PA, QL (30 tabs for 30 days), LA	10/ 1/21
AYVAKIT TAB 50MG	5	PA, QL (30 tabs for 30 days), LA	10/ 1/21
<i>bepotastine drops 1.5%</i>	2	GC	8/ 1/21
BREZTRI AERO AER SPHERE 10.7	3	QL (1 inhaler every 30 days)	2/ 1/21
BREZTRI AERO AER SPHERE 5.9	3	QL (4 inhalers every 28 days)	2/ 1/21
brinzolamide SUSP 1%	2		5/ 1/21
CHLORPROMAZINE HYDROCHLOR CON 100MG/ML	4		11/ 1/21
CHLORPROMAZINE HYDROCHLOR CON 30MG/ML	4		11/ 1/21
<i>ciprofloxacin-dexamethasone sus 0.3-0.1%</i>	2		1/ 1/21
CYCLOPHOSPHAMIDE TABS 25mg	4	B/D	6/ 1/21
CYCLOPHOSPHAMIDE TABS 50mg	4	B/D	6/ 1/21
<i>d2.5w/nacl inj 0.45%</i>	2		7/ 1/21
<i>d5w/NaCl inj 0.3%</i>	2		10/ 1/21
<i>deferasirox gra 180mg</i>	5	PA NM	1/ 1/21
<i>deferasirox gra 360mg</i>	5	PA NM	1/ 1/21
<i>deferasirox gra 90mg</i>	5	PA NM	1/ 1/21
desmopressin acetate SOLN 4mcg/ml	5		5/ 1/21

December 1, 2021 - COH Pref, EPISCOPAL Pref+Choice, CWA Pref Rx, TWU Pref Rx

ID: 00021223 Version: 18

PA = Prior Authorization, B/D = Covered Under Medicare Part B or D, ST = Step Therapy, QL = Quantity Limit, LA = Limited Access, NM = Not Available at Mail-Order, ED=Excluded Drug

Additions

Drug Name	Tier	Notes	Effective Date
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2		6/ 1/21
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2		11/ 1/21
DIACOMIT CAP 250MG	5	PA	2/ 1/21
DIACOMIT CAP 500MG	5	PA	2/ 1/21
DIACOMIT PAK 250MG	5	PA	2/ 1/21
DIACOMIT PAK 500MG	5	PA	2/ 1/21
DOPTELET TAB 20MG	5	PA NM LA	5/ 1/21
DOPTELET TAB 20MG	5	PA NM LA	5/ 1/21
DOPTELET TAB 20MG	5	PA NM LA	5/ 1/21
droxidopa CAPS 100mg	5	PA QL (90 caps every 30 days) NM	5/ 1/21
droxidopa CAPS 200mg	5	PA QL (180 caps every 30 days) NM	5/ 1/21
droxidopa CAPS 300mg	5	PA QL (180 caps every 30 days) NM	5/ 1/21
e.e.s. 400 TABS 400mg	2		11/ 1/21
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5		2/ 1/21
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5		2/ 1/21
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5		2/ 1/21
<i>emtricitabine caps 200 mg</i>	2		2/ 1/21
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs every 30 days)	4/ 1/21
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs every 30 days)	4/ 1/21
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs every 30 days)	4/ 1/21
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs every 30 days)	2/ 1/21
ENBREL INJ 25MG	5	PA NM QL (8 injections every 28 days)	1/ 1/21
etravirine TABS 100mg	5		9/ 1/21
etravirine TABS 200mg	5		9/ 1/21

Additions

Drug Name	Tier	Notes	Effective Date
FARYDAK CAP 15MG	5	PA	2/ 1/21
FINTEPLA SOL 2.2MG/ML	5	PA LA QL (360 ml every 30 days)	1/ 1/21
FLEBOGAMMA INJ 5GM/50ML	5	PA NM	1/ 1/21
formoterol fumarate NEBU 20mcg/2ml	5	B/D	9/ 1/21
FOTIVDA CAP 0.89MG	5	PA, QL (21 caps every 28 days), NM, LA	7/ 1/21
FOTIVDA CAP 1.34MG	5	PA, QL (21 caps every 28 days), NM, LA	7/ 1/21
GAVRETO CAP 100MG	5	PA	2/ 1/21
GRALISE TABS 300mg	4	PA QL (180 tabs every 30 days)	4/ 1/21
GRALISE TABS 600mg	4	PA QL (90 tabs every 30 days)	4/ 1/21
HUMIRA PEN INJ 80/0.8ML	5	QL (4 pens every 28 days) PA NM	3/ 1/21
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	PA, NM	7/ 1/21
hydrocodone bitartrate T24A 100mg	3	QL (30 tabs every 30 days)	5/ 1/21
hydrocodone bitartrate T24A 120mg	3	QL (30 tabs every 30 days)	5/ 1/21
hydrocodone bitartrate T24A 20mg	2	PA QL (30 tabs every 30 days)	5/ 1/21
hydrocodone bitartrate T24A 30mg	2	PA QL (30 tabs every 30 days)	5/ 1/21
hydrocodone bitartrate T24A 40mg	2	PA QL (30 tabs every 30 days)	5/ 1/21
hydrocodone bitartrate T24A 60mg	2	PA QL (30 tabs every 30 days)	5/ 1/21
hydrocodone bitartrate T24A 80mg	3	QL (30 tabs every 30 days)	5/ 1/21
hydrocortisone (rectal) CREA 2.5%	2		4/ 1/21
<i>iclevia tab</i>	2		3/ 1/21
ICLUSIG TABS 10mg	5	PA QL (60 tabs every 30 days) NM LA	4/ 1/21
ICLUSIG TABS 30mg	5	PA QL (30 tabs every 30 days) NM LA	4/ 1/21
INGREZZA CAP 60MG	5	PA, QL (30 caps every 30 days), NM	7/ 1/21
INQOVI TAB 35-100MG	5	PA LA NM	1/ 1/21
ISOPTO ATROP SOL 1% OP	3		9/ 1/21

Additions

Drug Name	Tier	Notes	Effective Date
KYNMOBI MIS 10MG	5	PA QL (150 films every 30 days) NM	5/ 1/21
KYNMOBI MIS 15MG	5	PA QL (150 films every 30 days) NM	5/ 1/21
KYNMOBI MIS 20MG	5	PA QL (150 films every 30 days) NM	5/ 1/21
KYNMOBI MIS 25MG	5	PA QL (150 films every 30 days) NM	5/ 1/21
KYNMOBI MIS 30MG	5	PA QL (150 films every 30 days) NM	5/ 1/21
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA	2/ 1/21
<i>lopinavir-ritonavir tab 100-25 mg</i>	2		9/ 1/21
<i>lopinavir-ritonavir tab 200-50 mg</i>	5		9/ 1/21
LUMAKRAS TAB 120MG	5	PA, NM, LA	9/ 1/21
lyleq TABS .35mg	2		4/ 1/21
lyllana DIS 0.025MG	3		5/ 1/21
lyllana DIS 0.0375MG	3		5/ 1/21
lyllana DIS 0.05MG	3		5/ 1/21
lyllana DIS 0.075MG	3		5/ 1/21
lyllana DIS 0.1MG	3		5/ 1/21
MENQUADFI INJ	3		2/ 1/21
<i>metirosine cap 250 mg</i>	5	PA	2/ 1/21
MYRBETRIQ SUS 8MG/ML	4	QL (900ml every 28 days)	11/ 1/21
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2		2/ 1/21
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2		2/ 1/21
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2		2/ 1/21
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2		2/ 1/21
<i>nylia 7/7/7</i>	2		4/ 1/21
nymyo TAB 0.25-35	2		5/ 1/21
ORGOVYX TABS 120mg	5	PA NM LA	4/ 1/21
OZEMPIC INJ 4MG/3ML	3	QL (1 pen every 28 days)	5/ 1/21

Additions

Drug Name	Tier	Notes	Effective Date
PANRETIN GEL 0.1%	2	PA, QL (60 g for 30 days)	10/ 1/21
paroxetine hcl SUSP 10mg/5ml	2	QL (900ml por 30 dias)	11/ 1/21
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2		5/ 1/21
potassium chloride micro tab 15MEQ ER	1		11/ 1/21
pregabalin (once-daily) TB24 165mg	2	PA QL (60 tabs por 30 días)	6/ 1/21
pregabalin (once-daily) TB24 330mg	2	PA QL (60 tabs por 30 días)	6/ 1/21
pregabalin (once-daily) TB24 82.5mg	2	PA QL (60 tabs por 30 días)	6/ 1/21
<i>proctosol cream 2.5%</i>	2		10/ 1/21
RESTASIS EMU 0.05%	3		5/ 1/21
RESTASIS MUL EMU 0.05%	3		5/ 1/21
REZUROCK TAB 200MG	5	PA	11/ 1/21
RIABNI SOL 100/10ML	5	PA NM LA	5/ 1/21
RIABNI SOL 500/50ML	5	PA NM LA	5/ 1/21
<i>rufinamide tab 400 mg</i>	5	PA	8/ 1/21
<i>rufinamide tab 200 mg</i>	5	PA	8/ 1/21
RUKOBIA TAB 600MG ER	5		1/ 1/21
SAJAZIR INJ 30MG/3ML	5	PA, QL (9 syringes for 30 days)	11/ 1/21
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA	2/ 1/21
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA	2/ 1/21
<i>sapropterin dihydrochloride soluble tab 100 mg</i>	5	PA	2/ 1/21
SIRTURO TAB 20MG	5	PA LA	1/ 1/21
SKYRIZI PEN SOAJ 150mg/ml	5	PA, QL (7 pens a year), NM	7/ 1/21
SKYRIZI SOSY 150mg/ml	5	PA, QL (7 syringes a year), NM	7/ 1/21
SUNITINIB CAP 12.5MG	5	PA, QL (30 tabs for 30 days)	10/ 1/21
SUNITINIB CAP 25MG	5	PA, QL (30 tabs for 30 days)	10/ 1/21
SUNITINIB CAP 37.5MG	5	PA, QL (30 tabs for 30 days)	10/ 1/21
SUNITINIB CAP 50MG	5	PA, QL (30 tabs for 30 days)	10/ 1/21

Additions

Drug Name	Tier	Notes	Effective Date
SYMJEPI SOSY 0.15mg/0.3ml	4		6/ 1/21
SYMJEPI SOSY 0.3mg/0.3ml	4		6/ 1/21
TEPMETKO TAB 225MG	5	PA NM LA	5/ 1/21
TIVICAY PD TAB 5MG	3		1/ 1/21
TOBRADEX ST SUS 0.3-0.05	3		8/ 1/21
TRAZIMERA INJ 150MG	5	PA NM	5/ 1/21
<i>tri-nymyo</i>	2		5/ 1/21
<i>triamcinolone acetonide cream 0.5%</i>	1		2/ 1/21
TRIKAFTA TAB	5	PA, QL (84 tabs every 28 days), NM, LA	9/ 1/21
TRULICITY INJ 3/0.5	3	QL (4 pens every 28 days)	2/ 1/21
TRULICITY INJ 4.5/0.5	3	QL (4 pens every 28 days)	2/ 1/21
TRUSELTIQ CAP 100MG	5	PA, NM, LA	9/ 1/21
TRUSELTIQ CAP 125MG	5	PA, NM, LA	9/ 1/21
TRUSELTIQ CAP 50MG	5	PA, NM, LA	9/ 1/21
TRUSELTIQ CAP 75MG	5	PA, NM, LA	9/ 1/21
UBRELVY TAB 100MG	5	PA QL (16 tabs every 30 days)	5/ 1/21
UBRELVY TAB 50MG	5	PA QL (16 tabs every 30 days)	5/ 1/21
UKONIQ TABS 200mg	5	PA NM LA	6/ 1/21
VENTOLIN HFA AER	3	QL (6 inhalers every 30 days)	5/ 1/21
<i>vestura</i>	2		7/ 1/21
VYZULTA SOL 0.024%	4		5/ 1/21
XCOPRI PAK 100-150	5	QL (56 tabs every 28 days)	7/ 1/21
XELJANZ SOL 1MG/ML	5	QL (240 ml every 24 days) NM	5/ 1/21
XPOVIO PAK 40MG	5	PA, LA	8/ 1/21
XPOVIO PAK 40MG	5	PA, LA	8/ 1/21
XPOVIO PAK 40MG	5	PA, LA	8/ 1/21
XPOVIO PAK 40MG	5	PA LA NM	1/ 1/21
XPOVIO PAK 40MG	5	PA LA NM	1/ 1/21

Additions

Drug Name	Tier	Notes	Effective Date
XPOVIO PAK 50MG	5	PA, LA	8/ 1/21
XPOVIO PAK 60MG	5	PA, LA	8/ 1/21
XPOVIO PAK 60MG	5	PA LA NM	1/ 1/21
XTANDI TAB 40MG	5	PA NM LA	5/ 1/21
XTANDI TAB 80MG	5	PA NM	5/ 1/21
<i>zafemy</i>	2		6/ 1/21

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
albuterol sulfate tab ER 12 HR 4 mg	Deletion	Manufacturer Discontinuation	albuterol tab	2		8/ 1/21
albuterol sulfate tab ER 12 HR 8 mg	Deletion	Manufacturer Discontinuation	albuterol tab	2		8/ 1/21
ALINIA SUS 100/5ML	Deletion	Manufacturer Discontinuation	nitazoxanide TABS 500mg	5	QL (6 tabs every 30 days)	10/ 1/21
ALINIA TAB 500MG	Deletion	Manufacturer Discontinuation	nitazoxanide TABS 500mg	5	QL (6 tabs every 30 days)	5/ 1/21
AMINOSYN II INJ 10%	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
ANADROL-50 TAB 50MG	Deletion	Manufacturer Discontinuation	PROCRT INJ	5	PA NM	5/ 1/21
ATRIPLA TAB 600-200-300MG	Deletion	Removal of brand name drug due to addition of new generic equivalent	efavirenz-emtricit abine-tenofovir df tab 600-200-300mg	5		1/ 1/21
BANZEL SUSP 40MG/ML	Deletion	Manufacturer Discontinuation	rufinamide SUSP 40mg/ml	5	PA	5/ 1/21
<i>captopril</i> <i>/hydrochlorothiazide</i> <i>de tab 25-15 mg</i>	Deletion	Manufacturer Discontinuation	lisinopril/hydrochl orothiazide tab	1		8/ 1/21
<i>captopril</i> <i>/hydrochlorothiazide</i> <i>de tab 25-25 mg</i>	Deletion	Manufacturer Discontinuation	lisinopril/hydrochl orothiazide tab	1		8/ 1/21
<i>captopril</i> <i>/hydrochlorothiazide</i> <i>de tab 50-15 mg</i>	Deletion	Manufacturer Discontinuation	lisinopril/hydrochl orothiazide tab	1		8/ 1/21

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
<i>captopril</i> <i>/hydrochlorothiazide</i> <i>de tab 50-25 mg</i>	Deletion	Manufacturer Discontinuation	lisinopril/hydrochlorothiazide tab	1		8/ 1/21
CIPRODEX SUS 0.3-0.1%	Deletion	Removal of brand name drug due to addition of new generic equivalent	ciprofloxacin-dexamethasone sus 0.3-0.1%	2		1/ 1/21
CLOVIQUE CAP 250MG	Deletion	Manufacturer Discontinuation	trientine cap 250 mg	5	PA NM	10/ 1/21
COLOCORT ENEMA 100MG	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
<i>d5w/nacl inj</i> <i>0.225%</i>	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
DEMSER CAP 250MG	Deletion	Manufacturer Discontinuation	metyrosine CAPS 250mg	5	PA	5/ 1/21
DEPO-PROVERA INJ 400/ML	Deletion	Manufacturer Discontinuation	Please consult with your doctor			2/ 1/21
DEXAMETHASONE CON 1MG/ML	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
didanosine CPDR 200mg	Deletion	Manufacturer Discontinuation	abacavir TAB 300mg	2		4/ 1/21
didanosine CPDR 250mg	Deletion	Manufacturer Discontinuation	abacavir TAB 300mg	2		4/ 1/21
didanosine CPDR 400mg	Deletion	Manufacturer Discontinuation	abacavir TAB 300mg	2		4/ 1/21
DOCETAXEL INJ 200MG/10ML	Deletion	Manufacturer Discontinuation	docetaxel INJ 160mg/8ml	5	B/D	2/ 1/21

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
EMTRIVA CAP 200MG	Deletion	Removal of brand name drug due to addition of new generic equivalent	emtricitabine cap 200mg	2		1/ 1/21
GLEOSTINE CAP 100MG	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
GLEOSTINE CAP 10MG	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
GLEOSTINE CAP 40MG	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
GRALISE STAR MIS 300/600	Deletion	Manufacturer Discontinuation	GRALISE TAB	4	QL	2/ 1/21
HUMIRA INJ 10MG/0.2ML	Deletion	Manufacturer Discontinuation	HUMIRA INJ 10/0.1ML	5	QL (2 injections every 28 days), NM, PA	3/ 1/21
HUMIRA KIT 20MG/0.4ML	Deletion	Manufacturer Discontinuation	HUMIRA INJ 20/0.2ML	5	QL (2 injections every 28 days), NM, PA	3/ 1/21
JADENU SPRKL GRA 180MG	Deletion	Removal of brand name drug due to addition of new generic equivalent	deferasirox gra 90mg	5	PA NM	1/ 1/21

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
JADENU SPRKL GRA 360MG	Deletion	Removal of brand name drug due to addition of new generic equivalent	deferasirox gra 180mg	5	PA NM	1/ 1/21
JADENU SPRKL GRA 90MG	Deletion	Removal of brand name drug due to addition of new generic equivalent	deferasirox gra 360mg	5	PA NM	1/ 1/21
JUXTAPID CAP 40MG	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
JUXTAPID CAP 60MG	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
KIONEX SUSP 15GM/60	Deletion	Manufacturer Discontinuation	SPS SUS 15GM/60	2		2/ 1/21
KLOR-CON SPRINKLE CAP ER	Deletion	Manufacturer Discontinuation	potassium chloride CAP ER	2		2/ 1/21
KUVAN POWDER	Deletion	Manufacturer Discontinuation	sapropterin dihydrochloride powder	5	PA NM	5/ 1/21
KUVAN TAB 100MG	Deletion	Manufacturer Discontinuation	sapropterin dihydrochloride TABS 100mg	5	PA NM	5/ 1/21
<i>lorcet hd tab 10-325mg</i>	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
<i>lorcet plus tab 7.5-325mg</i>	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
<i>lorcet tab 5-325mg</i>	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
<i>maprotiline tab 25mg, 50mg, 75mg</i>	Deletion	Manufacturer Discontinuation	mirtazapine tab	1		9/ 1/21
METOPROLOL INJ 1MG/ML	Deletion	Manufacturer Discontinuation	metoprolol INJ 5mg/5ml	2		2/ 1/21
NEPHRAMINE INJ 5.4%	Deletion	Manufacturer Discontinuation	PROSOL INJ 20%	4	B/D	6/ 1/21
NORMOSOL -M INJ /D5W	Deletion	Medicare Will No Longer Cover	ISOLYTE-P INJ /D5W	4		5/ 1/21
NORMOSOL -R INJ	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
ONE VITE TAB 1MG PLUS	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
PEGASYS INJ PROCLICK	Deletion	Manufacturer Discontinuation	PEGASYS INJ	5	PA	2/ 1/21
PHOSPHOLINE SOL 0.125%OP	Deletion	Manufacturer Discontinuation	pilocarpine oph soln	2		8/ 1/21
<i>propran/hetz tab 40/25, 80/25</i>	Deletion	Manufacturer Discontinuation	metoprolol/hydrochlorothiazide tab	2		9/ 1/21
ROWEEPRA XR TAB	Deletion	Manufacturer Discontinuation	levetiracetam tab er 24hr	2		2/ 1/21
SAPHRIS SL TAB	Deletion	Manufacturer Discontinuation	asenapine maleate SUBL	2	QL (60 tabs every 30 days)	5/ 1/21

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
SODIUM POLYSTYRENE SULFONATE ORAL SUSP 15 GM/60ML	Deletion	Manufacturer Discontinuation	SPS SUS 15GM/60	2		2/ 1/21
sumatriptan succinate SOSY 6mg/0.5ml	Deletion	Manufacturer Discontinuation	sumatriptan succinate SOAJ 6mg/0.5ml	2	QL (12 injections every 30 days)	6/ 1/21
SYLATRON KIT 200MCG	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
SYLATRON KIT 300MCG	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
SYMFI LO TAB	Deletion	Manufacturer Discontinuation	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5		5/ 1/21
SYMFI TAB	Deletion	Manufacturer Discontinuation	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5		5/ 1/21
TRILYTE SOLN	Deletion	Manufacturer Discontinuation	gavilyte-n sol flavor pack	1	GC	10/ 1/21
TRUVADA TAB 133-200	Deletion	Manufacturer Discontinuation	emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tabs every 30 days)	5/ 1/21
TRUVADA TAB 100-150	Deletion	Manufacturer Discontinuation	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tabs every 30 days)	5/ 1/21

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
TRUVADA TAB 167-250	Deletion	Manufacturer Discontinuation	emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tabs every 30 days)	5/ 1/21
TRUVADA TAB 200-300MG	Deletion	Removal of brand name drug due to addition of new generic equivalent	emtricitabine-tenofovir disoproxil fumarate tab 200-300mg	5		1/ 1/21
TYKERB TAB 250MG	Deletion	Manufacturer Discontinuation	lapatinib ditosylate TABS 250mg	5	PA NM	5/ 1/21
ZOSTAVAX INJ	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
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* Lower cost sharing tier

Requirement Changes

Drug Name	Tier	Notes	Effective Date
VELTASSA POW 8.4GM	4	LA Removed	2/ 1/21
VELTASSA POW 16.8GM	4	LA Removed	2/ 1/21
VELTASSA POW 25.2GM	4	LA Removed	2/ 1/21
BUDESONIDE SUS 0.25MG/2	2	QL Removed	2/ 1/21
BUDESONIDE SUS 0.5MG/2	2	QL Removed	2/ 1/21
GLYDO GEL 2%	2	QL Increased to 60 mL every 30 days	2/ 1/21
XIIDRA SOLN 5%	3	QL Removed	5/ 1/21
PRADAXA CAP 110MG	4	QL Increased to 120 caps every 30 days	9/ 1/21
<i>ivermectin tab 3mg</i>	2	PA Added	11/ 1/21