

Formulary Addendum as of April 1, 2021

Additions

Drug Name	Tier	Notes	Effective Date
ABIRATERONE TAB 500MG	5	PA	3/ 1/21
ADRENALIN SOLN 1mg/ml	4		4/ 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
BREZTRI AERO AER SPHERE 10.7	3	QL (1 inhaler per 30 days)	2/ 1/21
BREZTRI AERO AER SPHERE 5.9	3	QL (4 inhalers per 28 days)	2/ 1/21
<i>ciprofloxacin-dexamethasone sus 0.3-0.1%</i>	2		1/ 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
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
<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 per 30 days)	2/ 1/21
ENBREL INJ 25MG	5	PA NM QL (8 injections per 28 days)	1/ 1/21

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FARYDAK CAP 15MG	5	PA	2/ 1/21
FINTEPLA SOL 2.2MG/ML	5	PA LA QL (360 ml per 30 days)	1/ 1/21
FLEBOGAMMA INJ 5GM/50ML	5	PA NM	1/ 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
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
INQOVI TAB 35-100MG	5	PA LA NM	1/ 1/21
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA	2/ 1/21
lyleq TABS .35mg	2		4/ 1/21
MENQUADFI INJ	3		2/ 1/21
<i>metirosine cap 250 mg</i>	5	PA	2/ 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
ORGOVYX TABS 120mg	5	PA NM LA	4/ 1/21
RUKOBIA TAB 600MG ER	5		1/ 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

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<i>sapropterin dihydrochloride soluble tab 100 mg</i>	5	PA	2/ 1/21
SIRTURO TAB 20MG	5	PA LA	1/ 1/21
TIVICAY PD TAB 5MG	3		1/ 1/21
<i>triamcinolone acetonide cream 0.5%</i>	1		2/ 1/21
TRULICITY INJ 3/0.5	3	QL (4 pens per 28 days)	2/ 1/21
TRULICITY INJ 4.5/0.5	3	QL (4 pens per 28 days)	2/ 1/21
XPOVIO PAK 40MG	5	PA LA NM	1/ 1/21
XPOVIO PAK 40MG	5	PA LA NM	1/ 1/21
XPOVIO PAK 60MG	5	PA LA NM	1/ 1/21

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
AMINOSYN II INJ 10%	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
ATRIPLA TAB 600-200-300MG	Deletion	Removal of brand name drug due to addition of new generic equivalent	efavirenz-emtricitabine-tenofovir df tab 600-200-300mg	5		1/ 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
COLOCORT ENEMA 100MG	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
<i>d5w/nacl inj 0.225%</i>	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 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 per 28 days), NM, PA	3/ 1/21
HUMIRA KIT 20MG/0.4ML	Deletion	Manufacturer Discontinuation	HUMIRA INJ 20/0.2ML	5	QL (2 injections per 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
<i>lorcet hd tab 10-325mg</i>	Deletion	CMS mandated deletion	Please consult with your doctor			1/ 1/21
<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
METOPROLOL INJ 1MG/ML	Deletion	Manufacturer Discontinuation	metoprolol INJ 5mg/5ml	2		2/ 1/21

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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
ROWEEPRA XR TAB	Deletion	Manufacturer Discontinuation	levetiracetam tab er 24hr	2		2/ 1/21
SODIUM POLYSTYRENE SULFONATE ORAL SUSP 15 GM/60ML	Deletion	Manufacturer Discontinuation	SPS SUS 15GM/60	2		2/ 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
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
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