

Formulary Addendum as of May 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 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
<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
desmopressin acetate SOLN 4mcg/ml	5		5/ 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
<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

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

ID: 00021223 Version: 11

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

Additions

Drug Name	Tier	Notes	Effective Date
<i>efavirenz-lamivudine-tenofovir df tab</i> 600-300-300 mg	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
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
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
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

Additions

Drug Name	Tier	Notes	Effective Date
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
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
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
<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
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2		5/ 1/21

Additions

Drug Name	Tier	Notes	Effective Date
RESTASIS EMU 0.05%	3		5/ 1/21
RESTASIS MUL EMU 0.05%	3		5/ 1/21
RIABNI SOL 100/10ML	5	PA NM LA	5/ 1/21
RIABNI SOL 500/50ML	5	PA NM LA	5/ 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
<i>sapropterin dihydrochloride soluble tab 100 mg</i>	5	PA	2/ 1/21
SIRTURO TAB 20MG	5	PA LA	1/ 1/21
TEPMETKO TAB 225MG	5	PA NM LA	5/ 1/21
TIVICAY PD TAB 5MG	3		1/ 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
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
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
VENTOLIN HFA AER	3	QL (6 inhalers every 30 days)	5/ 1/21
VYZULTA SOL 0.024%	4		5/ 1/21
XELJANZ SOL 1MG/ML	5	QL (240 ml every 24 days) NM	5/ 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
XTANDI TAB 40MG	5	PA NM LA	5/ 1/21
XTANDI TAB 80MG	5	PA NM	5/ 1/21

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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	PROCRIT 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-emtricitabine-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
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
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

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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
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

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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
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

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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
<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
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
ROWEEPRA XR TAB	Deletion	Manufacturer Discontinuation	levetiracetam tab er 24hr	2		2/ 1/21
SAPHRIS SL TAB	Deletion	Manufacturer Discontinuation	asenapine maleate SUBL	2	GC 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
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
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
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

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
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