

Formulary Addendum as of July 1, 2022

Additions

Drug Name	Tier	Notes	Effective Date
accutane CAP 10MG	2	PA	4/ 1/22
amphotericin b liposome SUSR 50mg	5	B/D	5/ 1/22
atropine sulfate (ophthalmic) SOLN 1%	2		3/ 1/22
BESREMI SOSY 500mcg/ml	5	NM, LA, PA	3/ 1/22
<i>betaine powder for oral solution</i>	5	NM, LA	5/ 1/22
BIKTARVY TAB 30-120-15 MG	5		3/ 1/22
BIKTARVY TAB 50-200-25 MG	5		3/ 1/22
bortezomib SOLR 3.5mg	5	NM	7/ 1/22
carglumic acid TABS 200mg	5	NM, LA, PA	3/ 1/22
cefepime hcl SOLR 2gm	2		7/ 1/22
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D	3/ 1/22
DENGVAXIA SUS	3		4/ 1/22
DESCOVY TAB 120-15MG	5		5/ 1/22
dexlansoprazole CPDR 30mg, 60mg	2	QL (30 caps per 30 days)	6/ 1/22
difluprednate EMUL .05%	2		2/ 1/22
e.e.s. 400 TABS 400mg	2		2/ 1/22
EPCLUSA PAK 150-37.5	5	NM, PA	2/ 1/22
EPCLUSA PAK 200-50MG	5	NM, PA	2/ 1/22
EPRONTIA SOL 25MG/ML	4		2/ 1/22
erythromycin lactobionate SOLR 500mg	5		5/ 1/22
everolimus TAB 10MG	5	PA, QL (30 tabs every 30 days)	2/ 1/22
everolimus TAB 1MG	5	B/D	2/ 1/22
everolimus TBSO 2MG	5	PA, QL (150 tabs every 30 days)	2/ 1/22
everolimus TBSO 3MG	5	PA, QL (90 tabs every 30 days)	2/ 1/22
everolimus TBSO 5MG	5	PA, QL (60 tabs every 30 days)	2/ 1/22
EXKIVITY CAP 40MG	5	NM, LA, PA	2/ 1/22
GVOKE KIT SOLN 1mg/0.2ml	3		3/ 1/22

July 1, 2022 - COH Pref, TWU Pref

ID: 00022104 Version: 13

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

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INFLIXIMAB INJ 100MG	5	NM, LA, PA	2/ 1/22
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs per 30 days)	5/ 1/22
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens per year), NM, LA, PA	5/ 1/22
lacosamide SOLN 200mg/20ml	5		6/ 1/22
lacosamide TABS 100mg, 150mg, 200mg	2	QL (60 tabs per 30 days)	6/ 1/22
lacosamide TABS 50mg	2	QL (120 tabs per 30 days)	6/ 1/22
lenalidomide CAPS 25mg	5	QL (21 caps per 28 days), NM, LA, PA	5/ 1/22
lenalidomide CAPS 5mg, 10mg, 15mg	5	QL (28 caps per 28 days), NM, LA, PA	5/ 1/22
maraviroc TAB 150MG	5		4/ 1/22
maraviroc TAB 300MG	5		4/ 1/22
MAVYRET PAK 50-20MG	5	NM, PA	2/ 1/22
metronidazole SOLN 500mg/100ml	2		5/ 1/22
MYRBETRIQ SUS 8MG/ML	4	QL (300 mL every 28 days)	2/ 1/22
NALOXONE SPR	2		3/ 1/22
nebivolol TAB 10MG	2	QL (30 tabs every 30 days)	2/ 1/22
nebivolol TAB 2.5MG	2	QL (30 tabs every 30 days)	2/ 1/22
nebivolol TAB 20MG	2	QL (60 tabs every 30 days)	2/ 1/22
nebivolol TAB 5MG	2	QL (30 tabs every 30 days)	2/ 1/22
NURTEC TBDP 75mg	5	QL (16 tabs per 30 days), PA	5/ 1/22
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA	5/ 1/22
<i>nylia 1/35</i>	2		3/ 1/22
OCTREOTIDE INJ 100MCG	2	NM, PA	2/ 1/22
OCTREOTIDE INJ 500MCG	5	NM, PA	2/ 1/22
OCTREOTIDE INJ 50MCG/ML	2	NM, PA	2/ 1/22
ondansetron hcl SOSY 4mg/2ml	2		5/ 1/22
OTEZLA TABS 30mg	5	QL (60 tabs every 30 days), NM, PA	7/ 1/22
OTEZLA TAB 10/20/30	5	QL (110 tabs every year), NM, PA	7/ 1/22
OZEMPIC INJ 8MG/3ML	3	QL (1 pen per 28 days)	6/ 1/22

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<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM	6/ 1/22
paroxetine hcl SUS 10MG/5ML	4	QL (900 mL every 30 days), PA	2/ 1/22
PREHEVBRIO SUS 10MCG/ML	3	B/D	4/ 1/22
proctosol hc CRE 2.5%	2		2/ 1/22
QUADRACEL INJ	3		6/ 1/22
RINVOQ TB24 45mg	5	QL (112 tabs every year), NM, PA	6/ 1/22
RINVOQ TAB 30MG	5	QL (30 tabs per 30 days), NM, PA	4/ 1/22
SCSEMBLIX TAB 20MG	5	QL (60 tabs per 30 days), NM, PA	3/ 1/22
SCSEMBLIX TAB 40MG	5	QL (300 tabs per 30 days), NM, PA	3/ 1/22
stavudine CAP 15MG	2		2/ 1/22
stavudine CAP 20MG	2		2/ 1/22
stavudine CAP 30MG	2		2/ 1/22
stavudine CAP 40MG	2		2/ 1/22
TALZENNA CAPS .5mg, .75mg	5	QL (30 caps per 30 days), NM, LA, PA	5/ 1/22
TICOVAC SUSY 2.4mcg/0.5ml	3		3/ 1/22
TRIUMEQ PD TAB	5		6/ 1/22
TRIZIVIR TAB	5		7/ 1/22
VARENICLINE TAB 0.5MG	2	QL (56 tabs every 28 days), PA	2/ 1/22
VARENICLINE TAB 1MG	2	QL (56 tabs every 28 days), PA	2/ 1/22
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	2	PA	7/ 1/22
VELPHORO CHEW 500mg	5	QL (180 tabs per 30 days)	5/ 1/22
VERQUVO TABS 2.5mg, 5mg, 10mg	3		7/ 1/22
WELIREG TAB 40MG	5	NM, LA, PA	2/ 1/22
XARELTO SUSR 1mg/ml	3	QL (620 mL per 30 days)	3/ 1/22
XIIDRA SOLN 5%	3		5/ 1/22

Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
AMINOSYN-PF INJ 7%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	TROPHAMINE INJ 10%	4		5/ 1/22
bekyree TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	kariva TAB 28 DAY	2		2/ 1/22
BYSTOLIC TABS 2.5mg, 5mg, 10mg	Deletion Of Drug From Formulary	Generic Available	nebivolol hcl TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs per 30 days)	5/ 1/22
BYSTOLIC TABS 20mg	Deletion Of Drug From Formulary	Generic Available	nebivolol hcl TABS 20mg	2	QL (60 tabs per 30 days)	5/ 1/22
cefuroxime sodium SOLR 7.5gm	Deletion Of Drug From Formulary	Manufacturer Discontinuation	cefuroxime sodium SOLR 1.5gm, 750mg	2		5/ 1/22
CHANTIX PAK 1MG	Deletion Of Drug From Formulary	Generic Available	varenicline tartrate TABS .5mg, 1mg	2	QL (56 tabs per 28 days), PA	5/ 1/22
CHANTIX TAB 0.5mg, 1mg	Deletion Of Drug From Formulary	Generic Available	varenicline tartrate TABS .5mg, 1mg	2	QL (56 tabs per 28 days), PA	5/ 1/22
cyclafem TAB 1/35	Deletion Of Drug From Formulary	Manufacturer Discontinuation	nortrel TAB 1/35	2		2/ 1/22
cyclafem TAB 7/7/7	Deletion Of Drug From Formulary	Manufacturer Discontinuation	nortrel TAB 7/7/7	2		2/ 1/22
DUREZOL EMU 0.05%	Deletion Of Drug From Formulary	Generic Available	difluprednate EMUL .05%	2		5/ 1/22
FARYDAK CAPS 10mg, 15mg, 20mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XPOVIO PAK	5	NM, LA, PA	6/ 1/22

Deletions

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FREAMINE HBC INJ 6.9%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FREAMINE III INJ 10%	4	B/D	2/ 1/22
minitran DIS 0.1MG/HR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	nitroglycerin TD PATCH	2		2/ 1/22
minitran DIS 0.2MG/HR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	nitroglycerin TD PATCH	2		2/ 1/22
minitran DIS 0.4MG/HR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	nitroglycerin TD PATCH	2		2/ 1/22
minitran DIS 0.6MG/HR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	nitroglycerin TD PATCH	2		2/ 1/22
mondoxyne NL CAP 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	doxycycline (monohydrate) CAP 100 MG	2		2/ 1/22
NARCAN SPR	Deletion Of Drug From Formulary	Generic Available	naloxone HCL SPR	2		5/ 1/22
<i>previfem</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	sprintec 28	2		7/ 1/22
tri-previfem TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	tri-sprintec	2		4/ 1/22
<i>zarah</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	syeda	2		3/ 1/22

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
VELTASSA POW 25.2GM	4	Tier reduced from 4 to 3	5/ 1/22
VELTASSA POW 16.8GM	4	Tier reduced from 4 to 3	5/ 1/22
VELTASSA POW 8.4GM	4	Tier reduced from 4 to 3	5/ 1/22

* Lower cost sharing tier

Requirement Changes

Drug Name	Tier	Notes	Effective Date
OMNIPOD MIS 5 PACK	4	QL Change, 15 pods every 30 days	2/ 1/22
OMNIPOD MIS 5 PACK	4	QL Change, 15 pods every 30 days	2/ 1/22
VRAYLAR CAP 1.5-3MG	4	PA Removed	2/ 1/22
VRAYLAR CAP 1.5MG	5	PA Removed	2/ 1/22
VRAYLAR CAP 3MG	5	PA Removed	2/ 1/22
VRAYLAR CAP 4.5MG	5	PA Removed	2/ 1/22
VRAYLAR CAP 6MG	5	PA Removed	2/ 1/22
ivermectin TABS 3mg	2	PA Added	3/ 1/22
CHANTIX PAK 0.5& 1MG	4	QL Removed	5/ 1/22
VELTASSA POW 25.2GM	3	PA Removed	5/ 1/22
VELTASSA POW 16.8GM	3	PA Removed	5/ 1/22
VELTASSA POW 8.4GM	3	PA Removed	5/ 1/22