

# Formulary Addendum as of September 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
bexarotene (topical) GEL 1%	5	QL (60 gm every 30 days), NM, PA	8/ 1/22
BIKTARVY TAB 30-120-15 MG	5		3/ 1/22
BIKTARVY TAB 50-200-25 MG	5		3/ 1/22
BIVIGAM SOLN 10%	5	NM, LA, PA	9/ 1/22
bortezomib SOLR 3.5mg	5	NM	7/ 1/22
carglumic acid TABS 200mg	5	NM, LA, PA	3/ 1/22
cefazolin sodium SOLR 2gm	2		8/ 1/22
cefepime hcl SOLR 2gm	2		7/ 1/22
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D	3/ 1/22
dabigatran etexilate mesylate CAPS 75mg	2	QL (60 caps every 30 days)	9/ 1/22
DENGXAXIA 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

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ID: 00022104 Version: 15

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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Drug Name	Tier	Notes	Effective Date
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
fesoterodine fumarate TB24 4mg, 8mg	2	QL (30 tabs every 30 days)	9/ 1/22
GVOKE KIT SOLN 1mg/0.2ml	3		3/ 1/22
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 10mg/ml	2	QL (1200 mL every 30 days)	8/ 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

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OCTREOTIDE INJ 500MCG	5	NM, PA	2/ 1/22
OCTREOTIDE INJ 50MCG/ML	2	NM, PA	2/ 1/22
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit every year), PA	8/ 1/22
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods every 30 days), PA	8/ 1/22
OMNIPOD DASH KIT INTRO	4	QL (1 kit every year), PA	8/ 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
PACLITAXEL INJ 100MG	5	B/D, NM	9/ 1/22
<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
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D	8/ 1/22
pirfenidone TABS 267mg	5	QL (270 tabs every 30 days), NM, PA	8/ 1/22
pirfenidone TABS 801mg	5	QL (90 tabs every 30 days), NM, PA	8/ 1/22
PREHEVBRIO SUS 10MCG/ML	3	B/D	4/ 1/22
PRIORIX INJ	3		9/ 1/22
proctosol hc CRE 2.5%	2		2/ 1/22
QUADRACEL INJ	3		6/ 1/22
QUADRACEL INJ 0.5ML	3		9/ 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
sorafenib tosylate TABS 200mg	5	QL (120 tabs every 30 days), NM, PA	8/ 1/22
stavudine CAP 15MG	2		2/ 1/22

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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 1.2mcg/0.25ml, 2.4mcg/0.5ml	3		9/ 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 &amp; 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
vilazodone hcl TABS 10mg, 20mg, 40mg	2	QL (30 tabs every 30 days)	9/ 1/22
VONJO CAPS 100mg	5	QL (120 caps every 30 days), NM, LA, PA	8/ 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
DEXILANT CAP 30MG DR, 60MG DR	Deletion Of Drug From Formulary	Generic Available	dexlansoprazole cap DR	2	QL (30 caps every 30 days), ST	8/ 1/22
DUREZOL EMU 0.05%	Deletion Of Drug From Formulary	Generic Available	difluprednate EMUL .05%	2		5/ 1/22

## Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
FARYDAK CAPS 10mg, 15mg, 20mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XPOVIO PAK	5	NM, LA, PA	6/ 1/22
FREAMINE HBC INJ 6.9%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FREAMINE III INJ 10%	4	B/D	2/ 1/22
methyldopa TABS 250mg, 500mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	clonidine hcl TABS .1mg, .2mg, .3mg	1		9/ 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

## Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Alternative Drug Notes	Effective Date
UKONIQ TAB 200MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider			8/ 1/22
VIMPAT TAB 50MG, 100MG, 150MG, 200MG	Deletion Of Drug From Formulary	Generic Available	lacosamide TAB	2	QL (60 tabs every 30 days)	8/ 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