

**Valor
2021
Formulary Addendum**

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),
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2021 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2021				
Aminosyn II Solution 10 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Clindamycin Phos-Benzoyl Perox Gel 1-5 % External	NF	1	Formulary Enhancement	N/A
Deferasirox Granules Packet 180 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 360 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 90 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Dexamethasone Sodium Phosphate Inj 10 MG/ML	NF	1	Formulary Enhancement	N/A
Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML	NF	1	Formulary Enhancement	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	1	NF	CMS Required Deletion	N/A
Dojolvi Liquid 100 % Oral	NF	1 + PA1	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Duramorph SOLUTION 0.5 MG/ML Injection	1	NF	CMS Required Deletion	N/A
Duramorph SOLUTION 1 MG/ML Injection	1	NF	CMS Required Deletion	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A

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Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Evrydsi Solution Reconstituted 0.75 MG/ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Lactated Ringer's Solution	NF	1	Formulary Enhancement	N/A
lamoTRIGine Kit 25 & 50 & 100 MG Oral	NF	1	Formulary Enhancement	N/A
MethylPREDNISolone SOD Succ SOL RECON 40 MG INJ	NF	1	Formulary Enhancement	N/A
MethylPREDNISolone Sodium Succ SOLUTION RECONSTITUTED 125 MG Injection	NF	1	Formulary Enhancement	N/A
Normosol-R SOLUTION Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Pantoprazole Sodium Packet 40 MG Oral	NF	1	Formulary Enhancement	N/A
Promethazine inj 25mg/ml	NF	1	Formulary Enhancement	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	1	Formulary Enhancement	N/A
Sirturo Tablet 20 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
SOLU-MEDROL INJ 40MG	NF	1	Formulary Enhancement	N/A
Sylatron KIT 200 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Sylatron KIT 300 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	1	Formulary Enhancement	N/A
Tobramycin Nebulization Solution 300 MG/5ML Inhalation	1 + PA1	1 + BvD	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

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Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Zostavax SUSPENSION RECONSTITUTED 19400 UNT/0.65ML Subcutaneous	1	NF	CMS Required Deletion	N/A
Deferiprone Tablet 500 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	1	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A
EFFECTIVE 02/01/2021				
Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 1 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 2 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

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Depo-Provera Suspension 400 MG/ML Intramuscular	1	NF	CMS Required Deletion	N/A
Diacomit Capsule 250 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Diacomit Capsule 500 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Diacomit Packet 250 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Diacomit Packet 500 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Disulfiram Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Efavirenz-Emtricitab-Tenofovir Tablet 600-200-300 MG Oral	NF	1	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 400-300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 600-300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 200-300 MG Oral	NF	1	Formulary Enhancement	N/A
Esbriet Tablet 267 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Farydak Capsule 15 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Fosfomycin Tromethamine Packet 3 GM Oral	NF	1	Formulary Enhancement	N/A
FreAmine HBC SOLUTION 6.9 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Golytely SOLUTION RECONSTITUTED 227.1 GM ORAL	1	NF	CMS Required Deletion	N/A
Juxtapid CAPSULE 40 MG ORAL	1 + PA1	NF	CMS Required Deletion	N/A
Juxtapid CAPSULE 60 MG ORAL	1 + PA1	NF	CMS Required Deletion	N/A
Kionex SUSPENSION 15 GM/60ML ORAL	1	NF	CMS Required Deletion	N/A
Lampit Tablet 120 MG Oral	NF	1	Formulary Enhancement	N/A
Lampit Tablet 30 MG Oral	NF	1	Formulary Enhancement	N/A
Lapatinib Ditosylate Tablet 250 MG Oral	NF	1 + QL 150 + PA2	Formulary Enhancement	N/A

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metyroSINE Capsule 250 MG Oral	NF	1	Formulary Enhancement	N/A
Peganone TABLET 250 MG Oral	1	NF	CMS Required Deletion	N/A
Pegasys ProClick SOLUTION 180 MCG/0.5ML Subcutaneous	1 + PA1	NF	CMS Required Deletion	N/A
Roweepra TABLET 1000 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra TABLET 750 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 500 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 750 MG Oral	1	NF	CMS Required Deletion	N/A
Sapropterin Dihydrochloride Packet 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Packet 500 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Tablet Soluble 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL	1	NF	CMS Required Deletion	N/A
Tolvaptan Tablet 15 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/INH Inhalation	NF	1	Formulary Enhancement	N/A
EFFECTIVE 03/01/2021				
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020503)	NF	1	Formulary Enhancement	N/A
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020983)	NF	1	Formulary Enhancement	N/A

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Atripla Tablet 600-200-300 MG Oral	1	NF	Formulary Update	efavirenz 600 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1
Crixivan Capsule 400 MG Oral	1	NF	CMS Required Deletion	N/A
Demser Capsule 250 MG Oral	1	NF	Formulary Update	metyrosine 250 mg oral capsule, 1
Dimethyl Fumarate Starter Pack 120 & 240 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Emtriva Capsule 200 MG Oral	1	NF	Formulary Update	emtricitabine 200 mg oral capsule, 1
Ferriprox Tablet 500 MG Oral	1 + PA1 + LA	NF	Formulary Update	deferiprone 500 mg oral tablet, 1 + PA1
Humira Pen Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Humira Prefilled Syringe Kit 10 MG/0.2ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Humira Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Iclevia Tablet 0.15-0.03 MG Oral	NF	1	Formulary Enhancement	N/A
Jadenu Sprinkle Packet 180 MG Oral	1 + PA1	NF	Formulary Update	deferasirox 180 mg oral granules, 1 + PA1
Jadenu Sprinkle Packet 360 MG Oral	1 + PA1	NF	Formulary Update	deferasirox 360 mg oral granules, 1 + PA1

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Jadenu Sprinkle Packet 90 MG Oral	1 + PA1	NF	Formulary Update	deferasirox 90 mg oral granules, 1 + PA1
Kuvan Packet 100 MG Oral	1 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 100 mg powder for oral solution, 1 + PA1
Kuvan Packet 500 MG Oral	1 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 500 mg powder for oral solution, 1 + PA1
Kuvan Tablet Soluble 100 MG Oral	1 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 100 mg oral tablet, 1 + PA1
Lopreeza Tablet 1-0.5 MG Oral	1	NF	CMS Required Deletion	N/A
Monurol Packet 3 GM Oral	1	NF	Formulary Update	fosfomycin 3000 mg powder for oral solution, 1
Onureg Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Onureg Tablet 300 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Pazeo Solution 0.7 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Retacrit Solution 10000 UNIT/ML Injection(1ML)	NF	1 + PA1	Formulary Enhancement	N/A
Retacrit Solution 20000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	1	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Rufinamide Suspension 40 MG/ML Oral	NF	1 + QL 2400	Formulary Enhancement	N/A
Samsca Tablet 15 MG Oral	1 + PA1	NF	Formulary Update	tolvaptan 15 mg oral tablet, 1 + PA1
Samsca Tablet 30 MG Oral	1 + PA1	NF	Formulary Update	tolvaptan 30 mg oral tablet, 1 + PA1
Sutab Tablet 1479-225-188 MG Oral	NF	1	Formulary Enhancement	N/A
Symfi Lo Tablet 400-300-300 MG Oral	1	NF	Formulary Update	efavirenz 400 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1
Symfi Tablet 600-300-300 MG Oral	1	NF	Formulary Update	efavirenz 600 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1
Tecfidera Capsule Delayed Release 120 MG Oral	1 + PA2	NF	Formulary Update	dimethyl fumarate 120 mg delayed release oral capsule, 1 + PA2
Tecfidera Capsule Delayed Release 240 MG Oral	1 + PA2	NF	Formulary Update	dimethyl fumarate 240 mg delayed release oral capsule, 1 + PA2

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Truvada Tablet 200-300 MG Oral	1	NF	Formulary Update	emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet
Tykerb Tablet 250 MG Oral	1 + QL 150 + PA2	NF	Formulary Update	lapatinib 250 mg oral tablet, 1 + QL 150 + PA2
Xywav Solution 500 MG/ML Oral	NF	1 + QL 540 + PA1	Formulary Enhancement	N/A
EFFECTIVE 04/01/2021				
Abiraterone Acetate Tablet 500 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 10 MG Sublingual	NF	1 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual	NF	1 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 5 MG Sublingual	NF	1 + QL 60	Formulary Enhancement	N/A
Banzel Suspension 40 MG/ML Oral	1 + QL 2400	NF	Formulary Update	rufinamide 40 mg/ml oral suspension, 1 + QL 2400
Cortisone Acetate Tablet 25 MG Oral	1	NF	CMS Required Deletion	N/A
Cystadrops Solution 0.37 % Ophthalmic	NF	1 QL 20/28 + PA1	Formulary Enhancement	N/A
Didanosine Capsule Delayed Release 250 MG Oral	1	NF	CMS Required Deletion	N/A
Didanosine Capsule Delayed Release 400 MG Oral	1	NF	CMS Required Deletion	N/A

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Dificid Suspension Reconstituted 40 MG/ML Oral	NF	1 + ST2	Formulary Enhancement	N/A
Hemady Tablet 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 10 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 30 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Lyleq Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A
Nitazoxanide Tablet 500 MG Oral	NF	1	Formulary Enhancement	N/A
Normosol-M in D5W Solution Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Orgovyx Tablet 120 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Stavudine Capsule 15 MG Oral	1	NF	CMS Required Deletion	N/A
Stavudine Capsule 20 MG Oral	1	NF	CMS Required Deletion	N/A
Stavudine Capsule 30 MG Oral	1	NF	CMS Required Deletion	N/A
Stavudine Capsule 40 MG Oral	1	NF	CMS Required Deletion	N/A
Tecfidera 120 & 240 MG Oral	1 + PA2	NF	Formulary Update	dimethyl fumarate 120 mg / dimethyl fumarate 240 mg pack, 1 + PA2
Xalkori CAPSULE 200 MG ORAL	1 + QL 60 + PA2	1 + QL 120 + PA2	Formulary Enhancement	N/A
Xalkori CAPSULE 250 MG ORAL	1 + QL 60 + PA2	1 + QL 120 + PA2	Formulary Enhancement	N/A
EFFECTIVE 05/01/2021				
Alinia Tablet 500 MG Oral	1	NF	Formulary Update	nitazoxanide 500 mg oral tablet, 1
Anadrol-50 TABLET 50 MG Oral	1	NF	CMS Required Deletion	N/A

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Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 100-150 MG Oral	NF	1	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 133-200 MG Oral	NF	1	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 167-250 MG Oral	NF	1	Formulary Enhancement	N/A
Lidocaine HCl Urethral/Mucosal Gel 2 % External	1 + QL 30 + PA1	NF	CMS Required Deletion	N/A
Lubiprostone Capsule 24 MCG Oral	NF	1	Formulary Enhancement	N/A
Lubiprostone Capsule 8 MCG Oral	NF	1	Formulary Enhancement	N/A
Lupkynis Capsule 7.9 MG Oral	NF	1 + QL 180 + PA1	Formulary Enhancement	N/A
Mayzent Starter Pack Tablet Therapy Pack 0.25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Metaproterenol Sulfate Syrup 10 MG/5ML Oral	1	NF	CMS Required Deletion	N/A
Nymyo Tablet 0.25-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Ozempic (1 MG/DOSE) Solution Pen-Injector 4 MG/3ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Periogard Solution 0.12 % Mouth/Throat	NF	1	Formulary Enhancement	N/A
Saphris Tablet Sublingual 10 MG Sublingual	1 + QL 60 + ST2	NF	Formulary Update	asenapine 10 mg sublingual tablet, 1 + QL 60
Saphris Tablet Sublingual 2.5 MG Sublingual	1 + QL 60 + ST2	NF	Formulary Update	asenapine 2.5 mg sublingual tablet, 1 + QL 60

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Saphris Tablet Sublingual 5 MG Sublingual	1 + QL 60 + ST2	NF	Formulary Update	asenapine 5 mg sublingual tablet, 1 + QL 60
Somatuline Depot Solution 120 MG/0.5ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Somatuline Depot Solution 60 MG/0.2ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Somatuline Depot Solution 90 MG/0.3ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Symjepi Solution Prefilled Syringe 0.15 MG/0.3ML Injection	1	NF	CMS Required Deletion	N/A
Symjepi Solution Prefilled Syringe 0.3 MG/0.3ML Injection	1	NF	CMS Required Deletion	N/A
Temixys Tablet 300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Tepmetko Tablet 225 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Tri-Nymyo Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
Verquvo Tablet 10 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Verquvo Tablet 2.5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Verquvo Tablet 5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Xeljanz Solution 1 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xtandi Tablet 40 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Xtandi Tablet 80 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Zytiga Tablet 500 MG Oral	1 + QL 120 + PA2	NF	Formulary Update	abiraterone acetate 500 mg oral tablet, 1 + QL 120 + PA2

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2021 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 06/01/2021				
Accutane Capsule 20 MG Oral	NF	1	Formulary Enhancement	N/A
Accutane Capsule 30 MG Oral	NF	1	Formulary Enhancement	N/A
Accutane Capsule 40 MG Oral	NF	1	Formulary Enhancement	N/A
Amitiza Capsule 24 MCG Oral	1	NF	Formulary Update	lubiprostone 0.024 mg oral capsule, 1
Amitiza Capsule 8 MCG Oral	1	NF	Formulary Update	lubiprostone 0.008 mg oral capsule, 1
Crixivan CAPSULE 200 MG ORAL	1	NF	CMS Required Deletion	N/A
Cyclophosphamide Tablet 25 MG Oral	NF	1 + BvD	Formulary Enhancement	N/A
Cyclophosphamide Tablet 50 MG Oral	NF	1 + BvD	Formulary Enhancement	N/A
Droxidopa Capsule 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Droxidopa Capsule 200 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Droxidopa Capsule 300 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Gianvi Tablet 3-0.02 MG Oral	1	NF	CMS Required Deletion	N/A
NephrAmine SOLUTION 5.4 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
SUMatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous	1	NF	CMS Required Deletion	N/A
Truvada Tablet 100-150 MG Oral	1	NF	Formulary Update	emtricitabine 100 mg / tenofovir disoproxil fumarate 150 mg oral tablet, 1

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2021 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Truvada Tablet 133-200 MG Oral	1	NF	Formulary Update	emtricitabine 133 mg / tenofovir disoproxil fumarate 200 mg oral tablet, 1
Truvada Tablet 167-250 MG Oral	1	NF	Formulary Update	emtricitabine 167 mg / tenofovir disoproxil fumarate 250 mg oral tablet, 1
Ukoniq Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
EFFECTIVE 07/01/2021				
Avandia Tablet 2 MG Oral	1	NF	CMS Required Deletion	N/A
Avandia Tablet 4 MG Oral	1	NF	CMS Required Deletion	N/A
FLUoxetine HCl (PMDD) Tablet 10 MG Oral	NF	1	Formulary Enhancement	N/A
FLUoxetine HCl (PMDD) Tablet 20 MG Oral	NF	1	Formulary Enhancement	N/A
Fotivda Capsule 0.89 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Fotivda Capsule 1.34 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Humira Pen-Pediatric UC Start Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Lidocaine HCl Solution 4 % External	1 + QL 50 + PA1	1 + QL 50	Formulary Enhancement	N/A
Lidocaine Ointment 5 % External	1 + QL 50 + PA1	1 + QL 50	Formulary Enhancement	N/A
Lidocaine-Prilocaine Cream 2.5-2.5 % External	1 + QL 30 + PA1	1 + QL 30	Formulary Enhancement	N/A

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2021 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Northera Capsule 100 MG Oral	1 + PA1 + LA	NF	Formulary Update	droxidopa 100 mg oral capsule, 1 + PA1
Northera Capsule 200 MG Oral	1 + PA1 + LA	NF	Formulary Update	droxidopa 200 mg oral capsule, 1 + PA1
Northera Capsule 300 MG Oral	1 + PA1 + LA	NF	Formulary Update	droxidopa 300 mg oral capsule, 1 + PA1
Unithroid Tablet 137 MCG Oral	NF	1	Formulary Enhancement	N/A
Vestura Tablet 3-0.02 MG Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 08/01/2021				
Albuterol Sulfate ER Tablet Extended Release 12 Hour 4 MG Oral	1	NF	CMS Required Deletion	N/A
Albuterol Sulfate ER Tablet Extended Release 12 Hour 8 MG Oral	1	NF	CMS Required Deletion	N/A
Captopril-Hydrochlorothiazide TABLET 25-15 MG ORAL	1	NF	CMS Required Deletion	N/A
Captopril-hydroCHLOROthiazide Tablet 25-25 MG Oral	1	NF	CMS Required Deletion	N/A
Captopril-Hydrochlorothiazide TABLET 50-15 MG ORAL	1	NF	CMS Required Deletion	N/A
Captopril-hydroCHLOROthiazide Tablet 50-25 MG Oral	1	NF	CMS Required Deletion	N/A
Phospholine Iodide SOLUTION RECONSTITUTED 0.125 % OPHTHALMIC	1	NF	CMS Required Deletion	N/A
Prednicarbate Cream 0.1 % External	1	NF	CMS Required Deletion	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral	NF	1 + QL 56/28	Formulary Enhancement	N/A

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2021 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 60 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
EFFECTIVE 09/01/2021				
Aptivus SOLUTION 100 MG/ML ORAL	1	NF	CMS Required Deletion	N/A
Guanidine HCl Tablet 125 MG Oral	1	NF	CMS Required Deletion	N/A
Maprotiline HCl TABLET 25 MG ORAL	1	NF	CMS Required Deletion	N/A
Maprotiline HCl TABLET 50 MG ORAL	1	NF	CMS Required Deletion	N/A
Maprotiline HCl TABLET 75 MG ORAL	1	NF	CMS Required Deletion	N/A
Methyl dopa-Hydrochlorothiazide TABLET 250-15 MG ORAL	1	NF	CMS Required Deletion	N/A
Methyl dopa-Hydrochlorothiazide TABLET 250-25 MG ORAL	1	NF	CMS Required Deletion	N/A
Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
oxyCODONE-Aspirin Tablet 4.8355-325 MG Oral	1	NF	CMS Required Deletion	N/A
Propranolol-HCTZ TABLET 40-25 MG ORAL	1	NF	CMS Required Deletion	N/A

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2021 FORMULARY CHANGES

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Propranolol-HCTZ TABLET 80-25 MG ORAL	1	NF	CMS Required Deletion	N/A
Rufinamide Tablet 200 MG Oral	NF	1 + QL 240	Formulary Enhancement	N/A
Rufinamide Tablet 400 MG Oral	NF	1 + QL 240	Formulary Enhancement	N/A
Skyrizi Pen Solution Auto-Injector 150 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Skyrizi Solution Prefilled Syringe 150 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Tolmetin Sodium CAPSULE 400 MG ORAL	1	NF	CMS Required Deletion	N/A
Tolmetin Sodium Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
EFFECTIVE 10/01/2021				
Alinia Suspension Reconstituted 100 MG/5ML Oral	1	NF	CMS Required Deletion	N/A
Ayvakit Tablet 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Banzel Tablet 200 MG Oral	1 + QL 240	NF	Formulary Update	rufinamide 200 mg oral tab, 1 + QL 240
Banzel Tablet 400 MG Oral	1 + QL 240	NF	Formulary Update	rufinamide 400 mg oral tab, 1 + QL 240
Cefuroxime Sodium Solution Reconstituted 7.5 GM Injection	1	NF	CMS Required Deletion	N/A
Clovique Capsule 250 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Etravirine Tablet 100 MG Oral	NF	1	Formulary Enhancement	N/A
Etravirine Tablet 200 MG Oral	NF	1	Formulary Enhancement	N/A
Hepatamine Solution 8 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Kinrix SUSPENSION Intramuscular Injection 0.5 ML	1	NF	CMS Required Deletion	N/A
Kloxxado Liquid 8 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A

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2021 FORMULARY CHANGES

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Lithium Solution 8 MEQ/5ML Oral	1	NF	CMS Required Deletion	N/A
Lopinavir-Ritonavir Tablet 100-25 MG Oral	NF	1	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 200-50 MG Oral	NF	1	Formulary Enhancement	N/A
Lumakras Tablet 120 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Picato Gel 0.015 % External	1	NF	CMS Required Deletion	N/A
Picato Gel 0.05 % External	1	NF	CMS Required Deletion	N/A
Proctosol HC Cream 2.5 % External	1	NF	CMS Required Deletion	N/A
Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral	NF	1	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
TriLyte Solution Reconstituted 420 GM Oral	1	NF	CMS Required Deletion	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A