

***Signature Advantage***  
***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**

<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
<b>EFFECTIVE 01/01/2021</b>				
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
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A

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Evrysdi 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
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
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

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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
<b>EFFECTIVE 02/01/2021</b>				
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
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

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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
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
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
Roweeptra TABLET 1000 MG Oral	1	NF	CMS Required Deletion	N/A
Roweeptra Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Roweeptra TABLET 750 MG Oral	1	NF	CMS Required Deletion	N/A
Roweeptra XR Tablet Extended Release 24 Hour 500 MG Oral	1	NF	CMS Required Deletion	N/A

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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
<b>EFFECTIVE 03/01/2021</b>				
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
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

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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
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

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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
Rufinamide Suspension 40 MG/ML Oral	NF	1 + QL 2400 + PA2	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

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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
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
<b>EFFECTIVE 04/01/2021</b>				
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 + PA2	NF	Formulary Update	rufinamide 40 mg/ml oral suspension, 1 + QL 2400 + PA2
Cortisone Acetate Tablet 25 MG Oral	1	NF	CMS Required Deletion	N/A

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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
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

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<b>EFFECTIVE 05/01/2021</b>				
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
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

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Saphris Tablet Sublingual 2.5 MG Sublingual	1 + QL 60 + ST2	NF	Formulary Update	asenapine 2.5 mg sublingual tablet, 1 + QL 60
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
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 + PA1	Formulary Enhancement	N/A
Verquvo Tablet 2.5 MG Oral	NF	1 + QL 30 + PA1	Formulary Enhancement	N/A
Verquvo Tablet 5 MG Oral	NF	1 + QL 30 + PA1	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
<b>EFFECTIVE 06/01/2021</b>				
Accutane Capsule 20 MG Oral	NF	1	Formulary Enhancement	N/A

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**2021 FORMULARY CHANGES**

<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
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
Truvada Tablet 133-200 MG Oral	1	NF	Formulary Update	emtricitabine 133 mg / tenofovir disoproxil fumarate 200 mg oral tablet, 1

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<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>																														
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																														
<b>EFFECTIVE 07/01/2021</b>																																		
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 </tr <tr> <td>Humira Pen-Pediatric UC Start Pen-Injector Kit 80 MG/0.8ML Subcutaneous</td> <td>NF</td> <td>1 + PA2</td> <td>Formulary Enhancement</td> <td>N/A</td> </tr> <tr> <td>Lidocaine HCl Solution 4 % External</td> <td>1 + QL 50 + PA1</td> <td>1 + QL 50</td> <td>Formulary Enhancement</td> <td>N/A</td> </tr> <tr> <td>Lidocaine Ointment 5 % External</td> <td>1 + QL 50 + PA1</td> <td>1 + QL 50</td> <td>Formulary Enhancement</td> <td>N/A</td> </tr> <tr> <td>Lidocaine-Prilocaine Cream 2.5-2.5 % External</td> <td>1 + QL 30 + PA1</td> <td>1 + QL 30</td> <td>Formulary Enhancement</td> <td>N/A</td> </tr> <tr> <td>Northera Capsule 100 MG Oral</td> <td>1 + PA1 + LA</td> <td>NF</td> <td>Formulary Update</td> <td>droxidopa 100 mg oral capsule, 1 + PA1</td> </tr> <tr> <td>Northera Capsule 200 MG Oral</td> <td>1 + PA1 + LA</td> <td>NF</td> <td>Formulary Update</td> <td>droxidopa 200 mg oral capsule, 1 + PA1</td> </tr>	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	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
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																														
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																														

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**2021 FORMULARY CHANGES**

<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
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
<b>EFFECTIVE 08/01/2021</b>				
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
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

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**2021 FORMULARY CHANGES**

<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
<b>EFFECTIVE 09/01/2021</b>				
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
Methyldopa-Hydrochlorothiazide TABLET 250-15 MG ORAL	1	NF	CMS Required Deletion	N/A
Methyldopa-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
Propranolol-HCTZ TABLET 80-25 MG ORAL	1	NF	CMS Required Deletion	N/A
Rufinamide Tablet 200 MG Oral	NF	1 + QL 240 + PA2	Formulary Enhancement	N/A
Rufinamide Tablet 400 MG Oral	NF	1 + QL 240 + PA2	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

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<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
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
<b>EFFECTIVE 10/01/2021</b>				
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 + PA2	NF	Formulary Update	rufinamide 200 mg oral tab, 1 + QL 240 + PA2
Banzel Tablet 400 MG Oral	1 + QL 240 + PA2	NF	Formulary Update	rufinamide 400 mg oral tab, 1 + QL 240 + PA2
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
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

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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
<b>EFFECTIVE 11/01/2021</b>				
chlorproMAZINE HCl Concentrate 100 MG/ML Oral	NF	1	Formulary Enhancement	N/A
chlorproMAZINE HCl Concentrate 30 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 200 MG/1.14ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Potassium Chloride Crys ER Tablet Extended Release 15 MEQ Oral	NF	1	Formulary Enhancement	N/A
Rezurock Tablet 200 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
SUNItinib Malate Capsule 12.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 37.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

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SUNitinib Malate Capsule 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Varenicline Tartrate Tab 0.5 MG	NF	1	Formulary Enhancement	N/A
Varenicline Tartrate Tab 1 MG	NF	1	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	1 + QL 56/28	NF	CMS Required Deletion	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral	NF	1	Formulary Enhancement	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 2 x 20 MG Oral	1	NF	CMS Required Deletion	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral	1	NF	CMS Required Deletion	N/A
<b>EFFECTIVE 12/01/2021</b>				
Cosentyx Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 15 MG Oral	NF	1	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 20 MG Oral	NF	1	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 30 MG Oral	NF	1	Formulary Enhancement	N/A
Difluprednate Emulsion 0.05 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 10 MG Oral	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 2.5 MG Oral	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 20 MG Oral	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 5 MG Oral	NF	1	Formulary Enhancement	N/A
Panretin Gel 0.1 % External	NF	1 + PA2	Formulary Enhancement	N/A
Proparacaine HCl Solution 0.5 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

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Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Welireg Tablet 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral	NF	1	Formulary Enhancement	N/A

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