

Provider Partners Health Plan of Ohio

December 2020

Formulary Addendum

Below is a list formulary changes for the benefit year 2020. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2020 downloadable formulary on the ***Provider Partners Health Plan*** website.

For a complete list of drugs covered by ***Provider Partners Health Plan***, please visit our website at <https://www.pphealthplan.com/>, or call Member Services at 1-800-405-9681, 8:00 am to 8:00 pm, 7 days a week. TTY/TDD users should call 711.

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2020				
Abilify MyCite Tablet 10 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 15 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 2 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 20 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 30 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 5 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Avonex Kit 30 MCG Intramuscular	1 + PA2	NF	CMS Required Deletion	N/A
Bivigam Solution 10 GM/100ML Intravenous	1 + PA1	NF	CMS Required Deletion	N/A
Cefixime Capsule 400 MG Oral	NF	1	Formulary Enhancement	N/A

Y0135_FormAdden20_C

Formulary ID: 20155_Version 18

Last Updated: 11/23/2020

Effective date: 12/01/2020

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Corlanor Solution 5 MG/5ML Oral	NF	1 + QL 450 + PA1	Formulary Enhancement	N/A
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 250 MG Oral	NF	1	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 333 MG Oral	NF	1	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 500 MG Oral	NF	1	Formulary Enhancement	N/A
Fasenra Solution Prefilled Syringe 30 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Febuxostat Tablet 40 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Febuxostat Tablet 80 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation	NF	1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation	NF	1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation	NF	1	Formulary Enhancement	N/A
Inrebic Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Jolivette Tablet 0.35 MG Oral	1	NF	CMS Required Deletion	N/A
Metaproterenol Sulfate Tablet 10 MG Oral	1	NF	CMS Required Deletion	N/A
Metaproterenol Sulfate Tablet 20 MG Oral	1	NF	CMS Required Deletion	N/A
MonoNessa Tablet 0.25-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Morphine Sulfate SOLUTION 2 MG/ML Injection	1 + BvsD	NF	CMS Required Deletion	N/A
Morphine Sulfate SOLUTION 5 MG/ML INJECTION	1	NF	CMS Required Deletion	N/A

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Nubeqa Tablet 300 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Pregabalin Capsule 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 150 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 200 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 225 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 25 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 300 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 50 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 75 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Solution 20 MG/ML Oral	NF	1 + QL 900	Formulary Enhancement	N/A
Ramelteon Tablet 8 MG Oral	NF	1	Formulary Enhancement	N/A
Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous	1 + QL 18 + ST1	1 + QL 18	Formulary Enhancement	N/A
Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Theophylline ER Tablet Extended Release 12 Hour 100 MG Oral	1	NF	CMS Required Deletion	N/A
Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral	1	NF	CMS Required Deletion	N/A
TOLAZamide Tablet 250 MG Oral	1	NF	CMS Required Deletion	N/A
TOLAZamide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Turalio Capsule 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

Y0135_FormAdden20_C
Formulary ID: 20155_Version 18
Last Updated: 11/23/2020
Effective date: 12/01/2020

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous	1 + QL 15 + ST1	1 + QL 15	Formulary Enhancement	N/A
Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral	1 + QL 60 + ST2	1 + QL 60	Formulary Enhancement	N/A
Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral	1 + QL 60 + ST2	1 + QL 60	Formulary Enhancement	N/A
Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral	1 + QL 60 + ST2	1 + QL 60	Formulary Enhancement	N/A
Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral	1 + QL 30 + ST2	1 + QL 30	Formulary Enhancement	N/A
Posaconazole Tablet Delayed Release 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Rozlytrek Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Rozlytrek Capsule 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ferriprox Tablet 1000 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
EFFECTIVE 02/01/2020				
Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	NF	1	Formulary Enhancement	N/A
Deferasirox Tablet 360 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Tablet 90 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Delyla TABLET 0.1-20 MG-MCG ORAL	1	NF	CMS Required Deletion	N/A
Dextrose-NaCl SOLUTION 5-0.33 % Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Fasenra Pen Solution Auto-Injector 30 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
GaviLyte-G SOLUTION RECONSTITUTED 236 GM ORAL	1	NF	CMS Required Deletion	N/A
Imvexxy Maintenance Pack Insert 10 MCG Vaginal	NF	1	Formulary Enhancement	N/A
Imvexxy Maintenance Pack Insert 4 MCG Vaginal	NF	1	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 10 MCG Vaginal	NF	1	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 4 MCG Vaginal	NF	1	Formulary Enhancement	N/A
Katerzia Suspension 1 MG/ML Oral	NF	1	Formulary Enhancement	N/A
KCl in Dextrose-NaCl Solution 20-5-0.33 MEQ/L-%-% Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Methyclothiazide Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
Metoprolol Tartrate Tablet 37.5 MG Oral	NF	1	Formulary Enhancement	N/A
Metoprolol Tartrate Tablet 75 MG Oral	NF	1	Formulary Enhancement	N/A
Mimvey Lo TABLET 0.5-0.1 MG ORAL	1	NF	CMS Required Deletion	N/A

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Nadolol-Bendroflumethiazide Tablet 40-5 MG Oral	1	NF	CMS Required Deletion	N/A
Nayzilam Solution 5 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Norlyroc TABLET 0.35 MG ORAL	1	NF	CMS Required Deletion	N/A
Oxervate Solution 0.002 % Ophthalmic	1 + PA1	NF	CMS Required Deletion	N/A
Promethazine HCl SUPPOSITORY 50 MG Rectal	1	NF	CMS Required Deletion	N/A
Rebetol Solution 40 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Ribasphere CAPSULE 200 MG ORAL	1	NF	CMS Required Deletion	N/A
Ribasphere RibaPak Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Ribasphere RibaPak Tablet Therapy Pack 400 & 600 MG Oral	1	NF	CMS Required Deletion	N/A
Ribasphere Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-1 Tablet 60 (12.5-50) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-1/2 Tablet 30 (6.25-25) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-1/4 Tablet 15 (3.1-12.5) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-2 Tablet 120 (25-100) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-3 Tablet 180 (37.5-150) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Tiadyt ER Capsule Extended Release 24 Hour 360 MG Oral	NF	1	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	1 + ST1	1	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Vyndamax Capsule 61 MG Oral	NF	1 + QL 30 + PA1	Formulary Enhancement	N/A
Zykadia CAPSULE 150 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
EFFECTIVE 03/01/2020				
Advair Diskus Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation	1	NF	Formulary Update	Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation, 1
Advair Diskus Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation	1	NF	Formulary Update	Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation, 1
Advair Diskus Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation	1	NF	Formulary Update	Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation, 1
Brukinsa Capsule 80 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ciprofloxacin SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	1	NF	CMS Required Deletion	N/A
Ery-Tab Tablet Delayed Release 250 MG Oral	1	NF	Formulary Update	Erythromycin Base Tablet Delayed Release 250 MG Oral, 1

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ery-Tab Tablet Delayed Release 333 MG Oral	1	NF	Formulary Update	Erythromycin Base Tablet Delayed Release 333 MG Oral, 1
Ery-Tab Tablet Delayed Release 500 MG Oral	1	NF	Formulary Update	Erythromycin Base Tablet Delayed Release 500 MG Oral, 1
Esbriet Tablet 267 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Everolimus Tablet 2.5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 7.5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Isosorbide Dinitrate ER Tablet Extended Release 40 MG Oral	1	NF	CMS Required Deletion	N/A
Jadenu Tablet 360 MG Oral	1 + PA1	NF	Formulary Update	Deferasirox Tablet 360 MG Oral, 1 + PA1
Jadenu Tablet 90 MG Oral	1 + PA1	NF	Formulary Update	Deferasirox Tablet 90 MG Oral, 1 + PA1
Lyrica Capsule 100 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 100 MG Oral, 1 + QL 120
Lyrica Capsule 150 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 150 MG Oral, 1 + QL 120
Lyrica Capsule 200 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 200 MG Oral, 1 + QL 120
Lyrica Capsule 225 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 225 MG Oral, 1 + QL 120

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Lyrica Capsule 25 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 25 MG Oral, 1 + QL 120
Lyrica Capsule 300 MG Oral	1 + QL 60	NF	Formulary Update	Pregabalin Capsule 300 MG Oral, 1 + QL 60
Lyrica Capsule 50 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 50 MG Oral, 1 + QL 120
Lyrica Capsule 75 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 75 MG Oral, 1 + QL 120
Lyrica Solution 20 MG/ML Oral	1 + QL 900	NF	Formulary Update	Pregabalin Solution 20 MG/ML Oral, 1 + QL 900
Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	NF	1	Formulary Enhancement	N/A
Noxafil Tablet Delayed Release 100 MG Oral	1 + PA1	NF	Formulary Update	Posaconazole Tablet Delayed Release 100 MG Oral, 1 + PA1
Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation	NF	1 + BvsD	Formulary Enhancement	N/A
Pentamidine Isethionate Solution Reconstituted 300 MG Injection	NF	1 + BvsD	Formulary Enhancement	N/A
Repaglinide-metFORMIN HCl Tablet 1-500 MG Oral	1	NF	CMS Required Deletion	N/A
Repaglinide-metFORMIN HCl Tablet 2-500 MG Oral	1	NF	CMS Required Deletion	N/A
Sucralfate Suspension 1 GM/10ML Oral	NF	1	Formulary Enhancement	N/A
Suprax Capsule 400 MG Oral	1	NF	Formulary Update	Cefixime Capsule 400 MG Oral, 1

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Travoprost (BAK Free) Solution 0.004 % Ophthalmic	NF	1 + QL 2.5/20	Formulary Enhancement	N/A
Uloric Tablet 40 MG Oral	1 + PA1	NF	Formulary Update	Febuxostat Tablet 40 MG Oral, 1 + PA1
Uloric Tablet 80 MG Oral	1 + PA1	NF	Formulary Update	Febuxostat Tablet 80 MG Oral, 1 + PA1
EFFECTIVE 04/01/2020				
Afinitor Tablet 2.5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus 2.5 mg, 1 + QL 30 + PA2
Afinitor Tablet 5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus 5 mg, 1 + QL 30 + PA2
Afinitor Tablet 7.5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus 7.5 mg, 1 + QL 30 + PA2
Apriso Capsule Extended Release 24 Hour 0.375 GM Oral	1	NF	Formulary Update	mesalamine 375 mg, 1
Ayvakit Tablet 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 300 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Carafate Suspension 1 GM/10ML Oral	1	NF	Formulary Update	sucralfate 100 mg/ml, 1
Colocort ENEMA 100 MG/60ML Rectal	1	NF	CMS Required Deletion	N/A
Dextroamphetamine Sulfate Solution 5 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 100 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 112 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 125 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 137 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 150 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 175 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 200 MCG Oral	NF	1	Formulary Enhancement	N/A

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Euthyrox Tablet 25 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 50 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 75 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 88 MCG Oral	NF	1	Formulary Enhancement	N/A
Fenofibric Acid Tablet 105 MG Oral	1	NF	CMS Required Deletion	N/A
Fenofibric Acid Tablet 35 MG Oral	1	NF	CMS Required Deletion	N/A
Fluoroplex Cream 1 % External	NF	1	Formulary Enhancement	N/A
Humira Pediatric Crohns Start 40 MG/0.8ML Subcutaneous (6 PACK)	1 + PA1	NF	CMS Required Deletion	N/A
Humira Pediatric Crohns Start Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	1 + PA1	NF	CMS Required Deletion	N/A
Insulin Asp Prot & Asp FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart Prot & Aspart Suspension (70-30) 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart Solution 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Klor-Con Sprinkle Capsule Extended Release 8 MEQ Oral	1	NF	CMS Required Deletion	N/A
Nebupent Solution Reconstituted 300 MG Inhalation	1 + BvsD	NF	Formulary Update	pentamidine isethionate 50 mg/ml, 1 + BvsD

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG(24) Oral	1	NF	CMS Required Deletion	N/A
PEG 3350/Electrolytes Solution Reconstituted 240 GM Oral	1	NF	CMS Required Deletion	N/A
penicillAMINE Tablet 250 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Pentam Solution Reconstituted 300 MG Injection	1 + BvsD	NF	Formulary Update	pentamidine isethionate 300 mg, 1 + BvsD
Premasol Solution 6 % Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Pulmozyme SOLUTION 1 MG/ML INHALATION	1 + PA1	1 + BvsD	Formulary Enhancement	N/A
Rybelsus Tablet 14 MG Oral	NF	1	Formulary Enhancement	N/A
Rybelsus Tablet 3 MG Oral	NF	1	Formulary Enhancement	N/A
Rybelsus Tablet 7 MG Oral	NF	1	Formulary Enhancement	N/A
Sodium Lactate Solution 5 MEQ/ML Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Sylatron KIT 600 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
TOLBUTamide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
traMADol HCl Tablet 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Travatan Z Solution 0.004 % Ophthalmic	1 + QL 2.5/20	NF	Formulary Update	travoprost 0.04 mg/ml, 1 + QL 2.5/20
Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular	1 + BvsD	1	Formulary Enhancement	N/A
Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
EFFECTIVE 05/01/2020				

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Advair Diskus Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation	NF	1	Formulary Enhancement	N/A
Advair Diskus Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation	NF	1	Formulary Enhancement	N/A
Advair Diskus Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation	NF	1	Formulary Enhancement	N/A
Alendronate Sodium Tablet 40 MG Oral	1	NF	CMS Required Deletion	N/A
Alendronate Sodium Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
AVC Vaginal Cream 15 % Vaginal	1	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 250 MG Oral	1	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Depen Titratabs Tablet 250 MG Oral	1 + PA1	NF	Formulary Update	penicillamine 250 mg, 1 + PA1
Farydak Capsule 15 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Flurbiprofen TABLET 50 MG ORAL	1	NF	CMS Required Deletion	N/A
HYDROmorphone HCl Solution 2 MG/ML Injection	1	NF	CMS Required Deletion	N/A
Ionosol-MB in D5W Solution Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	NF	1 + ST2	Formulary Enhancement	N/A
Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	NF	1 + ST2	Formulary Enhancement	N/A

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	NF	1 + ST2	Formulary Enhancement	N/A
Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL	NF	1	Formulary Enhancement	N/A
Tazverik Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 120 MG Oral	NF	1	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 180 MG Oral	NF	1	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 240 MG Oral	NF	1	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 300 MG Oral	NF	1	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 420 MG Oral	NF	1	Formulary Enhancement	N/A
Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Valtoco 15 MG Dose Liquid Therapy Pack 7.5 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Valtoco 20 MG Dose Liquid Therapy Pack 10 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Yosprala Tablet Delayed Release 325-40 MG Oral	1	NF	CMS Required Deletion	N/A
Yosprala Tablet Delayed Release 81-40 MG Oral	1	NF	CMS Required Deletion	N/A
EFFECTIVE 06/01/2020				
Caplyta Capsule 42 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Clovique Capsule 250 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Codeine Sulfate Tablet 15 MG Oral	NF	1	Formulary Enhancement	N/A
Eprosartan Mesylate Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Everolimus Tablet 0.25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 0.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 0.75 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 125 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 75 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ketoprofen Capsule 50 MG Oral	NF	1	Formulary Enhancement	N/A
Ketoprofen Capsule 75 MG Oral	NF	1	Formulary Enhancement	N/A
NovoLIN 70/30 FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
NovoLIN R FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Plaquenil Tablet 200 MG Oral	NF	1	Formulary Enhancement	N/A
Ranitidine HCl Capsule 150 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Capsule 300 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Syrup 75 MG/5ML Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Tablet 150 MG Oral	1	NF	CMS Required Deletion	N/A
ranITidine HCl Tablet 300 MG Oral	1	NF	CMS Required Deletion	N/A
Rescriptor Tablet 200 MG Oral	1	NF	CMS Required Deletion	N/A
EFFECTIVE 07/01/2020				

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Asmanex HFA Aerosol 50 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Diazoxide Suspension 50 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Haloperidol Decanoate Solution 50 MG/ML Intramuscular(1ML)	NF	1	Formulary Enhancement	N/A
Koselugo Capsule 10 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Koselugo Capsule 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Metadate ER Tablet Extended Release 20 MG Oral	1	NF	CMS Required Deletion	N/A
metFORMIN HCl Solution 500 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Pemazyre Tablet 13.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Pemazyre Tablet 4.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Pemazyre Tablet 9 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous	1 + ST1	1	Formulary Enhancement	N/A
Promacta Packet 25 MG Oral	NF	1 + QL 180 + PA1	Formulary Enhancement	N/A
Sunosi Tablet 150 MG Oral	NF	1 + QL 30 + PA1	Formulary Enhancement	N/A
Sunosi Tablet 75 MG Oral	NF	1 + QL 30 + PA1	Formulary Enhancement	N/A
Videx EC Capsule Delayed Release 125 MG Oral	1	NF	CMS Required Deletion	N/A
Videx Solution Reconstituted 2 GM Oral	1	NF	CMS Required Deletion	N/A
Ziextenzo Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Zortress Tablet 0.25 MG Oral	1 + PA2	NF	Formulary Update	everolimus 0.25 mg, 1 + PA2
Zortress Tablet 0.5 MG Oral	1 + PA2	NF	Formulary Update	everolimus 0.5 mg, 1 + PA2

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Zortress Tablet 0.75 MG Oral	1 + PA2	NF	Formulary Update	everolimus 0.75 mg, 1 + PA2
EFFECTIVE 08/01/2020				
Aminosyn-PF Solution 10 % Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Deferasirox Tablet 180 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Fibricor Tablet 105 MG Oral	1	NF	CMS Required Deletion	N/A
Fibricor Tablet 35 MG Oral	1	NF	CMS Required Deletion	N/A
Havrix SUSPENSION 720 EL U/0.5ML Intramuscular (prefilled syringe)	1	NF	CMS Required Deletion	N/A
Isturisa Tablet 1 MG Oral	NF	1 + QL 240 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 10 MG Oral	NF	1 + QL 180 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 5 MG Oral	NF	1 + QL 120 + PA1	Formulary Enhancement	N/A
Jynarque Tablet Therapy Pack 15 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Jynarque Tablet Therapy Pack 30 & 15 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 100 MG Intravenous	NF	1	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 50 MG Intravenous	NF	1	Formulary Enhancement	N/A
Nitisinone Capsule 10 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Nitisinone Capsule 2 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Nitisinone Capsule 5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Ogestrel Tablet 0.5-50 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Phenadoz Suppository 12.5 MG Rectal	1	NF	CMS Required Deletion	N/A
Proglycem Suspension 50 MG/ML Oral	1	NF	Formulary Update	diazoxide 50 mg/ml, 1

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Qinlock Tablet 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Retevmo Capsule 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Retevmo Capsule 80 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Riomet Solution 500 MG/5ML Oral	1	NF	Formulary Update	metformin hydrochloride 100 mg/ml, 1
Tukysa Tablet 150 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Tukysa Tablet 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	NF	1 + QL 56/28	Formulary Enhancement	N/A
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	NF	1 + QL 56/28	Formulary Enhancement	N/A
Xcopri Tablet 100 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet 150 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet 200 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet 50 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	NF	1 + QL 28/28	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral	NF	1 + QL 28/28	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral	NF	1 + QL 28/28	Formulary Enhancement	N/A
Zemdri Solution 500 MG/10ML Intravenous	NF	1	Formulary Enhancement	N/A
Ziprasidone Mesylate Solution Reconstituted 20 MG Intramuscular	NF	1	Formulary Enhancement	N/A
EFFECTIVE 09/01/2020				
Didanosine Capsule Delayed Release 200 MG Oral	1	NF	CMS Required Deletion	N/A
Geodon Solution Reconstituted 20 MG Intramuscular	1 + ST2	NF	Formulary Update	ziprasidone 20 mg injection, 1

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Invokamet TABLET 150-1000 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Invokamet TABLET 150-500 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Invokamet TABLET 50-1000 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Invokamet TABLET 50-500 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 150-1000 MG Oral	1 + ST1	1	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 150-500 MG Oral	1 + ST1	1	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 50-1000 MG Oral	1 + ST1	1	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 50-500 MG Oral	1 + ST1	1	Formulary Enhancement	N/A
Invokana TABLET 100 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Invokana TABLET 300 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Jadenu Tablet 180 MG Oral	1 + PA1	NF	Formulary Update	deferasirox 180 mg oral tablet, 1 + PA1
Jardiance TABLET 10 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Jardiance Tablet 25 MG Oral	1 + ST1	1	Formulary Enhancement	N/A
Mycamine Solution Reconstituted 100 MG Intravenous	1	NF	Formulary Update	miconazole sodium 100 mg solr, 1
Mycamine Solution Reconstituted 50 MG Intravenous	1	NF	Formulary Update	miconazole sodium 50 mg solr, 1

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Orfadin Capsule 10 MG Oral	1 + PA1 + LA	NF	Formulary Update	nitisinone 10 mg oral capsule, 1 + PA1
Orfadin Capsule 2 MG Oral	1 + PA1 + LA	NF	Formulary Update	nitisinone 2 mg oral capsule, 1 + PA1
Orfadin Capsule 5 MG Oral	1 + PA1 + LA	NF	Formulary Update	nitisinone 5 mg oral capsule, 1 + PA1
oxyCODONE-Ibuprofen Tablet 5-400 MG Oral	1	NF	CMS Required Deletion	N/A
Potassium Chloride in Dextrose Solution 40-5 MEQ/L-% Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Rifater TABLET 50-120-300 MG ORAL	1	NF	CMS Required Deletion	N/A
Synjardy TABLET 12.5-1000 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Synjardy TABLET 12.5-500 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Synjardy TABLET 5-1000 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Synjardy TABLET 5-500 MG ORAL	1 + ST1	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	1 + ST1	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	1 + ST1	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	1 + ST1	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	1 + ST1	1	Formulary Enhancement	N/A

Y0135_FormAdden20_C
Formulary ID: 20155_Version 18
Last Updated: 11/23/2020
Effective date: 12/01/2020

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tabrecta Tablet 150 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Tabrecta Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Teriparatide (Recombinant) Solution Pen-Injector 620 MCG/2.48ML Subcutaneous	NF	1 + QL 2.48/28 + PA1	Formulary Enhancement	N/A
EFFECTIVE 10/01/2020				
CefTRIAxone Sodium Solution Reconstituted 10 GM Intravenous	NF	1 + BvsD	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	1 + BvsD	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
Fintepla Solution 2.2 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
MethylPREDNISolone SOD Succ SOL RECON 40 MG INJ	NF	1 + BvsD	Formulary Enhancement	N/A
MethylPREDNISolone Sodium Succ SOLUTION RECONSTITUTED 125 MG Injection	NF	1 + BvsD	Formulary Enhancement	N/A
Normosol-R in D5W SOLUTION Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Omeprazole Capsule Delayed Release 10 MG Oral	1	NF	CMS Required Deletion	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	1	Formulary Enhancement	N/A
SOLU-MEDROL INJ 125MG	NF	1 + BvsD	Formulary Enhancement	N/A
SOLU-MEDROL INJ 40MG	NF	1 + BvsD	Formulary Enhancement	N/A

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
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
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
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
EFFECTIVE 11/01/2020				
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
Dexamethasone Intensol Concentrate 1 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	1 + PA1	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

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
lamoTRIgine Kit 25 & 50 & 100 MG Oral	NF	1	Formulary Enhancement	N/A
Normosol-R pH 7.4 SOLUTION Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Omeprazole Capsule Delayed Release 10 MG Oral	NF	1	Formulary Enhancement	N/A
Pantoprazole Sodium Packet 40 MG Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 12/01/2020				
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

**Y0135_FormAdden20_C
 Formulary ID: 20155_Version 18
 Last Updated: 11/23/2020
 Effective date: 12/01/2020**