

Virginia Premier Advantage Elite
2021
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all, 2=new starts),
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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 1.2-5 % 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
DEXTROSE-NACL SOLUTION 5-0.225 % INTRAVENOUS	1 + BvD	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
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

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AUROVELA TAB 1/20	NF	1	Formulary Enhancement	N/A
AUROVELA FE TAB 1/20	NF	1	Formulary Enhancement	N/A
BLISOVI FE TAB 1/20	NF	1	Formulary Enhancement	N/A
DEFERIPRONE TABLET 500 MG ORAL	NF	1 + PA1	Formulary Enhancement	N/A
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG ORAL	NF	1 + PA1	Formulary Enhancement	N/A
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG ORAL	NF	1 + PA1	Formulary Enhancement	N/A
EMTRICITABINE CAPSULE 200 MG ORAL	NF	1 + QL 30	Formulary Enhancement	N/A
FINTEPLA SOLUTION 2.2 MG/ML ORAL	NF	1 + PA2	Formulary Enhancement	N/A
GAVRETO CAPSULE 100 MG ORAL	NF	1 + PA2	Formulary Enhancement	N/A
HAILEY FE TAB 1/20	NF	1	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 + PA1	Formulary Enhancement	N/A
LAMOTRIGINE KIT 25 & 50 & 100 MG ORAL	NF	1	Formulary Enhancement	N/A
MENQUADFI INJECTABLE INTRAMUSCULAR	NF	1	Formulary Enhancement	N/A

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NORETH/ETHIN TAB FE 1/20	NF	1	Formulary Enhancement	N/A
NORMOSOL-R SOLUTION INTRAVENOUS	1 + BvD	NF	CMS Required Deletion	N/A
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	NF	1 + QL 60	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+ QL 360	Formulary Enhancement	N/A
TOLVAPTAN TABLET 30 MG ORAL	NF	1 + PA1	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
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
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
DEPO-PROVERA SUSPENSION 400 MG/ML INTRAMUSCULAR	1 + BvD	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 + QL 30	Formulary Enhancement	N/A

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EFAVIRENZ-LAMIVUDINE-TENOFOVIR TABLET 400-300-300 MG ORAL	NF	1 + QL 30	Formulary Enhancement	N/A
EFAVIRENZ-LAMIVUDINE-TENOFOVIR TABLET 600-300-300 MG ORAL	NF	1 + QL 30	Formulary Enhancement	N/A
EMTRICITABINE-TENOFOVIR DF TABLET 200-300 MG ORAL	NF	1 + QL 30	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 + QL 2	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 + 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
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 + QL 60	Formulary Enhancement	N/A
Effective 03/01/2021				

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ATRIPLA TABLET 600-200-300 MG ORAL	1 + QL 30	NF	Formulary Update	efavirenz 600 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1 + QL 30
CRIXIVAN CAPSULE 400 MG ORAL	1 + QL 180	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 + PA1	Formulary Enhancement	N/A
EMTRIVA CAPSULE 200 MG ORAL	1 + QL 30	NF	Formulary Update	emtricitabine 200 mg oral capsule, 1 + QL 30
FERRIPROX TABLET 500 MG ORAL	1 + PA1	NF	Formulary Update	deferiprone 500 mg oral tablet, 1 + PA1
HUMIRA PEN PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	NF	1 + PA1	Formulary Enhancement	N/A
HUMIRA PREFILLED SYRINGE KIT 10 MG/0.2ML SUBCUTANEOUS	1 + PA1	NF	CMS Required Deletion	N/A
HUMIRA PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	1 + PA1	NF	CMS Required Deletion	N/A

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ICLEVIA TABLET 0.15-0.03 MG ORAL	NF	1	Formulary Enhancement	N/A
KUVAN PACKET 100 MG ORAL	1 + PA1	NF	Formulary Update	sapropterin dihydrochloride 100 mg powder for oral solution, 1 + PA1
KUVAN PACKET 500 MG ORAL	1 + PA1	NF	Formulary Update	sapropterin dihydrochloride 500 mg powder for oral solution, 1 + PA1
KUVAN TABLET SOLUBLE 100 MG ORAL	1 + PA1	NF	Formulary Update	sapropterin dihydrochloride 100 mg oral tablet, 1 + PA1
MONUROL PACKET 3 GM ORAL	1 + QL 2	NF	Formulary Update	fosfomycin 3000 mg powder for oral solutions, 1 + QL 2
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

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RUFINAMIDE SUSPENSION 40 MG/ML ORAL	NF	1	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 + QL 30	NF	Formulary Update	efavirenz 400 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1 + QL 30
SYMFI TABLET 600-300-300 MG ORAL	1 + QL 30	NF	Formulary Update	efavirenz 600 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1 + QL 30
TECFIDERA CAPSULE DELAYED RELEASE 120 MG ORAL	1 + PA1	NF	Formulary Update	dimethyl fumarate 120 mg delayed release oral capsule, 1 + PA1

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TECFIDERA CAPSULE DELAYED RELEASE 240 MG ORAL	1 + PA1	NF	Formulary Update	dimethyl fumarate 240 mg delayed release oral capsule, 1 + PA1
TRUVADA TABLET 200-300 MG ORAL	1 + QL 30	NF	Formulary Update	emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1 + QL 30
TYKERB TABLET 250 MG ORAL	1 + PA2	NF	Formulary Update	lapatinib 250 mg oral tablet, 1 + 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 + 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	NF	Formulary Update	rufinamide 40 mg/ml oral suspension, 1

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CORTISONE ACETATE TABLET 25 MG ORAL	1	NF	CMS Required Deletion	N/A
CYSTADROPS SOLUTION 0.37 % OPHTHALMIC	NF	1 + PA1	Formulary Enhancement	N/A
DIDANOSINE CAPSULE DELAYED RELEASE 250 MG ORAL	1 + QL 30	NF	CMS Required Deletion	N/A
DIDANOSINE CAPSULE DELAYED RELEASE 400 MG ORAL	1 + QL 30	NF	CMS Required Deletion	N/A
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL	NF	1 + ST2	Formulary Enhancement	N/A
DUAVEE TABLET 0.45-20 MG ORAL	NF	1	Formulary Enhancement	N/A
HEMADY TABLET 20 MG ORAL	NF	1 + PA2	Formulary Enhancement	N/A
ICLUSIG TABLET 10 MG ORAL	NF	1 + PA2	Formulary Enhancement	N/A
ICLUSIG TABLET 30 MG ORAL	NF	1 + 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

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STAVUDINE CAPSULE 15 MG ORAL	1 + QL 60	NF	CMS Required Deletion	N/A
STAVUDINE CAPSULE 20 MG ORAL	1 + QL 60	NF	CMS Required Deletion	N/A
STAVUDINE CAPSULE 30 MG ORAL	1 + QL 60	NF	CMS Required Deletion	N/A
STAVUDINE CAPSULE 40 MG ORAL	1 + QL 60	NF	CMS Required Deletion	N/A
TECFIDERA 120 & 240 MG ORAL	1 + PA1	NF	Formulary Update	dimethyl fumarate 120 mg / dimethyl fumarate 240 mg oral pack, 1 + PA1
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
Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation	NF	1 + QL 10.7	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 100-150 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 133-200 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 167-250 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Lidocaine HCl Urethral/Mucosal Gel 2 % External	1 + QL 30	NF	CMS Required Deletion	N/A
Lubiprostone Capsule 24 MCG Oral	NF	1 + QL 60	Formulary Enhancement	N/A

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Lubiprostone Capsule 8 MCG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Lupkynis Capsule 7.9 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Mayzent Starter Pack Tablet Therapy Pack 0.25 MG Oral	NF	1 + PA1	Formulary Enhancement	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
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

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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 + QL 30	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 + PA1	Formulary Enhancement	N/A
Verquvo Tablet 2.5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Verquvo Tablet 5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Xeljanz Solution 1 MG/ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Xtandi Tablet 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xtandi Tablet 80 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Zytiga Tablet 500 MG Oral	1 + PA2	NF	Formulary Update	abiraterone acetate 500 mg oral tablet, 1 + PA2
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

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2021 Formulary CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
AMITIZA CAPSULE 24 MCG ORAL	1 + QL 60	N/F	Formulary Update	lubiprostone 0.024 mg oral capsule, 1 + QL 60
AMITIZA CAPSULE 8 MCG ORAL	1 + QL 60	N/F	Formulary Update	lubiprostone 0.008 mg oral capsule, 1 + QL 60
CRIXIVAN CAPSULE 200 MG ORAL	1 + QL 360	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
HETLIOZ LQ SUSPENSION 4 MG/ML ORAL	NF	1 + QL 158 + PA1	Formulary Enhancement	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 + QL 8	NF	CMS Required Deletion	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
TRUVADA TABLET 100-150 MG ORAL	1 + QL 30	N/F	Formulary Update	emtricitabine 100 mg / tenofovir disoproxil fumarate 150 mg oral tablet, 1 + QL 30
TRUVADA TABLET 133-200 MG ORAL	1 + QL 30	N/F	Formulary Update	emtricitabine 133 mg / tenofovir disoproxil fumarate 200 mg oral tablet, 1 + QL 30
TRUVADA TABLET 167-250 MG ORAL	1 + QL 30	N/F	Formulary Update	emtricitabine 167 mg / tenofovir disoproxil fumarate 250 mg oral tablet, 1 + QL 30
UKONIQ TABLET 200 MG ORAL	NF	1 + PA2	Formulary Enhancement	N/A
Effective 07/01/2021				
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 + PA1	Formulary Enhancement	N/A
NORTHERA CAPSULE 100 MG ORAL	1 + PA1	NF	Formulary Update	droxidopa 100 mg oral capsule, 1 + PA1

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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 200 MG ORAL	1 + PA1	NF	Formulary Update	droxidopa 200 mg oral capsule, 1 + PA1
NORTHERA CAPSULE 300 MG ORAL	1 + PA1	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
PREDNICARBATE CREAM 0.1 % EXTERNAL	1	NF	CMS Required Deletion	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
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
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 + QL 300	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

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2021 Formulary CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
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
OXYCODONE-ASPIRIN TABLET 4.8355-325 MG ORAL	1 + QL 360	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	Formulary Enhancement	N/A
RUFINAMIDE TABLET 400 MG ORAL	NF	1	Formulary Enhancement	N/A
SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	NF	1 + PA1	Formulary Enhancement	N/A
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	NF	1 + PA1	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

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