

**Bright Health 6T HMO/PPO**  
**2021**  
**Formulary Addendum**

**Upcoming Changes to Bright Health’s Formulary**

Bright Health may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, you or your prescriber can ask us to make an exception and continue to cover the drug in the way you would like. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage*, or call 1-833-665-5346 (TTY:711), 24 hours a day, 7 days a week.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
<b>EFFECTIVE 01/01/2021</b>				
Aminosyn II Solution 10 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Clindamycin Phos-Benzoyl Perox Gel 1.2-5 % External	NF	4	Formulary Enhancement	N/A
Deferasirox Granules Packet 180 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Deferasirox Granules Packet 360 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Deferasirox Granules Packet 90 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Deferiprone Tablet 500 MG Oral	NF	5 + PA	Formulary Enhancement	N/A

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Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	3	NF	CMS Required Deletion	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	5 + QL 60 + PA	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	5 + QL 60 + PA	Formulary Enhancement	N/A
Dojolvi Liquid 100 % Oral	NF	5 + PA	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Evryski Solution Reconstituted 0.75 MG/ML Oral	NF	5 + PA	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	5 + PA2	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
lamoTRIGine Kit 25 & 50 & 100 MG Oral	NF	2	Formulary Enhancement	N/A
Magnesium Sulfate Solution 50 % Injection	4 + BvD	2 + BvD	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	3	Formulary Enhancement	N/A
Normosol-R SOLUTION Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A

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Sirturo Tablet 20 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Sylatron KIT 200 MCG Subcutaneous	5 + QL 4/28 + PA2	NF	CMS Required Deletion	N/A
Sylatron KIT 300 MCG Subcutaneous	5 + QL 4/28 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	4 + QL 360	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	5 + QL 60 + PA	Formulary Enhancement	N/A
Triderm Cream 0.5 % External	NF	2	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	3 + QL 2/28	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	3 + QL 2/28	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Zostavax SUSPENSION RECONSTITUTED 19400 UNT/0.65ML Subcutaneous	3	NF	CMS Required Deletion	N/A
<b>EFFECTIVE 02/01/2021</b>				
Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral	NF	4 + PA	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 1 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 2 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 5 MG Oral	NF	5 + PA	Formulary Enhancement	N/A

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Avonex Pen Auto-Injector Kit 30 MCG/0.5ML Intramuscular	5 + QL 1/28 + PA	5 + PA	Formulary Enhancement	N/A
Avonex Prefilled Prefilled Syringe Kit 30 MCG/0.5ML Intramuscular	5 + QL 1/28 + PA	5 + PA	Formulary Enhancement	N/A
Betaseron KIT 0.3 MG Subcutaneous	5 + QL 15 + PA	5 + PA	Formulary Enhancement	N/A
Diacomit Capsule 250 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Diacomit Capsule 500 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Diacomit Packet 250 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Diacomit Packet 500 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Efavirenz-Emtricitab-Tenofovir Tablet 600-200-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 400-300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 600-300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 200-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Esbriet Tablet 267 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Farydak Capsule 15 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Gilenya CAPSULE 0.5 MG ORAL	5 + QL 30 + PA	5 + PA	Formulary Enhancement	N/A
Lampit Tablet 120 MG Oral	NF	4	Formulary Enhancement	N/A
Lampit Tablet 30 MG Oral	NF	4	Formulary Enhancement	N/A
Lapatinib Ditosylate Tablet 250 MG Oral	NF	5 + QL 180 + PA2	Formulary Enhancement	N/A
Mayzent Tablet 0.25 MG Oral	5 + QL 210 + PA	5 + PA	Formulary Enhancement	N/A
Mayzent Tablet 2 MG Oral	5 + QL 30 + PA	5 + PA	Formulary Enhancement	N/A
metyroSINE Capsule 250 MG Oral	NF	5 + PA	Formulary Enhancement	N/A

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Sapropterin Dihydrochloride Packet 100 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Packet 500 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Tablet Soluble 100 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Tolvaptan Tablet 15 MG Oral	NF	5 + QL 60 + PA	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/INH Inhalation	NF	3 + QL 60	Formulary Enhancement	N/A
<b>EFFECTIVE 03/01/2021</b>				
Atripla Tablet 600-200-300 MG Oral	5 + QL 30	NF	Formulary Update	efavirenz 600 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5 + QL 30
Corlanor Solution 5 MG/5ML Oral	4 + PA	4	Formulary Enhancement	N/A
Corlanor TABLET 5 MG Oral	4 + PA	4	Formulary Enhancement	N/A
Corlanor TABLET 7.5 MG Oral	4 + PA	4	Formulary Enhancement	N/A
Demser Capsule 250 MG Oral	5 + PA	NF	Formulary Update	metyrosine 250 mg oral capsule, 5 + PA
Dimethyl Fumarate Starter Pack 120 & 240 MG Oral	NF	5 + QL 60 + PA	Formulary Enhancement	N/A
Emtriva Capsule 200 MG Oral	4 + QL 30	NF	Formulary Update	emtricitabine 200 mg oral capsule, 4 + QL 30
Enoxaparin Sodium Solution 100 MG/ML Subcutaneous	4 + QL 30	4 + QL 60	Formulary Enhancement	N/A

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Enoxaparin Sodium Solution 120 MG/0.8ML Subcutaneous	4 + QL 24	4 + QL 48	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 150 MG/ML Subcutaneous	4 + QL 30	4 + QL 60	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 30 MG/0.3ML Subcutaneous	4 + QL 9	4 + QL 18	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 40 MG/0.4ML Subcutaneous	4 + QL 12	4 + QL 24	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 60 MG/0.6ML Subcutaneous	4 + QL 18	4 + QL 36	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 80 MG/0.8ML Subcutaneous	4 + QL 24	4 + QL 48	Formulary Enhancement	N/A
Entresto Tablet 24-26 MG Oral	3 + PA	3	Formulary Enhancement	N/A
Entresto Tablet 49-51 MG Oral	3 + PA	3	Formulary Enhancement	N/A
Entresto Tablet 97-103 MG Oral	3 + PA	3	Formulary Enhancement	N/A
Ferriprox Tablet 500 MG Oral	5 + PA	NF	Formulary Update	deferiprone 500 mg oral tablet, 5 + PA
Humira Pen Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Iclevia Tablet 0.15-0.03 MG Oral	NF	2	Formulary Enhancement	N/A
Jadenu Sprinkle PACKET 180 MG Oral	5 + PA	NF	Formulary Update	deferasirox 180 mg oral granules, 5 + PA
Jadenu Sprinkle PACKET 360 MG Oral	5 + PA	NF	Formulary Update	deferasirox 360 mg oral granules, 5 + PA
Jadenu Sprinkle PACKET 90 MG Oral	5 + PA	NF	Formulary Update	deferasirox 90 mg oral granules, 5 + PA

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Kuvan PACKET 100 MG ORAL	5 + PA	NF	Formulary Update	sapropterin dihydrochloride 100 mg powder for oral solution, 5 + PA
Kuvan PACKET 500 MG ORAL	5 + PA	NF	Formulary Update	sapropterin dihydrochloride 500 mg powder for oral solution, 5 + PA
Kuvan TABLET SOLUBLE 100 MG ORAL	5 + PA	NF	Formulary Update	sapropterin dihydrochloride 100 mg oral tablet, 5 + PA
Onureg Tablet 200 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Onureg Tablet 300 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Retacrit Solution 10000 UNIT/ML Injection(1ML)	NF	4 + QL 12/28 + PA	Formulary Enhancement	N/A
Retacrit Solution 20000 UNIT/ML Injection	NF	4 + QL 12/28 + PA	Formulary Enhancement	N/A
Rufinamide Suspension 40 MG/ML Oral	NF	5 + QL 2760	Formulary Enhancement	N/A
Samsca Tablet 15 MG Oral	5 + QL 60 + PA	NF	Formulary Update	tolvaptan 15 mg oral tablet, 5 + QL 60 + PA
Samsca Tablet 30 MG Oral	5 + QL 60 + PA	NF	Formulary Update	tolvaptan 30 mg oral tablet, 5 + QL 60 + PA
Sutab Tablet 1479-225-188 MG Oral	NF	4	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>
Symfi Lo Tablet 400-300-300 MG Oral	5 + QL 30	NF	Formulary Update	efavirenz 400 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5 + QL 30
Symfi Tablet 600-300-300 MG Oral	5 + QL 30	NF	Formulary Update	efavirenz 600 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5 + QL 30
Tecfidera CAPSULE DELAYED RELEASE 120 MG ORAL	5 + QL 60 + PA	NF	Formulary Update	dimethyl fumarate 120 mg delayed release oral capsule, 5 + QL 60 + PA
Tecfidera CAPSULE DELAYED RELEASE 240 MG ORAL	5 + QL 60 + PA	NF	Formulary Update	dimethyl fumarate 240 mg delayed release oral capsule, 5 + QL 60 + PA
Testosterone Cypionate Solution 100 MG/ML Intramuscular	2 + PA	2	Formulary Enhancement	N/A
Testosterone Cypionate Solution 200 MG/ML Intramuscular	2 + PA	2	Formulary Enhancement	N/A
Testosterone Cypionate Solution 200 MG/ML Intramuscular (1 ML)	2 + PA	2	Formulary Enhancement	N/A
Testosterone Enanthate Solution 200 MG/ML Intramuscular	2 + PA	2	Formulary Enhancement	N/A

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Truvada Tablet 200-300 MG Oral	5 + QL 30	NF	Formulary Update	emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5 + QL 30
Tykerb TABLET 250 MG ORAL	5 + QL 180 + PA2	NF	Formulary Update	lapatinib 250 mg oral tablet, 5 + QL 180 + PA2
Xywav Solution 500 MG/ML Oral	NF	5 + QL 540 + PA	Formulary Enhancement	N/A
<b>EFFECTIVE 04/01/2021</b>				
Abiraterone Acetate Tablet 500 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 10 MG Sublingual	NF	5 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual	NF	5 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 5 MG Sublingual	NF	5 + QL 60	Formulary Enhancement	N/A
Banzel Suspension 40 MG/ML Oral	5 + QL 2760 + ST2	NF	Formulary Update	rufinamide 40 mg/ml oral suspension, 5 + QL 2760
Cystadrops Solution 0.37 % Ophthalmic	NF	5 + PA	Formulary Enhancement	N/A
Dificid Suspension Reconstituted 40 MG/ML Oral	NF	5	Formulary Enhancement	N/A
Duavee TABLET 0.45-20 MG ORAL	NF	3	Formulary Enhancement	N/A
Hemady Tablet 20 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 10 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A

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Iclusig Tablet 30 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Linzees Capsule 145 MCG Oral	5 + QL 30	3	Formulary Enhancement	N/A
Linzees CAPSULE 290 MCG Oral	5 + QL 30	3	Formulary Enhancement	N/A
Linzees CAPSULE 72 MCG Oral	5 + QL 30	3	Formulary Enhancement	N/A
LUBIPROSTONE CAP 24MCG	NF	2	Formulary Enhancement	N/A
LUBIPROSTONE CAP 8MCG	NF	2	Formulary Enhancement	N/A
Lyleq Tablet 0.35 MG Oral	NF	2	Formulary Enhancement	N/A
Nitazoxanide Tablet 500 MG Oral	NF	4 + QL 40	Formulary Enhancement	N/A
Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
Orgovyx Tablet 120 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Tecfidera 120 & 240 MG Oral	5 + QL 60 + PA	NF	Formulary Update	dimethyl fumarate 120 mg / dimethyl fumarate 240 mg pack, 5 + QL 60 + PA
Tilia Fe Tablet 1-20/1-30/1-35 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
Xalkori CAPSULE 200 MG ORAL	5 + QL 60 + PA2	5 + QL 120 + PA2	Formulary Enhancement	N/A
Xalkori CAPSULE 250 MG ORAL	5 + QL 60 + PA2	5 + QL 120 + PA2	Formulary Enhancement	N/A
<b>EFFECTIVE 05/01/2021</b>				
Alinia Tablet 500 MG Oral	5 + QL 40	NF	Formulary Update	nitazoxanide 500 mg oral tablet, 4 + QL 40
Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation	NF	3 + QL 10.7	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 100-150 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A

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Emtricitabine-Tenofovir DF Tablet 133-200 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 167-250 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Lupkynis Capsule 7.9 MG Oral	NF	5 + QL 180 + PA	Formulary Enhancement	N/A
Mayzent Starter Pack Tablet Therapy Pack 0.25 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Nymyo Tablet 0.25-35 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
Ozempic (1 MG/DOSE) Solution Pen-Injector 4 MG/3ML Subcutaneous	NF	3 + QL 3/28	Formulary Enhancement	N/A
Periogard Solution 0.12 % Mouth/Throat	NF	1	Formulary Enhancement	N/A
Saphris Tablet Sublingual 10 MG Sublingual	5 + QL 60	NF	Formulary Update	asenapine 10 mg sublingual tablet, 5 + QL 60
Saphris Tablet Sublingual 2.5 MG Sublingual	5 + QL 60	NF	Formulary Update	asenapine 2.5 mg sublingual tablet, 5 + QL 60
Saphris Tablet Sublingual 5 MG Sublingual	5 + QL 60	NF	Formulary Update	asenapine 5 mg sublingual tablet, 5 + QL 60
Temixys Tablet 300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Tepmetko Tablet 225 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Tri-Nymyo Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	2	Formulary Enhancement	N/A
Verquvo Tablet 10 MG Oral	NF	4 + PA	Formulary Enhancement	N/A
Verquvo Tablet 2.5 MG Oral	NF	4 + PA	Formulary Enhancement	N/A
Verquvo Tablet 5 MG Oral	NF	4 + PA	Formulary Enhancement	N/A
Xeljanz Solution 1 MG/ML Oral	NF	5 + PA	Formulary Enhancement	N/A

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**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),**

<b>2021 FORMULARY CHANGES</b>				
<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>
Xtandi Tablet 40 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Xtandi Tablet 80 MG Oral	NF	5 + QL 90 + PA2	Formulary Enhancement	N/A
Zytiga Tablet 500 MG Oral	5 + QL 120 + PA2	NF	Formulary Update	abiraterone acetate 500 mg oral tablet, 5 + QL 120 + PA2
<b>EFFECTIVE 06/01/2021</b>				
Accutane Capsule 20 MG Oral	NF	4	Formulary Enhancement	N/A
Accutane Capsule 30 MG Oral	NF	4	Formulary Enhancement	N/A
Accutane Capsule 40 MG Oral	NF	4	Formulary Enhancement	N/A
Amitiza Capsule 24 MCG Oral	3	NF	Formulary Update	lubiprostone 0.024 mg oral capsule, 2
Amitiza Capsule 8 MCG Oral	3	NF	Formulary Update	lubiprostone 0.008 mg oral capsule, 2
Cyclophosphamide Tablet 25 MG Oral	NF	3 + BvD	Formulary Enhancement	N/A
Cyclophosphamide Tablet 50 MG Oral	NF	3 + BvD	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
Droxidopa Capsule 100 MG Oral	NF	5 + QL 180 + PA	Formulary Enhancement	N/A
Droxidopa Capsule 200 MG Oral	NF	5 + QL 180 + PA	Formulary Enhancement	N/A
Droxidopa Capsule 300 MG Oral	NF	5 + QL 180 + PA	Formulary Enhancement	N/A
Hetlioz LQ Suspension 4 MG/ML Oral	NF	5 + QL 158 + PA	Formulary Enhancement	N/A
Humira Pen Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A

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<b>2021 FORMULARY CHANGES</b>				
<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 100-150 MG Oral	5 + QL 30	NF	Formulary Update	emtricitabine 100 mg / tenofovir disoproxil fumarate 150 mg oral tablet, 5 + QL 30
Truvada Tablet 133-200 MG Oral	5 + QL 30	NF	Formulary Update	emtricitabine 133 mg / tenofovir disoproxil fumarate 200 mg oral tablet, 5 + QL 30
Truvada Tablet 167-250 MG Oral	5 + QL 30	NF	Formulary Update	emtricitabine 167 mg / tenofovir disoproxil fumarate 250 mg oral tablet, 5 + QL 30
Ukoniq Tablet 200 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
<b>EFFECTIVE 07/01/2021</b>				
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Dupixent Solution Prefilled Syringe 200 MG/1.14ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Dupixent Solution Prefilled Syringe 300 MG/2ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Fotivda Capsule 0.89 MG Oral	NF	5 + QL 21/28 + PA2	Formulary Enhancement	N/A
Fotivda Capsule 1.34 MG Oral	NF	5 + QL 21/28 + PA2	Formulary Enhancement	N/A

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<b>2021 FORMULARY CHANGES</b>				
<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>
Ingrezza Capsule 40 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	N/A
Ingrezza CAPSULE 80 MG Oral	NF	5 + QL 30 + PA	Formulary Enhancement	N/A
Ingrezza Capsule Therapy Pack 40 & 80 MG Oral	NF	5 + QL 56/365 + PA	Formulary Enhancement	N/A
Northera Capsule 100 MG Oral	5 + QL 180 + PA	NF	Formulary Update	droxidopa 100 mg oral capsule, 5 + QL 180 + PA
Northera Capsule 200 MG Oral	5 + QL 180 + PA	NF	Formulary Update	droxidopa 200 mg oral capsule, 5 + QL 180 + PA
Northera Capsule 300 MG Oral	5 + QL 180 + PA	NF	Formulary Update	droxidopa 300 mg oral capsule, 5 + QL 180 + PA
Nucala Solution Auto-Injector 100 MG/ML Subcutaneous	5 + QL 3/28 + PA	5 + PA	Formulary Enhancement	N/A
Nucala Solution Prefilled Syringe 100 MG/ML Subcutaneous	5 + QL 3/28 + PA	5 + PA	Formulary Enhancement	N/A
Nucala SOLUTION RECONSTITUTED 100 MG Subcutaneous	5 + QL 3/28 + PA	5 + PA	Formulary Enhancement	N/A
Unithroid Tablet 137 MCG Oral	NF	3	Formulary Enhancement	N/A
Vestura Tablet 3-0.02 MG Oral	NF	4	Formulary Enhancement	N/A
Zafemy Patch Weekly 150-35 MCG/24HR Transdermal	NF	4	Formulary Enhancement	N/A
<b>EFFECTIVE 08/01/2021</b>				
Ibandronate Sodium Tablet 150 MG Oral	2 + QL 1	2 + QL 1/28	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral	NF	5 + QL 56/28 + ST2	Formulary Enhancement	N/A

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## Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),  
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),**

### 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	5 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 60 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
<b>EFFECTIVE 09/01/2021</b>				
Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
Rufinamide Tablet 200 MG Oral	NF	5 + QL 480	Formulary Enhancement	N/A
Rufinamide Tablet 400 MG Oral	NF	5 + QL 240	Formulary Enhancement	N/A
<b>EFFECTIVE 10/01/2021</b>				
Alinia Suspension Reconstituted 100 MG/5ML Oral	5 + QL 150	NF	CMS Required Deletion	N/A
Ayvakit Tablet 25 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 50 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Banzel Tablet 200 MG Oral	5 + QL 480 + ST2	NF	Formulary Update	rufinamide 200 mg oral tablet, 5 + QL 480
Banzel Tablet 400 MG Oral	5 + QL 240 + ST2	NF	Formulary Update	rufinamide 400 mg oral tablet, 5 + QL 240
Etravirine Tablet 100 MG Oral	NF	5 + QL 120	Formulary Enhancement	N/A
Etravirine Tablet 200 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 100-25 MG Oral	NF	4 + QL 300	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>
Lopinavir-Ritonavir Tablet 200-50 MG Oral	NF	4 + QL 150	Formulary Enhancement	N/A
Lumakras Tablet 120 MG Oral	NF	5 + QL 240 + PA2	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A

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