

# American Health Advantage Plus of Missouri (HMO I-SNP)

2021

## Formulary Addendum

(5 Tier)

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### 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 1-5 % External	NF	4	Formulary Enhancement	N/A
Deferasirox Granules Packet 180 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 360 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 90 MG Oral	NF	5 + 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	2	NF	CMS Required Deletion	N/A
Dexamethasone Sodium Phosphate Inj 10 MG/ML	NF	1	Formulary Enhancement	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	2	NF	CMS Required Deletion	N/A

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Dojolvi Liquid 100 % Oral	NF	5 + PA1	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Duramorph SOLUTION 0.5 MG/ML Injection	4	NF	CMS Required Deletion	N/A
Duramorph SOLUTION 1 MG/ML Injection	4	NF	CMS Required Deletion	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A

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Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	5 + PA	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	4 + 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 + PA2	Formulary Enhancement	N/A
Lactated Ringer's Solution	2 + BvD	2	Formulary Enhancement	N/A
lamoTRIGine Kit 25 & 50 & 100 MG Oral	NF	3	Formulary Enhancement	N/A
metFORMIN HCl Solution 500 MG/5ML Oral	4	3	Formulary Enhancement	N/A
Normosol-R SOLUTION Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Pantoprazole Sodium Packet 40 MG Oral	NF	3	Formulary Enhancement	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	4	3	Formulary Enhancement	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	5	Formulary Enhancement	N/A
Sirturo Tablet 20 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A

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Sylatron KIT 200 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Sylatron KIT 300 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	4	Formulary Enhancement	N/A
Tobramycin Nebulization Solution 300 MG/5ML Inhalation	5 + PA1	5 + BvD	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Vancomycin HCl For IV Soln 1.5 GM (Base Equivalent)	NF	4	Formulary Enhancement	N/A
Vancomycin HCl in Dextrose SOLUTION 750-5 MG/150ML-% Intravenous	3	4	Formulary Enhancement	N/A
Vancomycin HCl in NaCl SOLUTION 1-0.9 GM/200ML-% Intravenous	3	4	Formulary Enhancement	N/A
Vancomycin HCl in NaCl SOLUTION 500-0.9 MG/100ML-% Intravenous	3	4	Formulary Enhancement	N/A

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Vancomycin HCl SOLUTION RECONSTITUTED 5000 MG Intravenous	3	4	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
Deferiprone Tablet 500 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	4	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

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Lidocaine HCl Local Inj 2%	NF	2	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	3	Formulary Enhancement	N/A
Triamcinolone Acetonide Inj Susp 40 MG/ML	NF	2	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Xylocaine INJ 1%	NF	2	Formulary Enhancement	N/A
<b>EFFECTIVE 02/01/2021</b>				
Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 1 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 2 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 5 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A

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Atrovent HFA Aerosol Solution 17 MCG/ACT Inhalation	NF	4	Formulary Enhancement	N/A
Depo-Provera Suspension 400 MG/ML Intramuscular	4	NF	CMS Required Deletion	N/A
Diacomit Capsule 250 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Diacomit Capsule 500 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Diacomit Packet 250 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Diacomit Packet 500 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Disulfiram Tablet 500 MG Oral	2	NF	CMS Required Deletion	N/A
Efavirenz-Emtricitab-Tenofovir Tablet 600-200-300 MG Oral	NF	5	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 400-300-300 MG Oral	NF	5	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 600-300-300 MG Oral	NF	5	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 200-300 MG Oral	NF	5	Formulary Enhancement	N/A
Esbriet Tablet 267 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Farydak Capsule 15 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

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Fosfomycin Tromethamine Packet 3 GM Oral	NF	4	Formulary Enhancement	N/A
FreAmine HBC SOLUTION 6.9 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Golytely SOLUTION RECONSTITUTED 227.1 GM ORAL	3	NF	CMS Required Deletion	N/A
Juxtapid CAPSULE 40 MG ORAL	5 + PA1	NF	CMS Required Deletion	N/A
Juxtapid CAPSULE 60 MG ORAL	5 + PA1	NF	CMS Required Deletion	N/A
Ketorolac Tromethamine Solution 15 MG/ML Injection	NF	1	Formulary Enhancement	N/A
Kionex SUSPENSION 15 GM/60ML ORAL	3	NF	CMS Required Deletion	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 150 + PA2	Formulary Enhancement	N/A
metyroSINE Capsule 250 MG Oral	NF	5	Formulary Enhancement	N/A
OLANzapine Tablet 2.5 MG Oral	2 + QL 60	2 + QL 90	Formulary Enhancement	N/A
OLANzapine Tablet 5 MG Oral	2 + QL 60	2 + QL 90	Formulary Enhancement	N/A

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Peganone TABLET 250 MG Oral	4	NF	CMS Required Deletion	N/A
Pegasys ProClick SOLUTION 180 MCG/0.5ML Subcutaneous	5 + PA1	NF	CMS Required Deletion	N/A
Roweepra TABLET 1000 MG Oral	2	NF	CMS Required Deletion	N/A
Roweepra Tablet 500 MG Oral	2	NF	CMS Required Deletion	N/A
Roweepra TABLET 750 MG Oral	2	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 500 MG Oral	4	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 750 MG Oral	4	NF	CMS Required Deletion	N/A
Sapropterin Dihydrochloride Packet 100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Packet 500 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Tablet Soluble 100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL	2	NF	CMS Required Deletion	N/A

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Theo-24 Capsule Extended Release 24 Hour 400 MG Oral	NF	3	Formulary Enhancement	N/A
Tolvaptan Tablet 15 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/INH Inhalation	NF	3	Formulary Enhancement	N/A
<b>EFFECTIVE 03/01/2021</b>				
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020503)	NF	2	Formulary Enhancement	N/A
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020983)	NF	2	Formulary Enhancement	N/A
Atripla Tablet 600-200-300 MG Oral	5	NF	Formulary Update	efavirenz 600 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5

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Crixivan Capsule 400 MG Oral	4	NF	CMS Required Deletion	N/A
Demser Capsule 250 MG Oral	5	NF	Formulary Update	metirosine 250 mg oral capsule, 5
Dimethyl Fumarate Starter Pack 120 & 240 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Emtriva Capsule 200 MG Oral	4	NF	Formulary Update	emtricitabine 200 mg oral capsule, 4
Fenofibrate Micronized Capsule 130 MG Oral	NF	2	Formulary Enhancement	N/A
Fenofibrate Micronized Capsule 43 MG Oral	NF	2	Formulary Enhancement	N/A
Ferriprox Tablet 500 MG Oral	5 + PA1 + LA	NF	Formulary Update	deferiprone 500 mg oral tablet, 5 + PA1
Humira Pen Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Humira Prefilled Syringe Kit 10 MG/0.2ML Subcutaneous	5 + PA2	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
Humira Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Iclevia Tablet 0.15-0.03 MG Oral	NF	1	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 117 MG/0.75ML Intramuscular	5 + QL 1/30	5 + QL 1/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 156 MG/ML Intramuscular	5 + QL 1/30	5 + QL 1/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 234 MG/1.5ML Intramuscular	5 + QL 1.5/30	5 + QL 1.5/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 39 MG/0.25ML Intramuscular	4 + QL 1/30	4 + QL 1/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 78 MG/0.5ML Intramuscular	5 + QL 1/30	5 + QL 1/25	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 273 MG/0.875ML Intramuscular	5 + QL 0.875/90	5 + QL 0.875/70	Formulary Enhancement	N/A

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# American Health Advantage Plus of Missouri (HMO I-SNP)

2021

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### 2021 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Invega Trinza Suspension Prefilled Syringe 410 MG/1.315ML Intramuscular	5 + QL 1.315/90	5 + QL 1.315/70	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 546 MG/1.75ML Intramuscular	5 + QL 1.75/90	5 + QL 1.75/70	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 819 MG/2.625ML Intramuscular	5 + QL 2.625/90	5 + QL 2.625/70	Formulary Enhancement	N/A
Jadenu Sprinkle Packet 180 MG Oral	5 + PA1	NF	Formulary Update	deferasirox 180 mg oral granules, 5 + PA1
Jadenu Sprinkle Packet 360 MG Oral	5 + PA1	NF	Formulary Update	deferasirox 360 mg oral granules, 5 + PA1
Jadenu Sprinkle Packet 90 MG Oral	5 + PA1	NF	Formulary Update	deferasirox 90 mg oral granules, 5 + PA1

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**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Kuvan Packet 100 MG Oral	5 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 100 mg powder for oral solution, 5 + PA1
Kuvan Packet 500 MG Oral	5 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 500 mg powder for oral solution, 5 + PA1
Kuvan Tablet Soluble 100 MG Oral	5 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 100 mg oral tablet, 5 + PA1
Lopreeza Tablet 1-0.5 MG Oral	4	NF	CMS Required Deletion	N/A
Monurol Packet 3 GM Oral	4	NF	Formulary Update	fosfomycin 3000 mg powder for oral solution, 4
Onureg Tablet 200 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Onureg Tablet 300 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Pazeo Solution 0.7 % Ophthalmic	4	NF	CMS Required Deletion	N/A
Retacrit Solution 10000 UNIT/ML Injection(1ML)	NF	4 + PA1	Formulary Enhancement	N/A
Retacrit Solution 20000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	3	NF	CMS Required Deletion	N/A
Rufinamide Suspension 40 MG/ML Oral	NF	5 + QL 2400	Formulary Enhancement	N/A
Samsca Tablet 15 MG Oral	5 + PA1	NF	Formulary Update	tolvaptan 15 mg oral tablet, 5 + PA1
Samsca Tablet 30 MG Oral	5 + PA1	NF	Formulary Update	tolvaptan 30 mg oral tablet, 5 + PA1
Sutab Tablet 1479-225-188 MG Oral	NF	4	Formulary Enhancement	N/A

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Symfi Lo Tablet 400-300-300 MG Oral	5	NF	Formulary Update	efavirenz 400 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5
Symfi Tablet 600-300-300 MG Oral	5	NF	Formulary Update	efavirenz 600 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5
Tecfidera Capsule Delayed Release 120 MG Oral	5 + PA2	NF	Formulary Update	dimethyl fumarate 120 mg delayed release oral capsule, 5 + PA2

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Tecfidera Capsule Delayed Release 240 MG Oral	5 + PA2	NF	Formulary Update	dimethyl fumarate 240 mg delayed release oral capsule, 5 + PA2
Truvada Tablet 200-300 MG Oral	5	NF	Formulary Update	emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5
Tykerb Tablet 250 MG Oral	5 + QL 150 + PA2	NF	Formulary Update	lapatinib 250 mg oral tablet, 5 + QL 150 + PA2
Vancomycin HCl IV Soln 1250 MG/250ML (Base Equivalent)	NF	4	Formulary Enhancement	N/A
Xywav Solution 500 MG/ML Oral	NF	5 + QL 540 + PA1	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

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Asenapine Maleate Tablet Sublingual 10 MG Sublingual	NF	4 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual	NF	4 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 5 MG Sublingual	NF	4 + QL 60	Formulary Enhancement	N/A
Banzel Suspension 40 MG/ML Oral	5 + QL 2400	NF	Formulary Update	rufinamide 40 mg/ml oral suspension, 5 + QL 2400
Cortisone Acetate Tablet 25 MG Oral	3	NF	CMS Required Deletion	N/A
Cystadrops Solution 0.37 % Ophthalmic	NF	5 + QL 20/28 + PA1	Formulary Enhancement	N/A
Didanosine Capsule Delayed Release 250 MG Oral	2	NF	CMS Required Deletion	N/A
Didanosine Capsule Delayed Release 400 MG Oral	2	NF	CMS Required Deletion	N/A
Dificid Suspension Reconstituted 40 MG/ML Oral	NF	5	Formulary Enhancement	N/A

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Enoxaparin Sodium Inj 300 MG/3ML	NF	4	Formulary Enhancement	N/A
Fluocinonide Cream 0.1 % External	NF	2	Formulary Enhancement	N/A
Hemady Tablet 20 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 10 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 30 MG Oral	NF	5 + 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	4	Formulary Enhancement	N/A
Normosol-M in D5W Solution Intravenous	3 + 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	5 + PA2	Formulary Enhancement	N/A
Stavudine Capsule 15 MG Oral	2	NF	CMS Required Deletion	N/A
Stavudine Capsule 20 MG Oral	2	NF	CMS Required Deletion	N/A
Stavudine Capsule 30 MG Oral	2	NF	CMS Required Deletion	N/A
Stavudine Capsule 40 MG Oral	2	NF	CMS Required Deletion	N/A

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Tecfidera 120 & 240 MG Oral	5 + PA2	NF	Formulary Update	dimethyl fumarate 120 mg / dimethyl fumarate 240 mg pack, 5 + PA2
Vancomycin HCl IV Soln 1750 MG/350ML	NF	4	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>				
Abilify Maintena Prefilled Syringe 300 MG Intramuscular	5 + QL 1/26	5	Formulary Enhancement	N/A
Abilify Maintena Prefilled Syringe 400 MG Intramuscular	5 + QL 1/26	5	Formulary Enhancement	N/A
Abilify Maintena Suspension Reconstituted ER 300 MG Intramuscular	5 + QL 1/26	5	Formulary Enhancement	N/A
Abilify Maintena Suspension Reconstituted ER 400 MG Intramuscular	5 + QL 1/26	5	Formulary Enhancement	N/A

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Alinia Tablet 500 MG Oral	4	NF	Formulary Update	nitazoxanide 500 mg oral tablet, 4
Anadrol-50 TABLET 50 MG Oral	5	NF	CMS Required Deletion	N/A
Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 160-4.5 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 80-4.5 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Caplyta Capsule 42 MG Oral	5 + QL 30	5	Formulary Enhancement	N/A
Corlanor TABLET 5 MG Oral	4 + QL 60 + PA2	4 + QL 60	Formulary Enhancement	N/A
Corlanor TABLET 7.5 MG Oral	4 + QL 60 + PA2	4 + QL 60	Formulary Enhancement	N/A
Diphenhydramine HCl Inj 50 MG/ML	NF	2	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 100-150 MG Oral	NF	5	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 133-200 MG Oral	NF	5	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 167-250 MG Oral	NF	5	Formulary Enhancement	N/A

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Entresto Tablet 24-26 MG Oral	3 + QL 60 + PA2	3 + QL 60	Formulary Enhancement	N/A
Entresto Tablet 49-51 MG Oral	3 + QL 60 + PA2	3 + QL 60	Formulary Enhancement	N/A
Entresto Tablet 97-103 MG Oral	3 + QL 60 + PA2	3 + QL 60	Formulary Enhancement	N/A
Golytely SOLUTION RECONSTITUTED 236 GM ORAL	NF	2	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 117 MG/0.75ML Intramuscular	5 + QL 1/25	5	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 156 MG/ML Intramuscular	5 + QL 1/25	5	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 234 MG/1.5ML Intramuscular	5 + QL 1.5/25	5	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 39 MG/0.25ML Intramuscular	4 + QL 1/25	4	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 78 MG/0.5ML Intramuscular	5 + QL 1/25	5	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 273 MG/0.875ML Intramuscular	5 + QL 0.875/70	5	Formulary Enhancement	N/A

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Invega Trinza Suspension Prefilled Syringe 410 MG/1.315ML Intramuscular	5 + QL 1.315/70	5	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 546 MG/1.75ML Intramuscular	5 + QL 1.75/70	5	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 819 MG/2.625ML Intramuscular	5 + QL 2.625/70	5	Formulary Enhancement	N/A
Latuda TABLET 120 MG ORAL	3 + QL 30	3	Formulary Enhancement	N/A
Latuda TABLET 20 MG ORAL	3 + QL 30	3	Formulary Enhancement	N/A
Latuda TABLET 40 MG ORAL	3 + QL 30	3	Formulary Enhancement	N/A
Latuda Tablet 60 MG Oral	3 + QL 60	3	Formulary Enhancement	N/A
Latuda TABLET 80 MG ORAL	3 + QL 60	3	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	3	Formulary Enhancement	N/A
Lubiprostone Capsule 8 MCG Oral	NF	3	Formulary Enhancement	N/A
Lupkynis Capsule 7.9 MG Oral	NF	5 + QL 180 + PA1	Formulary Enhancement	N/A
Mayzent Starter Pack Tablet Therapy Pack 0.25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Metaproterenol Sulfate Syrup 10 MG/5ML Oral	1	NF	CMS Required Deletion	N/A

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**American Health Advantage Plus of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(5 Tier)**

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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>
Nulytely with Flavor Packs SOLUTION RECONSTITUTED 420 GM ORAL	NF	2	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	3	Formulary Enhancement	N/A
Periogard Solution 0.12 % Mouth/Throat	NF	1	Formulary Enhancement	N/A
Perseris Prefilled Syringe 120 MG Subcutaneous	5 + QL 1/30	5	Formulary Enhancement	N/A
Perseris Prefilled Syringe 90 MG Subcutaneous	5 + QL 1/30	5	Formulary Enhancement	N/A
Rexulti TABLET 0.25 MG ORAL	5 + QL 30	5	Formulary Enhancement	N/A
Rexulti TABLET 0.5 MG ORAL	5 + QL 30	5	Formulary Enhancement	N/A
Rexulti TABLET 1 MG ORAL	5 + QL 30	5	Formulary Enhancement	N/A
Rexulti TABLET 2 MG ORAL	5 + QL 30	5	Formulary Enhancement	N/A
Rexulti TABLET 3 MG ORAL	5 + QL 30	5	Formulary Enhancement	N/A
Rexulti TABLET 4 MG ORAL	5 + QL 30	5	Formulary Enhancement	N/A
RisperDAL Consta Suspension Reconstituted ER 12.5 MG Intramuscular	4 + QL 2/28	4	Formulary Enhancement	N/A
RisperDAL Consta Suspension Reconstituted ER 25 MG Intramuscular	5 + QL 2/28	5	Formulary Enhancement	N/A

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RisperDAL Consta Suspension Reconstituted ER 37.5 MG Intramuscular	5 + QL 2/28	5	Formulary Enhancement	N/A
RisperDAL Consta Suspension Reconstituted ER 50 MG Intramuscular	5 + QL 2/28	5	Formulary Enhancement	N/A
Saphris Tablet Sublingual 10 MG Sublingual	4 + QL 60	NF	Formulary Update	asenapine 10 mg sublingual tablet, 4 + QL 60
Saphris Tablet Sublingual 2.5 MG Sublingual	4 + QL 60	NF	Formulary Update	asenapine 2.5 mg sublingual tablet, 4 + QL 60
Saphris Tablet Sublingual 5 MG Sublingual	4 + QL 60	NF	Formulary Update	asenapine 5 mg sublingual tablet, 4 + QL 60
Sevelamer HCl Tablet 400 MG Oral	NF	4	Formulary Enhancement	N/A
Sevelamer HCl Tablet 800 MG Oral	NF	4	Formulary Enhancement	N/A
Somatuline Depot Solution 120 MG/0.5ML Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Somatuline Depot Solution 60 MG/0.2ML Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Somatuline Depot Solution 90 MG/0.3ML Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A

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2021

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Symjepi Solution Prefilled Syringe 0.15 MG/0.3ML Injection	2	NF	CMS Required Deletion	N/A
Symjepi Solution Prefilled Syringe 0.3 MG/0.3ML Injection	2	NF	CMS Required Deletion	N/A
Temixys Tablet 300-300 MG Oral	NF	5	Formulary Enhancement	N/A
Tepmetko Tablet 225 MG Oral	NF	5 + 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	4 + QL 30	Formulary Enhancement	N/A
Verquvo Tablet 2.5 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
Verquvo Tablet 5 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
Xeljanz Solution 1 MG/ML Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xtandi Tablet 40 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Xtandi Tablet 80 MG Oral	NF	5 + QL 60 + 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	3	Formulary Enhancement	N/A

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Accutane Capsule 30 MG Oral	NF	3	Formulary Enhancement	N/A
Accutane Capsule 40 MG Oral	NF	3	Formulary Enhancement	N/A
Crixivan CAPSULE 200 MG ORAL	3	NF	CMS Required Deletion	N/A
Cyclophosphamide Tablet 25 MG Oral	NF	2 + BvD	Formulary Enhancement	N/A
Cyclophosphamide Tablet 50 MG Oral	NF	2 + BvD	Formulary Enhancement	N/A
Droxidopa Capsule 100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Droxidopa Capsule 200 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Droxidopa Capsule 300 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Gianvi Tablet 3-0.02 MG Oral	2	NF	CMS Required Deletion	N/A
NephrAmine SOLUTION 5.4 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
SUMatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous	2	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	5	NF	Formulary Update	emtricitabine 100 mg / tenofovir disoproxil fumarate 150 mg oral tablet, 1
Truvada Tablet 133-200 MG Oral	5	NF	Formulary Update	emtricitabine 133 mg / tenofovir disoproxil fumarate 200 mg oral tablet, 1
Truvada Tablet 167-250 MG Oral	5	NF	Formulary Update	emtricitabine 167 mg / tenofovir disoproxil fumarate 250 mg oral tablet, 1
Ukoniq Tablet 200 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
<b>EFFECTIVE 07/01/2021</b>				
Avandia Tablet 2 MG Oral	4	NF	CMS Required Deletion	N/A
Avandia Tablet 4 MG Oral	4	NF	CMS Required Deletion	N/A

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FLUoxetine HCl (PMDD) Tablet 10 MG Oral	NF	2	Formulary Enhancement	N/A
FLUoxetine HCl (PMDD) Tablet 20 MG Oral	NF	2	Formulary Enhancement	N/A
Fotivda Capsule 0.89 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Fotivda Capsule 1.34 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Humira Pen-Pediatric UC Start Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Ingrezza Capsule 40 MG Oral	NF	5 + QL 30 + PA1	Formulary Enhancement	N/A
Ingrezza CAPSULE 80 MG Oral	NF	5 + QL 30 + PA1	Formulary Enhancement	N/A
Ingrezza Capsule Therapy Pack 40 & 80 MG Oral	NF	5 + QL 28/28 + PA1	Formulary Enhancement	N/A
Lidocaine HCl Solution 4 % External	2 + QL 50 + PA1	2 + QL 50	Formulary Enhancement	N/A
Lidocaine Ointment 5 % External	4 + QL 50 + PA1	4 + QL 50	Formulary Enhancement	N/A

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Lidocaine-Prilocaine Cream 2.5-2.5 % External	2 + QL 30 + PA1	2 + QL 30	Formulary Enhancement	N/A
Northera Capsule 100 MG Oral	5 + PA1 + LA	NF	Formulary Update	droxidopa 100 mg oral capsule, 5 + PA1
Northera Capsule 200 MG Oral	5 + PA1 + LA	NF	Formulary Update	droxidopa 200 mg oral capsule, 5 + PA1
Northera Capsule 300 MG Oral	5 + PA1 + LA	NF	Formulary Update	droxidopa 300 mg oral capsule, 5 + PA1
Perforomist NEBULIZATION SOLUTION 20 MCG/2ML INHALATION	NF	5 + BvD	Formulary Enhancement	N/A
Rayaldee Capsule Extended Release 30 MCG Oral	NF	5	Formulary Enhancement	N/A
Unithroid Tablet 137 MCG Oral	NF	3	Formulary Enhancement	N/A
Vectura Tablet 3-0.02 MG Oral	NF	2	Formulary Enhancement	N/A
<b>EFFECTIVE 08/01/2021</b>				

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Albuterol Sulfate ER Tablet Extended Release 12 Hour 4 MG Oral	2	NF	CMS Required Deletion	N/A
Albuterol Sulfate ER Tablet Extended Release 12 Hour 8 MG Oral	2	NF	CMS Required Deletion	N/A
Captopril-Hydrochlorothiazide TABLET 25-15 MG ORAL	2	NF	CMS Required Deletion	N/A
Captopril-hydroCHLOROthiazide Tablet 25-25 MG Oral	2	NF	CMS Required Deletion	N/A
Captopril-Hydrochlorothiazide TABLET 50-15 MG ORAL	2	NF	CMS Required Deletion	N/A
Captopril-hydroCHLOROthiazide Tablet 50-25 MG Oral	2	NF	CMS Required Deletion	N/A
Esomeprazole Magnesium Packet 10 MG Oral	NF	2	Formulary Enhancement	N/A
Esomeprazole Magnesium Packet 20 MG Oral	NF	2	Formulary Enhancement	N/A
Esomeprazole Magnesium Packet 40 MG Oral	NF	2	Formulary Enhancement	N/A

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Phospholine Iodide SOLUTION RECONSTITUTED 0.125 % OPHTHALMIC	4	NF	CMS Required Deletion	N/A
Prednicarbate Cream 0.1 % External	2	NF	CMS Required Deletion	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral	NF	4 + QL 56/28	Formulary Enhancement	N/A
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>				
Aptivus Solution 100 MG/ML Oral	5	NF	CMS Required Deletion	N/A
Guanidine HCl Tablet 125 MG Oral	2	NF	CMS Required Deletion	N/A

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Lidocaine HCl Local Preservative Free (PF) Inj 2%	NF	2	Formulary Enhancement	N/A
Loteprednol Etabonate Gel 0.5 % Ophthalmic	NF	2	Formulary Enhancement	N/A
Maprotiline HCl Tablet 25 MG Oral	2	NF	CMS Required Deletion	N/A
Maprotiline HCl Tablet 50 MG Oral	2	NF	CMS Required Deletion	N/A
Maprotiline HCl Tablet 75 MG Oral	2	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	2	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

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### 2021 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Rufinamide Tablet 200 MG Oral	NF	5 + QL 240	Formulary Enhancement	N/A
Rufinamide Tablet 400 MG Oral	NF	5 + QL 240	Formulary Enhancement	N/A
Skyrizi Pen Solution Auto-Injector 150 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Skyrizi Solution Prefilled Syringe 150 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Tolmetin Sodium Capsule 400 MG Oral	2	NF	CMS Required Deletion	N/A
Tolmetin Sodium Tablet 600 MG Oral	2	NF	CMS Required Deletion	N/A
<b>EFFECTIVE 10/01/2021</b>				
Alinia Suspension Reconstituted 100 MG/5ML Oral	4	NF	CMS Required Deletion	N/A
Ayvakit Tablet 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 50 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Banzel Tablet 200 MG Oral	5 + QL 240	NF	Formulary Update	rufinamide 200 mg oral tablet, 5 + QL 240

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Banzel Tablet 400 MG Oral	5 + QL 240	NF	Formulary Update	rufinamide 400 mg oral tablet, 5 + QL 240
Cefuroxime Sodium Solution Reconstituted 7.5 GM Injection	2	NF	CMS Required Deletion	N/A
Clovique Capsule 250 MG Oral	5 + PA1	NF	CMS Required Deletion	N/A
Etravirine Tablet 100 MG Oral	NF	5	Formulary Enhancement	N/A
Etravirine Tablet 200 MG Oral	NF	5	Formulary Enhancement	N/A
Formoterol Fumarate Nebulization Solution 20 MCG/2ML Inhalation	NF	5 + BvD	Formulary Enhancement	N/A
Hepatamine Solution 8 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Kinrix SUSPENSION Intramuscular Injection 0.5 ML	3	NF	CMS Required Deletion	N/A
Kloxxado Liquid 8 MG/0.1ML Nasal	NF	3	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	4	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 200-50 MG Oral	NF	4	Formulary Enhancement	N/A

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Lumakras Tablet 120 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Picato Gel 0.015 % External	4	NF	CMS Required Deletion	N/A
Picato Gel 0.05 % External	4	NF	CMS Required Deletion	N/A
Proctosol HC Cream 2.5 % External	2	NF	CMS Required Deletion	N/A
Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral	NF	2	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
TriLyte Solution Reconstituted 420 GM Oral	2	NF	CMS Required Deletion	N/A
Vancomycin HCl IV Soln 1500 MG/300ML (Base Equivalent)	NF	4	Formulary Enhancement	N/A
Welchol Packet 3.75 GM Oral	NF	3	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A

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Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
<b>EFFECTIVE 11/01/2021</b>				
Ampicillin Sodium For Inj 2 GM	NF	2	Formulary Enhancement	N/A
chlorproMAZINE HCl Concentrate 100 MG/ML Oral	NF	4	Formulary Enhancement	N/A
chlorproMAZINE HCl Concentrate 30 MG/ML Oral	NF	4	Formulary Enhancement	N/A
Dextrose Inj 50%	NF	2	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 200 MG/1.14ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Famotidine Inj 20 MG/2ML	NF	2	Formulary Enhancement	N/A
Ingrezza Capsule 60 MG Oral	NF	5 + QL 30 + 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	5 + PA1	Formulary Enhancement	N/A

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SUNItinib Malate Capsule 12.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 37.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 50 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Varenicline Tartrate Tab 0.5 MG	NF	3	Formulary Enhancement	N/A
Varenicline Tartrate Tab 1 MG	NF	3	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	4 + QL 56/28	NF	CMS Required Deletion	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral	NF	3	Formulary Enhancement	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 2 x 20 MG Oral	3	NF	CMS Required Deletion	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral	3	NF	CMS Required Deletion	N/A
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Cosentyx Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 15 MG Oral	NF	2	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 20 MG Oral	NF	2	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 30 MG Oral	NF	2	Formulary Enhancement	N/A
Diffuprednate Emulsion 0.05 % Ophthalmic	NF	3	Formulary Enhancement	N/A
Nebivolol HCl Tablet 10 MG Oral	NF	3	Formulary Enhancement	N/A
Nebivolol HCl Tablet 2.5 MG Oral	NF	3	Formulary Enhancement	N/A
Nebivolol HCl Tablet 20 MG Oral	NF	3	Formulary Enhancement	N/A
Nebivolol HCl Tablet 5 MG Oral	NF	3	Formulary Enhancement	N/A
Panretin Gel 0.1 % External	NF	5 + PA2	Formulary Enhancement	N/A
Polycin Ointment 500-10000 UNIT/GM Ophthalmic	NF	1	Formulary Enhancement	N/A
Proparacaine HCl Solution 0.5 % Ophthalmic	1	NF	CMS Required Deletion	N/A

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Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Welireg Tablet 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral	NF	3	Formulary Enhancement	N/A

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