

First Quarter 2021 Drug Formulary and Clinical Updates

Date of Notice: 5/14/2021

Formulary Updates

Drug Name, Strength(s), & Dosage Form(s)	Description of Change	Formulary Status	Alternative Drug(s) (if applicable)	Effective Date
BP 10-1 10%-1% topical cleanser	Formulary Update	Preferred brand		05/21/2021
PNV-select 27 mg-1 mg tablet	Formulary Update	Non-Preferred brand		05/21/2021
PR natal 400 EC 29 mg-1 mg-400 mg tablet-capsule DR, PR natal 430 EC 29 mg-1 mg-430 mg tablet-capsule DR, PR natal 430 29 mg iron -1 mg-430 mg oral pack	Formulary Update	Non-Preferred brand		05/21/2021
Azactam 1 gram/50 mL in dextrose (iso-osmotic) IV piggyback, Azactam 2 gram/50 mL in dextrose (iso-osmotic) IV piggyback	Formulary Update	Non-Preferred brand		05/21/2021
Recarbrio 1.25 gram IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Cleocin 300 mg/50 mL in 5% dextrose IV piggyback	Formulary Deletion	NF	Clindamycin 300 mg/50 mL in 5% dextrose IV piggyback	05/21/2021
Claforan 1 gram IV solution, Claforan 2 gram IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Vancomycin 5 gram IV solution, Vancomycin 10 gram IV solution	Formulary Deletion	NF		05/21/2021
Ceftriaxone 10 gram solution for injection	Formulary Deletion	NF		05/21/2021
Zosyn 40.5 gram IV solution,	Formulary Deletion	NF		05/21/2021
Zosyn 2.25 gram/50 mL in dextrose (iso-osmotic) IV piggyback, Zosyn 3.375 gram/50 mL in dextrose (iso-osmotic) IV piggyback, Zosyn 4.5 gram/100 mL in dextrose (iso-osmotic) IV piggyback	Formulary Update	Non-Preferred brand		05/21/2021

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Potassium chloride 2 mEq/mL IV solution	Formulary Deletion	NF		05/21/2021
Sodium chloride 3 % IV injection solution, Sodium chloride 5 % IV solution	Formulary Deletion	NF		05/21/2021
Maxipime 1 gram IV solution, Maxipime 2 gram IV solution	Formulary Deletion	NF		05/21/2021
Sodium chloride 4 mEq/mL IV solution	Formulary Deletion	NF		05/21/2021
Calcium chloride 100 mg/mL (10%) IV syringe	Formulary Deletion	NF		05/21/2021
Piperacillin-tazobactam 13.5 gram IV solution	Formulary Deletion	NF		05/21/2021
Potassium acetate 2 mEq/mL IV solution	Formulary Deletion	NF		05/21/2021
Sodium acetate 2 mEq/mL IV solution, Sodium acetate 4 mEq/mL IV solution	Formulary Deletion	NF		05/21/2021
Nafcillin 10 gram solution for injection	Formulary Deletion	NF		05/21/2021
Manganese chloride 0.1 mg/mL IV solution	Formulary Deletion	NF		05/21/2021
Sodium bicarbonate 10 mEq/10 mL (8.4 %) IV syringe, Sodium bicarbonate 7.5 % (0.9 mEq/mL) IV syringe, Sodium bicarbonate 4.2 % (0.5 mEq/mL) IV syringe, Sodium bicarbonate 4.2 % IV solution, Sodium bicarbonate 1 mEq/mL (8.4 %) IV solution, Sodium bicarbonate 1 mEq/mL (8.4 %) IV syringe	Formulary Deletion	NF		05/21/2021
Tazicef 1 gram IV solution, Tazicef 2 gram IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Neut 4 % IV solution	Formulary Deletion	NF		05/21/2021
Sodium lactate 5mEq/mL IV solution	Formulary Deletion	NF		05/21/2021
Magnesium sulfate 1 gram/100 mL in dextrose 5% IV piggyback,	Formulary Deletion	NF		05/21/2021

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Magnesium sulfate 20 gram/500 mL (4 %) in water IV solution, Magnesium sulfate 40 gram/1,000 mL (4 %) in water IV solution, Magnesium sulfate 4 gram/100 mL (4 %) in water IV piggyback, Magnesium sulfate 2 gram/50 mL (4 %) in water IV piggyback, Magnesium sulfate 4 gram/50 mL (8 %) in water IV piggyback, Magnesium sulfate 0.1 mg/mL IV solution				
Potassium phosphates-monobasic and dibasic 3 mmol/mL IV solution	Formulary Deletion	NF		05/21/2021
Sodium phosphate 3 mmol/mL IV solution	Formulary Deletion	NF		05/21/2021
Injectafer 50 mg iron/mL IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Calcium chloride 100 mg/mL (10 %) IV solution,	Formulary Deletion	NF		05/21/2021
Calcium gluconate 100 mg/mL (10 %) IV solution	Formulary Deletion	NF		05/21/2021
Oxacillin 10 gram solution for injection	Formulary Deletion	NF		05/21/2021
Cysteine (L-cysteine) 50 mg/mL IV solution	Formulary Deletion	NF		05/21/2021
Primasol BGK K (2 mEq/L)-Mg(1mEq/L) hemodialysis solution, Primasol BGK K 2 mEq-Ca 3.5 mEq-Mg 1 mEq/L hemodialysis solution, Primasol BGK K (4 mEq/L)-Ca (2.5)-Mg (1.5) hemodialysis solution, Primasol BGK Ca 2.5 mEq-Mg 1.5 mEq/L hemodialysis solution, Primasol B22GK K 4 mEq/L -Mg 1.5 mEq/L hemodialysis solution, Primasol BK Mg 1.2 mEq/L hemodialysis solution	Formulary Deletion	NF		05/21/2021
Phoxillum BK K (4)-Ca (2.5 mEq/L)-PO4(1) hemodialysis solution, Phoxillum B22K K 4 mEq-Mg 1.5 mEq-PO4 1 mmol/L hemodialysis solution	Formulary Deletion	NF		05/21/2021
Piperacillin-tazobactam 40.5 gram IV solution	Formulary Deletion	NF		05/21/2021

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Potassium phosphates M-/D-basic 45 mmol (4.7 mEq/mL) IV solution	Formulary Deletion	NF		05/21/2021
Liquivida hydration kit 0.9 % IV kit	Formulary Update	Non-Preferred brand		05/21/2021
Feraheme 510 mg/17 mL (30 mg/mL) IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Fetroja 1 gram IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Glycophos 1 mmol/mL IV solution	Formulary Deletion	NF		05/21/2021
Vabomere 2 gram IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Minocin 100 mg IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Velettri 1.5 mg IV solution, Velettri 0.5 mg IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Vancomycin 100 gram solution for injection	Formulary Deletion	NF		05/21/2021
Sivextro 200 mg IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Zemdri 50 mg/mL IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Calcium gluconate 1 gram/10 mL (100 mg/mL) in sterile water IV syringe, Calcium gluconate 1 gram/50 mL in 0.9% NaCl IV plastic bag, Calcium gluconate 1 gram/50 mL (20 mg/mL) in 0.9% NaCl IV syringe, Calcium gluconate 1 gram/50 mL in D5W IV plastic bag, Calcium gluconate 1 gram/100 mL in D5W IV plastic bag, Calcium gluconate 2 gram/50 mL in 0.9% NaCl IV plastic bag, Calcium gluconate 2 gram/100 mL in 0.9% NaCl IV plastic bag, Calcium gluconate 2 gram/50 mL in 0.9% NaCl IV syringe, Calcium gluconate 2 gram/100 mL in D5W IV plastic bag,	Formulary Deletion	NF	Calcium gluconate 100 mg/mL (10 %) in NaCl, iso-osm IV Solution Calcium gluconate 1 gram/50 mL in NaCl, iso-osm plastic bag Calcium gluconate 2 gram/100 mL in NaCl, iso-osm plastic bag, Calcium chloride	05/21/2021

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Calcium gluconate 3 gram/100 mL in 0.9% NaCl IV plastic bag, Calcium gluconate 4 gram/250 mL in D5W IV plastic bag				
Potassium chloride 10 mEq/5 mL (2 mEq/mL) in sterile water IV syringe	Formulary Deletion	NF		05/21/2021
Baxdela 300 mg IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Cefazolin 1 gram/10 mL in 0.9% sodium chloride IV syringe, Cefazolin 2 gram/10 mL in 0.9% sodium chloride IV syringe, Cefazolin 3 gram/10 mL in dextrose 5% IV piggyback, Cefazolin 3 gram/20 mL in sterile water IV syringe	Formulary Deletion	NF	Cefadroxil, cephalexin	05/21/2021
Magnesium sulfate in 0.9 % NaCl 1 gram/50 mL IV piggyback, Magnesium sulfate in D5W 1 gram/50 mL IV piggyback, Magnesium sulfate in D5W 10 gram/100 mL IV solution, Magnesium sulfate in LR 10 gram/250 mL IV solution, Magnesium sulfate in 0.9 % NaCl 2 gram/50 mL IV piggyback, Magnesium sulfate in 0.9 % NaCl 2 gram/100 mL IV piggyback, Magnesium sulfate in D5W 2 gram/50 mL IV piggyback, Magnesium sulfate in D5W 2 gram/100 mL IV piggyback, Magnesium sulfate 20 gram/290 (69 mg/mL) in 0.9 % NaCl IV solution, Magnesium sulfate 20 gram/290 mL (69 mg/mL) in D5W IV solution, Magnesium sulfate 20 gram/500 mL in D5W IV solution, Magnesium sulfate 20 gram/1,000 mL in D5W IV solution, Magnesium sulfate 20 gram/290 mL (69 mg/mL) in LR IV solution, Magnesium sulfate 20 gram/500 mL in LR IV solution, Magnesium sulfate 25 gram/250 mL in LR IV solution, Magnesium sulfate 3 gram/150 mL in 0.9 % NaCl IV piggyback,	Formulary Deletion	NF		05/21/2021

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<p>Magnesium sulfate 3 gram/50 mL in 0.9 % NaCl IV piggyback, Magnesium sulfate 3 gram/50 mL in D5W IV piggyback, Magnesium sulfate 4 gram/50 mL in 0.9 % NaCl IV piggyback, Magnesium sulfate 4 gram/100 mL in 0.9 % NaCl IV piggyback, Magnesium sulfate 4 gram/50 mL D5W IV piggyback, Magnesium sulfate 4 gram/100 mL D5W IV piggyback, Magnesium sulfate 40 gram/500 mL (80 mg/mL) in 0.9 % NaCl IV solution, Magnesium sulfate 40 gram/1000 mL (40 mg/mL) in 0.9 % NaCl IV solution, Magnesium sulfate 40 gram/500 mL in D5W IV solution, Magnesium sulfate 40 gram/1000 mL in D5W IV solution</p>				
<p>Magnesium sulfate in LR 40 gram/500 mL IV injection (mL), Magnesium sulfate in LR 50 gram/500 mL IV injection (mL), Magnesium sulfate in LR 40 gram/1,000 mL IV injection (mL)</p>	Formulary Deletion	NF		05/21/2021
<p>Magnesium sulfate in D5W 6 gram/50 mL IV piggyback, Magnesium sulfate in D5W 50 gram/500 mL IV injection (mL), Magnesium sulfate in D5W 6 gram/100 mL IV piggyback, Magnesium sulfate in D5W 5 gram/100 mL IV piggyback,</p>	Formulary Deletion	NF		05/21/2021
<p>Magnesium sulfate in 0.9 %NaCl 6 gram/50 mL IV piggyback, Magnesium sulfate in 0.9 %NaCl 6 gram/100 mL (60 mg/mL) IV piggyback, Magnesium sulfate in 0.9 %NaCl 6 gram/150 mL (40 mg/mL) IV piggyback</p>	Formulary Deletion	NF		05/21/2021
Nuzyra 100 mg IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Xenleta 150 mg/15 mL IV solution	Formulary Update	Non-Preferred brand		05/21/2021
Samsca 15 mg oral tablet	Formulary Update; QL Addition;	Non-Preferred brand		05/21/2021

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	Specialty Addition			
Jynarque 15 mg oral tablet	Formulary Update; QL Addition; Specialty Addition	Non-Preferred brand		05/21/2021
BD syringe slip tip non-sterile 50 mL, BD syringe slip tip non-sterile 20 mL, BD syringe luer-lok sterile 50 mL, BD syringe luer-lok non-sterile 50 mL, BD syringe luer-lok non-sterile 5 mL, BD syringe luer-lok non-sterile 20 mL, BD syringe catheter tip 50 mL, BD bulk syringe slip tip 5 mL, BD luer-lok bulk syringe 20 mL, BD luer-lok syringe 50 mL, BD slip tip syringe 50 mL, BD syringe catheter tip non-sterile 50 mL	Formulary Deletion	NF		05/21/2021
Easy glide catheter tip syringe 60 mL, Easy glide luer lock syringe 60 mL	Formulary Deletion	NF		05/21/2021
Exel syringe 30 mL, Exel syringe 50 mL	Formulary Deletion	NF		05/21/2021
Luer Lock syringe 30 mL, Luer Lock syringe 60 mL, Luer-Lok tip 30 mL syringe	Formulary Deletion	NF		05/21/2021
Monoject medication transfer needle 20 x 1", Monoject eccentric tip non-sterile 35 mL syringe, Monoject blunt cannulas 18 gauge x 1" needle, Monoject blunt cannulas 17 x 1 1/2" needle, Monoject 35cc syringe cath tip 35 mL, Monoject blunt cannulas 15 gauge x 1 1/2" needle, Monoject blunt cannulas 16 gauge x 1 1/2" needle, Monoject syringe toomey type 60 mL, Monoject syringe luer lok 60 mL, Monoject syringe luer lok 35 mL, Monoject syringe eccentric luer 60 mL, Monoject syringe catheter (Irrigation) 60 mL, Monoject syringe 6 mL, Monoject syringe 3 mL, Monoject syringe 140 mL,	Formulary Deletion	NF		05/21/2021

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Monoject regular luer 35 mL syringe, Monoject regular tip non-sterile 3 mL syringe				
Syringe (disposable) 30 mL, Syringe (disposable) 60 mL, Syringe (disposable) 3 mL	Formulary Deletion	NF		05/21/2021
Terumo syringe 30 mL	Formulary Deletion	NF		05/21/2021
Accu-chek combo system miscellaneous kit	Formulary Deletion	NF		05/21/2021
Enlite serter miscellaneous each, Enlite system miscellaneous each	Formulary Deletion	NF		05/21/2021
Medtronic remote control miscellaneous each	Formulary Deletion	NF		05/21/2021
Sen-serter miscellaneous each	Formulary Deletion	NF		05/21/2021
Sil-serter miscellaneous each	Formulary Deletion	NF		05/21/2021
Sof-serter insertion device miscellaneous each	Formulary Deletion	NF		05/21/2021
Phospha 250 neutral 250 mg oral tablet	Formulary Addition	Non-Preferred brand		05/21/2021
Glatopa 20 mg/mLSC syringe, Glatopa 40 mg/mLSC syringe	Formulary Update	Non-Preferred brand		05/21/2021
Prevident 1.1 % dental gel (gram), Prevident 5000 plus 1.1% dental cream (gram), Prevident 5000 booster plus 1.1% dental paste, Prevident 0.2% dental solution	Formulary Update	Non-Preferred brand		05/21/2021
BD slip tip syringe 3 mL	Formulary Deletion	NF		05/21/2021
Vilamit MB 118 mg-10 mg-40.8 mg-36 mg oral capsule	Formulary Deletion	NF	Uribel 118 mg-10 mg-40.8 mg-36 mg oral capsule	05/21/2021
Klor-con 8 mEq oral tablet ER, Klor-con 10 mEq oral tablet ER	Formulary Update	Generic		05/21/2021
Augmentin 500-125 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021

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Pro-ception vaginal each	Formulary Deletion	NF		05/21/2021
Moxeza 0.5 % ophthalmic drops	Formulary Update	Non-Preferred brand		05/21/2021
Rifamate 150-300 mg oral capsule	Formulary Deletion	NF	Isonarif 150-300 mg oral capsule	05/21/2021
K-phos No.2 305-700 mg oral tablet	Formulary Update	Preferred brand		05/21/2021
Effer-K 20 mEq oral effervescent tablet, Effer-K 10 mEq oral effervescent tablet	Formulary Update	Generic		05/21/2021
Klarity-A (azithromycin-chondroitin) 1-0.25 % ophthalmic drops	Formulary Deletion	NF	Azasite 1 % ophthalmic drops	05/21/2021
Uribel 118-10-40.8-36 mg oral capsule	Formulary Update	Non-Preferred brand		05/21/2021
Suprax 100 mg oral chewable tablet, Suprax 200 mg oral chewable tablet	Formulary Update	Non-Preferred brand		05/21/2021
Potassium bicarbonate and chloride 25 mEq oral effervescent tablet	Formulary Deletion	NF		05/21/2021
Formadon 10% topical solution	Formulary Deletion	NF	Formaldehyde 10% topical solution	05/21/2021
Zithromax 1-gram oral packet	Formulary Update	Non-Preferred brand		05/21/2021
Rifater 50-120-300 mg oral tablet	Formulary Deletion	NF		05/21/2021
Cytra K crystals 3,300-1,002 mg oral packet	Formulary Deletion	NF	Potassium citrate-citric acid 3,300-1,002 mg oral packet	05/21/2021
Medrol 2 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
E.E.S. 400 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Nystop 100,000 unit/gram topical powder	Formulary Update	Non-Preferred brand		05/21/2021
AK-poly-bac 500-10,000 unit/gram ophthalmic ointment	Formulary Update	Non-Preferred brand		05/21/2021

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Fluoritab 0.5 mg (1.1 mg sodium fluoride) oral chewable tablet	Formulary Deletion	NF	Fluoride (sodium) 0.5 mg (1.1 mg sodium fluorid) oral chewable tablet	05/21/2021
Sodium polystyrene sulfonate 15 gram/60 mL oral suspension, Sodium polystyrene sulfonate 30 gram/120 mL rectal enema	Formulary Deletion	NF	Sodium polystyrene sulfonate oral powder	05/21/2021
Avandia 2 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Augmentin 125-31.25 mg/5 mL oral reconstituted suspension	Formulary Update	Non-Preferred brand		05/21/2021
Nebupent 300 mg solution for inhalation	Formulary Update	Non-Preferred brand		05/21/2021
Metopirone 250 mg oral capsule	Formulary Deletion	NF		05/21/2021
Ery-tab 333 mg oral tablet DR, Ery tab 250 mg oral tablet DR	Formulary Update	Non-Preferred brand		05/21/2021
Exelderm 1 % topical solution	Formulary Update	Non-Preferred brand		05/21/2021
Erythrocin (as stearate) 250 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
AVC vaginal 15 % cream with applicator	Formulary Deletion	NF		05/21/2021
Clindagel 1 % topical gel	Formulary Update	Non-Preferred brand		05/21/2021
Fem pH 0.9-0.025 % vaginal jelly with applicator	Formulary Update	Non-Preferred brand		05/21/2021
Avandia 4 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Bactroban nasal 2 % ointment	Formulary Deletion	NF	Centany 2% ointment	05/21/2021
Sulfacetamide sodium sulfur 10-5 % (w/w) topical cream, Sulfacetamide sodium sulfur 10-5 % (w/v) topical lotion, Sulfacetamide sodium sulfur 10-5 % (w/w) topical lotion	Formulary Deletion	NF		05/21/2021

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Vitafol-OB 65-1mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Claravis 10 mg oral capsule, Claravis 20 mg oral capsule, Claravis 40 mg oral capsule	Formulary Update	Non-Preferred brand		05/21/2021
Centany 2 % topical ointment	Formulary Update	Non-Preferred brand		05/21/2021
Zomig 5 mg nasal spray, Zomig 2.5 mg nasal spray	Formulary Update	Non-Preferred brand		01/22/2021
Namenda titration pak 5-10 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Tindamax 500 mg oral tablet	Formulary Deletion	NF	NA	05/21/2021
Nyamyc 100,000 unit/gram topical powder	Formulary Update	Non-Preferred brand		05/21/2021
Claravis 30 mg oral capsule	Formulary Update	Non-Preferred brand		05/21/2021
Avidoxy 100 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Vinate one 60 mg iron-1 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Trinatal Rx 1 60 mg iron-1 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Procentra 5 mg/5 mL oral solution	Formulary Update	Non-Preferred brand		05/21/2021
Completenate 29mg iron- 1 mg chewable tablet	Formulary Update	Non-Preferred brand		05/21/2021
Glucagen diagnostic kit 1 mg/mL injection	Formulary Deletion	NF	Baqsimi One Pack	05/21/2021
Clindacin P1 % topical swab	Formulary Update	Non-Preferred brand		05/21/2021
Morgidox 100 mg oral capsule	Formulary Update	Non-Preferred brand		05/21/2021
Ciclodan 8 % topical solution, Ciclodan 0.77 % topical cream (gram)	Formulary Update	Non-Preferred brand		05/21/2021
PNV OB+DHA 27-1-50-250 mg oral combination package	Formulary Update	Non-Preferred brand		05/21/2021

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Formadon 10 % topical solution with applicator (mL)	Formulary Deletion	NF		05/21/2021
Hemenatal OB + DHA 28 mg iron-6 mg iron-1 mg oral combination package	Formulary Update	Non-Preferred brand		05/21/2021
Virt-PN 27-1 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Polycin 500-10,000 unit/gram eye ointment	Formulary Update	Non-Preferred brand		05/21/2021
C-nate DHA 28 mg iron-1 mg -200 mg oral capsule	Formulary Update	Non-Preferred brand		05/21/2021
Zenatane 10 mg oral capsule, Zenatane 20 mg oral capsule, Zenatane 40 mg oral capsule	Formulary Update	Non-Preferred brand		05/21/2021
Zenedi 5 mg oral tablet, Zenedi 10 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Clindacin ETZ 1 % topical swab	Formulary Update	Non-Preferred brand		05/21/2021
Bethkis 300 mg/4 mL solution for nebulization	Formulary Update; Speciality Addition	Non-Preferred brand		05/21/2021
Copaxone 40 mg/mL subcutaneous syringe	Formulary Update	Non-Preferred brand		05/21/2021
Sivextro 200 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Kitabis pak 300 mg/5 mL solution for nebulization	Formulary Update; Speciality Addition	Non-Preferred brand		05/21/2021
Zenatane 30 mg oral capsule	Formulary Update	Non-Preferred brand		05/21/2021
K-tab 8 mEq oral tablet ER	Formulary Update	Non-Preferred brand		05/21/2021
Mondoxyne NL 50 mg oral capsule	Formulary Deletion	NF	doxycycline monohydrate 50 mg tablet	05/21/2021
Mondoxyne NL 75 mg oral capsule, Mondoxyne NL 100 mg oral capsule	Formulary Update	Non-Preferred brand		05/21/2021

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Virt-nate DHA 28 mg iron-1 mg-200 mg capsule	Formulary Update	Non-Preferred brand		05/21/2021
Roweepra 500 mg oral tablet, Roweepra 750 mg oral tablet, Roweepra 1000 mg oral tablet	Formulary Update	Non-Preferred brand		05/21/2021
Morgidox 50 mg oral capsule	Formulary Update	Non-Preferred brand		05/21/2021
Okebo 75 mg oral capsule	Formulary Deletion	NF	doxycycline monohydrate 75 mg tablet	05/21/2021
Roweepra XR 500 mg tablet ER 24 hr, Roweepra XR 750 mg tablet ER 24 hr	Formulary Update	Non-Preferred brand		05/21/2021
Firvanq 25 mg/mL oral solution	Formulary Update	Non-Preferred brand		05/21/2021
Jynarque 90 mg (AM)/30 mg (PM) tablets, Jynarque 45 mg (AM)/15 mg (PM) tablets, Jynarque 60 mg (AM)/30 mg (PM) tablets, Jynarque 30 mg (AM)/15 mg (PM) tablets, Jynarque 15 mg (AM)/15 mg (PM) tablets	Formulary Update; QL Addition; Speciality Addition	Non-Preferred brand		01/01/2021
Subvenite 25 mg tablet, Subvenite 100 mg tablet, Subvenite 150 mg tablet, Subvenite 200 mg tablet, Subvenite starter (blue) kit 25 mg (35) oral tablet, dose pack, Subvenite starter (green) kit 25 mg (84) - 100 mg (14) tablet, dose pack, Subvenite starter (orange) kit 25 mg (42)- 100 mg (7) tablet, dose pack	Formulary Update	Non-Preferred brand		05/21/2021
Prednisolone sodium phosphate 1%-moxifloxacin 0.5 % eye drops	Formulary Deletion	NF	Prednisolone sodium phosphate 1 % eye drops, Moxifloxacin 0.5 % eye drops, Dexamethasone sodium phosphate 0.1 % eye drops, Ciprofloxacin HCl 0.3 % eye drops	05/21/2021
Sofia SARS antigen FIA kit	Formulary Deletion	NF		05/21/2021
Avar LS 10 %-2 % topical foam	Formulary Update	Non-Preferred brand		05/21/2021

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SSS 10-5 10 %-5 % (w/w) topical cream	Formulary Update	Generic	05/21/2021
Eysuvis 0.25 % eye drops, suspension	Formulary Update; QL Addition; PA Addition	Non-Preferred brand	05/21/2021
Monoferic 100 mg iron/mL IV solution	Formulary Update	Non-Preferred brand	05/21/2021
Lampit 120 mg tablet, Lampit 30 mg tablet	Formulary Update	Non-Preferred brand	05/21/2021
Cromolyn 100 mg/5 mL oral concentrate	Formulary Addition	Generic	05/21/2021
Lancing device with lancets	Formulary Addition	Non-Preferred brand	05/21/2021
Infusion set, Infusion set 23" comfort, Infusion Set 43"	Formulary Addition	Non-Preferred brand	05/21/2021
Monoject safety syringes 3 mL 21 gauge x 1" (empty disposable)	Formulary Update	Non-Preferred brand	05/21/2021
Super thin lancets	Formulary Addition	Non-Preferred brand	05/21/2021
Surguard2 safety 3 mL 21 gauge x 1" syringe, Surguard2 safety 3 mL 25 gauge x 1" syringe	Formulary Addition	Non-Preferred brand	05/21/2021
Accu-chek rapid-D link 10 mm X 100 cm subcutaneous infusion set, Accu-chek rapid-D link 10 mm X 20 cm infusion set, Accu-chek rapid-D link 10 mm X 50 cm subcutaneous infusion set, Accu-chek rapid-D link 70 cm	Formulary Addition	Non-Preferred brand	05/21/2021
Integra syringe 3 mL 21 gauge x 1"	Formulary Update	Non-Preferred brand	05/21/2021
Eclipse syringe 3 mL 21 gauge x 1", Eclipse syringe 3 mL 25 gauge x 1"	Formulary Update	Non-Preferred brand	05/21/2021
Lancets 21 gauge, Lancets thin 28 gauge	Formulary Addition	Non-Preferred brand	05/21/2021
Easy touch fliplock syringe 3 mL 21 gauge x 1", Easy touch fliplock syringe 3 mL 25 gauge x 1"	Formulary Update	Non-Preferred brand	05/21/2021

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Easy touch sheathlock syringe with needle 3 mL 25 gauge x 1", Easy touch sheathlock syringe with needle 3 mL 21 gauge x 1"	Formulary Addition	Non-Preferred brand		05/21/2021
Minimed pro-set infusion 24", Minimed pro-set infusion 42"	Formulary Addition	Non-Preferred brand		05/21/2021
Guardian sensor 3 device	Formulary Addition	Non-Preferred brand		05/21/2021
Ulticare safety syringe 3 mL 25 gauge x 1"	Formulary Update	Non-Preferred brand		05/21/2021
BD safetyglide syringe 3 mL 25 gauge x 1"	Formulary Update	Non-Preferred brand		05/21/2021
Guardian connect transmitter device	Formulary Addition	Non-Preferred brand		05/21/2021
T:slim X2 SC cartridge	Formulary Addition	Non-Preferred brand		05/21/2021
CeQur simplicity 2-unit device SC	Formulary Addition	Non-Preferred brand		05/21/2021
Quick-set paradigm 43"	Formulary Addition	Non-Preferred brand		05/21/2021
Zokinvy 50 mg capsule (New drug), Zokinvy 75 mg capsule (New drug)	Formulary Addition; PA Addition; QL Addition; Speciality Addition; Age Edit Update	Preferred brand		05/21/2021
Vocabria 30 mg tablet (New drug)	Formulary Addition; QL Addition; Speciality Addition	Non-Preferred brand		05/21/2021
Cabenuva 400 mg/2 mL-600 mg/2 mL IM suspension ER (New drug)	Formulary Addition; QL Addition; Speciality Addition	Non-Preferred brand		05/21/2021
Ciclopirox 0.77 %-clobetasol 0.05 % shampoo	Formulary Addition	Generic		05/21/2021
Sulconazole 1 % topical cream, Sulconazole 1 % topical solution	Formulary Addition	Generic		05/21/2021

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Clotrimazole 1 % topical solution, clotrimazole 1 % topical cream	Formulary Addition	Generic	05/21/2021
Keto-diastrix urine glucose-acet test strip miscellaneous	Formulary Addition	Preferred brand	05/21/2021
Ketone care urine acetone test strips miscellaneous	Formulary Addition	Preferred brand	05/21/2021
Covid-19 test specimen collection miscellaneous	Formulary Addition	Preferred brand	05/21/2021
Nayzilam 5 mg/spray (0.1 mL) nasal spray, non-aerosol	Formulary Addition; PA Addition	Preferred brand	05/21/2021
Tiglutik 50 mg/10 mL oral suspension	Formulary Addition; PA Addition	Preferred brand	05/21/2021
Carbamazepine 100 mg/5 mL (5 mL) oral suspension, Carbamazepine 200 mg/10 mL oral suspension	Formulary Addition	Generic	05/21/2021
Valtoco 15 mg/2 spray (7.5/0.1mL x 2) nasal spray, Valtoco 10 mg/spray (0.1 mL) nasal spray, Valtoco 5 mg/spray (0.1 mL) nasal spray, Valtoco 20 mg/2 spray (10mg/0.1mL x2) nasal spray	Formulary Addition	Preferred brand	05/21/2021
Dilantin kapseal 100 mg oral capsule	Formulary Addition	Non-Preferred brand	05/21/2021
Copaxone 20 mg/mL sc syringe	Formulary Update	Non-Preferred brand	05/21/2021
O-cal prenatal 15 mg iron- 1,000 mcg oral tablet	Formulary Addition	Non-Preferred brand	05/21/2021
Vol-nate 28 mg iron 1 mg oral tablet	Formulary Addition	Non-Preferred brand	05/21/2021
Triveen- duo DHA 29-1-400 mg oral combination package	Formulary Addition	Non-Preferred brand	05/21/2021
BAL-care DHA 27 mg iron 1 mg -374 mg oral combination package	Formulary Addition	Non-Preferred brand	05/21/2021
PR natal 400 29-1-400 mg oral combination package	Formulary Addition	Non-Preferred brand	05/21/2021
Vinate M 27 mg iron 1 mg oral tablet	Formulary Addition	Non-Preferred brand	05/21/2021

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M-natal plus 27 mg iron 1 mg oral tablet	Formulary Addition	Non-Preferred brand	05/21/2021
Trinate 28 mg iron 1 mg oral tablet	Formulary Addition	Non-Preferred brand	05/21/2021
Tricare 27 mg iron-1 mg oral tablet	Formulary Addition	Non-Preferred brand	05/21/2021
Westgel DHA 31 mg iron 1 mg-200 mg oral capsule	Formulary Addition	Non-Preferred brand	05/21/2021
Westab Plus 27 mg iron- 1 mg oral tablet	Formulary Addition	Non-Preferred brand	05/21/2021
Pretab 29-1 mg oral tablet	Formulary Addition	Non-Preferred brand	05/21/2021
Primacare 30-1-300 mg oral capsule	Formulary Addition	Non-Preferred brand	05/21/2021
Prenatal plus 27 mg iron- 1 mg oral tablet	Formulary Update	Non-Preferred brand	05/21/2021
Dulera 50-5 mcg/actuation inhalation HFA aerosol with adapter (gram)	Formulary Update; PL Addition	Non-Preferred brand	05/21/2021
Infed 50 mg/mL injection	Formulary Addition	Non-Preferred brand	05/21/2021
Prevident 5000 ortho defense fluoride (sodium) 1.1 % dental	Formulary Addition	Non-Preferred brand	05/21/2021
Fluoridex daily defense 1.1% dental paste (mL)	Formulary Addition	Non-Preferred brand	05/21/2021
Fluoridex sensitivity relief 1.1-5% dental paste (gram)	Formulary Addition	Non-Preferred brand	05/21/2021
TPN electrolytes II 18-18-5-4.5-35 meq/20 mL IV solution	Formulary Addition	Preferred brand	05/21/2021
Addamel N 5.33-0.34-0.54 mcg-mg-mg/mL IV ampul (mL)	Formulary Addition	Preferred brand	05/21/2021
Peditrace 521-53.7-3.6 mcg/mL IV solution (mL)	Formulary Addition	Preferred brand	05/21/2021
Gvoke PFS 1-pack syringe 0.5 mg/0.1 mL sc syringe (mL), Gvoke PFS 2-pack syringe 0.5 mg/0.1 mL sc syringe (mL),	Formulary Addition; QL Update	Preferred brand	05/21/2021

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Gvoke PFS 1-pack syringe 1 mg/0.2 mL sc syringe (mL), Gvoke PFS 2-pack syringe 1 mg/0.2 mL sc syringe (mL)				
Potassium chloride, sterile 30 mEq/100 mL IV solution	Formulary Addition	Generic		05/21/2021
Potassium chloride-D5-0.2% NaCl 30 mEq/L IV solution, Potassium chloride-D5-0.2% NaCl 40 mEq/L IV solution	Formulary Addition	Generic		05/21/2021
Potassium chloride in 5 % DEX 30 mEq/L IV solution	Formulary Addition	Generic		05/21/2021
Potassium chloride-D5-0.2% sodium chloride 10 mEq/L IV solution	Formulary Addition	Generic		05/21/2021
Sodium fluoride 5000 plus 1.1 % dental cream (gram)	Formulary Addition	Generic		05/21/2021
Amino acid 3 % no.2 (pediatric) in 10% dextrose IV solution, Amino acid 3.5 % no.2 (pediatric) in 10% dextrose IV solution, Amino acid 4 % no.2 (pediatric) in 10 % dextrose IV solution	Formulary Addition	Generic		05/21/2021
Amino acids 3 % no.2 pediatric-D5W-calcium 3.75 mEq-heparin 125 unit/250 mL IV solution, Amino acids 3 % no.2 pediatric-D5W-calcium 2.33 mEq-heparin 125 unit/250 mL IV solution, Amino acid 3.5 % pediatric-D10-calcium 3.5 mEq-heparin 125 unit/250 mL IV solution, Amino acid 3.5 % pediatric-D10-calcium 2.33 mEq-heparin 125 unit/250 mL IV solution, Amino acid 2% pediatric-D10W-calcium 3.75 mEq-heparin 125 unit/250 mL IV solution, Amino acid 2 % pediatric-D10W-calcium 2.33 mEq-heparin 125 unit/250 mL IV solution, Amino acid 2.5 % pediatric-D10-calciums 3.75 mEq-heparin 125 unit/250 mL IV solution, Amino acid 3 % pediatric-D10W-calcium 2.33 mEq-heparin 125 unit/250 mL IV solution, Amino acid 4 % pediatric-D10W-calcium 3.75 mEq-heparin 125 unit/250 mL IV solution,	Formulary Addition	Generic		05/21/2021

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Amino acid 3 % pediatric-D10W-calcium 3.75 mEq-heparin 125 unit/250 mL IV solution, Amino acid 3.5 % pediatric-dextrose 10 %-heparin 125 unit/250 mL IV solution, Amino acid 6 % pediatric-D10W-calcium 3.75 mEq-heparin 125 unit/250 mL IV solution				
Trimo-san jelly 0.025 %-0.01 % vaginal	Formulary Addition	Non-Preferred brand		05/21/2021
Daraprim 25 mg tablet	Formulary Addition; PA Addition; QL Addition	Non-Preferred brand		05/21/2021
Pentam 300 mg solution for injection	Formulary Addition	Non-Preferred brand		05/21/2021
Arakoda 100 mg tablet	Formulary Addition	Non-Preferred brand		05/21/2021
Egaten 250 mg tablet	Formulary Addition	Non-Preferred brand		05/21/2021
Pentamidine 300 mg solution for injection, Pentamidine 300 mg solution for inhalation	Formulary Addition	Generic		05/21/2021
Danyelza 4 mg/mL IV solution (New drug)	Formulary Addition; PA Addition	Preferred brand		05/21/2021
Gemtesa 75 mg tablet (New drug)	Formulary Addition; QL Addition	Non-Preferred brand		05/21/2021
Imcivree 10 mg/mL SC solution (New drug)	Formulary Addition; Speciality Addition	Non-Preferred brand		05/21/2021
Klisyri 1% topical ointment in packet (New drug)	Formulary Addition; PA Addition; QL Addition	Preferred brand		05/21/2021
Lupkynis 7.9 mg capsule (New drug)	Formulary Addition; PA Addition; Speciality Addition	Non-Preferred brand		05/21/2021
Orgovyx 120 mg tablet (New drug)	Formulary Addition; PA Addition; Speciality Addition	Non-Preferred brand		05/21/2021

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Orladeyo 150 mg capsule (New drug), Orladeyo 110 mg capsule (New drug)	Formulary Addition; PA Addition; Speciality Addition; QL Addition	Preferred brand		05/21/2021
Sutab 1.479 gram-0.188 gram tablet (New drug)	Formulary Addition; PA Addition	Preferred brand		05/21/2021
Verquvo 2.5 mg tablet (New drug), Verquvo 5 mg tablet (New drug), Verquvo 10 mg tablet (New drug)	Formulary Addition; PA Addition	Non-Preferred brand		05/21/2021
Monoject pharmacy tray luer lock 12 mL syringe, Monoject pharmacy tray luer lock 20 mL syringe	Formulary Addition	Preferred brand		05/21/2021
Primeaire spacer	Formulary Addition	Preferred brand		05/21/2021
Aerotrach plus spacer	Formulary Addition	Preferred brand		05/21/2021
Breathrite valved MDI spacer, Breatherite valved MDI chamber spacer	Formulary Addition	Preferred brand		05/21/2021
Compact space chamber plus	Formulary Addition	Preferred brand		05/21/2021
Space chamber spacer, Space chamber plus spacer	Formulary Addition	Preferred brand		05/21/2021
Space chamber plus spacer	Formulary Addition	Preferred brand		05/21/2021
Flexichamber-small child mask, Flexichamber-small adult mask, Flexichamber-large child mask	Formulary Addition	Preferred brand		05/21/2021
Litetouch-small mask, Litetouch-large mask, Litetouch-medium mask	Formulary Addition	Preferred brand		05/21/2021
Pediatric small mask miscellaneous each, Pediatric medium mask miscellaneous each	Formulary Addition	Preferred brand		05/21/2021
Sidestream pediatric face mask miscellaneous each	Formulary Addition	Preferred brand		05/21/2021
Silicone mask-infant miscellaneous each, Silicone mask-pediatric miscellaneous each	Formulary Addition	Preferred brand		05/21/2021

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Vortex adult mask miscellaneous each, Vortex holding chamber child miscellaneous spacer each, Vortex holding chamber toddler miscellaneous spacer each	Formulary Addition	Preferred brand		05/21/2021
Avar 9.5-5 % topical foam (gram)	Formulary Addition	Non-Preferred brand		05/21/2021
Cipro XR 500 mg oral tablet, ER multiphase 24 hr	Formulary Addition	Non-Preferred brand		05/21/2021
Neo-synalar 0.5 % (0.35 % base)-0.025 % topical cream (gram)	Formulary Addition	Non-Preferred brand		05/21/2021
Phosphasal 81.6-10.8-40.8 mg oral tablet	Formulary Addition	Non-Preferred brand		05/21/2021
Urogesic-blue 81.6-40.8-0.12 mg oral tablet	Formulary Addition	Non-Preferred brand		05/21/2021
Baxdela 450 mg oral tablet	Formulary Addition	Non-Preferred brand		05/21/2021
Sirturo 100 mg oral tablet, Sirturo 20 mg oral tablet	Formulary Addition	Non-Preferred brand		05/21/2021
Xenleta 600 mg oral tablet	Formulary Addition	Non-Preferred brand		05/21/2021
Xepi 1 % topical cream (gram)	Formulary Addition	Non-Preferred brand		05/21/2021
Unasyn 1.5 gram solution for injection, Unasyn 3 gram solution for injection	Formulary Addition	Non-Preferred brand		05/21/2021
Nuzyra 150 mg oral tablet, Nuzyra (7 day) 150 mg oral tablet, Nuzyra (7 day with load dose) 150 mg oral tablet	Formulary Addition	Non-Preferred brand		05/21/2021
Baciguent 500 unit/gram eye ointment	Formulary Addition	Non-Preferred brand		05/21/2021
Cefotan 1 gram solution for injection, Cefotan 2 gram solution for injection	Formulary Addition	Non-Preferred brand		05/21/2021
Claforan 2 gram solution for injection	Formulary Addition	Non-Preferred brand		05/21/2021
Cleocin 150 mg/mL solution for injection	Formulary Addition	Non-Preferred brand		05/21/2021
Fortaz 500 mg solution for injection, Fortaz 1 gram solution for injection,	Formulary Addition	Non-Preferred brand		05/21/2021

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Fortaz 2 gram solution for injection				
Invanz 1 gram solution for injection	Formulary Addition	Non-Preferred brand		05/21/2021
Tazicef 1 gram solution for injection, Tazicef 2 gram solution for injection, Tazicef 6 gram solution for injection	Formulary Addition	Non-Preferred brand		05/21/2021
Azactam 1 gram solution for injection, Azactam 2 gram solution for injection	Formulary Addition	Non-Preferred brand		05/21/2021
Otiprio 6 % (6 mg/0.1 mL) intratympanic suspension	Formulary Addition, QL Addition	Non-Preferred brand		05/21/2021
Ximino 45 mg oral capsule ER, Ximino 90 mg oral capsule ER, Ximino 135 mg oral capsule ER	Formulary Addition	Non-Preferred brand		05/21/2021
Zilxi 1.5 % topical foam (gram)	Formulary Addition	Non-Preferred brand		05/21/2021
Minolira ER 135 mg oral tablet IR & ER biphasic 24 hr	Formulary Addition	Non-Preferred brand		05/21/2021
Solodyn 55 mg oral tablet ER 24hr, Solodyn 65 mg oral tablet ER 24hr, Solodyn 80 mg oral tablet ER 24hr, Solodyn 105 mg oral tablet ER 24hr, Solodyn 115 mg oral tablet ER 24hr	Formulary Addition	Non-Preferred brand		05/21/2021
Coremino 135 mg tablet ER, Coremino 45 mg tablet ER, Coremino 90 mg tablet ER	Formulary Addition	Non-Preferred brand		05/21/2021
Minolira ER 105 mg tablet ER	Formulary Addition	Non-Preferred brand		05/21/2021
Amzeeq 4% topical foam	Formulary Addition	Non-Preferred brand		05/21/2021
Doryx 50 mg tablet DR, Doryx 200 mg tablet DR, Doryx 80 mg tablet DR, Doryx MPC 120 mg tablet DR	Formulary Addition	Non-Preferred brand		05/21/2021
Monodox 50 mg capsule	Formulary Addition	Non-Preferred brand		05/21/2021
Soloxide 150 mg tablet DR	Formulary Addition	Non-Preferred brand		05/21/2021
Targadox 50 mg tablet	Formulary Addition	Non-Preferred brand		05/21/2021

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Amikacin 1,000 mg/4 mL injection solution	Formulary Addition	Generic		05/21/2021
Ceftriaxone 250 mg solution for injection, Ceftriaxone 500 mg solution for injection, Ceftriaxone 1 gram solution for injection, Ceftriaxone 2 gram solution for injection	Formulary Addition	Generic		05/21/2021
Tobramycin 40 mg/mL injection solution	Formulary Addition	Generic		05/21/2021
Aztreonam 1 gram solution for injection, Aztreonam 2 gram solution for injection	Formulary Addition	Generic		05/21/2021
Bacitracin 50,000 unit IM solution	Formulary Addition	Generic		05/21/2021
Cefazolin 500 mg solution for injection, Cefazolin 1 gram solution for injection	Formulary Addition	Generic		05/21/2021
Cefepime 1 gram solution for injection, Cefepime 2 gram solution for injection	Formulary Addition	Generic		05/21/2021
Cefotaxime 1 gram solution for injection	Formulary Addition	Generic		05/21/2021
Cefotetan 1 gram solution for injection, Cefotetan 2 gram solution for injection	Formulary Addition	Generic		05/21/2021
Ceftazidime 1 gram solution for injection, Ceftazidime 2 gram solution for injection, Ceftazidime 6 gram solution for injection	Formulary Addition	Generic		05/21/2021
Cefuroxime sodium 750 mg solution for injection, Cefuroxime sodium 7.5 gram IV solution, Cefuroxime (PF) 10 mg/mL (1 mg/0.1 mL) in 0.9% NaCl intravitreal solution	Formulary Addition	Generic		05/21/2021
Clindamycin 150 mg/mL injection solution	Formulary Addition	Generic		05/21/2021
Ertapenem 1 gram solution for injection	Formulary Addition	Generic		05/21/2021
Gentamicin 40 mg/mL injection solution, Gentamicin sulfate (PF) 60 mg/6 mL IV solution, Gentamicin sulfate (PF) 100 mg/10 mL IV solution, Gentamicin sulfate (pediatric) (PF) 20 mg/2 mL injection solution, Gentamicin 20 mg/2 mL injection solution	Formulary Addition	Generic		05/21/2021
Tobramycin sulfate 1.2 gram solution for injection,	Formulary Addition	Generic		05/21/2021

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Tobramycin sulfate 10 mg/mL injection solution, Tobramycin sulfate 40 mg/mL injection solution, Tobramycin sulfate 60 mg/50 mL in 0.9 % sodium chloride IV piggyback				
Oxacillin 1 gram solution for injection, Oxacillin 2 gram solution for injection, Oxacillin 1 gram IV solution, Oxacillin 2 gram IV solution	Formulary Addition	Generic		05/21/2021
Nafcillin 1 gram solution for injection, Nafcillin 2 gram solution for injection	Formulary Addition	Generic		05/21/2021
Vancomycin in 0.9% sodium chloride 1.25 gram/150 mL IV injection, Vancomycin in 0.9% sodium chloride 1 gram/150 mL IV injection, Vancomycin in 0.9% sodium chloride 1.5 gram/150 mL IV injection, Vancomycin in 0.9% sodium chloride 2 gram/250 mL IV injection, Vancomycin in 0.9% sodium chloride 1 gram/100 mL IV injection, Vancomycin in dextrose 5% 2 gram/500 mL IV injection	Formulary Addition	Generic		05/21/2021
Ampicillin sodium 500 mg solution for injection, Ampicillin sodium 1 gram solution for injection, Ampicillin sodium 125 mg solution for injection, Ampicillin sodium 250 mg solution for injection	Formulary Addition	Generic		05/21/2021
Ampicillin-sulbactam 3 gram solution for injection, Ampicillin-sulbactam 1.5 gram solution for injection	Formulary Addition	Generic		05/21/2021
Erythromycin 1,000 mg IV Solution	Formulary Addition	Non-Preferred brand		05/21/2021
Hyophen 81.6-0.12-10.8 mg oral tablet	Formulary Addition	Preferred brand		05/21/2021
Ustell 120 mg-0.12 mg oral capsule	Formulary Addition	Preferred brand		05/21/2021
Aemcolo 194 mg oral tablet DR	Formulary Addition	Preferred brand		05/21/2021

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Pretomanid 200 mg oral tablet	Formulary Addition; PA Addition	Generic		05/21/2021
Amikacin 500 mg/2 mL IV solution	Formulary Addition	Generic		05/21/2021
Chloramphenicol sodium succinate 1 gram IV solution	Formulary Addition	Generic		05/21/2021
Streptomycin 1 gram IM solution	Formulary Addition	Generic		05/21/2021
Isoniazid 100 mg/mL injection solution	Formulary Addition	Generic		05/21/2021
Polymyxin B sulfate 500,000 unit solution for injection	Formulary Addition	Generic		05/21/2021
Moxifloxacin 0.5 % viscous eye drops	Formulary Addition	Generic		05/21/2021
Lancing device each	Formulary Update	Non-Preferred brand		05/21/2021
OxluMo 94.5 mg/0.5 mL SC solution (New drug)	Formulary Addition, PA Addition	Preferred brand		05/21/2021
Penicillamine 250 mg oral tablet	Formulary Addition	Generic		05/21/2021
Monoject syringe regular luer 60 mL empty disposable syringe, Monoject disposable syringe 20 mL empty disposable syringe	Formulary Deletion	NF		05/21/2021
Veklury 100 mg IV powder for solution	PA Addition; Specialty Addition	NF		05/21/2021
Cayston 75 mg/mL solution for nebulization	PA Addition; QL Addition; Specialty Addition	Preferred brand		05/21/2021
Flovent diskus 50 mcg/actuation powder for inhalation	QL Deletion; PL Addition	Preferred brand		05/21/2021
Flovent HFA 44 mcg/actuation aerosol inhaler, Flovent HFA 110 mcg/actuation aerosol inhaler, Flovent HFA 220 mcg/actuation aerosol inhaler	QL Deletion; PL Addition	Preferred brand		05/21/2021

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Proair digihaler 90 mcg/actuation aerosol powder breath act, sensor	QL Deletion; PL Addition	Non-Preferred brand		05/21/2021
Proair HFA 90 mcg/actuation aerosol inhaler	QL Deletion; PL Addition	Non-Preferred brand		05/21/2021
Proair respiclick 90 mcg/actuation breath activated	QL Deletion; PL Addition	Non-Preferred brand		05/21/2021
Proventil HFA 90 mcg/actuation aerosol inhaler	QL Deletion; PL Addition	NF	Albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	05/21/2021
Spiriva respimat 2.5 mcg/actuation solution for inhalation Spiriva respimat 1.25 mcg/actuation solution for inhalation	QL Deletion; PL Addition	Preferred brand		05/21/2021
Arnuity ellipta 50 mcg/actuation powder for inhalation	QL Deletion; PL Addition	Preferred brand		05/21/2021
Tinidazole 250 mg tablet	PA Deletion	Generic		05/21/2021
Adderall XR 15 mg capsule	QL Deletion	Non-Preferred brand		05/21/2021
Dextroamphetamine-amphetamine ER 15 mg 24hr capsule	QL Deletion	Generic		05/21/2021
Lamotrigine ER 250 mg tablet 24 hr	QL Deletion	Generic		05/21/2021
Keppra XR 500 mg tablet, Keppra XR 750 mg tablet	QL Update	Non-Preferred brand		05/21/2021
Levetiracetam ER 500 mg tablet 24 hr, Levetiracetam ER 750 mg tablet 24 hr	QL Update	Generic		05/21/2021
Neurontin 300 mg capsule, Neurontin 800 mg tablet, Neurontin 100 mg capsule, Neurontin 400 mg capsule	QL Update	Non-Preferred brand		05/21/2021
Moderna COVID-19 vaccine (PF) 100 mcg/0.5 mL IM suspension	QL Update	Preventive Medications		05/21/2021
Pfizer COVID-19 vaccine (PF) 30 mcg/0.3 mL IM suspension	QL Update	Preventive Medications		05/21/2021
Ciloxan 0.3 % eye ointment	QL Addition	Preferred brand		05/21/2021

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Ciprofloxacin HCl 0.2 % ear drops in a dropperette	QL Addition	Generic		05/21/2021
Cetraxal 0.2 % ear drops in a dropperette	QL Addition	Non-Preferred brand		05/21/2021
Advair diskus 100-50 mcg/dose powder for inhalation, Advair diskus 250-50 mcg/dose powder for inhalation, Advair diskus 500-50 mcg/dose powder for inhalation	PL Update	Preferred brand		05/21/2021
Advair HFA 45 mcg-21 mcg/actuation aerosol inhaler, Advair HFA 115 mcg-21 mcg/actuation aerosol inhaler, Advair HFA 230 mcg-21 mcg/actuation aerosol inhaler	PL Update	Preferred brand		05/21/2021
Albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	PL Update	Generic		05/21/2021
Anoro ellipta 62.5 mcg-25 mcg/actuation powder for inhalation	PL Update	Preferred brand		05/21/2021
Arcapta neohaler 75 mcg capsule with inhalation device	PL Update	Non-Preferred brand		05/21/2021
Arnuity ellipta 100 mcg/actuation powder for inhalation, Arnuity ellipta 200 mcg/actuation powder for inhalation	PL Update	Preferred brand		05/21/2021
Bevespi aerosphere 9 mcg-4.8 mcg HFA aerosol inhaler	PL Update	Non-Preferred brand		05/21/2021
Breo ellipta 100 mcg-25 mcg/dose powder for inhalation, Breo ellipta 200 mcg-25 mcg/dose powder for inhalation	PL Update	Preferred brand		05/21/2021
Dulera 200 mcg-5 mcg/actuation HFA aerosol inhaler, Dulera 100 mcg-5 mcg/actuation HFA aerosol inhaler	PL Update	Non-Preferred brand		05/21/2021
Flovent diskus 50 mcg/actuation powder for inhalation, Flovent diskus 250 mcg/actuation powder for inhalation	PL Update	Preferred brand		05/21/2021

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Incruse ellipta 62.5 mcg/actuation powder for inhalation	PL Update	Preferred brand	05/21/2021
Qvar redihaler 40 mcg/actuation HFA breath activated aerosol, Qvar redihaler 80 mcg/actuation HFA breath activated aerosol	PL Update	Preferred brand	05/21/2021
Seebri neohaler 15.6 mcg capsule with inhalation device	PL Update	Non-Preferred brand	05/21/2021
Serevent diskus 50 mcg/dose powder for inhalation	PL Update	Preferred brand	05/21/2021
Spiriva with handihaler 18 mcg and inhalation capsules	PL Update	Preferred brand	05/21/2021
Symbicort 80 mcg-4.5 mcg/actuation HFA aerosol inhaler, Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler	PL Update	Preferred brand	05/21/2021
Trelegly ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation, Trelegly ellipta 200 mcg-62.5 mcg-25 mcg powder for inhalation	PL Update	Preferred brand	05/21/2021
Utibron neohaler 27.5 mcg-15.6 mcg capsule with inhalation device	PL Update	Non-Preferred brand	05/21/2021
Ventolin HFA 90 mcg/actuation aerosol inhaler	PL Update	Non-Preferred brand	05/21/2021

Legend: AL=Age Limit; OTC=Over-The-Counter; PA=Prior Authorization; SP=Specialty; ST=Step Therapy; QL=Quantity Limit; NF=Non-Formulary

New Prior Authorization Policies

- RxA.665.Bevacizumab
- RxA.666.Danyelza
- RxA.667.Klisyri
- RxA.668.Nayzilam
- RxA.669.Tiglutik
- RxA.670.Zokinvy
- RxA.671.Chemotherapy NOS
- RxA.672.Margenza
- RxA.673.Rituximab
- RxA.675.Orgovyx
- RxA.676.Oxlumo
- RxA.674.Trastuzumab
- RxA.676.Oxlumo

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Updated Prior Authorization Policies

Policy Name	Policy Changes	Effective Date
RxA.002.Acanya, Onexton	<p>Background: Indication for Acanya was added.</p> <p>Dosing information: Indication was added, Dosing information for Acanya was added.</p> <p>Dosage Forms: Acanya dosage form was added.</p> <p>Approval durations were updated to 12 months from Length of Benefit.</p>	03/09/2021
RxA.007.Adempas	<p>Approval duration section was updated to include commercial plans for initial and continued therapy criteria.</p> <p>Dosing frequency sig codes were expanded.</p>	03/09/2021
RxA.010.Aldurazyme	Initial therapy and continued therapy approval updated from duration of request or 6 months (whichever is less) to "6 months".	03/09/2021
RxA.011.Aliqopa	No update	03/09/2021
RxA.012.Alunbrig	<p>Background and indication were updated to include updated FDA-approved indication.</p> <p>Approval duration was updated for commercial plans for initial and continued therapy approval from length of benefit to 6 months.</p> <p>Initial and continued therapy approval criteria were updated to include terminology "*Prescribed regimen must be FDA-approved..."</p>	03/09/2021
RxA.013.Anzemet	No update	03/09/2021
RxA.014.Apokyn	<p>Background section updated to include use of carbidopa/levodopa.</p> <p>Dosing regimen section was updated for clarity and to include information for dose separation.</p> <p>Initial approval criteria I.A.2 was updated to include documentation for "off" episode specifics. Criteria I.A.3 to I.A.6 were added to reflect additional limitations.</p> <p>Criteria II.A.3 was added to consider contraindication.</p> <p>Approval duration for commercial plans was added for initial and continued approval criteria.</p>	03/09/2021

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RxA.015.Aralast NP, Glassia, Prolastin-C, Zemaira	<p>Dosing information: Drug name was updated to 'alpha1-proteinase inhibitor (human) (Aralast NP, Glassia, Prolastin-C, Zemaira)'.</p> <p>Dosage forms were updated.</p> <p>Initial approval criteria IA.6. was added as 'Member is not an active smoker as evidenced by...'</p> <p>Commercial approval duration was updated to 6 months, from "6 months or to the member's renewal date, whichever is longer." HIM was removed for both initial and continued therapy approval criteria.</p>	03/09/2021
RxA.016.Arcalyst	<p>Background was updated: Indication 'Maintenance of remission of DIRA...' was added.</p> <p>Dosing information was added for DIRA.</p> <p>Initial and continued approval criteria was added for DIRA.</p> <p>Commercial approval durations were updated to 6 months from 6 months or to the member's renewal date, whichever is longer. Approval duration for HIM was removed.</p>	03/09/2021
RxA.017.Arikayce	<p>Initial therapy criteria I.A.5 and continued therapy criteria II.A.3 were updated to include vial size for maximum dosing.</p> <p>Appendix B standard verbiage was updated.</p>	03/09/2021
RxA.018.Aubagio	<p>Initial criteria for approval and duration updated.</p>	03/09/2021
RxA.025.Beleodaq	<p>Compendial indications updated.</p>	03/09/2021
RxA.055.Cambia_Zipsor_Pennsaid_Solaraze_Zorvolex	<p>Dosing Information and Therapeutic Alternatives all abbreviations PO,QD,BID,TID changed to full forms.</p> <p>Dosing Information Zorvolex OA dose added separately.</p> <p>Dosage Forms Zipsor added Liquid Filled & Pennsaid added w/w</p> <p>Initial Approval Criteria Other diagnoses/indications deleted</p>	03/09/2021

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RxA.062.Cerdelga	Commercial approval duration updated	03/09/2021
RxA.065.Chenodal	No update	03/09/2021
RxA.067.Cholbam	Clinical criteria for initial approval and continued therapy updated. Initial and continued approval duration updated	03/09/2021
RxA.070.Berinert_ Cinryze_ Haegarda_ Ruconest	Background updated added separate line item for Berinert: "For the treatment of acute abdominal, facial, or laryngeal hereditary angioedema (HAE)...." Under background Cinryze was updated added "pediatric patients (6 years of age and older)". Indication updated for drug Haegarda Dosing information was updated: added pediatric dosing criteria for Cinryze. Dosing information SCand IV abbreviated forms changed to Subcutaneous & Intravenous respectively Initial Therapy Criteria I.A.3.c was removed and clubbed with A.3.b. and age for Ruconest was updated from age ≥ 13 to age ≥ 12 . Initial therapy and continued therapy approval duration updated from Duration of request or 3 months (Whichever is less) to "3 months" Deleted HIM from Approval duration	03/09/2021
RxA.076.Cortrosyn	No update	03/09/2021
RxA.080.Crysvita	TIO indication, dosing, and criteria for approval added. Initial criteria for approval and duration of approval updated.	03/09/2021
RxA.081.Cubicin, Cubicin RF	Initial criteria for approval and continued therapy updated. Duration of approvals updated.	03/09/2021
RxA.082.Cuprimine	Criteria for initial approval and duration of approval updated.	03/09/2021
RxA.083.Cyramza	Background and Dosing information was updated with information of new FDA indication of NSCLC in combination with erlotinib". Medicaid & Commercial was added in both Initial and Continued therapy approval duration.	03/09/2021

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	Initial approval criteria I.B was added with 4th ,5th & 6th b point, new criteria for new FDA indication of NSCLC in combination with erlotinib. Continued therapy criteria II.A.1 was rephrased to “Member is currently receiving medication...” and 3c point was added.	
RxA.084.Cystagon, Procysbi	Commercial approval duration was updated for initial and Continued approval criteria. Initial criteria for approval and duration of approval updated.	03/09/2021
RxA.085.Cystaran	Commercial and Medicaid approval duration was added for both initial and continued therapy criteria.	03/09/2021
RxA.089.CNS Stimulants	Duration of approval for initial and continued therapy updated to 12 months.	03/09/2021
RxA.100.Dysport	Dosing information was updated for indication. Updated dosage form to: For Injection: 300 Units or 500 Units lyophilized powder in a single-dose vial. Updated lower and upper limb spasticity initial criteria updated to: Does not exceed 1,000 units for upper limb spasticity and 1,500 units for lower limb spasticity per treatment session. Updated initial criteria for cervical dystonia: Contractions are causing pain or functional impairment	03/09/2021
RxA.101.Daliresp	Initial Approval criteria: Medicaid approval duration were updated from to 12 months. Continued Approval criteria: Medicaid approval duration were updated to 12 months.	03/09/2021
RxA.102.Daurismo	Approval duration was updated for initial and continued approval criteria	03/09/2021
RxA.104.Diacomit	No update	03/09/2021
RxA.106.Dolophine	Initial therapy and continued therapy approval duration updated from Duration of request or 3 months (Whichever is less) to “3 months”	03/09/2021
RxA.107.Duobrii	Initial Approval criteria: Commercial and Medicaid approval duration were updated to 12 months. Continued Approval criteria: Commercial and Medicaid approval duration were updated to 12 months.	03/09/2021

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	<p>Updated Background to: Duobrii lotion is a combination of halobetasol propionate and tazarotene indicated for the topical treatment of plaque psoriasis in adults.</p> <p>Updated dosage form to include: Each gram of Duobrii contains 0.1 mg (0.01%) 0halobetasol propionate and 0.45 mg (0.045%) tazarotene.</p>	
RxA.109.Edluar Intermezzo Zolpimist	<p>Dosing information: Indications were added. Adult maximum dose for Zolpimist was updated to 10 mg/day.</p> <p>Dosage forms: discontinued strength for was updated to Intermezzo 1.75 mg [DSC].</p> <p>Commercial approval duration was update to 6 months, from Length of benefit.</p> <p>Appendix C: contraindication(s) was updated as 'Patients who have experienced complex sleep behaviors after taking...'</p> <p>Appendix C: boxed warning has been added as 'Complex sleep behaviors'</p>	03/09/2021
RxA.110.Egaten	<p>Approval duration updated for Initial and Continued</p> <p>Appendix D: General Information added - Monitor ECG in patients with a history of QT prolongation or who are taking medications which prolong the QT interval.</p> <p>Dosage Form update to add functionally scored</p> <p>Maximum Dose updated to:20 mg/kg/day</p>	03/09/2021
RxA.111.Egrifta SV	No update	03/09/2021
RxA.112.Elaprase	<p>Approval duration for initial criteria updated as 6 months and “ which ever is less..” removed for commercial approval duration.</p> <p>Dosing regimen and max dose updated to: 0.5 mg/kg body weight IV every week</p> <p>Dosage Form updated to: Injection: 6 mg/3 mL (2 mg/mL) in single-use vial</p>	03/09/2021
RxA.113.Elelyso	Initial Criteria I.A.1 was updated.	03/09/2021

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RxA.116.Enstilar	<p>Dosing information was updated for indication.</p> <p>Initial approval and continued therapy approval criteria updated for one month.</p> <p>Background updated to: Enstilar is a combination of calcipotriene, a vitamin D analog, and betamethasone dipropionate, a corticosteroid. It is indicated for the topical treatment of plaque psoriasis (PsO) in patients 12 years of age and older.</p> <p>Dosing Regimen updated to include: Discontinue therapy when control is achieved.</p> <p>Dosage Form update to: Topical Foam: 0.005% calcipotriene/0.064% betamethasone dipropionate</p>	03/09/2021
RxA.117.Fabrazyme	<p>Initial Approval criteria: Commercial and Medicaid approval duration were updated from length of benefit to 6 months.</p> <p>Continued Approval criteria: Commercial and Medicaid approval duration were updated from length of benefit to 6 months.</p> <p>Updated dosing regimen to add body weight.</p> <p>Updated Initial and Continued Therapy to include body weight</p>	03/09/2021
RxA.118.Faslodex	Initial criteria I.B.4 added	03/09/2021
RxA.119.Ferriprox	Boxed warning was updated to “Agranulocytosis and Neutropenia”.	03/09/2021
RxA.120.Firdapse, Ruzurgi	Duration of approval (both sections) updated Initial criteria for approval updated	03/09/2021
RxA.121.Folotyn	HIM was removed from Initial and continued therapy criteria approval duration	03/09/2021
RxA.122.Fortamet Glumetza	<p>Dosing information section for indication and regimen were updated for clarity.</p> <p>Approval duration was updated to include Medicaid with same approval duration as commercial.</p> <p>Initial approval criteria I.A.2 and 3 updated to change wording from “inactive ingredients” to “excipients”.</p>	03/09/2021

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	Initial approval criteria I.A.5 and continued therapy criteria II.A.3 for maximum dosing updated to be more concise. Added continued therapy criteria II.A.2 to ensure response is therapy is considered.	
RxA.123.Binosto_ Fosamax Plus D	Approval duration for Initial and continued therapy criteria was updated for Commercial from length of benefit to 12 months, removed HIM and added Medicaid approval duration of 12 months. APPENDIX C: Contraindications/Boxed Warnings added	03/09/2021
RxA.125.Fuzeon	Removed HIM from initial and continued therapy criteria approval duration.	03/09/2021
RxA.126.Fanapt	Approval duration was updated in initial as well as in continued therapy approval	03/09/2021
RxA.129.Firmagon	Indication in dosing table updated to align with background section. Approval duration section updated to specify commercial and Medicaid plans.	03/09/2021
RxA.130.Auryxia, Fosrenol, Renvela, Renagel, Velphoro	Dose strength of Renagel was updated	03/09/2021
RxA.131.Neulasta, Fulphila, Udenyca, Ziextenzo	Compendial uses updated.	03/09/2021
RxA.135.Feraheme	No update	03/09/2021
RxA.136.Firazyr	Dosage form section was updated. Initial approval criteria I.A.1 was updated based on updated guidelines. Approval duration for commercial plans was updated for initial and continued approval criteria	03/09/2021
RxA.137.Formulary Exceptions	Added "If only one FDA-approved drug exists, member only need to demonstrate failure of an adequate trial of that drug" to criteria I.A.2., I.E.3 and I.F.2	03/09/2021
RxA.138.Forteo	Initial approval and continued therapy approval criteria updated for 6 and 12 months and removed limited to 2 years cumulative use of PTH analogs per lifetime.	03/09/2021

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	<p>Dosage Form updated to: Injection: 620 mcg/2.48 mL (250 mcg/mL) in a single-patient-use prefilled delivery device (pen) containing 28 daily doses of 20 mcg</p> <p>Removed osteosarcoma boxed warning</p> <p>Background updated to: Forteo is parathyroid hormone analog, (PTH 1-34), indicated for:</p> <p>For the treatment of postmenopausal women with osteoporosis at high risk for fracture (defined herein as having a history of osteoporotic fracture or multiple risk factors for fracture) or who have failed or are intolerant to other available osteoporosis therapy. In postmenopausal women with osteoporosis, FORTEO reduces the risk of vertebral and nonvertebral fractures. To increase bone mass in men with primary or hypogonadal osteoporosis at high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy. For the treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy (daily dosage equivalent to 5 mg or greater of prednisone) at high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy.</p> <p>Contraindications updated to: Hypersensitivity to teriparatide or to any of its excipients</p>	
<p>RxA.139.Fragmin</p>	<p>Dosing information was updated for indication and included: Do not use as intramuscular injection. Fragmin should not be mixed with other injections or infusions.</p> <p>Dosage form updated to include: Multiple dose vial: 95,000 IU/3.8 mL (25,000 IU/mL).</p> <p>Updated Boxed Warning to include: Monitor patients frequently for signs and symptoms of neurological impairment. If neurological compromise is noted, urgent treatment is necessary. Consider the benefits and risks before neuraxial intervention in patients anticoagulated or to be anticoagulated for thromboprophylaxis.</p> <p>Updated section I for Anticoagulation in Pregnancy: Ante- and Postpartum (off-label) to include: High risk thrombophilia - including but not limited to Factor V Leiden homozygosity, prothrombin gene G20210A mutation</p>	<p>03/09/2021</p>

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	homozygosity, heterozygosity for factor V Leiden and prothrombin G20210A mutation, antithrombin deficiency, history of recurrent thrombosis, and mechanical heart valves.	
RxA.140.Fusilev	No update	03/09/2021
RxA.141.Gablofen,Lioresal, Ozobax	Background was updated: Limitation of use was added for Ozobax. Dosing information: Indications were added. Initial approval criteria IA.4 was updated as for TBI wait at least one year. Approval durations were updated. Appendix C boxed warning was updated at 'Abrupt withdrawal (injection)'	03/09/2021
RxA.142.Gamifant	Initial approval criteria I.A.3 was updated to include intrathecal methotrexate in therapy. Approval duration section was updated for initial and continued therapy approval. Appendix B standard verbiage was updated. Table was also updated to clarify that the products in this section are all part of a preferred regimen. Methotrexate was added to table as well as part of HLH-94 treatment protocol.	03/09/2021
RxA.143.Immune Globulin	Dosing information Abbreviated forms changed to full forms-QD,BID,TID Dosing info, for drug-Cutaquig regimen updated Dosage form updated for drugs-Flebogamma DIF (5%), Flebogamma DIF (10%), Octagam (10%), Privigen (10%), Gammagard Liquid (10%), Cuvitru (20%), Hizentra (20%) Initial Approval Criteria-Approval duration updated for commercial APPENDIX C: Contraindications/Boxed Warnings added for Gammaplex 5%, Hyqvia, Privigen	03/09/2021
RxA.144.Hyaluronate Derivatives	Approval duration for initial and continued therapy criteria was updated for commercial from length of benefit to 12 months; Removed	03/09/2021

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	HIM and added Medicaid approval duration of 12 months. APPENDIX C: Contraindications/Boxed Warnings added. Updated trial and fail criteria with preferred products under initial therapy approval criteria to I.A.6	
RxA.146.Copaxone, Glatopa	Added Commercial & Medicaid approval duration in Initial and Continued approval criteria.	03/09/2021
RxA.19.Auvi-Q_ EpiPen_ EpiPen Jr	Dosing information was updated for indication. Updated dosing information to include IM/SC into the anterolateral aspect of the thigh, through clothing if necessary. Each device is a single-dose injection. Background rephrased to: Auvi-Q, EpiPen, EpiPen Jr is a non-selective alpha and beta-adrenergic receptor agonist, indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis	03/09/2021
RxA.207.Minastrin 24 Fe, Taytulla	No update	03/09/2021
RxA.21.Accrufer	No update	03/09/2021
RxA.22.Actimmune	Dosing information: Drug name was added. Initial approval criteria I.B.2 was updated as Prescribed by or in consultation with an endocrinologist or rheumatologist. Commercial approval durations were updated to 6 months from 6 months or to the member's renewal date, whichever is longer. Approval duration for HIM was removed	03/09/2021
RxA.23.Balversa	No update	03/09/2021
RxA.241.Nuessa	Initial criteria for approval updated	03/09/2021
RxA.256.Quantity Limit Override	No update	03/09/2021
RxA.273.Royaldee	Dosing information was updated for indication. Background updated to: Royaldee is a vitamin D3 analog indicated for the treatment of secondary hyperparathyroidism in adult patients with stage 3 or 4 chronic kidney disease (CKD) and serum total 25-hydroxyvitamin D levels less than 30 ng/mL.	03/09/2021

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	<p>Updated dosing regimen to: Initial: 30 mcg PO once daily at bedtime. Serum calcium should be below 9.8 mg/dL before initiating. Increase the dose to 60 mcg once daily after 3 months if intact PTH is above the treatment goal.</p> <p>Additionally, ensure serum calcium is below 9.8 mg/dL, phosphorus is below 5.5 mg/dL and 25-hydroxyvitamin D is below 100 ng/mL before increasing the dose.</p> <p>Suspend dosing if intact PTH is persistently abnormally low, serum calcium is consistently above the normal range or serum 25-hydroxyvitamin D is consistently above 100 ng/mL.</p> <p>Initial Approval Criteria updated to include: Serum total calcium is below 9.8 mg/dL prior to initiating therapy.</p>	
RxA.28 Step Therapy Exception	Added "If only one FDA-approved drug exists, member only need to demonstrate failure of an adequate trial of that drug" to criteria I.2.	03/09/2021
RxA.3.Proton Pump Inhibitors	<p>Prevacid was removed from this policy.</p> <p>Dosage Forms was updated as esomeprazole strontium 24.65 mg was discontinued.</p> <p>Approval durations were updated to 12 months from Length of Benefit.</p>	03/09/2021
RxA.309.Xyrem, Xywav	<p>Xywav added to the policy.</p> <p>Initial criteria for approval and duration of approval updated</p>	03/09/2021
RxA.31.Bosulif	<p>Initial and continued therapy age criteria I.A.3 and II.A.3 updated to simplify language.</p> <p>Initial and continued therapy dosing criteria I.A.4, I.B.4, II.A.3 updated to include verbiage "Prescribed regimen must be FDA-approved...".</p> <p>Approval duration section updated for initial and continued therapy to include Medicaid plans. Duration aligned with commercial plans.</p>	03/09/2021
RxA.313.Prolia Xgeva	<p>Osteoporosis: Initial criteria I.A.4 was updated.</p> <p>Initial approval duration was updated to 12 months.</p>	03/09/2021

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	Approval criteria for systemic mastocytosis and other NCCN recommended off-label indications were added	
RxA.313.Prolia, Xgeva	Duration of initial approval updated	03/09/2021
RxA.33.Brovana	No update	03/09/2021
RxA.344.Annovera	Initial and Continued approval duration was updated, deleted HIM approval duration. Dosage regimen updated.	03/09/2021
RxA.368.Entresto	Initial criteria for approval updated	03/09/2021
RxA.379.Eucrisa	Background was updated for minimum age from 2 years to 3 months. Initial Approval criteria was updated for minimum age from 2 years to 3 months. Initial Approval criteria Commercial and Medicaid approval duration were updated to 6 months. Continued Approval criteria: Commercial and Medicaid approval duration were updated to 6 months. Updated dosing information to include route of administration: Apply a thin layer topically to the affected areas twice daily	03/09/2021
RxA.38.Binosto, Fosamax Plus D	Initial and Continued Approval criteria: approval duration was updated from Length of Benefit to 12 months	03/09/2021
RxA.4.Acticlate Doryx Doryx MPC Oracea	Dosing information section was updated to consolidate dosing regimen for Acticlate and Doryx. Dosage forms section was updated. Added “one of the following” to maximum dosing criteria in initial and continued therapy criteria. Approval duration sections were updated for initial and continued therapy approval. For I.A, to 4 months from 16 weeks, for I.D to 2 months from 60 days or duration of request, whichever is less, and for II.A, 4 months from up to 16 weeks of treatment (total).	03/09/2021

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RxA.40. Infertility and Fertility Preservation	Ganirelex acetate: Dose strength updated.	03/09/2021
RxA.41. Bryhali, Lexette, Ultravate	Initial approval criteria A.2. was added to specify approved age	03/09/2021
RxA.411. Lyrica_Lyrica CR	HIM was removed from Initial and continued therapy criteria approval duration. Commercial approval duration was updated for initial and continued therapy criteria. In Appendix B: dosing regimen for anticonvulsants drugs was updated	03/09/2021
RxA.432. Opioid Analgesics	Updated background and added... "Please refer to...availability information" 1.A.3 – added clinical criteria 1.A.5 – changed language to describe opioid-naïve and non-opioid naïve members; deleted "All utilizers" 1.B.4.b – combined existing and all utilizers into a range of dosing based on MME/day; changed duration of approval to reflect prescriber intent, if available. 1.C.3.a – clarified requirement for member being opioid-tolerant; deleted "Member has received fentanyl patches within the past 60 days" 1.C.5 – b, combined existing and all utilizers into a range of dosing based on MME/day.	03/09/2021
RxA.478. Signifor Signifor LAR	No update	03/09/2021
RxA.49. Brineura	Initial Approval criteria: Commercial and Medicaid approval duration were updated to 6 months. Continued Approval criteria: Commercial and Medicaid approval duration were updated to 6 months	03/09/2021
RxA.5. Actonel Atelvia	Initial criteria IA.1 was updated by adding a. and b. Initial criteria IA.4b was updated by including PMO Continued therapy IIA.3b was updated by including PMO Deleted HIM approval duration	03/09/2021
RxA.51. Cablivi	No update	03/09/2021

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<p>RxA.52.Cabometyx, Cometriq</p>	<p>Background was updated: added new indication “patients with advanced renal cell carcinoma, as a first-line treatment in combination with nivolumab” and HCC.</p> <p>Dosing information was updated: dosing regimen of Cabometyx in combination with nivolumab was added.</p> <p>Initial criteria updated: added I.A.1. & I.A.6.b.</p> <p>Initial approval criteria were updated to include “Other NCCN Compendium indication” criteria.</p> <p>Commercial approval duration was updated to 6 months and 12 months from ‘length of benefit’ & removed HIM from Initial and continued therapy criteria respectively.</p> <p>Continued therapy criteria were updated: added II.A.3.b.</p> <p>Updated Appendix C: removed Boxed warning.</p>	<p>03/09/2021</p>
<p>RxA.53.Caduet</p>	<p>Initial and Continued Approval criteria: Commercial and Medicaid approval duration was updated from Length of benefit to 12 months</p>	<p>03/09/2021</p>
<p>RxA.531.Tymlos</p>	<p>Appendix C: Contraindications was updated</p>	<p>03/09/2021</p>
<p>RxA.561.Vraylar</p>	<p>Dosing frequency sig codes were expanded. Appendix C for boxed warning was updated to include use with antidepressants</p>	<p>03/09/2021</p>
<p>RxA.592.Biologic DMARDs_updated</p>	<p>Step therapy medications updated. Added contraindication information for females actively attempting pregnancy. Initial and continued therapy approval durations for all indications except Cytokine Release Syndrome were updated from 6 months to 12 months</p>	<p>03/09/2021</p>
<p>RxA.60.Celebrex</p>	<p>APPENDIX C: Contraindications/Boxed Warnings were updated.</p> <p>Initial Approval criteria: Medicaid approval duration were updated from length of benefit to 12 months.</p> <p>Continued Approval criteria: Medicaid approval duration were updated from length of benefit to 12 months.</p>	<p>03/09/2021</p>

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	<p>Anaprox, Indocin, Indocin SR, Meclomen, Orudis, Clinoril were removed from therapeutic alternatives table due to off market.</p> <p>Updated indication and dosing information to include abbreviations: Osteoarthritis (OA), Rheumatoid arthritis (RA), Juvenile rheumatoid arthritis (JRA) in patients 2 years and older, Ankylosing spondylitis (AS), Acute pain (AP), Primary dysmenorrhea (PD)</p> <p>Updated dosing information for Ankylosing Spondylitis: If no effect is observed after 6 weeks, a trial of 400 mg (single or divided doses) may be of benefit.</p> <p>Dosing information updated to include: Hepatic Impairment: Reduce daily dose by 50% in patients with moderate hepatic impairment (Child-Pugh Class B). Poor Metabolizers of CYP2C9 Substrates: Consider a dose reduction by 50% (or alternative management for JRA) in patients who are known or suspected to be CYP2C9 poor metabolizers.</p>	
RxA.61.Ceprotin	<p>Added route of administration to dosing regimen.</p> <p>Continued therapy approval criteria II.A.1 was rephrased to “Currently receiving medication that has been authorized by RxAdvance...”.</p> <p>Approval duration was updated to include Medicaid plans in initial and continued therapy</p>	03/09/2021
RxA.620.Brukinsa	<p>Continuation therapy criteria II.A.1. added “listed in this policy”.</p> <p>Added initial therapy approval criteria for CLL/SLL.</p>	03/09/2021
RxA.621.Caplyta	<p>Initial approval criteria I.A.4 was updated: added “risperidone, quetiapine, olanzapine, or ziprasidone”.</p> <p>Updated Appendix D: added avoid use in moderate or severe hepatic impairment</p>	03/09/2021
RxA.622.Dayvigo	<p>Continuation therapy criteria II.A.1. added “listed in this policy” & added 3 point as “If request is for a dose increase, new dose does not exceed 10 mg per day.”</p>	03/09/2021

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	Updated the verbiage in initial approval criteria to “Failure of two preferred...	
RxA.623.Givlaari	No update	03/09/2021
RxA.624.Oxbryta	Orally once” was added under dosing regimen in Dosage Form. Continuation therapy criteria II.A was updated: added “Dose does not exceed 1500 mg per day”. Added additional initial approval criteria – 3, 4, 7; Updated criteria 2, 6; Added additional continued therapy criteria – 3, 4; Updated criteria #2	03/09/2021
RxA.631.Xcopri	Updated Dosage forms. Initial approval criteria’s language was changed, to maintain consistency. Commercial & Medicaid approval duration was added in both initial as well as continued therapy approval criteria.	03/09/2021
RxA.625.Aklief	Background section was updated for simplification. Dosing frequency sig codes were expanded	03/09/2021
RxA.626.Ayvakit	Added initial therapy approval criteria for myeloid/lymphoid neoplasms and updated continued therapy criteria to reflect the same. Continuation therapy criteria II.A.1. added listed in this policy.	03/09/2021
RxA.627.Arazlo	Updated initial approval criteria based on the clinical guidelines and the availability of preferred agents within same drug class.	03/09/2021
RxA.628.Reblozyl	Approval duration for continued therapy was updated to 12 months from 6 months.	03/09/2021
RxA.629.Tazverik	Continued therapy criteria were updated: added “If request is for dose increase...”. Background New indication added: relapsed or refractory Follicular lymphoma. Dosing Information-dosing regimen added for relapsed or refractory Follicular lymphoma. Removed hydrobromide from Dosage forms.	03/09/2021

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	Continued therapy approval duration updated from 1 year to 12 months. Added initial approval criteria for new indication of relapsed or refractory follicular lymphoma Added dosing criteria under continued therapy approval Section II	
RxA.63.Cerezyme	Modified the criteria language of I.A.3 to “member has one or more of the following”	03/09/2021
RxA.630.Ubrelvy	Background was updated for simplification. Appendix C contraindications was updated.	03/09/2021
RxA.659.Kynmobi	Added requirement of concurrent carbidopa/levodopa use to background and indication. Added initial approval criteria I.A.3 to require approval by neurologist. Updated initial approval criteria I.A.6 to include antiemetic example used in clinical trials. Added initial approval criteria I.A.7 and continued therapy approval 3 to ensure contraindication to 5HT3 antagonists is considered.	03/09/2021
RxA.66.Chloramphenicol sodium succinate	Approval duration of initial and continued therapy were updated	03/09/2021
RxA.68.Cialis	Dosing regimen was updated to 5 mg once daily for BPH. Initial Approval criteria: Commercial and Medicaid approval duration were updated to 12 months. Continued Approval criteria: Commercial and Medicaid approval duration were updated to 12 months. Updated ED dosing information to: May increase to 5 mg based upon efficacy and tolerability	03/09/2021
RxA.69.Cinqair	Approval duration for commercial plans continued therapy was changed from 6 months to 12 months. Appendix C updated with boxed warning.	03/09/2021
RxA.7.Adempas	Approval duration section was updated to include commercial plans for initial and continued therapy criteria. Dosing frequency sig codes were expanded	03/09/2021

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RxA.71. Claravis Absorica Myorisan Zenatane Amnesteem	No update	03/09/2021
RxA.72. Clarinex Clarinex-D 12 Hour	Commercial approval duration was updated for initial and Continued approval criteria. Contraindications were updated.	03/09/2021
RxA.74. Colonoscopy Preparation Products	Sutab was added to this policy Approval duration for both initial approval criteria and continued therapy criteria was updated to 4 weeks Presentation of dosage forms was updated	03/09/2021
RxA.8. Afinitor Afinitor Disperz Zortress	Initial therapy criteria I.H.1(a) & I.H.1(b) were added.	03/09/2021
RxA.86. Compounded Medications	Initial and Continued Approval criteria: Commercial and Medicaid approval duration were updated to 6 months.	03/09/2021
RxA.87. Cystadane	Dosing Information abbreviated form PO & BID changed to by mouth & twice daily respectively Added dosing regimen for pediatric patients less than 3 years of age in dosing information. Dosage forms rephrased Initial therapy and continued therapy approval duration updated & HIM deleted Updated the approval coverage duration for continuation of therapy to 12 months. Updated the dose criteria I.A.3 and II.A.3 to include “or 20 g per day or 150mg/kg/day, whichever is greater, in two divided doses	03/09/2021
RxA.88. Daraprim	Dosing information was updated for indication. Initial approval criteria updated for toxoplasmosis infection for 56 days instead of “whichever is less....” Appendix C contraindication updated. HIV dosing regimen updated to: HIV-infected patients. Initial loading dose of 200 mg followed by 50 mg/day (if body weight < 60 kg) or 75 mg/day (if body weight ≥ 60 kg) in combination with sulfadiazine plus leucovorin	03/09/2021
RxA.90. Total Parenteral Nutrition and Intradialytic Parenteral Nutrition	No update	03/09/2021

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<p>RxA.94.DDAVP, Stimat, Nocturna, Noctiva</p>	<p>Initial and continued approval criteria was updated to include “Member has normal serum sodium concentration prior to initiation of therapy”.</p> <p>Updated Appendix C: added Known hypersensitivity to desmopressin acetate or to any of the components of DDAVP.</p>	<p>03/09/2021</p>
<p>RxA.96.Desoxyn</p>	<p>Background information was added as “characterized by the following group of developmentally inappropriate symptoms: moderate to severe distractibility, short attention span, hyperactivity, emotional liability, and impulsivity”.</p> <p>Initial approval criteria I.A. “weight management” info removed and updated.</p>	<p>03/09/2021</p>
<p>RxA.97.Blood glucose test strip quantity limit - Not Receiving Insulin</p>	<p>Commercial and Medicaid approval duration was added in Initial and continued therapy approval criteria</p>	<p>03/09/2021</p>
<p>RxA.99.Duexis</p>	<p>Dosing information was updated for indication.</p> <p>Drug names Indocin SR, Orudis, Anaprox, Clinoril, Tagamet removed from Appendix C for therapeutic alternative.</p> <p>Updated and reformatted contraindications: Hypersensitivity to ibuprofen or famotidine or any components of the drug product, History of asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs, In the setting of CABG surgery, Hypersensitivity to other H2-receptor antagonists.</p> <p>Updated Box Warning: Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in treatment and may increase with duration of use.</p> <p>Duexis is contraindicated in the setting of coronary artery bypass graft (CABG) surgery.</p> <p>NSAIDs cause an increased risk of serious GI adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning</p>	<p>03/09/2021</p>

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	symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events.	
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New Step Therapy

- Mondoxyne NL 75 mg oral capsule, Mondoxyne NL 100 mg oral capsule
- Vocabria 30 mg tablet (New drug)
- Cabenuva 400 mg/2 mL-600 mg/2 mL IM suspension ER (New drug)
- Ximino 45 mg oral capsule ER, Ximino 90 mg oral capsule ER, Ximino 135 mg oral capsule ER
- Minolira ER 135 mg oral tablet IR & ER biphasic 24 hr
- Solodyn 55 mg oral tablet ER 24hr, Solodyn 65 mg oral tablet ER 24h, Solodyn 80 mg oral tablet ER 24hr, Solodyn 105 mg oral tablet ER 24hr, Solodyn 115 mg oral tablet ER 24hr
- Coremino 135 mg tablet ER, Coremino 45 mg tablet ER, Coremino 90 mg tablet ER
- Minolira ER 105 mg tablet ER, Minolira ER 135 mg tablet ER
- Doryx 50 mg tablet DR, Doryx 200 mg tablet DR, Doryx 80 mg tablet DR, Doryx MPC 120 mg tablet DR
- Monodox 50 mg capsule
- Soloxide 150 mg tablet DR
- Targadox 50 mg tablet

Updated Step Therapy

Drug Name; Strength(s); & Dosage Form(s)	Step Edit Details	Effective Date
N/A	N/A	N/A

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