



2021 Formulary Changes

EFFECTIVE DATE: 11/01/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
ALINIA 100 MG/5ML ORAL SUSP RECON	

CHANGE TYPE

DELETION OF DRUG FROM FORMULARY

CHANGE REASON

NOT A PART D COVERED DRUG

EFFECTIVE DATE: 10/30/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
BYSTOLIC 5 MG ORAL TABLET	NEBIVOLOL HCL 5 MG ORAL TABLET-1
BYSTOLIC 20 MG ORAL TABLET	NEBIVOLOL HCL 20 MG ORAL TABLET-1
BYSTOLIC 2.5 MG ORAL TABLET	NEBIVOLOL HCL 2.5 MG ORAL TABLET-1
BYSTOLIC 10 MG ORAL TABLET	NEBIVOLOL HCL 10 MG ORAL TABLET-1
DUREZOL 0.05 % OPHTHALMIC DROPS	DIFLUPREDNATE 0.05 % OPHTHALMIC DROPS-1

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW
GENERIC EQUIVALENT**

EFFECTIVE DATE: 10/02/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
SUTENT 50 MG ORAL CAPSULE	SUNITINIB MALATE 50 MG ORAL CAPSULE-1
SUTENT 12.5 MG ORAL CAPSULE	SUNITINIB MALATE 12.5 MG ORAL CAPSULE-1
SUTENT 25 MG ORAL CAPSULE	SUNITINIB MALATE 25 MG ORAL CAPSULE-1
SUTENT 37.5 MG ORAL CAPSULE	SUNITINIB MALATE 37.5 MG ORAL CAPSULE-1

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALE

EFFECTIVE DATE: 08/28/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
KALETRA 200MG-50MG ORAL TABLET	LOPINAVIR-RITONAVIR 200MG-50MG ORAL TABLET-1
INTELENCE 200 MG ORAL TABLET	ETRAVIRINE 200 MG ORAL TABLET-1
INTELENCE 100 MG ORAL TABLET	ETRAVIRINE 100 MG ORAL TABLET-1
KALETRA 100MG-25MG ORAL TABLET	LOPINAVIR-RITONAVIR 100MG-25MG ORAL TABLET-1

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

EFFECTIVE DATE: 07/31/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
BANZEL 400 MG ORAL TABLET	RUFINAMIDE 400 MG ORAL TABLET-1
BANZEL 200 MG ORAL TABLET	RUFINAMIDE 200 MG ORAL TABLET-1

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF
NEW GENERIC EQUIVALENT**

EFFECTIVE DATE: 07/03/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
THIOLA 100 MG ORAL TABLET	TIOPRONIN 100 MG ORAL TABLET-1

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF
NEW GENERIC EQUIVALENT**

EFFECTIVE DATE: 05/01/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
SYMFI 600-300MG ORAL TABLET	EFAVIRENZ-LAMIVU-TENOFOV DISOP 600-300MG ORAL TABLET-1
ATRIPLA 600-200MG ORAL TABLET	EFAVIRENZ-EMTRIC-TENOFOV DISOP 600-200MG ORAL TABLET-1
SYMFI LO 400-300 MG ORAL TABLET	EFAVIRENZ-LAMIVU-TENOFOV DISOP 400-300 MG ORAL TABLET-1
TRUVADA 200-300 MG ORAL TABLET	EMTRICITABINE-TENOFOVIR DISOP 200-300 MG ORAL TABLET-1
BETHKIS 300 MG/4ML INHALATION AMPUL-NEB	TOBRAMYCIN 300 MG/4ML INHALATION AMPUL-NEB-1
DEMSER 250 MG ORAL CAPSULE TYKERB 250 MG ORAL TABLET	METYROSINE 250 MG ORAL CAPSULE-1 LAPATINIB 250 MG ORAL TABLET-1
TECFIDERA 240 MG ORAL CAPSULE DR	DIMETHYL FUMARATE 240 MG ORAL CAPSULE DR-1
TECFIDERA 120 MG ORAL CAPSULE DR	DIMETHYL FUMARATE 120 MG ORAL CAPSULE DR-1
FERRIPROX 500 MG ORAL TABLET	DEFERIPRONE 500 MG ORAL TABLET-1
EMTRIVA 200 MG ORAL CAPSULE	EMTRICITABINE 200 MG ORAL CAPSULE-1
KUVAN 100 MG ORAL TABLET SOL	SAPROPTERIN DIHYDROCHLORIDE 100 MG ORAL TABLET SOL-1

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

EFFECTIVE DATE: 05/01/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
RANITIDINE HCL 15 MG/ML ORAL SYRUP	
RANITIDINE HCL 15 MG/ML ORAL SYRUP	
RANITIDINE HCL 150 MG ORAL TABLET	
RANITIDINE HCL 25 MG/ML INJECTION VIAL	
RANITIDINE HCL 300 MG ORAL TABLET	
RANITIDINE HCL 50 MG/2 ML INJECTION VIAL	

CHANGE TYPE

DELETION OF DRUG FROM FORMULARY

CHANGE REASON

**REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET
WITHDRAWAL**

EFFECTIVE DATE: 05/01/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
NORTHERA 300 MG ORAL CAPSULE	DROXIDOPA 300 MG ORAL CAPSULE-1
NORTHERA 200 MG ORAL CAPSULE	DROXIDOPA 200 MG ORAL CAPSULE-1
NORTHERA 100 MG ORAL CAPSULE	DROXIDOPA 100 MG ORAL CAPSULE-1

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

**REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET
WITHDRAWAL**

EFFECTIVE DATE: 04/03/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
LOTEMAX 0.5 % OPHTHALMIC DROPS GEL	LOTEPREDNOL ETABONATE 0.5 % OPHTHALMIC DROPS GEL-1
TRUVADA 100-150 MG ORAL TABLET	EMTRICITABINE-TENOFOVIR DISOP 100-150 MG ORAL TABLET-1
TRUVADA 167-250 MG ORAL TABLET	EMTRICITABINE-TENOFOVIR DISOP 167-250 MG ORAL TABLET-1
TRUVADA 133-200 MG ORAL TABLET	EMTRICITABINE-TENOFOVIR DISOP 133-200 MG ORAL TABLET-1
LOTEMAX 0.5 % OPHTHALMIC DROPS GEL	LOTEPREDNOL ETABONATE 0.5 % OPHTHALMIC DROPS GEL-1
TRUVADA 100-150 MG ORAL TABLET	EMTRICITABINE-TENOFOVIR DISOP 100-150 MG ORAL TABLET-1

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

EFFECTIVE DATE: 03/01/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
BANZEL 40 MG/ML ORAL ORAL SUSP	RUFINAMIDE 40 MG/ML ORAL ORAL SUSP-1
SAPHRIS 10 MG SUBLINGUAL TAB SUBL	ASENAPINE MALEATE 10 MG SUBLINGUAL TAB SUBL-1
SAPHRIS 2.5 MG SUBLINGUAL TAB SUBL	ASENAPINE MALEATE 2.5 MG SUBLINGUAL TAB SUBL-1
SAPHRIS 5 MG SUBLINGUAL TAB SUBL	ASENAPINE MALEATE 5 MG SUBLINGUAL TAB SUBL-1
TECFIDERA 120-240 MG ORAL CAPSULE DR	DIMETHYL FUMARATE 120-240 MG ORAL CAPSULE DR-1

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

EFFECTIVE DATE: 02/27/2021

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier
ALINIA 500 MG ORAL TABLET	NITAZOXANIDE 500 MG ORAL TABLET-1

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF
NEW GENERIC EQUIVALENT**