Source Rx Formulary Updates

PRIME THERAPEUTICS®

April 2021

This list is based on the full NetResults formulary with a 4-tier design. If your benefits administrator chose a non-standard formulary design, your coverage may be different than what is listed below. Please visit myprime.com for the most current and complete list.

Tier 1 = preferred generic
Tier 2 = non-preferred generic
Tier 3 = preferred brand
Tier 4 = non-preferred brand

Positive Changes
This list includes any additions or positive changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
alendronate sodium oral soln 70 mg/75ml	Generic	12/6/20	Move from Tier 4 to Tier 2
asenapine maleate sl tab 2.5 mg (base equiv)	Generic	12/13/20	Addition to Tier 2, generic for SAPHRIS
asenapine maleate sl tab 5 mg (base equiv)	Generic	12/13/20	Addition to Tier 2, generic for SAPHRIS
asenapine maleate sl tab 10 mg (base equiv)	Generic	12/13/20	Addition to Tier 2, generic for SAPHRIS
CYSTADROPS (cysteamine hcl ophth soln 0.37% (base equivalent))	Brand	1/1/21	Addition to Tier 4
deferiprone tab 500 mg	Generic	9/20/20	Addition to Tier 2, generic for FERRIPROX
DIFICID (fidaxomicin for susp 40 mg/ml)	Brand	12/6/20	Addition to Tier 4
diltiazem hcl cap er 24hr 120 mg	Generic	9/20/20	Move from Tier 4 to Tier 1
diltiazem hcl cap er 24hr 180 mg	Generic	10/1/20	Move from Tier 4 to Tier 2
diltiazem hcl cap er 24hr 240 mg	Generic	10/1/20	Move from Tier 4 to Tier 2
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	Generic	9/28/20	Addition to Tier 2, generic for TECFIDERA STARTER PACK
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Generic	10/4/20	Addition to Tier 2, generic for ATRIPLA
ENSPRYNG (satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml)	Brand	4/1/21	Addition to Tier 4
EPCLUSA (sofosbuvir-velpatasvir tab 200-50 mg)	Brand	10/25/20	Addition to Tier 3
ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)	Generic	9/28/20	Move from Tier 3 to Tier 2
fosfomycin tromethamine powd pack 3 gm (base equivalent)	Generic	10/11/20	Addition to Tier 2, generic for MONUROL
GAVRETO (pralsetinib cap 100 mg)	Brand	4/1/21	Addition to Tier 4
icosapent ethyl cap 1 gm	Generic	11/22/20	Addition to Tier 2, generic for VASCEPA
INQOVI (decitabine-cedazuridine tab 35-100 mg)	Brand	4/1/21	Addition to Tier 4
ivermectin lotion 0.5%	Generic	12/6/20	Addition to Tier 2, generic for SKLICE
LAMPIT (nifurtimox tab 30 mg)	Brand	4/1/21	Addition to Tier 4
LAMPIT (nifurtimox tab 120 mg)	Brand	4/1/21	Addition to Tier 4
lapatinib ditosylate tab 250 mg (base equiv)	Generic	10/4/20	Addition to Tier 2, generic for TYKERB
leucovorin calcium tab 10 mg	Generic	9/13/20	Move from Tier 3 to Tier 2
leucovorin calcium tab 15 mg	Generic	9/13/20	Move from Tier 3 to Tier 2
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 13 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 25 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 50 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 75 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 88 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 100 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 112 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 125 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 137 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 150 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 175 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 200 mcg)	Brand	11/15/20	Addition to Tier 4, authorized generic for TIROSINT
MENQUADFI (meningococcal (a, c, y, and w-135) conjugate vaccine inj)	Brand	9/28/20	Addition to Tier 3
MYCAPSSA (octreotide acetate cap delayed release 20 mg)	Brand	4/1/21	Move from non-covered to Tier 4
nitazoxanide tab 500 mg	Generic	12/6/20	Addition to Tier 2, generic for ALINIA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Generic	11/15/20	Move from non-covered to Tier 1
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Generic	11/15/20	Move from non-covered to Tier 2
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Generic	11/1/20	Move from non-covered to Tier 1
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	Generic	11/15/20	Move from non-covered to Tier 1
ONUREG (azacitidine tab 200 mg)	Brand	4/1/21	Addition to Tier 4
ONUREG (azacitidine tab 300 mg)	Brand	4/1/21	Addition to Tier 4
oxazepam cap 10 mg	Generic	10/11/20	Move from Tier 4 to Tier 2
oxazepam cap 15 mg	Generic	10/11/20	Move from Tier 4 to Tier 2
oxazepam cap 30 mg	Generic	10/11/20	Move from Tier 4 to Tier 2
PALFORZIA INITIAL DOSE ES CALATION (peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg)	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 1 (peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose))	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 10 (peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose))	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 11 (MAINTENANCE) (peanut allergen powder-dnfp maintenance packet 300 mg)	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 11 (TITRATION) (peanut allergen powder-dnfp titration packet 300 mg)	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 2 (peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose))	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 3 (peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose))	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 4 (peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose))	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 5 (peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose))	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 6 (peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose))	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 7 (peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose))	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 8 (peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose))	Brand	4/1/21	Move from non-covered to Tier 4
PALFORZIA LEVEL 9 (peanut powder-dnfp pack 2 x 100 mg (200 mg dose))	Brand	4/1/21	Move from non-covered to Tier 4
PFIZER-BIONTECH COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3ml)	Brand	12/13/20	Addition to Tier 3
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Brand	9/28/20	Move from non-covered to Tier 4

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
RETACRIT (epoetin alfa-epbx inj 20000 unit/ml)	Brand	11/22/20	Addition to Tier 3
RETEVMO (selpercatinib cap 40 mg)	Brand	4/1/21	Move from Tier 4 to Tier 3
RETEVMO (selpercatinib cap 80 mg)	Brand	4/1/21	Move from Tier 4 to Tier 3
rufinamide susp 40 mg/ml	Generic	11/8/20	Addition to Tier 2, generic for BANZEL susp
SEVENFACT (coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg))	Brand	4/1/21	Addition to Tier 4
SEVENFACT (coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg))	Brand	4/1/21	Addition to Tier 4
SYMTUZA (darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg)	Brand	1/1/21	Move from non-covered to Tier 3
TAKHZYRO (lanadelumab-flyo inj 300 mg/2ml (150 mg/ml))	Brand	1/1/21	Move from non-covered to Tier 3
tobramycin nebu soln 300 mg/4ml	Generic	9/20/20	Addition to Tier 2, generic for BETHKIS
TOLVAPTAN (tolvaptan tab 15 mg)	Brand	10/25/20	Addition to Tier 4, authorized generic for SAMSCA
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh)	Brand	10/11/20	Addition to Tier 3
TRULICITY (dulaglutide soln pen-injector 4.5 mg/0.5ml)	Brand	9/20/20	Addition to Tier 3
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg)	Brand	10/4/20	Move from Tier 3 to Tier 2
XYWAV (calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml)	Brand	4/1/21	Addition to Tier 4

Negative Changes

This list includes any removals or negative changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ALINIA (nitazoxanide tab 500 mg)	Brand	7/1/21	Removal from Tier 3, no longer covered
amantadine hcl tab 100 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg)	Brand	7/1/21	Removal from Tier 3, no longer covered
BANZEL (rufinamide susp 40 mg/ml)	Brand	7/1/21	Removal from Tier 4, no longer covered
benzonatate cap 150 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
BETHKIS (tobramycin nebu soln 300 mg/4ml)	Brand	7/1/21	Removal from Tier 4, no longer covered
butalbital-acetaminophen-caffeine cap 50-300-40 mg	Generic	4/1/21	Removal from Tier 2, no longer covered
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Brand	4/1/21	Removal from Tier 4, no longer covered
clindamycin phosphate-benzoyl peroxide gel 1-5%	Generic	7/1/21	Removal from Tier 2, no longer covered
CONCERTA (methylphenidate hcl tab sa osm 18 mg)	Brand	4/1/21	Removal from Tier 2, no longer covered
CONCERTA (methylphenidate hcl tab sa osm 27 mg)	Brand	4/1/21	Removal from Tier 2, no longer covered
CONCERTA (methylphenidate hcl tab sa osm 36 mg)	Brand	4/1/21	Removal from Tier 2, no longer covered
CONCERTA (methylphenidate hcl tab sa osm 54 mg)	Brand	4/1/21	Removal from Tier 2, no longer covered
CONDYLOX (podofilox gel 0.5%)	Brand	4/1/21	Removal from Tier 4, no longer covered
cyclobenzaprine hcl tab 7.5 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
EMTRIVA (emtricitabine caps 200 mg)	Brand	4/1/21	Removal from Tier 4, no longer covered
FERRIPROX (deferiprone tab 500 mg)	Brand	7/1/21	Removal from Tier 4, no longer covered
FLURBIPROFEN (flurbiprofen tab 50 mg)	Brand	7/1/21	Move from Tier 1 to Tier 4
HYCODAN (hydrocodone w/ homatropine syrup 5-1.5 mg/5ml)	Brand	7/1/21	Removal from Tier 1, no longer covered
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Brand	7/1/21	Move from Tier 2 to Tier 4
imipramine pamoate cap 75 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
imipramine pamoate cap 100 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
imipramine pamoate cap 125 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
imipramine pamoate cap 150 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
ISONIAZID (isoniazid tab 100 mg)	Brand	4/1/21	Move from Tier 1 to Tier 4
JADENU SPRINKLE (deferasirox granules packet 90 mg)	Brand	4/1/21	Removal from Tier 4, no longer covered
JADENU SPRINKLE (deferasirox granules packet 180 mg)	Brand	4/1/21	Removal from Tier 4, no longer covered
JADENU SPRINKLE (deferasirox granules packet 360 mg)	Brand	4/1/21	Removal from Tier 4, no longer covered
KUVAN (sapropterin dihydrochloride powder packet 100 mg)	Brand	7/1/21	Removal from Tier 4, no longer covered
KUVAN (sapropterin dihydrochloride powder packet 500 mg)	Brand	7/1/21	Removal from Tier 4, no longer covered
KUVAN (sapropterin dihydrochloride soluble tab 100 mg)	Brand	7/1/21	Removal from Tier 4, no longer covered
LAMICTAL ODT (lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit)	Brand	4/1/21	Removal from Tier 4, no longer covered
MONUROL (fosfomycin tromethamine powd pack 3 gm (base equivalent))	Brand	7/1/21	Removal from Tier 4, no longer covered
NIZATIDINE (nizatidine cap 300 mg)	Brand	4/1/21	Move from Tier 2 of *H2 blocker* component to Tier 4 of *H2 blocker* component
PRENATAL 19 (*prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg***)	Brand	4/1/21	Removal from Tier 3
PROTONIX (pantoprazole sodium for delayed release susp packet 40 mg)	Brand	4/1/21	Removal from Tier 4 of *PPI* component, no longer covered
PYRAZINAMIDE (pyrazinamide tab 500 mg)	Brand	7/1/21	Move from Tier 2 to Tier 4
ranitidine hcl cap 150 mg	Generic	4/1/21	Removal from *H2 blocker* component, no longer covered
ranitidine hcl cap 300 mg	Generic	4/1/21	Removal from *H2 blocker* component, no longer covered
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	Generic	4/1/21	Removal from Tier 1, no longer covered
ranitidine hcl tab 150 mg	Generic	4/1/21	Removal from *H2 blocker* component, no longer covered
ranitidine hcl tab 300 mg	Generic	4/1/21	Removal from Tier 1, no longer covered
SKLICE (ivermectin lotion 0.5%)	Brand	7/1/21	Removal from Tier 4, no longer covered
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	Brand	4/1/21	Removal from Tier 3, no longer covered
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Brand	4/1/21	Removal from Tier 3, no longer covered

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TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
temazepam cap 7.5 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
temazepam cap 22.5 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%)	Brand	4/1/21	Removal from Tier 4, no longer covered
TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.5%)	Brand	4/1/21	Removal from Tier 4, no longer covered
tretinoin gel 0.05%	Generic	7/1/21	Removal from Tier 2, no longer covered
TREXALL (methotrexate sodium tab 5 mg (base equiv))	Brand	7/1/21	Removal from Tier 4, no longer covered
TREXALL (methotrexate sodium tab 7.5 mg (base equiv))	Brand	7/1/21	Removal from Tier 4, no longer covered
TREXALL (methotrexate sodium tab 10 mg (base equiv))	Brand	7/1/21	Removal from Tier 4, no longer covered
TREXALL (methotrexate sodium tab 15 mg (base equiv))	Brand	7/1/21	Removal from Tier 4, no longer covered
TYBLUME (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg)	Brand	7/1/21	Move from Tier 1 to Tier 4
TYKERB (lapatinib ditosylate tab 250 mg (base equiv))	Brand	7/1/21	Removal from Tier 3, no longer covered
VEREGEN (sinecatechins oint 15%)	Brand	4/1/21	Removal from Tier 4, no longer covered

New-to-Market Drugs that are Non-Covered

These new-to-market drugs have been evaluated and are non-covered on the NetResults formulary

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
acetaminophen iv soln 10 mg/ml	Generic	11/22/20	Non-covered, generic for OFIRMEV
AIRDUO DIGIHALER 55/14 (fluticasone-salmeterol aer powder ba 55-14 mcg/act w/ sensor)	Brand	4/1/21	Non-covered
AIRDUO DIGIHALER 113/14 (fluticasone-salmeterol aer powder ba 113-14 mcg/act w/sensor)	Brand	4/1/21	Non-covered
AIRDUO DIGIHALER 232/14 (fluticasone-salmeterol aer powder ba 232-14 mcg/act w/sensor)	Brand	4/1/21	Non-covered
ALKINDI SPRINKLE (hydrocortisone cap sprinkle 0.5 mg)	Brand	4/1/21	Non-covered
ALKINDI SPRINKLE (hydrocortisone cap sprinkle 1 mg)	Brand	4/1/21	Non-covered
ALKINDI SPRINKLE (hydrocortisone cap sprinkle 2 mg)	Brand	4/1/21	Non-covered
ALKINDI SPRINKLE (hydrocortisone cap sprinkle 5 mg)	Brand	4/1/21	Non-covered
alvimopan cap 12 mg	Generic	12/6/20	Non-covered, generic for ENTEREG
ARMONAIR DIGIHALER (fluticasone propionate aer pow ba 55 mcg/act with sensor)	Brand	4/1/21	Non-covered
ARMONAIR DIGIHALER (fluticasone propionate aer pow ba 113 mcg/act with sensor)	Brand	4/1/21	Non-covered
ARMONAIR DIGIHALER (fluticasone propionate aer pow ba 232 mcg/act with sensor)	Brand	4/1/21	Non-covered
BAFIERTAM (monomethyl fumarate capsule delayed release 95 mg)	Brand	4/1/21	Non-covered
CLINIMIX 6/5 (*amino acid infusion 6% in d5w***)	Brand	10/4/20	Non-covered
CLINIMIX 8/10 (*amino acid infusion 8% in d10w***)	Brand	10/4/20	Non-covered
CLINIMIX 8/14 (*amino acid infusion 8% in d14w***)	Brand	10/4/20	Non-covered
CLINIMIX E 8/10 (*amino acid electrolyte w/cal infusion 8% in d10w***)	Brand	10/4/20	Non-covered
CLINIMIX E 8/14 (*amino acid electrolyte w/cal infusion 8% in d14w***)	Brand	10/4/20	Non-covered
CONJUPRI (levamlodipine maleate tab 2.5 mg)	Brand	4/1/21	Non-covered
CONJUPRI (levamlodipine maleate tab 5 mg)	Brand	4/1/21	Non-covered
DANYELZA (naxitamab-gqgk iv soln 40 mg/10ml (4 mg/ml))	Brand	12/6/20	Non-covered
DETECTNET (copper cu 64 dotatate iv soln 1 mci/ml (37 mbq/ml))	Brand	9/28/20	Non-covered
DIATHRIVE+ BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	9/28/20	Non-covered
DICLOFENAC (diclofenac cap 35 mg)	Brand	9/28/20	Non-covered, authorized generic for ZORVOLEX
diphenhydramine hcl liquid 12.5 mg/5ml	Generic	10/11/20	Non-covered
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Generic	10/4/20	Non-covered, generic for TRUVADA
ENTERO VU (barium sulfate susp 24%)	Brand	9/20/20	Non-covered
FORA 6 CONNECT (glucose blood test strip)	Brand	10/18/20	Non-covered
GIMOTI (metoclopramide hcl nasal spray 15 mg/act)	Brand	4/1/21	Non-covered
GUARDIAN LINK 3 TRANSMITT ER KIT (*continuous blood glucose system transmitter***)	Brand	9/28/20	Non-covered
GUARDIAN SENSOR (3) (*continuous blood glucose system sensor***)	Brand	9/28/20	Non-covered
HEMADY (dexamethasone tab 20 mg)	Brand	4/1/21	Non-covered
KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4ml)	Brand	4/1/21	Non-covered
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	Generic	9/17/20	Non-covered, generic for LAMICTAL ODT KIT
MECLIZINE HYDROCHLORIDE (meclizine hcl tab 50 mg)	Brand	11/8/20	Non-covered
methylphenidate hcl cap er 24hr 10 mg (xr)	Generic	10/11/20	Non-covered, generic for APTENSIO XR
methylphenidate hcl cap er 24hr 15 mg (xr)	Generic	10/11/20	Non-covered, generic for APTENSIO XR
methylphenidate hcl cap er 24hr 20 mg (xr)	Generic	10/11/20	Non-covered, generic for APTENSIO XR
methylphenidate hcl cap er 24hr 30 mg (xr)	Generic	10/11/20	Non-covered, generic for APTENSIO XR
methylphenidate hcl cap er 24hr 40 mg (xr)	Generic	10/11/20	Non-covered, generic for APTENSIO XR
methylphenidate hcl cap er 24hr 50 mg (xr)	Generic	10/11/20	Non-covered, generic for APTENSIO XR
methylphenidate hcl cap er 24hr 60 mg (xr)	Generic	10/11/20	Non-covered, generic for APTENSIO XR

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
MINIMED 770G INSULIN PUMP SYSTEM/MMT-1890 (*insulin infusion pump - kit***)	Brand	9/28/20	Non-covered
MINIMED 770G INSULIN PUMP SYSTEM/MMT-1890M (*insulin infusion pump - kit***)	Brand	9/28/20	Non-covered
MINIMED MIO INFUSION SET/ 23"/6MM (*insulin infusion pump supplies - infusion set***)	Brand	12/13/20	Non-covered
MINIMED QUICK SET INFUSIO N SET/23"/9MM (*insulin infusion pump supplies - infusion set***)	Brand	12/13/20	Non-covered
NEONATAL 19 (*prenatal vitamin-folic acid tab 1 mg**)	Brand	10/4/20	Non-covered
NEONATAL COMPLETE (*prenatal vit w/ fe fumarate-fa tab 29-1 mg***)	Brand	9/20/20	Non-covered
NEONATAL FE (*prenatal vitamin w/ iron-folic acid tab 90-1 mg***)	Brand	10/4/20	Non-covered
NEONATAL/DHA (*prenatal mv w/fe fum-fa tab 29-1 mg & dha cap 200 mg pack *)	Brand	9/20/20	Non-covered
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	Generic	11/15/20	Non-covered, generic for TAYTULLA
OLINVYK (oliceridine fumarate iv soln 1 mg/ml)	Brand	11/22/20	Non-covered
OLINVYK (oliceridine fumarate iv soln 2 mg/2ml (1 mg/ml))	Brand	11/22/20	Non-covered
OLINVYK (oliceridine fumarate iv soln 30 mg/30ml (1 mg/ml))	Brand	11/22/20	Non-covered
ONGENTYS (opicapone cap 50 mg)	Brand	4/1/21	Non-covered
OPTUNE (*tumor treating fields devices***)	Brand	11/22/20	Non-covered
OPTUNE LUA (*tumor treating fields devices***)	Brand	11/22/20	Non-covered
OXALIPLATIN (oxaliplatin iv soln 200 mg/40ml)	Brand	9/20/20	Non-covered
PARI BABY CONVERSION KIT SIZE 1 (*respiratory therapy supplies - misc**)	Brand	10/22/20	Non-covered
PARI BABY CONVERSION KIT SIZE 2 (*respiratory therapy supplies - misc**)	Brand	10/22/20	Non-covered
PARI BABY CONVERSION KIT SIZE 3 (*respiratory therapy supplies - misc**)	Brand	10/22/20	Non-covered
PEDIATRIC COMPRESSOR NEBU LIZER (*nebulizers***)	Brand	12/13/20	Non-covered
POLIVY (polatuzumab vedotin-piiq for iv solution 30 mg)	Brand	9/28/20	Non-covered
PRENATRYL (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)	Brand	11/29/20	Non-covered
SEMGLEE (insulin glargine inj 100 unit/ml)	Brand	4/1/21	Non-covered
SEMGLEE (insulin glargine soln pen-injector 100 unit/ml)	Brand	4/1/21	Non-covered
SILADERM (*occlusive silicone sheets***)	Brand	11/29/20	Non-covered
SODIUM BICARBONATE (sodium bicarbonate iv soln 7.5%)	Brand	11/29/20	Non-covered
STANDARDIZED BERMUDA GRAS S POLLEN (bermuda grass inj soln 10000 bau/ml)	Brand	11/8/20	Non-covered
STANDARDIZED CAT HAIR EXT RACT (cat hair extract inj 5000 bau/ml)	Brand	11/8/20	Non-covered
STANDARDIZED CAT HAIR EXT RACT (cat hair extract inj soln 10000 bau/ml)	Brand	11/8/20	Non-covered
STANDARDIZED GRASS POLLEN MIX KORT/SWEET VERNAL GRASS EXTRACT (*grass pollen standardized extract inj 100000 bau/ml**)	Brand	11/8/20	Non-covered
STANDARDIZED MITE DERMATO PHAGOIDES FARINAE (mite (d. farinae) inj 10000 au/ml)	Brand	10/11/20	Non-covered
STANDARDIZED MITE DERMATO PHAGOIDES FARINAE (mite (d. farinae) inj 30000 au/ml)	Brand	10/11/20	Non-covered
STANDARDIZED MITE DERMATO PHAGOIDES FARINAE (mite (d. farinae) inj 5000 au/ml)	Brand	10/11/20	Non-covered
STANDARDIZED MITE DERMATO PHAGOIDES FARINAE (mite (d. farinae) inj soln 10000 au/ml)	Brand	10/11/20	Non-covered
STANDARDIZED MITE DERMATO PHAGOIDES PTERONYSSINUS (mite (d. pteronyssinus) inj 5000 au/ml)	Brand	10/11/20	Non-covered
STANDARDIZED MITE DERMATO PHAGOIDES PTERONYSSINUS (mite (d. pteronyssinus) inj 10000 au/ml)	Brand	10/11/20	Non-covered
STANDARDIZED MITE DERMATO PHAGOIDES PTERONYSSINUS (mite (d. pteronyssinus) inj 30000 au/ml)	Brand	10/11/20	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
STANDARDIZED MITE DERMATO PHAGOIDES PTERONYSSINUS (mite (d. pteronyssinus) inj soln 10000 au/ml)	Brand	10/11/20	Non-covered
STANDARDIZED MITE MIX (dust mite mixed allergen inj 10000 au/ml (5000-5000 au/ml))	Brand	10/11/20	Non-covered
STANDARDIZED MITE MIX (dust mite mixed allergen inj 30000 au/ml (15000-15000 au/ml))	Brand	10/11/20	Non-covered
STANDARDIZED MITE MIX (dust mite mixed allergen sol 10000 au/ml (5000-5000 au/ml))	Brand	10/11/20	Non-covered
STANDARDIZED PERENNIAL RY E GRASS POLLEN EXTRACT (perennial rye grass pollen standard inj soln 100000 bau/ml)	Brand	11/8/20	Non-covered
STANDARDIZED TIMOTHY GRAS S POLLEN EXTRACT (timothy grass pollen allergen ext inj soln 100000 bau/ml)	Brand	11/8/20	Non-covered
tavaborole soln 5%	Generic	10/18/20	Non-covered, generic for KERYDIN
timolol maleate preservative free ophth soln 0.5%	Generic	11/15/20	Non-covered, generic for TIMOPTIC OCUDOSE
TIMOTHY GRASS POLLEN EXTR ACT (timothy grass pollen allergen ext inj soln 10000 bau/ml)	Brand	11/8/20	Non-covered
TRALEMENT (trace min (cu-mn-se-zn) inj 300-55-60-3000 mcg/ml)	Brand	10/18/20	Non-covered
TRICOPHYTON MENTAGROPHYTE S (trichophyton mentagroph (diagnostic) subcutaneous soln 1:20)	Brand	10/4/20	Non-covered
TRICOPHYTON MENTAGROPHYTE S (trichophyton mentagrophytes subcutaneous soln 1:20)	Brand	10/4/20	Non-covered
ULTOMIRIS (ravulizumab-cwvz iv soln 300 mg/3ml (100 mg/ml))	Brand	10/18/20	Non-covered
ULTOMIRIS (ravulizumab-cwvz iv soln 1100 mg/11ml (100 mg/ml))	Brand	10/18/20	Non-covered
UPNEEQ (oxymetazoline hcl ophth soln 0.1%)	Brand	4/1/21	Non-covered
VEKLURY (remdesivir for iv soln 100 mg)	Brand	11/1/20	Non-covered
VEKLURY (remdesivir iv soln 100 mg/20ml (5 mg/ml))	Brand	11/1/20	Non-covered
WESTAB PLUS (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)	Brand	10/4/20	Non-covered
WESTGEL DHA (*prenat w/o a w/fecbn-methylf-fa-dha cap 31-0.6-0.4-200 mg**)	Brand	10/11/20	Non-covered
XERAVA (eravacycline dihydrochloride iv for soln 100 mg (base equiv))	Brand	10/4/20	Non-covered