

***Tribute Health Plans
2021
Formulary Addendum***

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
LA - This prescription may be available only at certain pharmacies**

2021 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2021				
Aminosyn II Solution 10 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Clindamycin Phos-Benzoyl Perox Gel 1-5 % External	NF	1	Formulary Enhancement	N/A
Deferasirox Granules Packet 180 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 360 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 90 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Dexamethasone Sodium Phosphate Inj 10 MG/ML	NF	1	Formulary Enhancement	N/A
Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML	NF	1	Formulary Enhancement	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	1	NF	CMS Required Deletion	N/A
Dojolvi Liquid 100 % Oral	NF	1 + PA1	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Duramorph SOLUTION 0.5 MG/ML Injection	1	NF	CMS Required Deletion	N/A
Duramorph SOLUTION 1 MG/ML Injection	1	NF	CMS Required Deletion	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A

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Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Lactated Ringer's Solution	NF	1	Formulary Enhancement	N/A
lamoTRIgine Kit 25 & 50 & 100 MG Oral	NF	1	Formulary Enhancement	N/A
MethylPREDNISolone SOD Succ SOL RECON 40 MG INJ	NF	1	Formulary Enhancement	N/A
MethylPREDNISolone Sodium Succ SOLUTION RECONSTITUTED 125 MG Injection	NF	1	Formulary Enhancement	N/A
Normosol-R SOLUTION Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Pantoprazole Sodium Packet 40 MG Oral	NF	1	Formulary Enhancement	N/A
Promethazine inj 25mg/ml	NF	1	Formulary Enhancement	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	1	Formulary Enhancement	N/A
Sirturo Tablet 20 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
SOLU-MEDROL INJ 40MG	NF	1	Formulary Enhancement	N/A
Sylatron KIT 200 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Sylatron KIT 300 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	1	Formulary Enhancement	N/A
Tobramycin Nebulization Solution 300 MG/5ML Inhalation	1 + PA1	1 + BvD	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

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Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Zostavax SUSPENSION RECONSTITUTED 19400 UNT/0.65ML Subcutaneous	1	NF	CMS Required Deletion	N/A
Deferiprone Tablet 500 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	1	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A