



A plan for life.

Cumulative Updates to our 2021 CDPHP Medicare Advantage Formulary (through August 2021)

CDPHP may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, we will notify you of the change at least 30 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary. The table below outlines upcoming changes to our formulary that may impact you.

IMPORTANT NOTE: Please contact our Member Services number at (518) 641-3950 or 1-888-248-6522 for additional information. TTY users should call 711. From October 1–March 31, our hours are 8 a.m.–8 p.m. seven days a week. From April 1–September 30, our hours are 8 a.m.–8 p.m. Monday–Friday. A voice messaging service is used after hours, weekends, and federal holidays. Calls will be returned within one business day.

ADDITIONS: Drugs that are being added to our Formulary

Name of Affected Drug	Reason for Change	Category	Utilization Criteria (if applicable)	New Tier	Effective Date
<i>abiraterone tab 500mg</i>	New Generic	Antineoplastic Agents	PA	5	March 1, 2021
ACUTANE CAPS 20MG, 30MG, 40MG	Added to Formulary	Topical		2	June 1, 2021
<i>adrenalin inj 1mg/ml</i>	Added to Formulary	Cardiovascular		4	April 1, 2021
<i>ampicillin-sulbactam injection 1.5gm, 3gm</i>	Added to Formulary	Anti-Infectives		2	February 1, 2021
<i>asenapine sublingual tab 2.5mg</i>	New Generic	Central Nervous System	QL (240 tabs/ 30 days)	3	March 1, 2021

LA = This prescription may be available only at certain pharmacies.

PA = Prior Authorization QL = Quantity Limits # = This prescription may be available only at certain pharmacies.

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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ADDITIONS: Drugs that are being added to our Formulary (*continued*)

Name of Affected Drug	Reason for Change	Category	Utilization Criteria (if applicable)	New Tier	Effective Date
<i>asenapine sublingual tab 5mg</i>	New Generic	Central Nervous System	QL (120 tabs/ 30 days)	3	March 1, 2021
<i>asenapine sublingual tab 10mg</i>	New Generic	Central Nervous System	QL (60 tabs/ 30 days)	3	March 1, 2021
<i>bepotastine drops 1.5%</i>	New Generic	Ophthalmic		3	August 1, 2021
BREZTRI AEROSPHERE INHALER 10.7gm	Added to Formulary	Respiratory	QL (1 inhaler/ 30 days)	3	February 1, 2021
BREZTRI AEROSPHERE INHALER 5.9gm	Added to Formulary	Respiratory	QL (4 inhalers/ 30 days)	3	February 1, 2021
<i>brinzolamide ophth suspension 1%</i>	New Generic	Ophthalmic		3	May 1, 2021
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg, solution 300mg/5ml</i>	Added to Formulary	Gastrointestinal		2	February 1, 2021
<i>ciprofloxacin/dexamethasone otic susp 0.3-0.1%</i>	New Generic	Topical		2	January 1, 2021
CLINMIX INJ 6/5, 8/10, 8/14	Added to Formulary	Nutritional/Supplements	B/D	4	March 1, 2021
<i>cyclophosphamide injection 500mg, 1gm</i>	Added to Formulary	Antineoplastic Agents	B/D	5	January 1, 2021
<i>cyclophosphamide tab 25mg, 50mg</i>	Added to Formulary	Antineoplastic Agents	B vs. D	4	June 1, 2021
CYSTADROPS SOLN 0.37%	Added to Formulary	Ophthalmic		5	March 1, 2021
D2.5W/NAACL INJ 0.45%	Added to Formulary	Nutritional/Supplements		2	July 1, 2021
<i>daptomycin solution 350mg</i>	Added to Formulary	Anti-infectives		5	April 1, 2021
<i>deferasirox granules 90mg, 180mg, 360mg</i>	New Generic	Endocrine and Metabolic	PA	5	January 1, 2021
<i>deso/ethinyl estradiol tab</i>	New Generic	Endocrine and Metabolic		2	June 1, 2021
DIACOMIT CAP 250MG, 500MG, PAK 250MG, PAK 500MG	Added to Formulary	Central Nervous System	PA, LA	5	February 1, 2021
DIFICID SUSPENSION	Added to Formulary	Anti-Infectives		5	March 1, 2021

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ADDITIONS: Drugs that are being added to our Formulary (continued)

Name of Affected Drug	Reason for Change	Category	Utilization Criteria (if applicable)	New Tier	Effective Date
DOPTELET TAB 20MG	Added to Formulary	Hematologic	PA, LA	5	May 1, 2021
<i>droxidopa caps 100mg</i>	New Generic	Cardiovascular	PA, QL (90 caps/30 days)	5	May 1, 2021
<i>droxidopa caps 200mg, 300mg</i>	New Generic	Cardiovascular	PA, QL (180 caps/30 days)	5	May 1, 2021
<i>efavirenz/emtricitabine/tenofovir tab 600-200-300mg</i>	New Generic	Anti-Infectives		5	February 1, 2021
<i>efavirenz/lamivudine/tenofovir 600-300-300mg</i>	New Generic	Anti-Infectives		5	January 1, 2021
<i>efavirenz/lamivudine/tenofovir 400-300-300mg</i>	New Generic	Anti-Infectives		5	January 1, 2021
<i>emtricitabine cap 200mg</i>	New Generic	Anti-Infectives		2	January 1, 2021
<i>emtricitabine/tenofovir 200-300mg</i>	New Generic	Anti-Infectives	QL (30 tabs/30 days)	5	February 1, 2021
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150, 133-200, 167-250</i>	New Generic	Anti-infectives	QL (30 tabs/30 days)	5	April 1, 2021
ENBREL INJ 25MG	Added to Formulary	Immunologic Agents	PA, QL (8 vials/28 days)	5	January 1, 2021
EPCLUSA TAB 200-50MG	New Strength	Anti-Infectives	PA	5	February 1, 2021
FARYDAK CAP 15MG	New Strength	Antineoplastics	PA, LA	5	February 1, 2021
FINTEPLA ORAL SOLUTION 2.2MG/ML	Added to Formulary	Central Nervous System	PA, LA, QL (360ML/30 days)	5	January 1, 2021
FLEBOGAMMA, FLEBOGAMMA DIF INJ	Added to Formulary	Immunologic Agents	B/D	5	January 1, 2021
FOTIVDA CAP 0.89MG, 1.34MG	Added to Formulary	Antineoplastic Agents	PA, QL (21 caps/28 days)	5	July 1, 2021
GAVRETO CAP 100MG	Added to Formulary	Antineoplastic Agents	PA, LA	5	February 1, 2021
HETLIOZ LIQUID SUSP 4MG/ML	Added to Formulary	Central Nervous System	PA	5	May 1, 2021

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ADDITIONS: Drugs that are being added to our Formulary (*continued*)

Name of Affected Drug	Reason for Change	Category	Utilization Criteria (if applicable)	New Tier	Effective Date
HUMIRA PEN 80/0.8ML	Added to Formulary	Immunologic Agents	PA, QL (4 pens/ 28 days)	5	March 1, 2021
HUMIRA PEN KIT PED UC	Added to Formulary	Immunologic Agents	PA	5	July 1, 2021
<i>hydrocortisone cream 2.5%</i>	Added to Formulary	Topical		1	April 1, 2021
<i>iclevia tab</i>	Added to Formulary	Endocrine and Metabolic		2	March 1, 2021
ICLUSIG TAB 10MG	New Strength	Antineoplastic Agents	PA, QL (60 tabs/ 30 days), LA	5	April 1, 2021
ICLUSIG TAB 30MG	New Strength	Antineoplastic Agents	PA, QL (30 tabs/ 30 days), LA	5	April 1, 2021
<i>icosapent cap 1gm</i>	New Generic	Cardiovascular		4	June 1, 2021
INGREZZA CAP 60MG	Added to Formulary	Central Nervous System	PA, QL (30 caps/ 30 days)	5	July 1, 2021
INQOVI TAB 35-100MG	Added to Formulary	Antineoplastic Agents	PA	5	January 1, 2021
KYNMOBI MIS FILMS 10MG, 15MG, 20MG, 25MG, 30MG	Added to Formulary	Central Nervous System	PA, QL (150 films/ 30 days)	5	May 1, 2021
<i>lapatinib tab 250mg</i>	New Generic	Antineoplastic Agents	PA	5	February 1, 2021
<i>loestrin 21 tab 1.5/30, 1/20</i>	Added to Formulary	Endocrine and Metabolic		2	February 1, 2021
<i>loestrin fe tab 1.5/30, 1/20</i>	Added to Formulary	Endocrine and Metabolic		2	February 1, 2021
<i>loteprednol gel 0.5%</i>	New Generic	Ophthalmic		3	May 1, 2021
<i>lyleq tab 0.35mg</i>	Added to Formulary	Endocrine and Metabolic		2	April 1, 2021
<i>lyllana disc 0.025mg, 0.0375mg, 0.05mg, 0.075mg, 0.1mg</i>	Added to Formulary	Endocrine and Metabolic		3	May 1, 2021
MAZENT PAK STARTER	Added to Formulary	Central Nervous System	LA	5	April 1, 2021
MENQUADFI INJ	Added to Formulary	Immunologic Agents		3	February 1, 2021
<i>metirosine cap 250mg</i>	Added to Formulary	Cardiovascular		5	January 1, 2021
MONJUVI INJ 200MG	Added to Formulary	Antineoplastic Agents	PA, LA	5	February 1, 2021

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ADDITIONS: Drugs that are being added to our Formulary (*continued*)

Name of Affected Drug	Reason for Change	Category	Utilization Criteria (if applicable)	New Tier	Effective Date
<i>nitazoxanide tab 500mg</i>	Added to Formulary	Anti-Infectives	QL (6 tabs/ 30 days)	5	February 1, 2021
<i>nylia tab 7/7/7</i>	Added to Formulary	Endocrine and Metabolic		2	April 1, 2021
<i>nymyo tab 0.25-0.35mg</i>	Added to Formulary	Endocrine and Metabolic		2	May 1, 2021
ONUREG TAB 200MG, 300MG	Added to Formulary	Antineoplastic Agents	PA, LA	5	February 1, 2021
ORGOVYX TAB 120MG	Added to Formulary	Antineoplastic Agents	PA, LA	5	April 1, 2021
<i>oxaliplatin inj 200mg</i>	Added to Formulary	Antineoplastic Agents	B/D	4	March 1, 2021
OZEMPIC INJ 4MG/3ML	New Strength	Endocrine and Metabolic	QL (1 pen/ 28 days)	3	May 1, 2021
<i>paraplatin inj 1000mg</i>	Added to Formulary	Antineoplastic Agents	B/D	4	March 1, 2021
PHESGO SQ SOLUTION	Added to Formulary	Antineoplastic Agents	PA, LA	5	January 1, 2021
RIABNI SOLN 100MG/10ML, 500MG/50ML	Added to Formulary	Antineoplastic Agents	PA, LA	5	May 1, 2021
<i>rufinamide susp 40mg/ml</i>	New Generic	Central Nervous System		5	February 1, 2021
<i>rufinamide tabs 200mg, 400mg</i>	New Generic	Central Nervous System	PA	5	August 1, 2021
RUKOBIA ER TAB 600MG	Added to Formulary	Anti-Infectives		5	January 1, 2021
<i>sapropterin powder 100mg, 500mg</i>	New Generic	Endocrine and Metabolic	PA	5	February 1, 2021
<i>sapropterin tab 100mg</i>	New Generic	Endocrine and Metabolic	PA	5	February 1, 2021
SIRTURO TAB 20MG	New Strength	Anti-Infectives	PA, LA	5	January 1, 2021
SKYRIZI INJ 150MG/ML	Added to Formulary	Immunologic Agents	PA, QL (7 pens or syringes/30 days)	5	July 1, 2021
TEPMETKO TAB 225MG	Added to Formulary	Antineoplastic Agents	PA, LA	5	May 1, 2021
<i>teriparatide injection</i>	New Generic	Endocrine and Metabolic	QL (26 pens/ lifetime)	5	May 1, 2021
TRAZIMERA INJECTION 150MG	Added to Formulary	Antineoplastic Agents	PA	5	May 1, 2021

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Name of Affected Drug	Reason for Change	Category	Utilization Criteria (if applicable)	New Tier	Effective Date
TRELEGY ELLIPTA 200-62.5mg	New Strength	Respiratory	QL (60 blisters/ 30 days)	3	February 1, 2021
<i>triderm cream 0.5%</i>	Added to Formulary	Topical		1	February 1, 2021
<i>tri nymyo tab</i>	Added to Formulary	Endocrine and Metabolic		2	May 1, 2021
TRULICITY INJ 3/0.5, 4/0.5	New Strength	Endocrine and Metabolic	QL (4 pens/ 28 days)	3	February 1, 2021
UBRELVY TAB 50MG, 100MG	Added to Formulary	Central Nervous System	PA, QL (16 tabs/ 30 days)	5	June 1, 2021
UKONIQ TAB 200MG	Added to Formulary	Antineoplastic Agents	PA, LA	5	June 1, 2021
XCOPRI PAK 100-150	Added to Formulary	Central Nervous System	QL (56 tabs/ 28 days)	5	July 1, 2021
XELJANZ SOLUTION 1MG/ML	New Formulation	Immunologic Agents	PA, QL (240ml/ 24 days)	5	May 1, 2021
XPOVIO PAK 40MG, 50MG, 60MG	Line Extension	Antineoplastic Agents	PA	5	August 1, 2021
XTANDI TAB 40MG, 80MG	New Strength	Antineoplastic Agents	PA, LA	5	May 1, 2021
<i>zafemy dis 150/35</i>	New Generic	Endocrine and Metabolic		2	June 1, 2021
<i>zolmitriptan spray 2.5mg, 5mg</i>	New Generic	Central Nervous System	QL (6 inhalers/ 30 days)	3	April 1, 2021

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DELETIONS: Drugs that are being removed from our Formulary

Name of Affected Drug	Reason for Change	Effective Date
<i>albuterol er tabs 4mg, 8mg</i>	Product discontinued	August 1, 2021
ALINIA TAB 500MG	Brand removed, generic covered	May 1, 2021
AMINOSYN II INJ 10%	Product discontinued	January 1, 2021
ANADROL TAB 50MG	NDC Inactive	May 1, 2021
ATRIPLA TAB	Delete brand, generic available	February 1, 2021
BANZEL SUSP 40MG/ML	Brand removed, generic covered	May 1, 2021
<i>captopril/hctz tab 25-15mg, 25-25mg, 50-15mg, 50-25mg</i>	Product discontinued	August 1, 2021
COLOCORT ENEMA 100MG	Product discontinued	January 1, 2021
COUMADIN TAB 1MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG, 10MG	Product discontinued by manufacturer	January 1, 2021
CIPRODEX OTIC SUSPENSION 0.3-0.1%	Brand discontinued, generic added	January 1, 2021
DEMSER CAP 250MG	Brand removed, generic covered	May 1, 2021
DEPO-PROVERA INJ 400/ML	Drug discontinued	February 1, 2021
D5W/NAACL INJ 0.225%	No active NDCs	January 1, 2021
<i>didanosine caps 200mg, 250mg, 400mg</i>	No active NDCs	April 1, 2021
DOCETAXEL INJ 200/10	Drug discontinued	February 1, 2021
EMTRIVA CAP 200MG	Delete brand, generic available	February 1, 2021
GLEOSTINE CAP 10MG, 40MG, 100MG	Not Med-D eligible	January 1, 2021
HAVRIX INJ 1440units	Product discontinued	April 1, 2021
HUMIRA INJ 10MG/0.2	Inactive NDC	March 1, 2021
HUMIRA KIT 20MG/0.4	Inactive NDC	March 1, 2021
JADENU GRANULES 90MG, 180MG, 360MG	Brand discontinued, generic added	January 1, 2021
JUXTAPID CAP 40MG	Drug discontinued	February 1, 2021
JUXTAPID CAP 60MG	Drug discontinued	February 1, 2021
KIONEX SUS 15GM/60	Drug discontinued	February 1, 2021
KLOR-CON SPR CAP 10MEQ	Drug discontinued	February 1, 2021

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DELETIONS: Drugs that are being removed from our Formulary (continued)

Name of Affected Drug	Reason for Change	Effective Date
KLOR-CON SPR CAP 8MEQ	Drug discontinued	February 1, 2021
KUVAN POWDER 100MG, 500MG	Brand removed, generic covered	May 1, 2021
KUVAN TAB 100MG	Brand removed, generic covered	May 1, 2021
LORCET HD TAB 10-325MG	Drug discontinued	February 1, 2021
LORCET PLUS TAB 7.5-325	Drug discontinued	February 1, 2021
LORCET TAB 5-325MG	Drug discontinued	February 1, 2021
<i>metoprolol inj 1MG/ML</i>	Drug discontinued	February 1, 2021
NEPHRAMINE INJ 5.4%	NDC Inactive	June 1, 2021
NORMOSOL -R INJ	No active NDCs	January 1, 2021
ONE VITE TAB 1MG PLUS	Removed	February 1, 2021
PEGASYS INJ PROCLICK	Drug discontinued	February 1, 2021
<i>phospholine ophthalmic solution 0.125%</i>	Product discontinued	August 1, 2021
ROWEEPRA TAB 1000MG	No longer on market	February 1, 2021
ROWEEPRA TAB 750MG	No longer on market	February 1, 2021
ROWEEPRA XR TAB 500MG XR	Drug discontinued	February 1, 2021
ROWEEPRA XR TAB 750MG XR	Drug discontinued	February 1, 2021
SAPHRIS SL 2.5MG, 5MG, 10MG	Brand removed, generic covered	May 1, 2021
<i>sod poly sulfat susp 15gm/60ml</i>	NDC discontinued	February 1, 2021
<i>sumatriptan inj 6mg/0.5ml</i>	Product discontinued	June 1, 2021
SYLATRON KIT 200MCG, 300MCG	Product discontinued	January 1, 2021
SYMFI, SYMFI LO TAB	Brand removed, generic covered	May 1, 2021
SYMJEPI INJ 0.15MG, .3MG	No Longer Med-D eligible	May 1, 2021
TRUVADA TAB 100-150, 133-200, 167-250MG	Brand removed, generic covered	May 1, 2021
TRUVADA TAB 200-300	Delete brand, generic available	February 1, 2021
TYKERB TAB 250MG	Brand removed, generic covered	May 1, 2021

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TIER CHANGES:

Name of Affected Drug	Old Tier	New Tier	Effective Date
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml</i>	3	2	February 1, 2021
<i>chlorpromazine injection 25mg/ml, 50mg/2ml</i>	4	2	January 1, 2021
COMPRO SUPP 25MG	4	3	March 1, 2021
<i>disulfiram tab 500mg</i>	3	2	February 1, 2021
<i>disulfiram tab 250mg</i>	3	2	March 1, 2021
EPITOL TAB 200MG	2	1	March 1, 2021
<i>haloperidol decanoate inj 50mg ml</i>	3	2	March 1, 2021
KLOR-CON 10 TAB, KLOR-CON 8 TAB	2	1	March 1, 2021
KLOR-CON M10, KLOR-CON M20 TAB	2	1	March 1, 2021
<i>methylphenidate er 20mg tab</i>	3	2	March 1, 2021
<i>phenytoin cap 100mg, chew tab 50mg</i>	3	2	March 1, 2021

UTILIZATION MANAGEMENT CHANGES:

Name of Affected Drug	Change	Reason (if available)	Effective Date
BETASERON INJ 0.3MG	Remove QL		June 1, 2021
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml</i>	Remove QL		February 1, 2021
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG	Remove QL		June 1, 2021
VELTASSA POWDER 8.4GM, 16.8GM, 25.2GM	Remove LA	No longer limited access	February 1, 2021

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