

**Dignity Health Plan**  
**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**

| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
|--|--------------------------|----------------------|--------------------------|--|
| <b>EFFECTIVE 01/01/2021</b>                                |                          |                      |                          |  |
| 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  |

**H8492\_FORMCHNGS21\_C**  
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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  |