

Dignity Health Plan
2022 Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization for All Members,
PA2 – Prior Authorization for New Starts Only, QL – Quantity Limit per 30 Days, ST - Step Therapy**

2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2022				
Ayvakit Tablet 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
chlorproMAZINE HCl Concentrate 100 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
chlorproMAZINE HCl Concentrate 30 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
Clovique Capsule 250 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Dupixent Solution Pen-Injector 200 MG/1.14ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Etravirine Tablet 100 MG Oral	NF	1	Formulary Enhancement	N/A
Etravirine Tablet 200 MG Oral	NF	1	Formulary Enhancement	N/A
Intelence Tablet 100 MG Oral	1	NF	Formulary Update	etravirine tablet 100 MG Oral, 1
Intelence Tablet 200 MG Oral	1	NF	Formulary Update	etravirine tablet 200 MG Oral, 1
Kaletra Tablet 100-25 MG Oral	1	NF	Formulary Update	lopinavir-ritonavir tablet 100-25 mg oral, 1
Kaletra Tablet 200-50 MG Oral	1	NF	Formulary Update	lopinavir-ritonavir tablet 200-50 mg oral, 1
Kloxxado Liquid 8 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 100-25 MG Oral	NF	1	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 200-50 MG Oral	NF	1	Formulary Enhancement	N/A
Lumakras Tablet 120 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Potassium Chloride Crys ER Tablet Extended Release 15 MEQ Oral	NF	1	Formulary Enhancement	N/A
Rezurock Tablet 200 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
SUNitinib Malate Capsule 12.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

H8492_FORMCHNGS22_C
Formulary ID: 22380, Version 7
Last Updated: 10/08/2021
Effective date: 01/01/2022

Dignity Health Plan
2022 Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization for All Members,
PA2 – Prior Authorization for New Starts Only, QL – Quantity Limit per 30 Days, ST - Step Therapy**

2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
SUNItinib Malate Capsule 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 37.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Sutent CAPSULE 12.5 MG ORAL	1 + PA2	NF	Formulary Update	sUNItinib malate Capsule 12.5 mg oral, 1 + PA2
Sutent CAPSULE 25 MG ORAL	1 + PA2	NF	Formulary Update	sUNItinib malate capsule 25 mg oral, 1 + PA2
Sutent CAPSULE 37.5 MG ORAL	1 + PA2	NF	Formulary Update	sUNItinib malate capsule 37.5 mg oral, 1 + PA2
Sutent CAPSULE 50 MG ORAL	1 + PA2	NF	CMS Required Deletion	SUNItinib Malate Capsule 50 MG Oral, 1 + PA2
Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral	NF	1	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
TriLyte Solution Reconstituted 420 GM Oral	1	NF	CMS Required Deletion	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	1 + QL 56/28	NF	CMS Required Deletion	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral	NF	1	Formulary Enhancement	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 2 x 20 MG Oral	1	NF	CMS Required Deletion	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral	1	NF	CMS Required Deletion	N/A

H8492_FORMCHNGS22_C
Formulary ID: 22380, Version 7
Last Updated: 10/08/2021
Effective date: 01/01/2022