

Employer Group Drug Formulary Updates

Arranged by Effective Date of Update – January 2021 through June 2021

Effective Date	Drug Name	Type of Change
1/1/2021	ISTURISA (osilodrostat phosphate)	A
1/1/2021	PEMAZYRE (pemigatinib)	A
1/1/2021	KOSELUGO (selumetinib sulfate)	A
1/1/2021	TUKYSA (tucatinib)	A
1/1/2021	RETEVMO (selpercatinib)	A
1/1/2021	QINLOCK (ripretinib)	A
1/1/2021	TABRECTA (capmatinib hcl)	A
1/1/2021	DIFICID (fidaxomicin) susp	A
1/1/2021	ALINIA (nitazoxanide) tab	GEN, C
1/1/2021	Actemra (tocilizumab)	PA
1/1/2021	Kevzara (sarilumab)	PA
1/1/2021	Orencia (abatacept)	PA
1/1/2021	Rinvoq (upadacitinib)	PA
2/1/2021	BASAGLAR (insulin glargine)	ST
2/1/2021	sumatriptan-naproxen sodium (TREXIMET) 85-500mg tab	A
2/1/2021	almotriptan (AXERT)	A
2/1/2021	eletriptan hydrobromide (RELPAX)	A
2/1/2021	frovatriptan succinate (FROVA)	A
2/1/2021	zolmitriptan odt & tab (ZOMIG)	A
2/1/2021	TRULICITY (dulaglutide)	A
2/1/2021	CLENPIQ (sodium picosulfate, magnesium oxide, citric acid, anhydrous)	A

Formulary is online at www.valleyhealthplan.org Provider > Pharmacy

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Effective Date	Drug Name	Type of Change
2/1/2021	NUCALA (mepolizumab)	PA
2/1/2021	GLUCAGON kit	GEN, C
2/1/2021	MULTIVITAMIN/FLUORIDE (pediatric multiple vitamins w/ fluoride)	C
2/1/2021	CYTRA K CRYSTALS (potassium citrate & citric acid)	C
2/1/2021	SALEX (salicylic acid) shampoo	R
2/1/2021	NITRO-BID (nitroglycerin)	A
2/1/2021	KITABIS (tobramycin)	R
2/1/2021	BETHKIS (tobramycin)	R
2/1/2021	cefadroxil tab	C
2/1/2021	cycloserine	C
2/1/2021	doxercalciferol cap	C
2/1/2021	sodium polystyrene sulfonate oral susp	C
2/1/2021	ICLUSIG (ponatinib hcl) tab	A
2/1/2021	TRUVADA (emtricitabine-tenofovir disoproxil fumarate)	GEN
2/1/2021	LEVORPHANOL tab	GEN, C
3/1/2021	VAXELIS	A
3/1/2021	WAKIX (pitolisant)	PA
3/1/2021	TRIKAFTA (elexacaftor, tezacaftor, ivacaftor)	PA
3/1/2021	KINERET (anakinra)	PA
3/1/2021	PROMACTA (eltrombopag olamine)	PA
3/1/2021	MAVYRET (glecaprevir, pibrentasvir)	PA
3/1/2021	SOFOSBUVIR/VELPATASVIR (EPCLUSA)	PA
3/1/2021	PLEGRIDY (peginterferon beta) 125mcg/0.5ml inj	A

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3/1/2021	abiraterone acetate (ZYTIGA) 500 mg tab	A
3/1/2021	CYCLOSERINE	A
3/1/2021	OZEMPIC (semaglutide) 4 mb/3ml inj	A
3/1/2021	LOTEMAX (loteprednol etabonate) gel	GEN, C
3/1/2021	DOXERCALCIFEROL cap	C
3/1/2021	CIMETIDINE soln	C
3/1/2021	PROMETHAZINE VC syrup	C
3/1/2021	flutamide	C
4/1/2021	MITIGARE	R
4/1/2021	colchicine 0.6 mg tab	A
4/1/2021	ICLUSIG (ponatinib)	QL
4/1/2021	levorphanol tab	R
4/1/2021	HUMIRA (adalimumab) 80 mg inj	A
4/1/2021	XALKORI (crizotinib)	PA
4/1/2021	CABOMETYX (cabozantinib)	PA
4/1/2021	BENLYSTA (belimumab)	PA
4/1/2021	DESCOVY (emtricitabine, tenofovir alafenamide)	C, PA
4/1/2021	EVRYSDI (risdiplam)	A, PA, QL, LD
4/1/2021	ENSPRYNG (satralizumab)	A, PA, QL, MSP
4/1/2021	FINTEPLA (fenfluramine)	A, PA, QL, LD
4/1/2021	INQOVI (decitabine/ cedazuridine)	A, PA, QL, LD
4/1/2021	KESIMPTA (ofatumumab)	MSP
4/1/2021	PREGNYL (choriogonadotropin)	QL

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4/1/2021	GONAL-F (follitropin)	QL
4/1/2021	GONAL-F RFF (follitropin)	QL
4/1/2021	MENOPUR (menotropins)	QL
4/1/2021	RESTASIS (cyclosporine)	R
4/1/2021	CEQUA (cyclosporine)	A, PA, QL
4/1/2021	REVLIMID (lenalidomide)	PA
4/1/2021	HUMIRA (adalimumab) 40 & 80 mg kit pack	A, PA, QL, MSP
4/1/2021	LACTIC ACID lotion	C
4/1/2021	XULANE (norelgestromin/ethinyl estradiol)	GEN
4/1/2021	AZOPT (brinzolamide)	GEN, C
5/1/2021	XELJANZ (tofacitinib) soln	A, PA, QL, MSP
5/1/2021	SULFADIAZINE tab	C
5/1/2021	ISONIAZID syrup	C
5/1/2021	PREDNISONONE soln	C
5/1/2021	DIPHENOXYLATE/ATROPINE soln	C
5/1/2021	HYDROMORPHONE supp	C
5/1/2021	TAGRISSE (osimertinib)	PA
5/1/2021	flouxymesterone (ANDROXY)	R
5/1/2021	DIAZEPAM soln	GEN
5/1/2021	NYVEPRIA (pegfilgrastim)	A, MSP
5/1/2021	isoxsuprine	C
6/1/2021	PRENATRYL	R
6/1/2021	cyclophosphamide tab	C

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6/1/2021	LORBRENA (lorlatinib)	PA
6/1/2021	HEMLIBRA (emicizumab)	PA
6/1/2021	NINLARO (ixazomib)	PA
6/1/2021	XPOVIO (selinexor) 40, 50, & 60 mg	A, PA, QL, LD, SF
6/1/2021	INGREZZA (valbenazine tosylate) 60 mg	A, PA, QL, LD
6/1/2021	XCOPRI (cenobamate) pack	A, PA, QL
6/1/2021	SKYRIZI (risankizumab-rzaa)	A, PA, QL, MSP
6/1/2021	methoxsalen cap	C

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