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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Alendronate Sodium Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
AVC Vaginal Cream 15 % Vaginal	2	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 250 MG Oral	1	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 500 MG Oral	2	NF	CMS Required Deletion	N/A
Depen Titratabs Tablet 250 MG Oral	5 + PA1	NF	Formulary Update	penicillamine 250 mg, 5 + PA1
Farydak Capsule 15 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Flurbiprofen TABLET 50 MG ORAL	2	NF	CMS Required Deletion	N/A
HYDROMorphone HCl Solution 2 MG/ML Injection	2	NF	CMS Required Deletion	N/A
Insulin Asp Prot & Asp FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart Prot & Aspart Suspension (70-30) 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart Solution 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Invokamet TABLET 150-1000 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Invokamet TABLET 150-500 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A

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Invokamet TABLET 50-1000 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Invokamet TABLET 50-500 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 150-1000 MG Oral	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 150-500 MG Oral	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 50-1000 MG Oral	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 50-500 MG Oral	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Invokana TABLET 100 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Invokana TABLET 300 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Ionosol-MB in D5W Solution Intravenous	4 + BvsD	NF	CMS Required Deletion	N/A
Jardiance TABLET 10 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Jardiance Tablet 25 MG Oral	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	NF	4	Formulary Enhancement	N/A
Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	NF	5 + ST2	Formulary Enhancement	N/A
Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	NF	5 + ST2	Formulary Enhancement	N/A
Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	NF	5 + ST2	Formulary Enhancement	N/A

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Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL	NF	2	Formulary Enhancement	N/A
Synjardy TABLET 12.5-1000 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Synjardy TABLET 12.5-500 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Synjardy TABLET 5-1000 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Synjardy TABLET 5-500 MG ORAL	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	3 + ST1	3 + ST2	Formulary Enhancement	N/A
Tazverik Tablet 200 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 120 MG Oral	NF	2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 180 MG Oral	NF	2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 240 MG Oral	NF	2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 300 MG Oral	NF	2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 420 MG Oral	NF	2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 15 MG Dose Liquid Therapy Pack 7.5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 20 MG Dose Liquid Therapy Pack 10 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
EFFECTIVE 06/01/2020				
Atrovent HFA Aerosol Solution 17 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Caplyta Capsule 42 MG Oral	NF	5 + QL 30 + ST2	Formulary Enhancement	N/A
Clovique Capsule 250 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Codeine Sulfate Tablet 15 MG Oral	NF	1	Formulary Enhancement	N/A
Cyclobenzaprine HCl Tablet 10 MG Oral	2 + PA1	2	Formulary Enhancement	N/A
Cyclobenzaprine HCl Tablet 5 MG Oral	2 + PA1	2	Formulary Enhancement	N/A
Dexamethasone 10mg/ml	NF	1 + BvsD	Formulary Enhancement	N/A
Digox Tablet 125 MCG Oral	1 + QL 30	1	Formulary Enhancement	N/A
Digoxin Tablet 125 MCG Oral	1 + QL 30	1	Formulary Enhancement	N/A
Eprosartan Mesylate Tablet 600 MG Oral	2	NF	CMS Required Deletion	N/A
Everolimus Tablet 0.25 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 0.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 0.75 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 125 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 75 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ketoprofen Capsule 50 MG Oral	NF	2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ketoprofen Capsule 75 MG Oral	NF	2	Formulary Enhancement	N/A
Ketorolac INJ 60mg/2ml	NF	1	Formulary Enhancement	N/A
Levalbuterol Tartrate Aerosol 45 MCG/ACT Inhalation	NF	2	Formulary Enhancement	N/A
NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
NovoLIN R FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Plaquenil Tablet 200 MG Oral	NF	3	Formulary Enhancement	N/A
Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous	4 + ST1	4	Formulary Enhancement	N/A
Ranitidine HCl Capsule 150 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Capsule 300 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Syrup 75 MG/5ML Oral	2	NF	CMS Required Deletion	N/A
Ranitidine HCl Tablet 150 MG Oral	1	NF	CMS Required Deletion	N/A
ranITidine HCl Tablet 300 MG Oral	1	NF	CMS Required Deletion	N/A
Rescriptor Tablet 200 MG Oral	4	NF	CMS Required Deletion	N/A
EFFECTIVE 07/01/2020				
Asmanex HFA Aerosol 50 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
CIPROFLOXACN INJ 400MG	NF	2 + BvsD	Formulary Enhancement	N/A
Diazoxide Suspension 50 MG/ML Oral	NF	5	Formulary Enhancement	N/A
Digitek TABLET 125 MCG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
Haloperidol Decanoate Solution 50 MG/ML Intramuscular(1ML)	NF	2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ketorolac INJ 30mg/ml	NF	1	Formulary Enhancement	N/A
Koselugo Capsule 10 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Koselugo Capsule 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Metadate ER Tablet Extended Release 20 MG Oral	4	NF	CMS Required Deletion	N/A
metFORMIN HCl Solution 500 MG/5ML Oral	NF	4	Formulary Enhancement	N/A
Pemazyre Tablet 13.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Pemazyre Tablet 4.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Pemazyre Tablet 9 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Promacta Packet 25 MG Oral	NF	5 + QL 180 + PA1	Formulary Enhancement	N/A
Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
TobraDex Ointment 0.3-0.1 % Ophthalmic	NF	2	Formulary Enhancement	N/A
Videx EC Capsule Delayed Release 125 MG Oral	4	NF	CMS Required Deletion	N/A
Videx Solution Reconstituted 2 GM Oral	4	NF	CMS Required Deletion	N/A
Ziextenzo Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Zortress Tablet 0.25 MG Oral	4 + PA2	NF	Formulary Update	everolimus 0.25 mg, 4 + PA2
Zortress Tablet 0.5 MG Oral	5 + PA2	NF	Formulary Update	everolimus 0.5 mg, 5 + PA2
Zortress Tablet 0.75 MG Oral	5 + PA2	NF	Formulary Update	everolimus 0.75 mg, 5 + PA2
EFFECTIVE 08/01/2020				

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Aminosyn-PF Solution 10 % Intravenous	4 + BvsD	NF	CMS Required Deletion	N/A
Deferasirox Tablet 180 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Fibricor Tablet 105 MG Oral	3	NF	CMS Required Deletion	N/A
Fibricor Tablet 35 MG Oral	1	NF	CMS Required Deletion	N/A
Havrix SUSPENSION 720 EL U/0.5ML Intramuscular (prefilled syringe)	3	NF	CMS Required Deletion	N/A
Isturisa Tablet 1 MG Oral	NF	5 + QL 240 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 10 MG Oral	NF	5 + QL 180 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 5 MG Oral	NF	5 + QL 120 + PA1	Formulary Enhancement	N/A
Jynarque Tablet Therapy Pack 15 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Jynarque Tablet Therapy Pack 30 & 15 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 100 MG Intravenous	NF	4	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 50 MG Intravenous	NF	4	Formulary Enhancement	N/A
Nitisinone Capsule 10 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Nitisinone Capsule 2 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Nitisinone Capsule 5 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Ogestrel Tablet 0.5-50 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Phenadoz Suppository 12.5 MG Rectal	4	NF	CMS Required Deletion	N/A
Proglycem Suspension 50 MG/ML Oral	5	NF	Formulary Update	diazoxide 50 mg/ml, 5
Qinlock Tablet 50 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Retevmo Capsule 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Retevmo Capsule 80 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Riomet Solution 500 MG/5ML Oral	5	NF	Formulary Update	metformin hydrochloride 100 mg/ml, 4
Tukysa Tablet 150 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Tukysa Tablet 50 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	NF	4 + QL 56/28	Formulary Enhancement	N/A
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	NF	4 + QL 56/28	Formulary Enhancement	N/A
Xcopri Tablet 100 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet 150 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet 200 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet 50 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	NF	4 + QL 28/28	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral	NF	4 + QL 28/28	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral	NF	4 + QL 28/28	Formulary Enhancement	N/A
Zemdri Solution 500 MG/10ML Intravenous	NF	4	Formulary Enhancement	N/A
Ziprasidone Mesylate Solution Reconstituted 20 MG Intramuscular	NF	4	Formulary Enhancement	N/A
EFFECTIVE 09/01/2020				
Didanosine Capsule Delayed Release 200 MG Oral	2	NF	CMS Required Deletion	N/A
Geodon Solution Reconstituted 20 MG Intramuscular	4 + ST2	NF	Formulary Update	ziprasidone 20 mg injection, 4
Invokamet TABLET 150-1000 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A

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Invokamet TABLET 150-500 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A
Invokamet TABLET 50-1000 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A
Invokamet TABLET 50-500 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 150-1000 MG Oral	3 + ST2	3	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 150-500 MG Oral	3 + ST2	3	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 50-1000 MG Oral	3 + ST2	3	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 50-500 MG Oral	3 + ST2	3	Formulary Enhancement	N/A
Invokana TABLET 100 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A
Invokana TABLET 300 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A
Jadenu Tablet 180 MG Oral	5 + PA1	NF	Formulary Update	deferasirox 180 mg oral tablet, 5 + PA1
Jardiance TABLET 10 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A
Jardiance Tablet 25 MG Oral	3 + ST2	3	Formulary Enhancement	N/A
Mycamine Solution Reconstituted 100 MG Intravenous	5	NF	Formulary Update	micafungin sodium 100 mg solr, 4
Mycamine Solution Reconstituted 50 MG Intravenous	5	NF	Formulary Update	micafungin sodium 50 mg solr, 4

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Orfadin Capsule 10 MG Oral	5 + PA1 + LA	NF	Formulary Update	nitisinone 10 mg oral capsule, 5 + PA1
Orfadin Capsule 2 MG Oral	5 + PA1 + LA	NF	Formulary Update	nitisinone 2 mg oral capsule, 5 + PA1
Orfadin Capsule 5 MG Oral	5 + PA1 + LA	NF	Formulary Update	nitisinone 5 mg oral capsule, 5 + PA1
oxyCODONE-Ibuprofen Tablet 5-400 MG Oral	2	NF	CMS Required Deletion	N/A
Potassium Chloride in Dextrose Solution 40-5 MEQ/L-% Intravenous	2 + BvsD	NF	CMS Required Deletion	N/A
Rifater TABLET 50-120-300 MG ORAL	4	NF	CMS Required Deletion	N/A
Synjardy TABLET 12.5-1000 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A
Synjardy TABLET 12.5-500 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A
Synjardy TABLET 5-1000 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A
Synjardy TABLET 5-500 MG ORAL	3 + ST2	3	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	3 + ST2	3	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	3 + ST2	3	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	3 + ST2	3	Formulary Enhancement	N/A

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Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	3 + ST2	3	Formulary Enhancement	N/A
Tabrecta Tablet 150 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Tabrecta Tablet 200 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Teriparatide (Recombinant) Solution Pen-Injector 620 MCG/2.48ML Subcutaneous	NF	5 + QL 2.48/28 + PA1	Formulary Enhancement	N/A
Velphoro TABLET CHEWABLE 500 MG ORAL	4	3	Formulary Enhancement	N/A
EFFECTIVE 10/01/2020				
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dexamethasone Sodium Phosphate Inj 10 MG/ML	NF	1 + BvsD	Formulary Enhancement	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	2 + BvsD	NF	CMS Required Deletion	N/A
Dojolvi Liquid 100 % Oral	NF	5 + PA1	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Duramorph SOLUTION 0.5 MG/ML Injection	4	NF	CMS Required Deletion	N/A
Duramorph SOLUTION 1 MG/ML Injection	4	NF	CMS Required Deletion	N/A

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Fintepla Solution 2.2 MG/ML Oral	NF	4 + PA2	Formulary Enhancement	N/A
metFORMIN HCl Solution 500 MG/5ML Oral	4	3	Formulary Enhancement	N/A
Normosol-R in D5W SOLUTION Intravenous	3 + BvsD	NF	CMS Required Deletion	N/A
Omeprazole Capsule Delayed Release 10 MG Oral	2	NF	CMS Required Deletion	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	4	3	Formulary Enhancement	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	5	Formulary Enhancement	N/A
Sylatron Kit 200 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Sylatron Kit 300 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	4	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Vancomycin HCl For IV Soln 1.5 GM (Base Equivalent)	NF	3 + BvsD	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Zostavax Suspension Reconstituted 19400 UNT/0.65ML Subcutaneous	3	NF	CMS Required Deletion	N/A
EFFECTIVE 11/01/2020				
Deferasirox Granules Packet 180 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A

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**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Deferasirox Granules Packet 360 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 90 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	2	NF	CMS Required Deletion	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	5 + PA1	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
lamoTRigine Kit 25 & 50 & 100 MG Oral	NF	3	Formulary Enhancement	N/A
Lidocaine HCl Local Inj 2%	NF	2	Formulary Enhancement	N/A
Normosol-R pH 7.4 SOLUTION Intravenous	4 + BvsD	NF	CMS Required Deletion	N/A
Omeprazole Capsule Delayed Release 10 MG Oral	NF	2	Formulary Enhancement	N/A
Pantoprazole Sodium Packet 40 MG Oral	NF	3	Formulary Enhancement	N/A
Triamcinolone Acetonide Inj Susp 40 MG/ML	NF	2 + BvsD	Formulary Enhancement	N/A
EFFECTIVE 12/01/2020				
Deferiprone Tablet 500 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

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**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Emtricitabine Capsule 200 MG Oral	NF	4	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	3	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	3	Formulary Enhancement	N/A

**Formulary ID: 20255, Version 20
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