

# ***Kansas Health Advantage Plus (HMO I-SNP)***

**2021**

## ***Formulary Addendum***

***(5 Tier)***

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<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	4 + BvD	NF	CMS Required Deletion	N/A
Clindamycin Phos-Benzoyl Perox Gel 1-5 % External	NF	4	Formulary Enhancement	N/A
Deferasirox Granules Packet 180 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
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
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	2	NF	CMS Required Deletion	N/A
Dexamethasone Sodium Phosphate Inj 10 MG/ML	NF	1	Formulary Enhancement	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	2	NF	CMS Required Deletion	N/A

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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
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	NF	5 + PA1	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
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A

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Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	5 + PA	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	4 + PA2	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
Lactated Ringer's Solution	2 + BvD	2	Formulary Enhancement	N/A
lamoTRIGine Kit 25 & 50 & 100 MG Oral	NF	3	Formulary Enhancement	N/A
metFORMIN HCl Solution 500 MG/5ML Oral	4	3	Formulary Enhancement	N/A
Normosol-R SOLUTION Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Pantoprazole Sodium Packet 40 MG Oral	NF	3	Formulary Enhancement	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
Sirturo Tablet 20 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A

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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
Tobramycin Nebulization Solution 300 MG/5ML Inhalation	5 + PA1	5 + BvD	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	4	Formulary Enhancement	N/A
Vancomycin HCl in Dextrose SOLUTION 750-5 MG/150ML-% Intravenous	3	4	Formulary Enhancement	N/A
Vancomycin HCl in NaCl SOLUTION 1-0.9 GM/200ML-% Intravenous	3	4	Formulary Enhancement	N/A
Vancomycin HCl in NaCl SOLUTION 500-0.9 MG/100ML-% Intravenous	3	4	Formulary Enhancement	N/A

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Vancomycin HCl SOLUTION RECONSTITUTED 5000 MG Intravenous	3	4	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
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
Emtricitabine Capsule 200 MG Oral	NF	4	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

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Lidocaine HCl Local Inj 2%	NF	2	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	3	Formulary Enhancement	N/A
Triamcinolone Acetonide Inj Susp 40 MG/ML	NF	2	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
Xylocaine INJ 1%	NF	2	Formulary Enhancement	N/A
<b>EFFECTIVE 02/01/2021</b>				
Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 1 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 2 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 5 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A

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Atrovent HFA Aerosol Solution 17 MCG/ACT Inhalation	NF	4	Formulary Enhancement	N/A
Depo-Provera Suspension 400 MG/ML Intramuscular	4	NF	CMS Required Deletion	N/A
Diacomit Capsule 250 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Diacomit Capsule 500 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Diacomit Packet 250 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Diacomit Packet 500 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Disulfiram Tablet 500 MG Oral	2	NF	CMS Required Deletion	N/A
Efavirenz-Emtricitab-Tenofovir Tablet 600-200-300 MG Oral	NF	5	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 400-300-300 MG Oral	NF	5	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 600-300-300 MG Oral	NF	5	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 200-300 MG Oral	NF	5	Formulary Enhancement	N/A
Esbriet Tablet 267 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Farydak Capsule 15 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

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Fosfomycin Tromethamine Packet 3 GM Oral	NF	4	Formulary Enhancement	N/A
FreAmine HBC SOLUTION 6.9 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Golytely SOLUTION RECONSTITUTED 227.1 GM ORAL	3	NF	CMS Required Deletion	N/A
Juxtapid CAPSULE 40 MG ORAL	5 + PA1	NF	CMS Required Deletion	N/A
Juxtapid CAPSULE 60 MG ORAL	5 + PA1	NF	CMS Required Deletion	N/A
Ketorolac Tromethamine Solution 15 MG/ML Injection	NF	1	Formulary Enhancement	N/A
Kionex SUSPENSION 15 GM/60ML ORAL	3	NF	CMS Required Deletion	N/A
Lampit Tablet 120 MG Oral	NF	4	Formulary Enhancement	N/A
Lampit Tablet 30 MG Oral	NF	4	Formulary Enhancement	N/A
Lapatinib Ditosylate Tablet 250 MG Oral	NF	5 + QL 150 + PA2	Formulary Enhancement	N/A
metyroSINE Capsule 250 MG Oral	NF	5	Formulary Enhancement	N/A
OLANzapine Tablet 2.5 MG Oral	2 + QL 60	2 + QL 90	Formulary Enhancement	N/A
OLANzapine Tablet 5 MG Oral	2 + QL 60	2 + QL 90	Formulary Enhancement	N/A

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Peganone TABLET 250 MG Oral	4	NF	CMS Required Deletion	N/A
Pegasys ProClick SOLUTION 180 MCG/0.5ML Subcutaneous	5 + PA1	NF	CMS Required Deletion	N/A
Roweepra TABLET 1000 MG Oral	2	NF	CMS Required Deletion	N/A
Roweepra Tablet 500 MG Oral	2	NF	CMS Required Deletion	N/A
Roweepra TABLET 750 MG Oral	2	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 500 MG Oral	4	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 750 MG Oral	4	NF	CMS Required Deletion	N/A
Sapropterin Dihydrochloride Packet 100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Packet 500 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Tablet Soluble 100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL	2	NF	CMS Required Deletion	N/A

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Theo-24 Capsule Extended Release 24 Hour 400 MG Oral	NF	3	Formulary Enhancement	N/A
Tolvaptan Tablet 15 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/INH Inhalation	NF	3	Formulary Enhancement	N/A
<b>EFFECTIVE 03/01/2021</b>				
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020503)	NF	2	Formulary Enhancement	N/A
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020983)	NF	2	Formulary Enhancement	N/A
Atripla Tablet 600-200-300 MG Oral	5	NF	Formulary Update	efavirenz 600 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5

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Crixivan Capsule 400 MG Oral	4	NF	CMS Required Deletion	N/A
Demser Capsule 250 MG Oral	5	NF	Formulary Update	metyrosine 250 mg oral capsule, 5
Dimethyl Fumarate Starter Pack 120 & 240 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Emtriva Capsule 200 MG Oral	4	NF	Formulary Update	emtricitabine 200 mg oral capsule, 4
Fenofibrate Micronized Capsule 130 MG Oral	NF	2	Formulary Enhancement	N/A
Fenofibrate Micronized Capsule 43 MG Oral	NF	2	Formulary Enhancement	N/A
Ferriprox Tablet 500 MG Oral	5 + PA1 + LA	NF	Formulary Update	deferiprone 500 mg oral tablet, 5 + PA1
Humira Pen Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Humira Prefilled Syringe Kit 10 MG/0.2ML Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A

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# ***Kansas Health Advantage Plus (HMO I-SNP)***

**2021**

## ***Formulary Addendum***

**(5 Tier)**

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### **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>
Humira Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Iclevia Tablet 0.15-0.03 MG Oral	NF	1	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 117 MG/0.75ML Intramuscular	5 + QL 1/30	5 + QL 1/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 156 MG/ML Intramuscular	5 + QL 1/30	5 + QL 1/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 234 MG/1.5ML Intramuscular	5 + QL 1.5/30	5 + QL 1.5/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 39 MG/0.25ML Intramuscular	4 + QL 1/30	4 + QL 1/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 78 MG/0.5ML Intramuscular	5 + QL 1/30	5 + QL 1/25	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 273 MG/0.875ML Intramuscular	5 + QL 0.875/90	5 + QL 0.875/70	Formulary Enhancement	N/A

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2021

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### 2021 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Invega Trinza Suspension Prefilled Syringe 410 MG/1.315ML Intramuscular	5 + QL 1.315/90	5 + QL 1.315/70	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 546 MG/1.75ML Intramuscular	5 + QL 1.75/90	5 + QL 1.75/70	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 819 MG/2.625ML Intramuscular	5 + QL 2.625/90	5 + QL 2.625/70	Formulary Enhancement	N/A
Jadenu Sprinkle Packet 180 MG Oral	5 + PA1	NF	Formulary Update	deferasirox 180 mg oral granules, 5 + PA1
Jadenu Sprinkle Packet 360 MG Oral	5 + PA1	NF	Formulary Update	deferasirox 360 mg oral granules, 5 + PA1
Jadenu Sprinkle Packet 90 MG Oral	5 + PA1	NF	Formulary Update	deferasirox 90 mg oral granules, 5 + PA1

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**2021**

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### **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>
Kuvan Packet 100 MG Oral	5 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 100 mg powder for oral solution, 5 + PA1
Kuvan Packet 500 MG Oral	5 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 500 mg powder for oral solution, 5 + PA1
Kuvan Tablet Soluble 100 MG Oral	5 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 100 mg oral tablet, 5 + PA1
Lopreeza Tablet 1-0.5 MG Oral	4	NF	CMS Required Deletion	N/A
Monurol Packet 3 GM Oral	4	NF	Formulary Update	fosfomycin 3000 mg powder for oral solution, 4
Onureg Tablet 200 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

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### **2021 FORMULARY CHANGES**

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Onureg Tablet 300 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Pazeo Solution 0.7 % Ophthalmic	4	NF	CMS Required Deletion	N/A
Retacrit Solution 10000 UNIT/ML Injection(1ML)	NF	4 + PA1	Formulary Enhancement	N/A
Retacrit Solution 20000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	3	NF	CMS Required Deletion	N/A
Rufinamide Suspension 40 MG/ML Oral	NF	5 + QL 2400	Formulary Enhancement	N/A
Samsca Tablet 15 MG Oral	5 + PA1	NF	Formulary Update	tolvaptan 15 mg oral tablet, 5 + PA1
Samsca Tablet 30 MG Oral	5 + PA1	NF	Formulary Update	tolvaptan 30 mg oral tablet, 5 + PA1
Sutab Tablet 1479-225-188 MG Oral	NF	4	Formulary Enhancement	N/A

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### **2021 FORMULARY CHANGES**

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Symfi Lo Tablet 400-300-300 MG Oral	5	NF	Formulary Update	efavirenz 400 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5
Symfi Tablet 600-300-300 MG Oral	5	NF	Formulary Update	efavirenz 600 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5
Tecfidera Capsule Delayed Release 120 MG Oral	5 + PA2	NF	Formulary Update	dimethyl fumarate 120 mg delayed release oral capsule, 5 + PA2

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Tecfidera Capsule Delayed Release 240 MG Oral	5 + PA2	NF	Formulary Update	dimethyl fumarate 240 mg delayed release oral capsule, 5 + PA2
Truvada Tablet 200-300 MG Oral	5	NF	Formulary Update	emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 5
Tykerb Tablet 250 MG Oral	5 + QL 150 + PA2	NF	Formulary Update	lapatinib 250 mg oral tablet, 5 + QL 150 + PA2
Vancomycin HCl IV Soln 1250 MG/250ML (Base Equivalent)	NF	4	Formulary Enhancement	N/A
Xywav Solution 500 MG/ML Oral	NF	5 + QL 540 + PA1	Formulary Enhancement	N/A
<b>EFFECTIVE 04/01/2021</b>				
Abiraterone Acetate Tablet 500 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A

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Asenapine Maleate Tablet Sublingual 10 MG Sublingual	NF	4 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual	NF	4 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 5 MG Sublingual	NF	4 + QL 60	Formulary Enhancement	N/A
Banzel Suspension 40 MG/ML Oral	5 + QL 2400	NF	Formulary Update	rufinamide 40 mg/ml oral suspension, 5 + QL 2400
Cortisone Acetate Tablet 25 MG Oral	3	NF	CMS Required Deletion	N/A
Cystadrops Solution 0.37 % Ophthalmic	NF	5 + QL 20/28 + PA1	Formulary Enhancement	N/A
Didanosine Capsule Delayed Release 250 MG Oral	2	NF	CMS Required Deletion	N/A
Didanosine Capsule Delayed Release 400 MG Oral	2	NF	CMS Required Deletion	N/A
Dificid Suspension Reconstituted 40 MG/ML Oral	NF	5	Formulary Enhancement	N/A

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Enoxaparin Sodium Inj 300 MG/3ML	NF	4	Formulary Enhancement	N/A
Fluocinonide Cream 0.1 % External	NF	2	Formulary Enhancement	N/A
Hemady Tablet 20 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 10 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 30 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Lyleq Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A
Nitazoxanide Tablet 500 MG Oral	NF	4	Formulary Enhancement	N/A
Normosol-M in D5W Solution Intravenous	3 + BvD	NF	CMS Required Deletion	N/A
Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Orgovyx Tablet 120 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Stavudine Capsule 15 MG Oral	2	NF	CMS Required Deletion	N/A
Stavudine Capsule 20 MG Oral	2	NF	CMS Required Deletion	N/A
Stavudine Capsule 30 MG Oral	2	NF	CMS Required Deletion	N/A
Stavudine Capsule 40 MG Oral	2	NF	CMS Required Deletion	N/A

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Tecfidera 120 & 240 MG Oral	5 + PA2	NF	Formulary Update	dimethyl fumarate 120 mg / dimethyl fumarate 240 mg pack, 5 + PA2
Vancomycin HCl IV Soln 1750 MG/350ML	NF	4	Formulary Enhancement	N/A
Xalkori CAPSULE 200 MG ORAL	5 + QL 60 + PA2	5 + QL 120 + PA2	Formulary Enhancement	N/A
Xalkori CAPSULE 250 MG ORAL	5 + QL 60 + PA2	5 + QL 120 + PA2	Formulary Enhancement	N/A

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