

Dignity
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
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2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2020				
Abilify MyCite Tablet 10 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 15 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 2 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 20 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 30 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 5 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Avonex Kit 30 MCG Intramuscular	1 + PA	NF	CMS Required Deletion	N/A
Cefixime Capsule 400 MG Oral	NF	1	Formulary Enhancement	N/A
Corlanor Solution 5 MG/5ML Oral	NF	1 + PA	Formulary Enhancement	N/A
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 250 MG Oral	NF	1	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 333 MG Oral	NF	1	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 500 MG Oral	NF	1	Formulary Enhancement	N/A
Fasenra Solution Prefilled Syringe 30 MG/ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Febuxostat Tablet 40 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Febuxostat Tablet 80 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Ferriprox Tablet 1000 MG Oral	NF	1 + PA + LA	Formulary Enhancement	N/A
Inrebic Capsule 100 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A

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Jolivette Tablet 0.35 MG Oral	1	NF	CMS Required Deletion	N/A
MonoNessa Tablet 0.25-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Nubeqa Tablet 300 MG Oral	NF	1 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Nucala Solution Auto-Injector 100 MG/ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Nucala Solution Prefilled Syringe 100 MG/ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Nucala SOLUTION RECONSTITUTED 100 MG Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Posaconazole Tablet Delayed Release 100 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Pregabalin Capsule 100 MG Oral	NF	1 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 150 MG Oral	NF	1 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 200 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 225 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 25 MG Oral	NF	1 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 300 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 50 MG Oral	NF	1 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 75 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Solution 20 MG/ML Oral	NF	1 + QL 900	Formulary Enhancement	N/A
Ramelteon Tablet 8 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Rozlytrek Capsule 100 MG Oral	NF	1 + QL 150 + PA2	Formulary Enhancement	N/A
Rozlytrek Capsule 200 MG Oral	NF	1 + QL 90 + PA2	Formulary Enhancement	N/A

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Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral	NF	1 + PA + LA	Formulary Enhancement	N/A
Theophylline ER Tablet Extended Release 12 Hour 100 MG Oral	1	NF	CMS Required Deletion	N/A
Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral	1	NF	CMS Required Deletion	N/A
Turalio Capsule 200 MG Oral	NF	1 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
EFFECTIVE 02/01/2020				
Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	NF	1	Formulary Enhancement	N/A
Delyla TABLET 0.1-20 MG-MCG ORAL	1	NF	CMS Required Deletion	N/A
Dextrose-NaCl SOLUTION 5-0.33 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A

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Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Esomeprazole Strontium CAPSULE DELAYED RELEASE 49.3 MG Oral	1	NF	CMS Required Deletion	N/A
Fasenra Pen Solution Auto-Injector 30 MG/ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
GaviLyte-G SOLUTION RECONSTITUTED 236 GM ORAL	1	NF	CMS Required Deletion	N/A
Imvexxy Maintenance Pack Insert 10 MCG Vaginal	NF	1	Formulary Enhancement	N/A
Imvexxy Maintenance Pack Insert 4 MCG Vaginal	NF	1	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 10 MCG Vaginal	NF	1	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 4 MCG Vaginal	NF	1	Formulary Enhancement	N/A
Katerzia Suspension 1 MG/ML Oral	NF	1	Formulary Enhancement	N/A
KCl in Dextrose-NaCl Solution 20-5-0.33 MEQ/L-%-% Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Methyclothiazide Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
Metoprolol Tartrate Tablet 37.5 MG Oral	NF	1	Formulary Enhancement	N/A
Metoprolol Tartrate Tablet 75 MG Oral	NF	1	Formulary Enhancement	N/A
Nayzilam Solution 5 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Norlyroc TABLET 0.35 MG ORAL	1	NF	CMS Required Deletion	N/A

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Oxervate Solution 0.002 % Ophthalmic	1 + PA	NF	CMS Required Deletion	N/A
Rebetol Solution 40 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Ribasphere CAPSULE 200 MG ORAL	1	NF	CMS Required Deletion	N/A
Ribasphere Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Tiadyt ER Capsule Extended Release 24 Hour 360 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	1 + QL 60 + ST	1 + QL 60	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral	NF	1 + PA + LA	Formulary Enhancement	N/A
Vyndamax Capsule 61 MG Oral	NF	1 + QL 30 + PA + LA	Formulary Enhancement	N/A
Zykadia CAPSULE 150 MG ORAL	1 + QL 150 + PA2	NF	CMS Required Deletion	N/A
EFFECTIVE 03/01/2020				
Brukinsa Capsule 80 MG Oral	NF	1 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Ciprofloxacin SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	1	NF	CMS Required Deletion	N/A
EluRyng Ring 0.12-0.015 MG/24HR Vaginal	NF	1	Formulary Enhancement	N/A
Esbriet Tablet 267 MG Oral	1 + PA	NF	CMS Required Deletion	N/A
Etonogestrel-Ethinyl Estradiol Ring 0.12-0.015 MG/24HR Vaginal	NF	1	Formulary Enhancement	N/A
Everolimus Tablet 2.5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A

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Everolimus Tablet 5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 7.5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Isosorbide Dinitrate ER Tablet Extended Release 40 MG Oral	1	NF	CMS Required Deletion	N/A
Lyrica Capsule 100 MG Oral	1 + QL 90	NF	Formulary Update	pregabalin capsule 100 mg oral, 1 + QL 90
Lyrica Capsule 150 MG Oral	1 + QL 90	NF	Formulary Update	pregabalin capsule 150 mg oral, 1 + QL 90
Lyrica Capsule 200 MG Oral	1 + QL 60	NF	Formulary Update	pregabalin capsule 200 mg oral, 1 + QL 60
Lyrica Capsule 225 MG Oral	1 + QL 60	NF	Formulary Update	pregabalin capsule 225 mg oral, 1 + QL 60
Lyrica Capsule 25 MG Oral	1 + QL 90	NF	Formulary Update	pregabalin capsule 25 mg oral, 1 + QL 90
Lyrica Capsule 300 MG Oral	1 + QL 60	NF	Formulary Update	pregabalin capsule 300 mg oral, 1 + QL 60
Lyrica Capsule 50 MG Oral	1 + QL 90	NF	Formulary Update	pregabalin capsule 50 mg oral, 1 + QL 90
Lyrica Capsule 75 MG Oral	1 + QL 120	NF	Formulary Update	pregabalin capsule 75 mg oral, 1 + QL 120

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Lyrica Solution 20 MG/ML Oral	1 + QL 900	NF	Formulary Update	pregabalin solution 20 mg/ml oral, 1 + QL 900
Noxafil Tablet Delayed Release 100 MG Oral	1 + PA	NF	Formulary Update	posaconazole tablet delayed release 100 mg oral, 1 + PA
Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation	NF	1 + BvD	Formulary Enhancement	N/A
Pentamidine Isethionate Solution Reconstituted 300 MG Injection	NF	1 + BvD	Formulary Enhancement	N/A
Repaglinide-metFORMIN HCl Tablet 1-500 MG Oral	1	NF	CMS Required Deletion	N/A
Repaglinide-metFORMIN HCl Tablet 2-500 MG Oral	1	NF	CMS Required Deletion	N/A
Sucralfate Suspension 1 GM/10ML Oral	NF	1	Formulary Enhancement	N/A
Suprax Capsule 400 MG Oral	1	NF	Formulary Update	cefixime capsule 400 mg oral, 1
Travoprost (BAK Free) Solution 0.004 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular	1 + BvD	1	Formulary Enhancement	N/A
Uloric Tablet 40 MG Oral	1 + PA	NF	Formulary Update	febuxostat tablet 40 mg oral, 1 + PA
Uloric Tablet 80 MG Oral	1 + PA	NF	Formulary Update	febuxostat tablet 80 mg oral, 1 + PA
EFFECTIVE 04/01/2020				
Afinitor Tablet 2.5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus tablet 2.5 mg oral, 1 + QL 30 + PA2

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Afinitor Tablet 5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus tablet 5 mg oral, 1 + QL 30 + PA2
Afinitor Tablet 7.5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus tablet 7.5 mg oral, 1 + QL 30 + PA2
Ayvakit Tablet 100 MG Oral	NF	1 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Ayvakit Tablet 200 MG Oral	NF	1 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Ayvakit Tablet 300 MG Oral	NF	1 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Carafate Suspension 1 GM/10ML Oral	1	NF	Formulary Update	sucralfate suspension 100 mg/ml oral, 1
Colocort ENEMA 100 MG/60ML Rectal	1	NF	CMS Required Deletion	N/A
Dextroamphetamine Sulfate Solution 5 MG/5ML Oral	NF	1 + QL 1800	Formulary Enhancement	N/A
Euthyrox Tablet 100 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 112 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 125 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 137 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 150 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 175 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 200 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 25 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 50 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 75 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 88 MCG Oral	NF	1	Formulary Enhancement	N/A
Fluoroplex Cream 1 % External	NF	1	Formulary Enhancement	N/A

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Humira Pediatric Crohns Start 40 MG/0.8ML Subcutaneous (6 PACK)	1 + PA	NF	CMS Required Deletion	N/A
Humira Pediatric Crohns Start Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	1 + PA	NF	CMS Required Deletion	N/A
Klor-Con Sprinkle Capsule Extended Release 8 MEQ Oral	1	NF	CMS Required Deletion	N/A
Nebupent Solution Reconstituted 300 MG Inhalation	1 + BvD	NF	Formulary Update	pentamidine isethionate solution 50 mg/ml inhalation, 1 + BvD
NuvaRing Ring 0.12-0.015 MG/24HR Vaginal	1	NF	Formulary Update	ethinyl estradiol 0.000625 mg/hr / etonogestrel 0.005 mg/hr vaginal, 1
PEG 3350/Electrolytes Solution Reconstituted 240 GM Oral	1	NF	CMS Required Deletion	N/A
penicillAMINE Tablet 250 MG Oral	NF	1	Formulary Enhancement	N/A
Pentam Solution Reconstituted 300 MG Injection	1 + BvD	NF	Formulary Update	pentamidine isethionate solution 300 mg injection, 1 + BvD
Premasol Solution 6 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Pulmozyme SOLUTION 1 MG/ML INHALATION	1 + PA	1 + BvD	Formulary Enhancement	N/A
Rybelsus Tablet 14 MG Oral	NF	1	Formulary Enhancement	N/A
Rybelsus Tablet 3 MG Oral	NF	1	Formulary Enhancement	N/A
Rybelsus Tablet 7 MG Oral	NF	1	Formulary Enhancement	N/A
Sylatron KIT 600 MCG Subcutaneous	1 + QL 4/28 + PA2	NF	CMS Required Deletion	N/A

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traMADol HCl Tablet 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Travatan Z Solution 0.004 % Ophthalmic	1	NF	Formulary Update	travoprost solution 0.04 mg/ml ophthalmic, 1
Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
EFFECTIVE 05/01/2020				
Alendronate Sodium Tablet 40 MG Oral	1 + QL 30	NF	CMS Required Deletion	N/A
Alendronate Sodium Tablet 5 MG Oral	1 + QL 30	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 250 MG Oral	1	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Depen Titratabs Tablet 250 MG Oral	1	NF	Formulary Update	penicillamine tablet 250 mg oral, 1
Farydak Capsule 15 MG Oral	1 + QL 30 + PA2	NF	CMS Required Deletion	N/A
Flurbiprofen TABLET 50 MG ORAL	1	NF	CMS Required Deletion	N/A
Ionosol-MB in D5W Solution Intravenous	1	NF	CMS Required Deletion	N/A
Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	NF	1 + ST2	Formulary Enhancement	N/A
Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	NF	1 + ST2	Formulary Enhancement	N/A
Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	NF	1 + ST2	Formulary Enhancement	N/A
Tazverik Tablet 200 MG Oral	NF	1 + QL 240 + PA2	Formulary Enhancement	N/A

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Tiadyt ER Capsule Extended Release 24 Hour 120 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 180 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 240 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 300 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 420 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Valtoco 15 MG Dose Liquid Therapy Pack 7.5 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Valtoco 20 MG Dose Liquid Therapy Pack 10 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Yosprala Tablet Delayed Release 325-40 MG Oral	1	NF	CMS Required Deletion	N/A
Yosprala Tablet Delayed Release 81-40 MG Oral	1	NF	CMS Required Deletion	N/A
EFFECTIVE 06/01/2020				
Androderm Patch 24 Hour 2 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Androderm Patch 24 Hour 4 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Caplyta Capsule 42 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Cimetidine HCl Solution 300 MG/5ML Oral	NF	1	Formulary Enhancement	N/A

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Cimetidine Tablet 400 MG Oral	NF	1	Formulary Enhancement	N/A
Clovique Capsule 250 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Codeine Sulfate Tablet 15 MG Oral	NF	1 + QL 360	Formulary Enhancement	N/A
Eprosartan Mesylate Tablet 600 MG Oral	1 + QL 30	NF	CMS Required Deletion	N/A
Everolimus Tablet 0.25 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 0.5 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 0.75 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 125 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 75 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ketoprofen Capsule 50 MG Oral	NF	1	Formulary Enhancement	N/A
Ketoprofen Capsule 75 MG Oral	NF	1	Formulary Enhancement	N/A
NovoLIN 70/30 FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
NovoLIN R FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Plaquenil Tablet 200 MG Oral	NF	1	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	1	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	1 + QL 180	NF	CMS Required Deletion	N/A

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2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Testosterone Cypionate Solution 100 MG/ML Intramuscular	1 + PA	1	Formulary Enhancement	N/A
Testosterone Cypionate Solution 200 MG/ML Intramuscular	1 + PA	1	Formulary Enhancement	N/A
Testosterone Cypionate Solution 200 MG/ML Intramuscular (1 ML)	1 + PA	1	Formulary Enhancement	N/A
EFFECTIVE 07/01/2020				
Asmanex HFA Aerosol 50 MCG/ACT Inhalation	NF	1 + QL 26	Formulary Enhancement	N/A
Diazoxide Suspension 50 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Haloperidol Decanoate Solution 50 MG/ML Intramuscular(1ML)	NF	1	Formulary Enhancement	N/A
Koselugo Capsule 10 MG Oral	NF	1 + QL 240 + PA2 + LA	Formulary Enhancement	N/A
Koselugo Capsule 25 MG Oral	NF	1 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Metadate ER Tablet Extended Release 20 MG Oral	1 + QL 90	NF	CMS Required Deletion	N/A
Pemazyre Tablet 13.5 MG Oral	NF	1 + QL 14/21 + PA2 + LA	Formulary Enhancement	N/A
Pemazyre Tablet 4.5 MG Oral	NF	1 + QL 14/21 + PA2+ LA	Formulary Enhancement	N/A
Pemazyre Tablet 9 MG Oral	NF	1 + QL 14/21 + PA2 + LA	Formulary Enhancement	N/A
Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous	1 + QL 1/180 + ST1	1 + QL 1/180	Formulary Enhancement	N/A
Promacta Packet 25 MG Oral	NF	1 + QL 180 + PA	Formulary Enhancement	N/A
Pyrimethamine Tablet 25 MG Oral	NF	1	Formulary Enhancement	N/A

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Sunosi Tablet 150 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Sunosi Tablet 75 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Testosterone Enanthate Solution 200 MG/ML Intramuscular	1 + PA	1	Formulary Enhancement	N/A
Testosterone Gel 10 MG/ACT (2%) Transdermal	1 + PA	1	Formulary Enhancement	N/A
Testosterone Gel 12.5 MG/ACT (1%) Transdermal	1 + PA	1	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	1 + PA	1	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	1 + PA	1	Formulary Enhancement	N/A
Testosterone Gel 25 MG/2.5GM (1%) Transdermal	1 + PA	1	Formulary Enhancement	N/A
Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	1 + PA	1	Formulary Enhancement	N/A
Testosterone Gel 50 MG/5GM (1%) Transdermal	1 + PA	1	Formulary Enhancement	N/A
Testosterone Solution 30 MG/ACT Transdermal	1 + PA	1	Formulary Enhancement	N/A
Videx EC Capsule Delayed Release 125 MG Oral	1 + QL 90	NF	CMS Required Deletion	N/A
Videx Solution Reconstituted 2 GM Oral	1 + QL 1200	NF	CMS Required Deletion	N/A
Zortress Tablet 0.25 MG Oral	1 + QL 60 + PA2	NF	Formulary Update	everolimus 0.25 mg oral tablet, 1 + QL 60 + PA2

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Zortress Tablet 0.5 MG Oral	1 + QL 120 + PA2	NF	Formulary Update	everolimus 0.5 mg oral tablet, 1 + QL 120 + PA2
Zortress Tablet 0.75 MG Oral	1 + QL 60 + PA2	NF	Formulary Update	everolimus 0.75 mg oral tablet, 1 + QL 60 + PA2
EFFECTIVE 08/01/2020				
Aminosyn-PF Solution 10 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Daraprim Tablet 25 MG Oral	1	NF	Formulary Update	pyrimethamine 25 mg oral tablet, 1
Havrix SUSPENSION 720 EL U/0.5ML Intramuscular (prefilled syringe)	1	NF	CMS Required Deletion	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 10 MG Oral	NF	1	Formulary Enhancement	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 15 MG Oral	NF	1	Formulary Enhancement	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 20 MG Oral	NF	1	Formulary Enhancement	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 30 MG Oral	NF	1	Formulary Enhancement	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 40 MG Oral	NF	1	Formulary Enhancement	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 50 MG Oral	NF	1	Formulary Enhancement	N/A

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Isturisa Tablet 1 MG Oral	NF	1 + QL 240 + PA	Formulary Enhancement	N/A
Isturisa Tablet 10 MG Oral	NF	1 + QL 180 + PA	Formulary Enhancement	N/A
Isturisa Tablet 5 MG Oral	NF	1 + QL 120 + PA	Formulary Enhancement	N/A
Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	NF	1	Formulary Enhancement	N/A
Nitisinone Capsule 10 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Nitisinone Capsule 2 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Nitisinone Capsule 5 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Proglycem Suspension 50 MG/ML Oral	1	NF	Formulary Update	diazoxide 50 mg/ml oral suspension, 1
Qinlock Tablet 50 MG Oral	NF	1 + QL 90 + PA2 + LA	Formulary Enhancement	N/A
Retevmo Capsule 40 MG Oral	NF	1 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Retevmo Capsule 80 MG Oral	NF	1 + QL 180 + PA2 + LA	Formulary Enhancement	N/A
Tukysa Tablet 150 MG Oral	NF	1 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Tukysa Tablet 50 MG Oral	NF	1 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	NF	1 + QL 56/28 + ST2	Formulary Enhancement	N/A
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	NF	1 + QL 56/28 + ST2	Formulary Enhancement	N/A
Xcopri Tablet 100 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A

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2020 FORMULARY CHANGES

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Xcopri Tablet 150 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Xcopri Tablet 200 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Xcopri Tablet 50 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	NF	1 + QL 28/28 + ST2	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral	NF	1 + QL 28/28 + ST2	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral	NF	1 + QL 28/28 + ST2	Formulary Enhancement	N/A
Zemdri Solution 500 MG/10ML Intravenous	NF	1	Formulary Enhancement	N/A
Ziextenzo Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Ziprasidone Mesylate Solution Reconstituted 20 MG Intramuscular	NF	1	Formulary Enhancement	N/A
EFFECTIVE 09/01/2020				
Didanosine Capsule Delayed Release 200 MG Oral	1 + QL 60	NF	CMS Required Deletion	N/A
Geodon Solution Reconstituted 20 MG Intramuscular	1 + ST2	NF	Formulary Update	ziprasidone 20 mg injection, 1
Orfadin Capsule 10 MG Oral	1 + PA + LA	NF	Formulary Update	nitisinone 10 mg oral capsule, 1 + PA
Orfadin Capsule 2 MG Oral	1 + PA + LA	NF	Formulary Update	nitisinone 2 mg oral capsule, 1 + PA

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2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Orfadin Capsule 5 MG Oral	1 + PA + LA	NF	Formulary Update	nitisinone 5 mg oral capsule, 1 + PA
oxyCODONE-Ibuprofen Tablet 5-400 MG Oral	1 + QL 360	NF	CMS Required Deletion	N/A
Potassium Chloride in Dextrose Solution 40-5 MEQ/L-% Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Rifater TABLET 50-120-300 MG ORAL	1	NF	CMS Required Deletion	N/A
Tabrecta Tablet 150 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Tabrecta Tablet 200 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Teriparatide (Recombinant) Solution Pen-Injector 620 MCG/2.48ML Subcutaneous	NF	1 + QL 2.48/28 + PA	Formulary Enhancement	N/A
EFFECTIVE 10/01/2020				
Carisoprodol-Aspirin Tablet 200-325 MG Oral	1	NF	CMS Required Deletion	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Dojolvi Liquid 100 % Oral	NF	1 + PA	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	1 + LA + ST2	Formulary Enhancement	N/A
Normosol-R in D5W SOLUTION Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Omeprazole Capsule Delayed Release 10 MG Oral	1	NF	CMS Required Deletion	N/A

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Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Sirturo Tablet 20 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Sylatron Kit 200 MCG Subcutaneous	1 + QL 4/28 + PA2	NF	CMS Required Deletion	N/A
Sylatron Kit 300 MCG Subcutaneous	1 + QL 4/28 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	1 + QL 360	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Zostavax Suspension Reconstituted 19400 UNT/0.65ML Subcutaneous	1	NF	CMS Required Deletion	N/A
EFFECTIVE 11/01/2020				
Deferasirox Granules Packet 180 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Deferasirox Granules Packet 360 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Deferasirox Granules Packet 90 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A

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Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	1 + PA + LA	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
lamoTRIGine Kit 25 & 50 & 100 MG Oral	NF	1	Formulary Enhancement	N/A
Lorcet Tablet 5-325 MG Oral	1 + QL 370	NF	CMS Required Deletion	N/A
Normosol-R pH 7.4 SOLUTION Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Omeprazole Capsule Delayed Release 10 MG Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 12/01/2020				
Deferiprone Tablet 500 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	1 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Juxtapid CAPSULE 40 MG ORAL	1 + PA	NF	CMS Required Deletion	N/A
Juxtapid CAPSULE 60 MG ORAL	1 + PA	NF	CMS Required Deletion	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

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