

Tribute Arkansas Health Plan (Superior Select Health Plans)
2020
Formulary Addendum

Below is a list formulary changes for the benefit year 2020. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2020 downloadable formulary on the ***Tribute Arkansas Health Plan (Superior Select Health Plans)*** website.

For a complete list of drugs covered by ***Tribute Arkansas Health Plan (Superior Select Health Plans)***, please visit our website at <https://www.superiorelectinc.com/>, or call Member Services at 1-877-372-1033, 8:00 am to 8:00 pm 7 days a week. TTY/TDD users should call 711.

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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 60 + 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 60 + ST2	Formulary Enhancement	N/A
Avonex Kit 30 MCG Intramuscular	1 + PA2	NF	CMS Required Deletion	N/A
Bivigam Solution 10 GM/100ML Intravenous	1 + PA1	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 + QL 450 + PA1	Formulary Enhancement	N/A
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A

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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 + PA1	Formulary Enhancement	N/A
Febuxostat Tablet 40 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Febuxostat Tablet 80 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation	NF	1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation	NF	1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation	NF	1	Formulary Enhancement	N/A
Inrebic Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Jolivet Tablet 0.35 MG Oral	1	NF	CMS Required Deletion	N/A
Linezolid Solution 600 MG/300ML Intravenous	1 + PA1	1	Formulary Enhancement	N/A
Linezolid Tablet 600 MG Oral	1 + QL 60 + PA1	1 + QL 60	Formulary Enhancement	N/A
Metaproterenol Sulfate Tablet 10 MG Oral	1	NF	CMS Required Deletion	N/A
Metaproterenol Sulfate Tablet 20 MG Oral	1	NF	CMS Required Deletion	N/A
MonoNessa Tablet 0.25-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Monurol Packet 3 GM Oral	1 + QL 2	1	Formulary Enhancement	N/A
Morphine Sulfate SOLUTION 2 MG/ML Injection	1	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Morphine Sulfate SOLUTION 5 MG/ML INJECTION	1	NF	CMS Required Deletion	N/A
Nubeqa Tablet 300 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Pregabalin Capsule 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 150 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 200 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 225 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 25 MG Oral	NF	1 + QL 120	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 120	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	Formulary Enhancement	N/A
Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous	1 + QL 18 + ST1	1 + QL 18	Formulary Enhancement	N/A
Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral	NF	1 + PA1	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
TOLAZamide Tablet 250 MG Oral	1	NF	CMS Required Deletion	N/A
TOLAZamide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Turalio Capsule 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + 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
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous	1 + QL 15 + ST1	1 + QL 15	Formulary Enhancement	N/A
Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral	1 + QL 60 + ST2	1 + QL 60	Formulary Enhancement	N/A
Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral	1 + QL 60 + ST2	1 + QL 60	Formulary Enhancement	N/A
Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral	1 + QL 60 + ST2	1 + QL 60	Formulary Enhancement	N/A
Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral	1 + QL 30 + ST2	1 + QL 30	Formulary Enhancement	N/A
Posaconazole Tablet Delayed Release 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Rozlytrek Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Rozlytrek Capsule 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ferriprox Tablet 1000 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
EFFECTIVE 02/01/2020				
Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	NF	1	Formulary Enhancement	N/A
Deferasirox Tablet 360 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Tablet 90 MG Oral	NF	1 + PA1	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	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A

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Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Fasenra Pen Solution Auto-Injector 30 MG/ML Subcutaneous	NF	1 + PA1	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	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

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Mimvey Lo TABLET 0.5-0.1 MG ORAL	1	NF	CMS Required Deletion	N/A
Nadolol-Bendroflumethiazide Tablet 40-5 MG Oral	1	NF	CMS Required Deletion	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
Oxervate Solution 0.002 % Ophthalmic	1 + PA1	NF	CMS Required Deletion	N/A
Promethazine HCl SUPPOSITORY 50 MG Rectal	1	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 RibaPak Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Ribasphere RibaPak Tablet Therapy Pack 400 & 600 MG Oral	1	NF	CMS Required Deletion	N/A
Ribasphere Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-1 Tablet 60 (12.5-50) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-1/2 Tablet 30 (6.25-25) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-1/4 Tablet 15 (3.1-12.5) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-2 Tablet 120 (25-100) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-3 Tablet 180 (37.5-150) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Tiadyt ER Capsule Extended Release 24 Hour 360 MG Oral	NF	1	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	1 + ST1	1	Formulary Enhancement	N/A

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Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Vyndamax Capsule 61 MG Oral	NF	1 + QL 30 + PA1	Formulary Enhancement	N/A
Zykadia CAPSULE 150 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
EFFECTIVE 03/01/2020				
Advair Diskus Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation	1	NF	Formulary Update	Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation, 1
Advair Diskus Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation	1	NF	Formulary Update	Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation, 1
Advair Diskus Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation	1	NF	Formulary Update	Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation, 1
Brukina Capsule 80 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ciprofloxacin SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	1	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ery-Tab Tablet Delayed Release 250 MG Oral	1	NF	Formulary Update	Erythromycin Base Tablet Delayed Release 250 MG Oral, 1
Ery-Tab Tablet Delayed Release 333 MG Oral	1	NF	Formulary Update	Erythromycin Base Tablet Delayed Release 333 MG Oral, 1
Ery-Tab Tablet Delayed Release 500 MG Oral	1	NF	Formulary Update	Erythromycin Base Tablet Delayed Release 500 MG Oral, 1
Esbriet Tablet 267 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Everolimus Tablet 2.5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
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
Jadenu Tablet 360 MG Oral	1 + PA1	NF	Formulary Update	Deferasirox Tablet 360 MG Oral, 1 + PA1
Jadenu Tablet 90 MG Oral	1 + PA1	NF	Formulary Update	Deferasirox Tablet 90 MG Oral, 1 + PA1
Lyrica Capsule 100 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 100 MG Oral, 1 + QL 120
Lyrica Capsule 150 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 150 MG Oral, 1 + QL 120

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Lyrica Capsule 200 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 200 MG Oral, 1 + QL 120
Lyrica Capsule 225 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 225 MG Oral, 1 + QL 120
Lyrica Capsule 25 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 25 MG Oral, 1 + QL 120
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 120	NF	Formulary Update	Pregabalin Capsule 50 MG Oral, 1 + QL 120
Lyrica Capsule 75 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 75 MG Oral, 1 + QL 120
Lyrica Solution 20 MG/ML Oral	1 + QL 900	NF	Formulary Update	Pregabalin Solution 20 MG/ML Oral, 1 + QL 900
Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	NF	1	Formulary Enhancement	N/A
Noxafil Tablet Delayed Release 100 MG Oral	1 + PA1	NF	Formulary Update	Posaconazole Tablet Delayed Release 100 MG Oral, 1 + PA1
Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation	NF	1 + BvsD	Formulary Enhancement	N/A
Pentamidine Isethionate Solution Reconstituted 300 MG Injection	NF	1	Formulary Enhancement	N/A
Repaglinide-metFORMIN HCl Tablet 1-500 MG Oral	1	NF	CMS Required Deletion	N/A

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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 + QL 2.5/20	Formulary Enhancement	N/A
Uloric Tablet 40 MG Oral	1 + PA1	NF	Formulary Update	Febuxostat Tablet 40 MG Oral, 1 + PA1
Uloric Tablet 80 MG Oral	1 + PA1	NF	Formulary Update	Febuxostat Tablet 80 MG Oral, 1 + PA1
Vancomycin HCl in Dextrose SOLUTION 750-5 MG/150ML-% Intravenous	1 + BvsD	1	Formulary Update	N/A
Vancomycin HCl in NaCl SOLUTION 1-0.9 GM/200ML-% Intravenous	1 + BvsD	1	Formulary Update	N/A
Vancomycin HCl in NaCl SOLUTION 500-0.9 MG/100ML-% Intravenous	1 + BvsD	1	Formulary Update	N/A
Vancomycin HCl SOLUTION RECONSTITUTED 5000 MG Intravenous	1 + BvsD	1	Formulary Update	N/A
EFFECTIVE 04/01/2020				
Afinitor Tablet 2.5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus 2.5 mg, 1 + QL 30 + PA2
Afinitor Tablet 5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus 5 mg, 1 + QL 30 + PA2

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Afinitor Tablet 7.5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus 7.5 mg, 1 + QL 30 + PA2
Apriso Capsule Extended Release 24 Hour 0.375 GM Oral	1	NF	Formulary Update	mesalamine 375 mg, 1
Ayvakit Tablet 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 300 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Carafate Suspension 1 GM/10ML Oral	1	NF	Formulary Update	sucralfate 100 mg/ml, 1
Colocort ENEMA 100 MG/60ML Rectal	1	NF	CMS Required Deletion	N/A
Dextroamphetamine Sulfate Solution 5 MG/5ML Oral	NF	1	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
Fenofibric Acid Tablet 105 MG Oral	1	NF	CMS Required Deletion	N/A
Fenofibric Acid Tablet 35 MG Oral	1	NF	CMS Required Deletion	N/A
Fluoroplex Cream 1 % External	NF	1	Formulary Enhancement	N/A
Humira Pediatric Crohns Start 40 MG/0.8ML Subcutaneous (6 PACK)	1 + PA1	NF	CMS Required Deletion	N/A

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Humira Pediatric Crohns Start Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	1 + PA1	NF	CMS Required Deletion	N/A
Insulin Asp Prot & Asp FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart Prot & Aspart Suspension (70-30) 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart Solution 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	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 + BvsD	NF	Formulary Update	pentamidine isethionate 50 mg/ml, 1 + BvsD
Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG(24) Oral	1	NF	CMS Required Deletion	N/A
PEG 3350/Electrolytes Solution Reconstituted 240 GM Oral	1	NF	CMS Required Deletion	N/A
penicillAMINE Tablet 250 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Pentam Solution Reconstituted 300 MG Injection	1	NF	Formulary Update	pentamidine isethionate 300 mg, 1
Premasol Solution 6 % Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Pulmozyme SOLUTION 1 MG/ML INHALATION	1+ PA1	1 + BvsD	Formulary Enhancement	N/A

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 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
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
Sodium Lactate Solution 5 MEQ/ML Intravenous	1	NF	CMS Required Deletion	N/A
Sylatron KIT 600 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
TOLBUTamide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
traMADol HCl Tablet 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Travatan Z Solution 0.004 % Ophthalmic	1 + QL 2.5/20	NF	Formulary Update	travoprost 0.04 mg/ml, 1 + QL 2.5/20
Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular	1 + BvsD	1	Formulary Enhancement	N/A
Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

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