

Clear Spring Health
2019
Formulary Addendum

**BvD – 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),
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2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2019				
Anoro Ellipta Aerosol Powder Breath Activated 62.5-25 MCG/INH Inhalation	NF	3 + QL 60	Formulary Enhancement	N/A
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	4	4 + PA1	Formulary Update	N/A
BromSite SOLUTION 0.075 % OPHTHALMIC	NF	4	Formulary Enhancement	N/A
Cimduo Tablet 300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Dalfampridin Tablet Extended Release 12 Hour 10 MG Oral	NF	5 + QL 60 + PA1 + LA	Formulary Enhancement	N/A
DiazePAM GEL 10 MG Rectal	NF	4	Formulary Enhancement	N/A
DiazePAM GEL 2.5 MG Rectal	NF	4	Formulary Enhancement	N/A
DiazePAM GEL 20 MG Rectal	NF	4	Formulary Enhancement	N/A
FentaNYL Patch 72 Hour 100 MCG/HR Transdermal	3 + QL 10 + ST1	3 + QL 10	Formulary Enhancement	N/A
FentaNYL Patch 72 Hour 12 MCG/HR Transdermal	2 + QL 10 + ST1	2 + QL 10	Formulary Enhancement	N/A
FentaNYL Patch 72 Hour 25 MCG/HR Transdermal	3 + QL 10 + ST1	3 + QL 10	Formulary Enhancement	N/A
FentaNYL Patch 72 Hour 37.5 MCG/HR Transdermal	4 + QL 10 + ST1	4 + QL 10	Formulary Enhancement	N/A
FentaNYL Patch 72 Hour 50 MCG/HR Transdermal	2 + QL 10 + ST1	2 + QL 10	Formulary Enhancement	N/A
FentaNYL Patch 72 Hour 62.5 MCG/HR Transdermal	4 + QL 10 + ST1	4 + QL 10	Formulary Enhancement	N/A
FentaNYL Patch 72 Hour 75 MCG/HR Transdermal	2 + QL 10 + ST1	2 + QL 10	Formulary Enhancement	N/A
FentaNYL Patch 72 Hour 87.5 MCG/HR Transdermal	4 + QL 10 + ST1	4 + QL 10	Formulary Enhancement	N/A

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Humira Pen-CD/UC/HS Starter Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Humira Pen-Ps/UV Starter Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Incassia Tablet 0.35 MG Oral	NF	2	Formulary Enhancement	N/A
Ketoprofen CAPSULE 75 MG Oral	2	NF	CMS Required Deletion	N/A
OLANzapine-FLUoxetine HCl CAPSULE 12-25 MG ORAL	NF	4 + QL 30	Formulary Enhancement	N/A
OLANzapine-FLUoxetine HCl CAPSULE 12-50 MG ORAL	NF	4 + QL 30	Formulary Enhancement	N/A
OLANzapine-FLUoxetine HCl CAPSULE 3-25 MG ORAL	NF	4 + QL 90	Formulary Enhancement	N/A
OLANzapine-FLUoxetine HCl CAPSULE 6-25 MG ORAL	NF	4 + QL 90	Formulary Enhancement	N/A
OLANzapine-FLUoxetine HCl CAPSULE 6-50 MG ORAL	NF	4 + QL 30	Formulary Enhancement	N/A
Sotalol HCl (AF) Tablet 160 MG Oral	NF	2	Formulary Enhancement	N/A
Sotalol HCl (AF) Tablet 80 MG Oral	NF	2	Formulary Enhancement	N/A
Sotalol HCl Tablet 120 MG Oral	NF	2	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	NF	3 + QL 60 + ST1	Formulary Enhancement	N/A
Vectura TABLET 3-0.02 MG ORAL	4	NF	CMS Required Deletion	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 15000 UNIT ORAL	3	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 15000-47000 UNIT Oral	NF	3	Formulary Enhancement	N/A

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Zenpep CAPSULE DELAYED RELEASE PARTICLES 25000 UNIT ORAL	3	NF	CMS Required Deletion	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	3	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 3000-14000 UNIT Oral	NF	3	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 5000 UNIT ORAL	3	NF	CMS Required Deletion	N/A
EFFECTIVE 02/01/2019				
Abiraterone Acetate Tablet 250 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Afeditab CR Tablet Extended Release 24 Hour 60 MG Oral	1 + QL 60	NF	CMS Required Deletion	N/A
Ampyra Tablet Extended Release 12 Hour 10 MG Oral	5 + QL 60 + PA1 + LA	NF	Formulary Update	dalfampridine er tablet extended release 12 hour 10 mg oral, 5 + QL 60 + PA1
AndroGel GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL	3 + PA1	NF	Formulary Update	testosterone gel 20.25 mg/1.25 gm (1.62%) transdermal, 2 + PA1
AndroGel GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL	3 + PA1	NF	Formulary Update	testosterone Gel 40.5 mg/2.5 gm (1.62%) transdermal, 2 + PA1

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
AndroGel Pump GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	3 + PA1	NF	Formulary Update	testosterone Gel 20.25 mg/ACT (1.62%) transdermal, 2 + PA1
Arikayce Suspension 590 MG/8.4ML Inhalation	NF	4 + PA1	Formulary Enhancement	N/A
Braftovi Capsule 50 MG Oral	NF	5 + QL 270 + PA2	Formulary Enhancement	N/A
Braftovi Capsule 75 MG Oral	NF	5 + QL 180 + PA2	Formulary Enhancement	N/A
BuPROPion HCl ER (XL) Tablet Extended Release 24 Hour 450 MG Oral	NF	2 + QL 30	Formulary Enhancement	N/A
Cefotaxime Sodium Solution Reconstituted 2 GM Injection	2	NF	CMS Required Deletion	N/A
Clinimix/Dextrose (2.75/5) SOLUTION 2.75 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Clinimix/Dextrose (4.25/20) SOLUTION 4.25 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
CloBAZam Suspension 2.5 MG/ML Oral	NF	5 + QL 480 + ST2	Formulary Enhancement	N/A
CloBAZam Tablet 10 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
CloBAZam Tablet 20 MG Oral	NF	5 + QL 60 + ST2	Formulary Enhancement	N/A
Colesevelam HCl Packet 3.75 GM Oral	NF	2	Formulary Enhancement	N/A
Copiktra Capsule 15 MG Oral	NF	5 + QL 60 + PA2 + LA	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Copiktra Capsule 25 MG Oral	NF	5 + QL 60 + PA2 + LA	Formulary Enhancement	N/A
Cyred EQ Tablet 0.15-30 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
DAPTOmycin Solution Reconstituted 350 MG Intravenous	NF	4 + BvD	Formulary Enhancement	N/A
Delstrigo Tablet 100-300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Dorzolamide HCl-Timolol Mal PF Solution 22.3-6.8 MG/ML Ophthalmic	NF	4	Formulary Enhancement	N/A
Epidiolex Solution 100 MG/ML Oral	NF	4 + PA2	Formulary Enhancement	N/A
Ertapenem Sodium Solution Reconstituted 1 GM Injection	NF	4 + BvD	Formulary Enhancement	N/A
Galafold Capsule 123 MG Oral	NF	5 + QL 14/28 + PA1	Formulary Enhancement	N/A
Hexalen CAPSULE 50 MG ORAL	4 + PA2	NF	CMS Required Deletion	N/A
HYDRomorphone HCl PF Solution 10 MG/ML Injection	NF	4 + QL 240 + BvD	Formulary Enhancement	N/A
INVanz Solution Reconstituted 1 GM Injection	4 + BvD	NF	Formulary Update	ertapenem sodium solution reconstituted 1 gm injection, 4 + BvD
Kimidess Tablet 0.15-0.02/0.01 MG (21/5) Oral	2	NF	CMS Required Deletion	N/A
Lenvima 12 MG Daily Dose Capsule Therapy Pack 4 (3) MG Oral	NF	5 + QL 90 + PA2	Formulary Enhancement	N/A
Lenvima 4 MG Daily Dose Capsule Therapy Pack 4 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 100 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A

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Lorbrena Tablet 25 MG Oral	NF	5 + QL 90 + PA2	Formulary Enhancement	N/A
Mektovi Tablet 15 MG Oral	NF	5 + QL 180 + PA2	Formulary Enhancement	N/A
Molindone HCl Tablet 10 MG Oral	NF	2	Formulary Enhancement	N/A
Molindone HCl Tablet 25 MG Oral	NF	2	Formulary Enhancement	N/A
Molindone HCl Tablet 5 MG Oral	NF	2	Formulary Enhancement	N/A
Nafcillin Sodium Solution Reconstituted 2 GM Injection	NF	4 + BvD	Formulary Enhancement	N/A
Necon 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Norvir CAPSULE 100 MG ORAL	4 + QL 360	NF	CMS Required Deletion	N/A
Nuplazid Capsule 34 MG Oral	NF	5 + LA	Formulary Enhancement	N/A
Nuplazid Tablet 10 MG Oral	NF	5 + LA	Formulary Enhancement	N/A
Nuplazid TABLET 17 MG ORAL	5 + LA + ST2	5 + LA	Formulary Enhancement	N/A
Onfi SUSPENSION 2.5 MG/ML ORAL	5 + QL 480 + ST2	NF	Formulary Update	clobazam suspension 2.5 mg/ml Oral, 5 + QL 480 + ST2
Onfi TABLET 10 MG Oral	4 + QL 60 + ST2	NF	Formulary Update	clobazam tablet 10 mg oral, 4 + QL 60 + ST2
Onfi TABLET 20 MG Oral	5 + QL 60 + ST2	NF	Formulary Update	clobazam tablet 20 mg oral, 5 + QL 60 + ST2
Orilissa Tablet 150 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Orilissa Tablet 200 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Orkambi Packet 100-125 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Orkambi Packet 150-188 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Panzyga Solution 1 GM/10ML Intravenous	NF	5 + BvD	Formulary Enhancement	N/A

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Panzyga Solution 10 GM/100ML Intravenous	NF	5 + BvD	Formulary Enhancement	N/A
Panzyga Solution 2.5 GM/25ML Intravenous	NF	5 + BvD	Formulary Enhancement	N/A
Panzyga Solution 20 GM/200ML Intravenous	NF	5 + BvD	Formulary Enhancement	N/A
Panzyga Solution 30 GM/300ML Intravenous	NF	5 + BvD	Formulary Enhancement	N/A
Panzyga Solution 5 GM/50ML Intravenous	NF	5 + BvD	Formulary Enhancement	N/A
Periogard Solution 0.12 % Mouth/Throat	2	NF	CMS Required Deletion	N/A
Pifeltro Tablet 100 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Potassium Chloride Solution 2 MEQ/ML Intravenous	NF	2 + BvD	Formulary Enhancement	N/A
Sodium Chloride Solution 2.5 MEQ/ML Injection	2 + BvD	NF	CMS Required Deletion	N/A
Symtuza Tablet 800-150-200-10 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Takhzyro Solution 300 MG/2ML Subcutaneous	NF	5 + QL 4/28 + PA1 + LA	Formulary Enhancement	N/A
Talzenna Capsule 0.25 MG Oral	NF	5 + QL 90 + PA2	Formulary Enhancement	N/A
Talzenna Capsule 1 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	NF	2 + PA1	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	NF	2 + PA1	Formulary Enhancement	N/A
Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	NF	2 + PA1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tibsovo Tablet 250 MG Oral	NF	5 + QL 60 + PA2 + LA	Formulary Enhancement	N/A
Tiglutik Suspension 50 MG/10ML Oral	NF	5	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 250 MG Intravenous	NF	4 + BvD	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 750 MG Intravenous	NF	4 + BvD	Formulary Enhancement	N/A
Versacloz Suspension 50 MG/ML Oral	5 + QL 540 + ST2	NF	CMS Required Deletion	N/A
Vizimpro Tablet 15 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Vizimpro Tablet 30 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Vizimpro Tablet 45 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Welchol Packet 3.75 GM Oral	3	NF	Formulary Update	colesevelam hcl packet 3.75 gm oral, 2
Xarelto Tablet 2.5 MG Oral	NF	3	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 20 (2) MG Oral	NF	3	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 40 (2) MG Oral	NF	3	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 150 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Zortress Tablet 1 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A

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Zytiga TABLET 250 MG ORAL	5 + QL 120 + PA2	NF	Formulary Update	abiraterone acetate tablet 250 mg oral, 5 + QL 120 + PA2
EFFECTIVE 03/01/2019				
Abilify Maintena Prefilled Syringe 300 MG Intramuscular	5 + QL 1/28	5	Formulary Enhancement	N/A
Abilify Maintena Prefilled Syringe 400 MG Intramuscular	5 + QL 1/28	5	Formulary Enhancement	N/A
Abilify Maintena Suspension Reconstituted ER 300 MG Intramuscular	5 + QL 1/28	5	Formulary Enhancement	N/A
Abilify Maintena Suspension Reconstituted ER 400 MG Intramuscular	5 + QL 1/28	5	Formulary Enhancement	N/A
Afeditab CR Tablet Extended Release 24 Hour 30 MG Oral	1 + QL 60	NF	CMS Required Deletion	N/A
Arnuity Ellipta Aerosol Powder Breath Activated 100 MCG/ACT Inhalation	3 + QL 30	3	Formulary Enhancement	N/A
Arnuity Ellipta Aerosol Powder Breath Activated 200 MCG/ACT Inhalation	3 + QL 30	3	Formulary Enhancement	N/A
Arnuity Ellipta Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	3 + QL 30	3	Formulary Enhancement	N/A
Clinimix E/Dextrose (5/25) Solution 5 % Intravenous	3 + BvD	NF	CMS Required Deletion	N/A
CloBAZam Suspension 2.5 MG/ML Oral	5 + QL 480 + ST2	5 + QL 480	Formulary Enhancement	N/A
CloBAZam Tablet 10 MG Oral	4 + QL 60 + ST2	4 + QL 60	Formulary Enhancement	N/A
CloBAZam Tablet 20 MG Oral	5 + QL 60 + ST2	5 + QL 60	Formulary Enhancement	N/A

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Copaxone Solution Prefilled Syringe 20 MG/ML Subcutaneous	5 + QL 30 + PA1	5 + PA1	Formulary Enhancement	N/A
Copaxone Solution Prefilled Syringe 40 MG/ML Subcutaneous	5 + QL 12/28 + PA1	5 + PA1	Formulary Enhancement	N/A
Daurismo Tablet 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Daurismo Tablet 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Firvanq Solution Reconstituted 25 MG/ML Oral	NF	4	Formulary Enhancement	N/A
Firvanq Solution Reconstituted 50 MG/ML Oral	NF	4	Formulary Enhancement	N/A
Flovent Diskus Aerosol Powder Breath Activated 100 MCG/BLIST Inhalation	3 + QL 60	3	Formulary Enhancement	N/A
Flovent Diskus Aerosol Powder Breath Activated 250 MCG/BLIST Inhalation	3 + QL 60	3	Formulary Enhancement	N/A
Flovent Diskus Aerosol Powder Breath Activated 50 MCG/BLIST Inhalation	3 + QL 60	3	Formulary Enhancement	N/A
Flovent HFA Aerosol 110 MCG/ACT Inhalation	3 + QL 24	3	Formulary Enhancement	N/A
Flovent HFA Aerosol 220 MCG/ACT Inhalation	3 + QL 24	3	Formulary Enhancement	N/A
Flovent HFA Aerosol 44 MCG/ACT Inhalation	3 + QL 11	3	Formulary Enhancement	N/A
Ibrance CAPSULE 100 MG ORAL	5 + QL 30 + PA2	5 + PA2	Formulary Enhancement	N/A
Ibrance CAPSULE 125 MG ORAL	5 + QL 30 + PA2	5 + PA2	Formulary Enhancement	N/A
Ibrance CAPSULE 75 MG ORAL	5 + QL 30 + PA2	5 + PA2	Formulary Enhancement	N/A
Invirase CAPSULE 200 MG Oral	4 + QL 300	NF	CMS Required Deletion	N/A
Lenvima 10 MG Daily Dose Capsule Therapy Pack 10 MG Oral	5 + QL 60 + PA2	5 + PA2	Formulary Enhancement	N/A

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Lenvima 12 MG Daily Dose Capsule Therapy Pack 4 (3) MG Oral	5 + QL 90 + PA2	5 + PA2	Formulary Enhancement	N/A
Lenvima 14 MG Daily Dose Capsule Therapy Pack 10 & 4 MG Oral	5 + QL 90 + PA2	5 + PA2	Formulary Enhancement	N/A
Lenvima 18 MG Daily Dose Capsule Therapy Pack 10 & 4 (2) MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lenvima 20 MG Daily Dose Capsule Therapy Pack 10 (2) MG Oral	5 + QL 60 + PA2	5 + PA2	Formulary Enhancement	N/A
Lenvima 24 MG Daily Dose Capsule Therapy Pack 10 (2) & 4 MG Oral	5 + QL 60 + PA2	5 + PA2	Formulary Enhancement	N/A
Lenvima 4 MG Daily Dose Capsule Therapy Pack 4 MG Oral	5 + QL 60 + PA2	5 + PA2	Formulary Enhancement	N/A
Lenvima 8 MG Daily Dose Capsule Therapy Pack 4 (2) MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lokelma Packet 10 GM Oral	NF	4	Formulary Enhancement	N/A
Lokelma Packet 5 GM Oral	NF	4	Formulary Enhancement	N/A
Lynparza Capsule 50 MG Oral	5 + QL 448/28 + PA2 + LA	NF	CMS Required Deletion	N/A
Metipranolol Solution 0.3 % Ophthalmic	2	NF	CMS Required Deletion	N/A
Nocdurna Tablet Sublingual 27.7 MCG Sublingual	NF	4	Formulary Enhancement	N/A
Nocdurna Tablet Sublingual 55.3 MCG Sublingual	NF	4	Formulary Enhancement	N/A
Oxervate Solution 0.002 % Ophthalmic	NF	5 + PA1	Formulary Enhancement	N/A
Polyethylene Glycol 3350 Powder Oral	1	NF	CMS Required Deletion	N/A
Potassium Chloride PACKET 20 MEQ Oral	NF	2	Formulary Enhancement	N/A

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Retacrit Solution 10000 UNIT/ML Injection	NF	4 + QL 12/28 + PA1	Formulary Enhancement	N/A
Retacrit Solution 2000 UNIT/ML Injection	NF	4 + QL 23 + PA1	Formulary Enhancement	N/A
Retacrit Solution 3000 UNIT/ML Injection	NF	4 + QL 16 + PA1	Formulary Enhancement	N/A
Retacrit Solution 4000 UNIT/ML Injection	NF	4 + QL 12/28 + PA1	Formulary Enhancement	N/A
Retacrit Solution 40000 UNIT/ML Injection	NF	4 + QL 12/28 + PA1	Formulary Enhancement	N/A
Silodosin Capsule 4 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
Silodosin Capsule 8 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
Sofosbuvir-Velpatasvir Tablet 400-100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
SUMatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous	NF	2 + QL 8/30	Formulary Enhancement	N/A
Tegsedi Solution Prefilled Syringe 284 MG/1.5ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Travatan Z SOLUTION 0.004 % OPTHALMIC	3 + QL 2.5/25	3	Formulary Enhancement	N/A
Tri-Estarylla Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
Vitrakvi Capsule 100 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Vitrakvi Capsule 25 MG Oral	NF	5 + QL 180 + PA2	Formulary Enhancement	N/A
Vitrakvi Solution 20 MG/ML Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xospata Tablet 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Zenchant Tablet 0.4-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A

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2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Zerit Solution Reconstituted 1 MG/ML Oral	3 + QL 2480	NF	CMS Required Deletion	N/A
EFFECTIVE 04/01/2019				
Albendazole Tablet 200 MG Oral	NF	4	Formulary Enhancement	N/A
Narcan Liquid 4 MG/0.1ML Nasal	NF	3	Formulary Enhancement	N/A
Nevirapine Suspension 50 MG/5ML Oral	NF	4 + QL 1200	Formulary Enhancement	N/A
Perseris Prefilled Syringe 120 MG Subcutaneous	NF	4 + QL 1	Formulary Enhancement	N/A
Perseris Prefilled Syringe 90 MG Subcutaneous	NF	4 + QL 1	Formulary Enhancement	N/A
Pimecrolimus Cream 1 % External	NF	4 + ST1	Formulary Enhancement	N/A
Promacta Packet 12.5 MG Oral	NF	5 + QL 360 + PA1	Formulary Enhancement	N/A
Rapaflo Capsule 4 MG Oral	4 + QL 30	NF	Formulary Update	sildenafil 4mg, 4 + QL 30
Rapaflo Capsule 8 MG Oral	4 + QL 30	NF	Formulary Update	sildenafil 8mg, 4 + QL 30
Sympazan Film 10 MG Oral	NF	5 + QL 60 + ST2	Formulary Enhancement	N/A
Sympazan Film 20 MG Oral	NF	5 + QL 60 + ST2	Formulary Enhancement	N/A
Sympazan Film 5 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Vyzulta Solution 0.024 % Ophthalmic	NF	4	Formulary Enhancement	N/A
EFFECTIVE 05/01/2019				
Albenza Tablet 200 MG Oral	5	NF	Formulary Update	albendazole 200 mg, 4
Codeine Sulfate Tablet 15 MG Oral	2 + QL 360	NF	CMS Required Deletion	N/A
Elidel Cream 1 % External	4 + ST1	NF	Formulary Update	pimecrolimus 10 mg/ml, 4 + ST1

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2019 FORMULARY CHANGES				
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Jasmiel Tablet 3-0.02 MG Oral	NF	4	Formulary Enhancement	N/A
Sirolimus Solution 1 MG/ML Oral	NF	5 + BvD	Formulary Enhancement	N/A
Toremifene Citrate Tablet 60 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Tresiba Solution 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Vigabatrin Tablet 500 MG Oral	NF	5 + QL 180 + PA2	Formulary Enhancement	N/A
Vigadrone Packet 500 MG Oral	NF	5 + QL 180 + PA2	Formulary Enhancement	N/A
Viramune Suspension 50 MG/5ML Oral	4 + QL 1200	NF	Formulary Update	nevirapine 10 mg/ml, 4 + QL 1200
EFFECTIVE 06/01/2019				
Aliskiren Fumarate Tablet 150 MG Oral	NF	3 + QL 30	Formulary Enhancement	N/A
Aliskiren Fumarate Tablet 300 MG Oral	NF	3 + QL 30	Formulary Enhancement	N/A
Bijuva Capsule 1-100 MG Oral	NF	3 + PA1	Formulary Enhancement	N/A
Ciprofloxacin SUSPENSION RECONSTITUTED 250 MG/5ML (5%) Oral	4	NF	CMS Required Deletion	N/A
Clinimix E/Dextrose (2.75/10) Solution 2.75 % Intravenous	3 + BvD	NF	CMS Required Deletion	N/A
Clinimix E/Dextrose (4.25/25) SOLUTION 4.25 % Intravenous	3 + BvD	NF	CMS Required Deletion	N/A
Dovato Tablet 50-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Fareston Tablet 60 MG Oral	5 + QL 30 + PA2	NF	Formulary Update	toremifene citrate tablet 60 mg oral, 5 + QL 30 + PA2
Lotemax SM Gel 0.38 % Ophthalmic	NF	4	Formulary Enhancement	N/A

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2019 FORMULARY CHANGES				
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Moexipril-hydroCHLOROthiazide Tablet 15-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
Moexipril-hydroCHLOROthiazide Tablet 15-25 MG Oral	1	NF	CMS Required Deletion	N/A
Moexipril-hydroCHLOROthiazide Tablet 7.5-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
Nuplazid Tablet 17 MG Oral	5 + LA	NF	CMS Required Deletion	N/A
Prograf Packet 0.2 MG Oral	NF	4 + BvD	Formulary Enhancement	N/A
Prograf Packet 1 MG Oral	NF	4 + BvD	Formulary Enhancement	N/A
Pyridostigmine Bromide Solution 60 MG/5ML Oral	NF	2	Formulary Enhancement	N/A
Quasense Tablet 0.15-0.03 MG Oral	2	NF	CMS Required Deletion	N/A
Ranolazine ER Tablet Extended Release 12 Hour 1000 MG Oral	NF	3 + ST1	Formulary Enhancement	N/A
Ranolazine ER Tablet Extended Release 12 Hour 500 MG Oral	NF	3 + ST1	Formulary Enhancement	N/A
Rapamune Solution 1 MG/ML Oral	5 + BvD	NF	Formulary Update	sirolimus solution 1 mg/ml oral, 5 + BvD
Rescriptor Tablet 100 MG Oral	4 + QL 360	NF	CMS Required Deletion	N/A
Ribasphere TABLET 200 MG ORAL	4	NF	CMS Required Deletion	N/A
Sabril Tablet 500 MG Oral	5 + QL 180 + PA2 + LA	NF	Formulary Update	vigabatrin tablet 500 mg oral, 5 + QL 180 + PA2
TriNessa (28) Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1	NF	CMS Required Deletion	N/A
Versacloz Suspension 50 MG/ML Oral	NF	5 + QL 540 + ST2	Formulary Enhancement	N/A

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