VIVA MEDICARE

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
CLOCORTOLONE CRE 0.1%	2	Added to 2020 Formulary		2/1/2020		
DEFERASIROX TAB 360MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
DEFERASIROX TAB 90MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
DOCETAXEL INJ 160/8ML	5	Added to 2020 Formulary	B vs. D Prior Authorization Required	2/1/2020		
DRIZALMA CAP 20MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2020		
DRIZALMA CAP 30MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2020		
DRIZALMA CAP 40MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (90 caps every 30 days)	2/1/2020		
DRIZALMA CAP 60MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2020		
EGRIFTA SV INJ 2MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		

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IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
EVEROLIMUS TAB 2.5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2020		
EVEROLIMUS TAB 5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2020		
EVEROLIMUS TAB 7.5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2020		
FENTANYL CIT TAB 100MCG	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (120 tabs every 30 days)	2/1/2020		
HALCINONIDE CRE 0.1%	2	Added to 2020 Formulary	Quantity Limit (240 gm every 30 days)	2/1/2020		
KETODAN AER 2%	2	Added to 2020 Formulary	Quantity Limit (100 gm every 30 days)	2/1/2020		
MESALAMINE CAP 0.375GM	2	Added to 2020 Formulary		2/1/2020		
METRONIDAZOL INJ 5MG/ML	2	Added to 2020 Formulary		2/1/2020		
NAFTIFINE GEL 1%	2	Added to 2020 Formulary	Quantity Limit (90 gm every 30 days)	2/1/2020		
NAYZILAM SPR 5MG	4	Added to 2020 Formulary		2/1/2020		

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IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
NITISINONE CAP 10MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
NITISINONE CAP 2MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
NITISINONE CAP 5MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
PENTAMIDINE INH 300MG	2	Added to 2020 Formulary	B vs. D Prior Authorization Required	2/1/2020		
POSACONAZOLE TAB 100MG DR	5	Added to 2020 Formulary	Quantity Limit (93 tabs every 30 days)	2/1/2020		
ROZLYTREK CAP 100MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	2/1/2020		
ROZLYTREK CAP 200MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	2/1/2020		
SIKLOS TAB 1000MG	5	Added to 2020 Formulary		2/1/2020		
SIKLOS TAB 100MG	4	Added to 2020 Formulary		2/1/2020		
SUCRALFATE SUS 1GM/10ML	2	Added to 2020 Formulary		2/1/2020		
TEMIXYS TAB 300-300	5	Added to 2020 Formulary		2/1/2020		
TIADYLT ER CAP 360MG/24	2	Added to 2020 Formulary		2/1/2020		
VANCOMYCIN SOL 250/5ML	4	Added to 2020 Formulary		2/1/2020		

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IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
VYNDAMAX CAP 61MG	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (30 caps every 30 days)	2/1/2020		
ZELNORM TAB 6MG	4	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	2/1/2020		
AZELEX CRE 20%	4	Removed from 2020 Formulary		2/1/2020	AZELAIC ACID GEL 15%	2
BACTROBAN OIN NASAL 2%	4	Removed from 2020 Formulary		2/1/2020	MUPIROCIN OINT 2%	1
CLARINEX SYP 0.5MG/ML	4	Removed from 2020 Formulary		2/1/2020	CETIRIZINE SOL 1MG/ML	1
D5W/NACL INJ 0.33%	2	Removed from 2020 Formulary		2/1/2020	D5W/NACL INJ 0.225%	2
DELYLA TAB 0.1-0.02	2	Removed from 2020 Formulary		2/1/2020	AVIANE TAB	2
ESOMEPRAZOLE INJ 20MG	2	Removed from 2020 Formulary		2/1/2020	PANTOPRAZOLE INJ SOD 40MG	2
FENTORA TAB 100MCG	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (120 tabs per 30 days)	2/1/2020	FENTANYL CITRATE BUCCAL TABLET 100 MCG	5
KCL/D5W/NACL INJ	2	Removed from 2020 Formulary		2/1/2020	KCL/D5W/NACL INJ .15-.45%	2
MORGIDOX CAP 1X50MG	2	Removed from 2020 Formulary		2/1/2020	DOXYCYCLINE HYCLATE CAP 50 MG	2

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

NADOLOL/BEND TAB 40-5MG	2	Removed from 2020 Formulary		2/1/2020	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	1
NORLYROC TAB 0.35MG	2	Removed from 2020 Formulary		2/1/2020	CAMILA TAB 0.35MG	2
PROMETHAZINE SUP 50MG	4	Removed from 2020 Formulary	Prior Authorization Required	2/1/2020	PROMETHEGAN SUP 50MG	4
REBETOL SOL 40MG/ML	5	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN TAB 200MG	2
RIBAPAK PAK 1200/DAY	5	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN TAB 200MG	2
RIBAPAK TAB 1000/DAY	5	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN TAB 200MG	2
RIBASPHERE CAP 200MG	2	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN CAP 200MG	2
RIBASPHERE TAB 200MG	2	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN TAB 200MG	2
RIBASPHERE TAB 600MG	5	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN TAB 200MG	2
SOLOXIDE TAB 150MG DR	2	Removed from 2020 Formulary		2/1/2020	DOXYCYCLINE HYCLATE TAB DR 150 MG	2
STRIANT MIS 30MG	4	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (60 buccal systems per 30 days)	2/1/2020	TESTOSTERONE TD SOLN 30 MG/ACT	2
ZYKADIA CAP 150MG	5	Removed from 2020 Formulary	New Start Prior Authorization Required	2/1/2020	ZYKADIA TAB 150MG	5
LOKELMA PAK 10GM	3	Tier Change Tier 4 to Tier 3		2/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
LOKELMA PAK 5GM	3	Tier Change Tier 4 to Tier 3		2/1/2020		
OSPHENA TAB 60MG	3	Tier Change Tier 4 to Tier 3	Prior Authorization Required	2/1/2020		
PRALUENT INJ 150MG/ML	3	Tier Change Tier 4 to Tier 3	Prior Authorization Required	2/1/2020		
PRALUENT INJ 75MG/ML	3	Tier Change Tier 4 to Tier 3	Prior Authorization Required	2/1/2020		
RESTASIS EMU 0.05%	3	Tier Change Tier 4 to Tier 3		2/1/2020		
TRINTELLIX TAB 10MG	4	Prior Authorization Removed		2/1/2020		
TRINTELLIX TAB 20MG	4	Prior Authorization Removed		2/1/2020		
TRINTELLIX TAB 5MG	4	Prior Authorization Removed		2/1/2020		
VIIBRYD KIT STARTER	4	Prior Authorization Removed		2/1/2020		
VIIBRYD TAB 10MG	4	Prior Authorization Removed		2/1/2020		
VIIBRYD TAB 20MG	4	Prior Authorization Removed		2/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
VIIBRYD TAB 40MG	4	Prior Authorization Removed		2/1/2020		
ABILIFY MYCI TAB 10MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	3/1/2020		
ABILIFY MYCI TAB 15MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	3/1/2020		
ABILIFY MYCI TAB 20MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	3/1/2020		
ABILIFY MYCI TAB 2MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	3/1/2020		
ABILIFY MYCI TAB 30MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	3/1/2020		
ABILIFY MYCI TAB 5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	3/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
AKLIEF CRE 0.005%	4	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (45 grams per 30 days)	3/1/2020		
AZELEX CRE 20%	4	Added to 2020 Formulary		3/1/2020		
BRUKINSA CAP 80MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
DAPSONE GEL 7.5%	2	Added to 2020 Formulary	Quantity Limit (90 grams per 30 days)	3/1/2020		
DOXEPIN TAB 3MG	2	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	3/1/2020		
DOXEPIN TAB 6MG	2	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	3/1/2020		
ELURYNG MIS	2	Added to 2020 Formulary		3/1/2020		
ETONOGESTERE MIS ETHY EST	2	Added to 2020 Formulary		3/1/2020		
EZALLOR SPR CAP 10MG	4	Added to 2020 Formulary		3/1/2020		
EZALLOR SPR CAP 20MG	4	Added to 2020 Formulary		3/1/2020		
EZALLOR SPR CAP 40MG	4	Added to 2020 Formulary		3/1/2020		
EZALLOR SPR CAP 5MG	4	Added to 2020 Formulary		3/1/2020		
FIASP PENFIL INJ U-100	3	Added to 2020 Formulary		3/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
HARVONI TAB 45-200MG	5	Added to 2020 Formulary	Prior Authorization Required	3/1/2020		
HEPARIN SOD INJ 5000/ML	4	Added to 2020 Formulary	B vs. D Prior Authorization Required	3/1/2020		
KANJINTI INJ 420MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
KANJINTI SOL 150MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
MVASI INJ 100MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
MVASI INJ 400MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
NOURIANZ TAB 20MG	5	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	3/1/2020		
NOURIANZ TAB 40MG	5	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	3/1/2020		
NOVOLIN N INJ 100 UNIT	4	Added to 2020 Formulary		3/1/2020		
NOVOLIN N INJ 100 UNIT	3	Added to 2020 Formulary		3/1/2020		
NOVOLIN R INJ 100 UNIT	4	Added to 2020 Formulary		3/1/2020		
NOVOLIN R INJ 100 UNIT	3	Added to 2020 Formulary		3/1/2020		
OGIVRI INJ 150MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
OGIVRI INJ 420MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
PENICILLAMIN TAB 250MG	5	Added to 2020 Formulary		3/1/2020		
PRETOMANID TAB 200MG	4	Added to 2020 Formulary		3/1/2020		
SUNOSI TAB 150MG	4	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	3/1/2020		
SUNOSI TAB 75MG	4	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	3/1/2020		
TRAVOPROST DRO 0.004%	2	Added to 2020 Formulary		3/1/2020		
TRIKAFTA TAB	5	Added to 2020 Formulary	Prior Authorization Required	3/1/2020		
VANCOMYCIN INJ 1.5/300	4	Added to 2020 Formulary		3/1/2020		
VANCOMYCIN INJ 1GM/200M	4	Added to 2020 Formulary		3/1/2020		
VANCOMYCIN INJ 500MG	4	Added to 2020 Formulary		3/1/2020		
VANCOMYCIN SOL 2G/400ML	4	Added to 2020 Formulary		3/1/2020		
XENLETA INJ 150/15ML	5	Added to 2020 Formulary		3/1/2020		
XENLETA TAB 600MG	5	Added to 2020 Formulary		3/1/2020		

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IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
ZOLEDRONIC INJ 4MG/100	2	Added to 2020 Formulary	B vs. D Prior Authorization Required	3/1/2020		
ABSTRAL SUB 300MCG	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (120 tabs per 30 days)	3/1/2020	FENTANYL OT LOZ	5
ABSTRAL SUB 400MCG	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (120 tabs per 30 days)	3/1/2020	FENTANYL OT LOZ	5
ABSTRAL SUB 600MCG	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (120 tabs per 30 days)	3/1/2020	FENTANYL OT LOZ	5
ABSTRAL SUB 800MCG	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (120 tabs per 30 days)	3/1/2020	FENTANYL OT LOZ	5
CIPROFLOXACN SUS 500MG/5	2	Removed from 2020 Formulary		3/1/2020	CIPROFLOXACIN TAB 500MG	1
KCL/D5W/LACT INJ 40MEQ/L	4	Removed from 2020 Formulary		3/1/2020	KCL/D5W/LACT INJ 20MEQ/L	4
MAXIPIME INJ 2GM	4	Removed from 2020 Formulary		3/1/2020	CEFEPIME INJ 1GM	2
REPAGLINIDE TAB 1-500MG	1	Removed from 2020 Formulary	Quantity Limit (150 tabs per 30 days)	3/1/2020	REPAGLINIDE TAB 1MG	1
REPAGLINIDE TAB 2-500MG	1	Removed from 2020 Formulary	Quantity Limit (150 tabs per 30 days)	3/1/2020	REPAGLINIDE TAB 2MG	1

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
TOLMETIN SOD TAB 200MG	2	Removed from 2020 Formulary		3/1/2020	MELOXICAM TAB	1
AMPHETAMI ER SUS 1.25/ML	2	Added to 2020 Formulary	Quantity Limit (450 mL per 30 days)	4/1/2020		
AYVAKIT TAB 100MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	4/1/2020		
AYVAKIT TAB 200MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	4/1/2020		
AYVAKIT TAB 300MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	4/1/2020		
CALCIP/BETAM SUS	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (400 gms per 30 days)	4/1/2020		
CAPLYTA CAP 42MG	4	Added to 2020 Formulary	Quantity Limit (30 caps per 30 days)	4/1/2020		
CIPRO/FLUOC DRO PF	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 100MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 112MCG	2	Added to 2020 Formulary		4/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
EUTHYROX TAB 125MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 137MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 150MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 175MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 200MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 25MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 50MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 75MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 88MCG	2	Added to 2020 Formulary		4/1/2020		
GVOKE PFS INJ	3	Added to 2020 Formulary		4/1/2020		
HYDROCODONE CAP 10MG ER	2	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	4/1/2020		
HYDROCODONE CAP 15MG ER	2	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	4/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
HYDROCODONE CAP 20MG ER	2	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	4/1/2020		
HYDROCODONE CAP 30MG ER	2	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	4/1/2020		
HYDROCODONE CAP 40MG ER	2	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	4/1/2020		
HYDROCODONE CAP 50MG ER	2	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	4/1/2020		
INS ASP PROT INJ FLEXPEN	4	Added to 2020 Formulary		4/1/2020		
INSULIN ASPA INJ 100/ML	4	Added to 2020 Formulary		4/1/2020		
INSULIN ASPA INJ 70/30	4	Added to 2020 Formulary		4/1/2020		
INSULIN ASPA INJ FLEXPEN	4	Added to 2020 Formulary		4/1/2020		
INSULIN ASPA INJ PENFILL	4	Added to 2020 Formulary		4/1/2020		
PROAIR DIGIH AER 108MCG	4	Added to 2020 Formulary	Quantity Limit (2 inhalers per 30 days)	4/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
RECARBRIO INJ 1.25GM	5	Added to 2020 Formulary		4/1/2020		
RUXIENCE INJ 100/10ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	4/1/2020		
RUXIENCE INJ 500/50ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	4/1/2020		
SECUADO DIS 3.8MG	4	Added to 2020 Formulary	Quantity Limit (30 patches per 30 days)	4/1/2020		
SECUADO DIS 5.7MG	4	Added to 2020 Formulary	Quantity Limit (30 patches per 30 days)	4/1/2020		
SECUADO DIS 7.6MG	4	Added to 2020 Formulary	Quantity Limit (30 patches per 30 days)	4/1/2020		
TOSYMRA SOL 10MG	4	Added to 2020 Formulary	Quantity Limit (18 nasal units per 30 days)	4/1/2020		
VALTOCO LIQ 15MG	4	Added to 2020 Formulary		4/1/2020		
VALTOCO LIQ 20MG	4	Added to 2020 Formulary		4/1/2020		
VALTOCO SPR 10MG	4	Added to 2020 Formulary		4/1/2020		
VALTOCO SPR 5MG	4	Added to 2020 Formulary		4/1/2020		
XELJANZ XR TAB 22MG	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	4/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
ZIRABEV INJ 100/4ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	4/1/2020		
ZIRABEV INJ 400/16ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	4/1/2020		
ABSTRAL SUB 100MCG	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (120 tabs per 30 days)	4/1/2020	FENTANYL CITRATE BUCCAL TAB 100MCG	5
ABSTRAL SUB 200MCG	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (120 tabs per 30 days)	4/1/2020	FENTANYL CITRATE BUCCAL TAB 200MCG	5
ACZONE GEL 7.5%	4	Removed from 2020 Formulary	Quantity Limit (90 gms per 30 days)	4/1/2020	DAPSONE GEL 7.5%	2
AKTIPAK GEL 5-3%	4	Removed from 2020 Formulary		4/1/2020	BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%	2
AUGMENTIN SUS 125/5ML	5	Removed from 2020 Formulary		4/1/2020	AMOXICILLIN & K CLAVULANATE FOR SUSP 250/5ML	2
CESAMET CAP 1MG	5	Removed from 2020 Formulary	B vs. D Prior Authorization; Quantity Limit (60 caps per 30 days)	4/1/2020	DRONABINOL CAP	2
EURAX CRE 10%	4	Removed from 2020 Formulary		4/1/2020	CROTAN LOTION 10%	2
FENOFIBRIC TAB 105MG	2	Removed from 2020 Formulary		4/1/2020	FENOFIBRATE TAB	2

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
FENOFIBRIC TAB 35MG	2	Removed from 2020 Formulary		4/1/2020	FENOFIBRATE TAB	2
HUMIRA PEDIA INJ CROHNS	5	Removed from 2020 Formulary	Prior Authorization Required	4/1/2020	HUMIRA KIT 40MG/0.8 ML	5
MAXIPIME INJ 1GM	4	Removed from 2020 Formulary		4/1/2020	CEFEPIME INJ 1GM	2
MICORT-HC CRE 2.5%	4	Removed from 2020 Formulary		4/1/2020	HYDROCORT CREAM 2.5%	1
NORETH/ETHIN TAB FE 1/20	2	Removed from 2020 Formulary		4/1/2020	JUNEL FE 24 TAB 1/20	2
PREPOPIK PAK	4	Removed from 2020 Formulary		4/1/2020	CLENPIQ SOL	4
SYLATRON KIT 600MCG	5	Removed from 2020 Formulary	New Start Prior Authorization Required	4/1/2020	SYLATRON KIT 300MCG	5
ADAKVEO INJ 100/10ML	5	Added to 2020 Formulary	Prior Authorization Required	5/1/2020		
ANNOVERA MIS	4	Added to 2020 Formulary		5/1/2020		
APAP/CAFFEIN TAB DIHYDROC	2	Added to 2020 Formulary	Quantity Limit (300 tabs per 30 days)	5/1/2020		
ASMANEX HFA AER 50MCG	4	Added to 2020 Formulary	Quantity Limit (1 inhaler per 30 days)	5/1/2020		
AZEL/FLUTIC SPR 137-50	2	Added to 2020 Formulary	Quantity Limit (1 bottle per 30 days)	5/1/2020		
BALCOLTRA TAB 0.1-20	4	Added to 2020 Formulary		5/1/2020		
CIPRO (10%) SUS 500MG/5	4	Added to 2020 Formulary		5/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
DULERA AER 50-5MCG	4	Added to 2020 Formulary	Quantity Limit (1 inhaler per 30 days)	5/1/2020		
ENBREL INJ 25/0.5ML	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (16 syringes per 28 days)	5/1/2020		
ENBREL INJ 25MG	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (16 syringes per 28 days)	5/1/2020		
ENBREL INJ 50MG/ML	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (8 syringes per 28 days)	5/1/2020		
ENBREL MINI INJ 50MG/ML	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (8 syringes per 28 days)	5/1/2020		
ENBREL SRCLK INJ 50MG/ML	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (8 syringes per 28 days)	5/1/2020		
EVEROLIMUS TAB 0.25MG	2	Added to 2020 Formulary	B vs. D Prior Authorization	5/1/2020		
EVEROLIMUS TAB 0.5 MG	5	Added to 2020 Formulary	B vs. D Prior Authorization	5/1/2020		
EVEROLIMUS TAB 0.75MG	5	Added to 2020 Formulary	B vs. D Prior Authorization	5/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
MOXIFLOXACIN SOL 0.5%	2	Added to 2020 Formulary		5/1/2020		
OXBRYTA TAB 500MG	5	Added to 2020 Formulary	Prior Authorization Required	5/1/2020		
PHENOBARB INJ 65MG/ML	4	Added to 2020 Formulary	New Start Prior Authorization Required	5/1/2020		
QBREXZA PAD 2.4%	4	Added to 2020 Formulary	Prior Authorization Required	5/1/2020		
RINVOQ TAB 15MG ER	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	5/1/2020		
SKYRIZI INJ 150DOSE	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (7 injections per year)	5/1/2020		
TAZVERIK TAB 200MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	5/1/2020		
TIADYLT CAP 120MG/24	2	Added to 2020 Formulary		5/1/2020		
TIADYLT CAP 180MG/24	2	Added to 2020 Formulary		5/1/2020		
TIADYLT CAP 240MG/24	2	Added to 2020 Formulary		5/1/2020		
TIADYLT CAP 300MG/24	2	Added to 2020 Formulary		5/1/2020		
TIADYLT CAP 420MG/24	2	Added to 2020 Formulary		5/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
TRAMADOL HCL TAB 100MG	2	Added to 2020 Formulary	Quantity Limit (120 tabs per 30 days)	5/1/2020		
TRAZIMERA INJ 420MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	5/1/2020		
TRUXIMA INJ 100/10ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	5/1/2020		
TRUXIMA INJ 500/50ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	5/1/2020		
ZIPRASIDONE INJ 20MG	2	Added to 2020 Formulary	Quantity Limit (6 injections per 3 days)	5/1/2020		
AFINITOR TAB 2.5MG	5	Removed from 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	5/1/2020	EVEROLIMUS TAB 2.5MG	5
AFINITOR TAB 5MG	5	Removed from 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	5/1/2020	EVEROLIMUS TAB 5MG	5
AFINITOR TAB 7.5MG	5	Removed from 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	5/1/2020	EVEROLIMUS TAB 7.5MG	5
APRISO CAP 0.375GM	4	Removed from 2020 Formulary		5/1/2020	MESALAMINE CAP 0.375GM	2
AVC CRE 15%	4	Removed from 2020 Formulary		5/1/2020	METRONIDAZOLE GEL 0.75%VAG	2
CARAFATE SUS 1GM/10ML	4	Removed from 2020 Formulary		5/1/2020	SUCRALFATE SUSP 1GM/10ML	2

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
DEPEN TITRA TAB 250MG	5	Removed from 2020 Formulary		5/1/2020	PENICILLAMIN TAB 250MG	5
EXELDERM CRE 1%	4	Removed from 2020 Formulary	Quantity Limit (60 grams per 30 days)	5/1/2020	CLOTRIMAZOLE CREAM 1%	2
EXELDERM SOL 1%	4	Removed from 2020 Formulary	Quantity Limit (60 mL per 30 days)	5/1/2020	CLOTRIMAZOLE SOLN 1%	2
FARYDAK CAP 15MG	5	Removed from 2020 Formulary	New Start Prior Authorization Required	5/1/2020	FARYDAK CAP 20MG	5
FLURBIPROFEN TAB 50MG	2	Removed from 2020 Formulary		5/1/2020	FLURBIPROFEN TAB 100MG	2
HALOG CRE 0.1%	5	Removed from 2020 Formulary	Quantity Limit (240 grams per 30 days)	5/1/2020	HALCINONIDE CREAM 0.1%	2
IONOSOL-MB INJ D5W	4	Removed from 2020 Formulary		5/1/2020	NORMOSOL -M INJ /D5W	4
ISORDIL TAB 40MG	5	Removed from 2020 Formulary		5/1/2020	ISOSORBIDE DINITRATE TAB 40 MG	5
JADENU TAB 360MG	5	Removed from 2020 Formulary	Prior Authorization Required	5/1/2020	DEFERASIROX TAB 360MG	5
JADENU TAB 90MG	5	Removed from 2020 Formulary	Prior Authorization Required	5/1/2020	DEFERASIROX TAB 90MG	5
NEBUPENT INH 300MG	4	Removed from 2020 Formulary	B vs. D Prior Authorization	5/1/2020	PENTAMIDINE INH 300MG	2
NOXAFIL TAB 100MG	5	Removed from 2020 Formulary	Quantity Limit (93 tabs per 30 days)	5/1/2020	POSACONAZOLE TAB 100MG DR	5
NUVARING MIS	4	Removed from 2020 Formulary		5/1/2020	ELURYNG MIS	2
PENTAM 300 INJ 300MG	4	Removed from 2020 Formulary		5/1/2020	PENTAMIDINE ISETHIONATE FOR SOLN 300 MG	2

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
SILENOR TAB 3MG	3	Removed from 2020 Formulary	Quantity Limit (30 tabs per 30 days)	5/1/2020	DOXEPIN TAB	2
SILENOR TAB 6MG	3	Removed from 2020 Formulary	Quantity Limit (30 tabs per 30 days)	5/1/2020	DOXEPIN TAB	2
TACLONEX SUS	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (400 grams per 28 days)	5/1/2020	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%	5
TRAVATAN Z DRO 0.004%	4	Removed from 2020 Formulary		5/1/2020	TRAVOPROST DROPS 0.004%	2
VARUBI INJ	4	Removed from 2020 Formulary		5/1/2020	FOSAPREPITANT SOL 150MG	2
ZOHYDRO ER CAP 10MG	4	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	5/1/2020	HYDROCODONE CAP ER	2
ZOHYDRO ER CAP 15MG	4	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	5/1/2020	HYDROCODONE CAP ER	2
ZOHYDRO ER CAP 20MG	4	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	5/1/2020	HYDROCODONE CAP ER	2
ZOHYDRO ER CAP 30MG	4	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	5/1/2020	HYDROCODONE CAP ER	2

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
ZOHYDRO ER CAP 40MG	4	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	5/1/2020	HYDROCODONE CAP ER	2
ZOHYDRO ER CAP 50MG	4	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	5/1/2020	HYDROCODONE CAP ER	2
BELSOMRA TAB 10MG	4	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	6/1/2020		
BELSOMRA TAB 15MG	4	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	6/1/2020		
BELSOMRA TAB 20MG	4	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	6/1/2020		
BELSOMRA TAB 5MG	4	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	6/1/2020		
CLOVIQUE CAP 250MG	5	Added to 2020 Formulary	Prior Authorization Required	6/1/2020		
DIAZOXIDE SUS 50MG/ML	2	Added to 2020 Formulary		6/1/2020		
ESOMEPRAZOLE GRA 10MG DR	2	Added to 2020 Formulary	Quantity Limit (30 packets per 30 days)	6/1/2020		
ESOMEPRAZOLE GRA 20MG DR	2	Added to 2020 Formulary	Quantity Limit (30 packets per 30 days)	6/1/2020		
ESOMEPRAZOLE GRA 40MG DR	2	Added to 2020 Formulary	Quantity Limit (30 packets per 30 days)	6/1/2020		
ETOPOPHOS INJ 100MG	4	Added to 2020 Formulary	B vs. D Prior Authorization	6/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
FASENRA INJ 30MG/ML	5	Added to 2020 Formulary	Prior Authorization Required	6/1/2020		
FASENRA PEN INJ 30MG/ML	5	Added to 2020 Formulary	Prior Authorization Required	6/1/2020		
IBRANCE TAB 100MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (21 tabs per 28 days)	6/1/2020		
IBRANCE TAB 125MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (21 tabs per 28 days)	6/1/2020		
IBRANCE TAB 75MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (21 tabs per 28 days)	6/1/2020		
IRINOTECAN INJ 300/15ML	2	Added to 2020 Formulary	B vs. D Prior Authorization	6/1/2020		
JORNAY PM CAP 100MG ER	4	Added to 2020 Formulary	Quantity Limit (30 caps per 30 days)	6/1/2020		
JORNAY PM CAP 20MG ER	4	Added to 2020 Formulary	Quantity Limit (60 caps per 30 days)	6/1/2020		
JORNAY PM CAP 40MG ER	4	Added to 2020 Formulary	Quantity Limit (60 caps per 30 days)	6/1/2020		
JORNAY PM CAP 60MG ER	4	Added to 2020 Formulary	Quantity Limit (30 caps per 30 days)	6/1/2020		
JORNAY PM CAP 80MG ER	4	Added to 2020 Formulary	Quantity Limit (30 caps per 30 days)	6/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
PROCYSBI GRA 300MG	5	Added to 2020 Formulary	Prior Authorization Required	6/1/2020		
PROCYSBI GRA 75MG	5	Added to 2020 Formulary	Prior Authorization Required	6/1/2020		
RIOMET ER SUS 500/5ML	4	Added to 2020 Formulary	Quantity Limit (600mL per 30 days)	6/1/2020		
TALICIA CAP	4	Added to 2020 Formulary		6/1/2020		
EPROSART MES TAB 600MG	1	Removed from 2020 Formulary		6/1/2020	LOSARTAN POT TAB	1
RANITIDINE CAP 150MG	2	Removed from 2020 Formulary		6/1/2020	FAMOTIDINE TAB	1
RANITIDINE CAP 300MG	2	Removed from 2020 Formulary		6/1/2020	FAMOTIDINE TAB	1
RANITIDINE INJ 150/6ML	2	Removed from 2020 Formulary		6/1/2020	FAMOTIDINE INJ	2
RANITIDINE INJ 50MG/2ML	2	Removed from 2020 Formulary		6/1/2020	FAMOTIDINE INJ	2
RANITIDINE SYP 75MG/5ML	2	Removed from 2020 Formulary		6/1/2020	FAMOTIDINE SUS 40MG/5ML	2
RANITIDINE TAB 150MG	1	Removed from 2020 Formulary		6/1/2020	FAMOTIDINE TAB	1
RANITIDINE TAB 300MG	1	Removed from 2020 Formulary		6/1/2020	FAMOTIDINE TAB	1
RESCRIPTOR TAB 200MG	4	Removed from 2020 Formulary		6/1/2020	EFAVIRENZ TAB 600MG	5
GLYXAMBI TAB 10-5 MG	3	Tier Change Tier 4 to Tier 3	Quantity Limit (30 tabs per 30 days)	6/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
GLYXAMBI TAB 25-5 MG	3	Tier Change Tier 4 to Tier 3	Quantity Limit (30 tabs per 30 days)	6/1/2020		
AEMCOLO TAB 194MG	4	Added to 2020 Formulary	Quantity Limit (12 tabs per 30 days)	7/1/2020		
DEFERASIROX TAB 180MG	5	Added to 2020 Formulary	Prior Authorization Required	7/1/2020		
FETROJA INJ 1GM	5	Added to 2020 Formulary		7/1/2020		
GVOKE HYPO 2 INJ .5/.1ML	3	Added to 2020 Formulary		7/1/2020		
GVOKE HYPO 2 INJ 1MG/.2ML	3	Added to 2020 Formulary		7/1/2020		
HALOPER DEC INJ 50MG/ML	2	Added to 2020 Formulary		7/1/2020		
HERZUMA INJ 150MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	7/1/2020		
HERZUMA INJ 420MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	7/1/2020		
INSULIN LISP INJ JUNIOR	4	Added to 2020 Formulary		7/1/2020		
INSULIN LISP INJ PROTAMIN	4	Added to 2020 Formulary		7/1/2020		
METFORMIN SOL 500/5ML	2	Added to 2020 Formulary	Quantity Limit (780 mL per 30 days)	7/1/2020		
METHYLPHENID CAP 10MG ER	2	Added to 2020 Formulary	Quantity Limit (60 caps per 30 days)	7/1/2020		
METHYLPHENID CAP 15MG ER	2	Added to 2020 Formulary	Quantity Limit (60 caps per 30 days)	7/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
METHYLPHENID CAP 20MG ER	2	Added to 2020 Formulary	Quantity Limit (60 caps per 30 days)	7/1/2020		
METHYLPHENID CAP 30MG ER	2	Added to 2020 Formulary	Quantity Limit (60 caps per 30 days)	7/1/2020		
METHYLPHENID CAP 40MG ER	2	Added to 2020 Formulary	Quantity Limit (30 caps per 30 days)	7/1/2020		
METHYLPHENID CAP 50MG ER	2	Added to 2020 Formulary	Quantity Limit (30 caps per 30 days)	7/1/2020		
METHYLPHENID CAP 60MG ER	2	Added to 2020 Formulary	Quantity Limit (30 caps per 30 days)	7/1/2020		
NICARDIPINE SOL 20/200ML	4	Added to 2020 Formulary		7/1/2020		
NICARDIPINE SOL 40/200ML	4	Added to 2020 Formulary		7/1/2020		
ODACTRA SUB	4	Added to 2020 Formulary	Prior Authorization Required	7/1/2020		
ONTRUZANT INJ 150MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	7/1/2020		
ONTRUZANT INJ 420MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	7/1/2020		
PEMAZYRE TAB 13.5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	7/1/2020		
PEMAZYRE TAB 4.5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	7/1/2020		
PEMAZYRE TAB 9MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	7/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
PROMACTA PAK 25MG	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (180 packets per 30 days)	7/1/2020		
RYBELSUS TAB 14MG	3	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	7/1/2020		
RYBELSUS TAB 3MG	3	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	7/1/2020		
RYBELSUS TAB 7MG	3	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	7/1/2020		
TRIJARDY XR TAB 12.5-2.5-1000MG	3	Added to 2020 Formulary	Quantity Limit (60 tabs per 30 days)	7/1/2020		
TRIJARDY XR TAB 5-2.5-1000MG	3	Added to 2020 Formulary	Quantity Limit (60 tabs per 30 days)	7/1/2020		
TRIJARDY XR TAB 25-5-1000MG	3	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	7/1/2020		
TRIJARDY XR TAB 10-5-1000MG	3	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	7/1/2020		
ZERVIATE DRO 0.24%	4	Added to 2020 Formulary		7/1/2020		
ADRUCIL INJ 2.5/50ML	2	Removed from 2020 Formulary	B vs. D Prior Authorization Required	7/1/2020	FLUOROURACIL INJ 2.5/50ML	2
ADRUCIL INJ 500/10ML	2	Removed from 2020 Formulary	B vs. D Prior Authorization Required	7/1/2020	FLUOROURACIL INJ 500/10ML	2

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
LAZANDA SPR 100MCG	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (30 bottles per 30 days)	7/1/2020	SUBSYS SPRAY	5
LAZANDA SPR 300MCG	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (30 bottles per 30 days)	7/1/2020	SUBSYS SPRAY	5
LAZANDA SPR 400MCG	5	Removed from 2020 Formulary	Prior Authorization Required; Quantity Limit (30 bottles per 30 days)	7/1/2020	SUBSYS SPRAY	5
VIDEX EC CAP 125MG	4	Removed from 2020 Formulary		7/1/2020	DIDANOSINE CAP 250MG	2
VIDEX SOL 2GM	4	Removed from 2020 Formulary		7/1/2020	DIDANOSINE CAP 200MG	2
ARAZLO LOT 0.045%	4	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (45 grams per 30 days)	8/1/2020		
BYNFEZIA PEN INJ 2500MCG	5	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		
CODEINE SULF TAB 15MG	4	Added to 2020 Formulary	Quantity Limit (180 tabs per 30 days)	8/1/2020		
DAYVIGO TAB 10MG	4	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	8/1/2020		
DAYVIGO TAB 5MG	4	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	8/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
DESONIDE GEL 0.05%	2	Added to 2020 Formulary	Quantity Limit (60 grams per 30 days)	8/1/2020		
FABIOR AER 0.1%	4	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (100 grams per 30 days)	8/1/2020		
GRASTEK SUB 2800BAU	4	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		
HARVONI PAK	5	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		
HARVONI PAK 45-200MG	5	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		
ISTURISA TAB 10MG	5	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		
ISTURISA TAB 1MG	5	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		
ISTURISA TAB 5MG	5	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		
JYNARQUE PAK 30-15MG	5	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		
JYNARQUE TAB 15MG	5	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		
KETOPROFEN CAP 50MG	2	Added to 2020 Formulary		8/1/2020		
KETOPROFEN CAP 75MG	2	Added to 2020 Formulary		8/1/2020		
LOPERAMIDE SOL 2MG/15ML	4	Added to 2020 Formulary		8/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
MARQIBO INJ 5MG/31ML	5	Added to 2020 Formulary	B vs. D Prior Authorization Required	8/1/2020		
MICAFUNGIN INJ 100MG	5	Added to 2020 Formulary		8/1/2020		
MICAFUNGIN INJ 50MG	5	Added to 2020 Formulary		8/1/2020		
NEXLETOL TAB 180MG	4	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	8/1/2020		
NEXLIZET TAB 180/10MG	4	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	8/1/2020		
NYMALIZE SOL	5	Added to 2020 Formulary		8/1/2020		
OSMOLEX ER TAB	4	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (60 ea per 30 days)	8/1/2020		
RAGWITEK SUB	4	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		
SARCLISA SOL 100/5ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	8/1/2020		
SARCLISA SOL 500/25ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	8/1/2020		
TOLVAPTAN TAB 30MG	5	Added to 2020 Formulary	Prior Authorization Required	8/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
TUKYSA TAB 150MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	8/1/2020		
TUKYSA TAB 50MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	8/1/2020		
XCOPRI PAK 12.5-25	4	Added to 2020 Formulary		8/1/2020		
XCOPRI PAK 150-200	5	Added to 2020 Formulary		8/1/2020		
XCOPRI PAK 50-100MG	5	Added to 2020 Formulary		8/1/2020		
XCOPRI TAB 100MG	5	Added to 2020 Formulary		8/1/2020		
XCOPRI TAB 150MG	5	Added to 2020 Formulary		8/1/2020		
XCOPRI TAB 200MG	5	Added to 2020 Formulary		8/1/2020		
XCOPRI TAB 50-200MG	5	Added to 2020 Formulary		8/1/2020		
XCOPRI TAB 50MG	5	Added to 2020 Formulary		8/1/2020		
AMINOSYN-PF INJ 10%	4	Removed from 2020 Formulary	B vs. D Prior Authorization	8/1/2020	AMINOSYN II INJ 10%	4
EMBEDA CAP 100-4MG	5	Removed from 2020 Formulary	Prior Authorization; Quantity Limit (60 caps per 30 days)	8/1/2020	MORPHINE SULFATE TAB ER	2
EMBEDA CAP 20-0.8MG	4	Removed from 2020 Formulary	Prior Authorization; Quantity Limit (60 caps per 30 days)	8/1/2020	MORPHINE SULFATE TAB ER	2

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
EMBEDA CAP 30-1.2MG	4	Removed from 2020 Formulary	Prior Authorization; Quantity Limit (60 caps per 30 days)	8/1/2020	MORPHINE SULFATE TAB ER	2
EMBEDA CAP 50-2MG	4	Removed from 2020 Formulary	Prior Authorization; Quantity Limit (60 caps per 30 days)	8/1/2020	MORPHINE SULFATE TAB ER	2
EMBEDA CAP 60-2.4MG	4	Removed from 2020 Formulary	Prior Authorization; Quantity Limit (60 caps per 30 days)	8/1/2020	MORPHINE SULFATE TAB ER	2
EMBEDA CAP 80-3.2MG	4	Removed from 2020 Formulary	Prior Authorization; Quantity Limit (60 caps per 30 days)	8/1/2020	MORPHINE SULFATE TAB ER	2
GONITRO POW 400MCG	4	Removed from 2020 Formulary		8/1/2020	NITROGLYCERIN SL TAB 0.4 MG	2
AKYNZEO INJ	4	Added to 2020 Formulary		9/1/2020		
EC-NAPROXEN TAB 375MG	2	Added to 2020 Formulary		9/1/2020		
EC-NAPROXEN TAB 500MG	2	Added to 2020 Formulary		9/1/2020		
LYUMJEV INJ 100UT/ML	4	Added to 2020 Formulary		9/1/2020		
LYUMJEV KWPN INJ 100UT/ML	4	Added to 2020 Formulary		9/1/2020		
LYUMJEV KWPN INJ 200UT/ML	4	Added to 2020 Formulary		9/1/2020		
ONE VITE TAB 1MG PLUS	3	Added to 2020 Formulary		9/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
QINLOCK TAB 50MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	9/1/2020		
RETEVMO CAP 40MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	9/1/2020		
RETEVMO CAP 80MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	9/1/2020		
TABRECTA TAB 150MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	9/1/2020		
TABRECTA TAB 200MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	9/1/2020		
TIVICAY PD TAB 5MG	3	Added to 2020 Formulary		9/1/2020		
TRODELVY SOL 180MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	9/1/2020		
XPOVIO PAK 40MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	9/1/2020		
XPOVIO PAK 60MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	9/1/2020		
E.E.S. 400 TAB 400MG	2	Removed from 2020 Formulary		9/1/2020	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	2
POT CHL/D5W INJ 40MEQ/L	2	Removed from 2020 Formulary		9/1/2020	POTASSIUM CHLORIDE/D5W INJ 20MEQ/L	2
RIFAMATE CAP	4	Removed from 2020 Formulary		9/1/2020	ISONIAZID TAB	1
RIFATER TAB	4	Removed from 2020 Formulary		9/1/2020	ISONIAZID TAB	1

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
DEFERASIROX GRA 180MG	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
DEFERASIROX GRA 360MG	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
DEFERASIROX GRA 90MG	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
FENSOLVI INJ 45MG	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
FERPRX 2-DAY TAB 1000MG	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
FINTEPLA SOL 2.2MG/ML	5	Added to 2020 Formulary	New Start Prior Authorization; Quantity Limit (360 mL per 30 days)	10/1/2020		
FLEBOGAMMA INJ 10/100ML	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
FLEBOGAMMA INJ 20/200ML	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
FLEBOGAMMA INJ 20/400ML	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
FLEBOGAMMA INJ 5GM/50ML	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
FLEBOGAMMA INJ DIF 5%	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
LAMOTRIGINE KIT ODT	2	Added to 2020 Formulary		10/1/2020		
METYROSINE CAP 250MG	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
ORIAHNN CAP	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
ORTIKOS CAP 6MG ER	5	Added to 2020 Formulary		10/1/2020		
ORTIKOS CAP 9MG ER	5	Added to 2020 Formulary		10/1/2020		
PANTOPRAZOLE PAK 40MG	2	Added to 2020 Formulary	Quantity Limit (30 packets per 30 days)	10/1/2020		
PHESGO SOL	5	Added to 2020 Formulary	New Start Prior Authorization Required	10/1/2020		
RUKOBIA TAB 600MG ER	5	Added to 2020 Formulary		10/1/2020		
SIRTURO TAB 20MG	5	Added to 2020 Formulary	Prior Authorization Required	10/1/2020		
D5W/NACL INJ 0.225%	2	Removed from 2020 Formulary		10/1/2020	D5W/NACL INJ 0.2%	2
DESO/ETHINYL TAB ESTRADIO	2	Removed from 2020 Formulary		10/1/2020	APRI TAB	2
EGRIFTA SOL 1MG	5	Removed from 2020 Formulary	Prior Authorization Required	10/1/2020	EGRIFTA SV INJ 2MG	5
NORMOSOL -R INJ /D5W	4	Removed from 2020 Formulary		10/1/2020	ISOLYTE-S INJ	4
CIPRO/DEXA SUS 0.3-0.1%	2	Added to 2020 Formulary		11/1/2020		
CYCLOPHOSPH INJ 1GM	5	Added to 2020 Formulary	B vs. D Prior Authorization	11/1/2020		
CYCLOPHOSPHA INJ 500MG	5	Added to 2020 Formulary	B vs. D Prior Authorization	11/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
DOJOLVI LIQ 100%	5	Added to 2020 Formulary	Prior Authorization Required	11/1/2020		
EFAVIR/LAMIV TAB TENOFOVI	5	Added to 2020 Formulary		11/1/2020		
EMTRICITABIN CAP 200MG	2	Added to 2020 Formulary		11/1/2020		
ENBREL INJ 25MG	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (8 vials per 28 days)	11/1/2020		
INQOVI TAB 35-100MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	11/1/2020		
MYCAPSSA CAP 20MG	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (112 caps per 28 days)	11/1/2020		
TRULICITY INJ	3	Added to 2020 Formulary	Quantity Limit (4 pens per 28 days)	11/1/2020		
VANCOMYCIN INJ 1.25GM	4	Added to 2020 Formulary		11/1/2020		
VANCOMYCIN INJ 750MG	4	Added to 2020 Formulary		11/1/2020		
VANCOMYCIN SOL 1.75GM	4	Added to 2020 Formulary		11/1/2020		
ACUVAIL SOL 0.45%	4	Removed from 2020 Formulary		11/1/2020	KETOROLAC SOL 0.5%	2
ADRUCIL INJ 5/100ML	2	Removed from 2020 Formulary	B vs. D Prior Authorization	11/1/2020	FLUOROURACIL INJ 5GM/100M	2

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
COLOCORT ENE 100MG	2	Removed from 2020 Formulary		11/1/2020	HYDROCORTISONE ENEMA 100 MG/60ML	2
COUMADIN TAB 10MG	3	Removed from 2020 Formulary		11/1/2020	WARFARIN TAB	1
COUMADIN TAB 2.5MG	3	Removed from 2020 Formulary		11/1/2020	WARFARIN TAB	1
COUMADIN TAB 2MG	3	Removed from 2020 Formulary		11/1/2020	WARFARIN TAB	1
COUMADIN TAB 3MG	3	Removed from 2020 Formulary		11/1/2020	WARFARIN TAB	1
COUMADIN TAB 4MG	3	Removed from 2020 Formulary		11/1/2020	WARFARIN TAB	1
COUMADIN TAB 5MG	3	Removed from 2020 Formulary		11/1/2020	WARFARIN TAB	1
COUMADIN TAB 6MG	3	Removed from 2020 Formulary		11/1/2020	WARFARIN TAB	1
COUMADIN TAB 7.5MG	3	Removed from 2020 Formulary		11/1/2020	WARFARIN TAB	1
LORCET HD TAB 10-325MG	2	Removed from 2020 Formulary	Quantity Limit (180 tabs per 30 days)	11/1/2020	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	2
LORCET PLUS TAB 7.5-325	2	Removed from 2020 Formulary	Quantity Limit (180 tabs per 30 days)	11/1/2020	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	2
LORCET TAB 5-325MG	2	Removed from 2020 Formulary	Quantity Limit (240 tabs per 30 days)	11/1/2020	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	2

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
NORMOSOL-R INJ PH 7.4	4	Removed from 2020 Formulary		11/1/2020	ISOLYTE-S INJ	4
ONE VITE TAB 1MG PLUS	3	Removed from 2020 Formulary		11/1/2020	PRENATAL TAB 27-1MG	3
CHLORPROMAZ INJ 25MG/ML	2	Tier Change Tier 4 to Tier 2		11/1/2020		
CHLORPROMAZ INJ 50MG/2ML	2	Tier Change Tier 4 to Tier 2		11/1/2020		
BREZTRI AERO AER SPHERE	3	Added to 2020 Formulary	Quantity Limit (4 inhalers per 28 days)	12/1/2020		
BREZTRI AERO AER SPHERE	3	Added to 2020 Formulary	Quantity Limit (1 inhaler per 28 days)	12/1/2020		
DEFERIPRONE TAB 500MG	5	Added to 2020 Formulary	Prior Authorization Required	12/1/2020		
EFAVIR/EMTRI TAB TENOFOVI	5	Added to 2020 Formulary		12/1/2020		
EMTR/TENOFOV TAB 200-300	5	Added to 2020 Formulary	Quantity Limit (30 tabs per 30 days)	12/1/2020		
EPCLUSA TAB 200-50MG	5	Added to 2020 Formulary	Prior Authorization Required	12/1/2020		
GAVRETO CAP 100MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	12/1/2020		
LAPATINIB TAB 250MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	12/1/2020		
MENQUADFI INJ	3	Added to 2020 Formulary		12/1/2020		
ONUREG TAB 200MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	12/1/2020		

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

ONUREG TAB 300MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	12/1/2020		
SAPROPTERIN POW 100MG	5	Added to 2020 Formulary	Prior Authorization Required	12/1/2020		
SAPROPTERIN POW 500MG	5	Added to 2020 Formulary	Prior Authorization Required	12/1/2020		
SAPROPTERIN TAB 100MG	5	Added to 2020 Formulary	Prior Authorization Required	12/1/2020		
TOBRAMYCIN NEB 300/4ML	5	Added to 2020 Formulary	Prior Authorization Required	12/1/2020		
TRELEGY AER ELLIPTA	3	Added to 2020 Formulary	Quantity Limit (60 blisters per 30 days)	12/1/2020		
TRIDERM CRE 0.5%	1	Added to 2020 Formulary		12/1/2020		
COUMADIN TAB 1MG	3	Removed from 2020 Formulary		12/1/2020	WARFARIN TAB	1
JUXTAPID CAP 40MG	5	Removed from 2020 Formulary	Prior Authorization Required	12/1/2020	JUXTAPID CAP 20MG	5
JUXTAPID CAP 60MG	5	Removed from 2020 Formulary	Prior Authorization Required	12/1/2020	JUXTAPID CAP 20MG	5
ZYPITAMAG TAB 1MG	4	Removed from 2020 Formulary		12/1/2020	LIVALO TAB 1MG	4