

**Brand New Day 6T**  
**2022**  
**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),**

**2022 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
<b>EFFECTIVE 02/01/2022</b>				
ABIRATERONE ACETATE 500 MG TABLET ORAL	NF	5, QL 120/30, PA NSO	Formulary Enhancement	
ACTHAR 80 UNIT/ML VIAL INJECTION	NF	5, QL 35/28, PA	Formulary Enhancement	
ACTHAR 80 UNIT/ML VIAL INJECTION	NF	5, QL 35/28, PA	Formulary Enhancement	
AFINITOR 10 MG TABLET ORAL	5, QL 56/28, PA NSO	NF	Formulary Update	EVEROLIMUS 10 MG ORAL TABLET-5
AFINITOR DISPERZ 2 MG TAB SUSP ORAL	5, QL 112/28, PA NSO	NF	Formulary Update	EVEROLIMUS 2 MG ORAL TAB SUSP-5
AFINITOR DISPERZ 3 MG TAB SUSP ORAL	5, QL 112/28, PA NSO	NF	Formulary Update	EVEROLIMUS 3 MG ORAL TAB SUSP-5
AFINITOR DISPERZ 5 MG TAB SUSP ORAL	5, QL 112/28, PA NSO	NF	Formulary Update	EVEROLIMUS 5 MG ORAL TAB SUSP-5
AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJECT SUBCUTANE.	NF	3, QL 1.5/30, PA	Formulary Enhancement	
AJOVY SYRINGE 225 MG/1.5 SYRINGE SUBCUTANE.	NF	3, QL 1.5/30, PA	Formulary Enhancement	
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD INHALATION	4, QL 36/30	2, QL 36/30	Formulary Enhancement	
APRETUDE 600 MG/3ML SUSER VIAL INTRAMUSC.	NF	5, QL BY TIME 21/365, PA BVD	Formulary Enhancement	
ASENAPINE MALEATE 10 MG TAB SUBL SUBLINGUAL	2, QL 60/30, ST	2, QL 60/30	Formulary Enhancement	

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ASENAPINE MALEATE 2.5 MG TAB SUBL SUBLINGUAL	2, QL 60/30, ST	2, QL 60/30	Formulary Enhancement	
ASENAPINE MALEATE 5 MG TAB SUBL SUBLINGUAL	2, QL 60/30, ST	2, QL 60/30	Formulary Enhancement	
BIKTARVY 30-120-15 TABLET ORAL	NF	5	Formulary Enhancement	
BYSTOLIC 10 MG TABLET ORAL	3	NF	Formulary Update	NEBIVOLOL HCL 10 MG ORAL TABLET-2
BYSTOLIC 2.5 MG TABLET ORAL	3	NF	Formulary Update	NEBIVOLOL HCL 2.5 MG ORAL TABLET-2
BYSTOLIC 20 MG TABLET ORAL	3	NF	Formulary Update	NEBIVOLOL HCL 20 MG ORAL TABLET-2
BYSTOLIC 5 MG TABLET ORAL	3	NF	Formulary Update	NEBIVOLOL HCL 5 MG ORAL TABLET-2
CARGLUMIC ACID 200 MG TAB DISPER ORAL	NF	5	Formulary Enhancement	
CHANTIX 0.5 MG TABLET ORAL	3, QL BY TIME 336/365	NF	Formulary Update	VARENICLINE TARTRATE 0.5 MG ORAL TABLET-2
CHANTIX 1 MG TABLET ORAL	3, QL BY TIME 336/365	NF	Formulary Update	VARENICLINE TARTRATE 1 MG ORAL TABLET-2
CORTROPHIN 80 UNIT/ML VIAL INJECTION	NF	5, QL 35/28, PA	Formulary Enhancement	
DUPIXENT PEN 200MG/1.14 PEN INJCTR SUBCUTANE.	NF	5, PA	Formulary Enhancement	

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DUPIXENT PEN 300 MG/2ML PEN INJCTR SUBCUTANE.	NF	5, PA	Formulary Enhancement	
DUPIXENT SYRINGE 200MG/1.14 SYRINGE SUBCUTANE.	NF	5, PA	Formulary Enhancement	
DUPIXENT SYRINGE 300 MG/2ML SYRINGE SUBCUTANE.	NF	5, PA	Formulary Enhancement	
DUREZOL 0.0005 DROPS OPTHALMIC	3	NF	Formulary Update	DIFLUPREDNAT E 0.05 % OPTHALMIC DROPS-3
EPINEPHRINE 0.3MG/0.3 AUTO INJCT INJECTION	4, QL 4/30	2, QL 4/30	Formulary Enhancement	
EVEROLIMUS 1 MG TABLET ORAL	NF	5, PA BVD	Formulary Enhancement	
GLYXAMBI 10 MG-5 MG TABLET ORAL	NF	3, QL 30/30	Formulary Enhancement	
GLYXAMBI 25 MG-5 MG TABLET ORAL	NF	3, QL 30/30	Formulary Enhancement	
GVOKE 1 MG/0.2ML VIAL SUBCUTANE.	NF	3	Formulary Enhancement	
HAVRIX 1440/ML VIAL INTRAMUSC.	3	NF	CMS deletion	
LEVOFLOXACIN 0.015 DROPS OPTHALMIC	NF	4	Formulary Enhancement	
NURTEC ODT 75 MG TAB RAPDIS ORAL	NF	3, QL 18/30, PA	Formulary Enhancement	
NYLIA 1 MG-35MCG TABLET ORAL	NF	2	Formulary Enhancement	
PAXIL 10 MG/5 ML ORAL SUSP ORAL	4	NF	Formulary Update	PAROXETINE HCL 10 MG/5 ML ORAL ORAL SUSP-4

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PENTACEL 15-48-5-62 KIT INTRAMUSC.	NF	3	Formulary Enhancement	
PRILOHEAL PLUS 30 2.5 %-2.5% KIT TOPICAL	NF	4, QL 30/30, PA	Formulary Enhancement	
STRIVERDI RESPIMAT 2.5 MCG MIST INHAL INHALATION	NF	3, QL 4/28	Formulary Enhancement	
TRIJARDY XR 10-5-1000 TAB BP 24H ORAL	NF	3, QL 30/30	Formulary Enhancement	
TRIJARDY XR 12.5-2.5MG TAB BP 24H ORAL	NF	3, QL 60/30	Formulary Enhancement	
TRIJARDY XR 25-5-1000 TAB BP 24H ORAL	NF	3, QL 30/30	Formulary Enhancement	
TRIJARDY XR 5-2.5-1000 TAB BP 24H ORAL	NF	3, QL 60/30	Formulary Enhancement	
UNIFINE ULTRA PEN NEEDLE 31 G X1/4" DIS NEEDLE MISCELL.	NF	2	Formulary Enhancement	
UNIFINE ULTRA PEN NEEDLE 31 GX3/16" DIS NEEDLE MISCELL.	NF	2	Formulary Enhancement	
UNIFINE ULTRA PEN NEEDLE 31 GX5/16" DIS NEEDLE MISCELL.	NF	2	Formulary Enhancement	
UNIFINE ULTRA PEN NEEDLE 32GX 5/32" DIS NEEDLE MISCELL.	NF	2	Formulary Enhancement	
<b>EFFECTIVE 03/01/2022</b>				
APRETUDE 600 MG/3ML INTRAMUSC. SUSER VIAL	5, QL BY TIME 21/365, PA BVD	5, QL BY TIME 24/365	Formulary Enhancement	
BESREMI 500 MCG/ML SUBCUTANE. SYRINGE	NF	5, QL 2/28, PA NSO	Formulary Enhancement	
BRIMONIDINE TARTRATE-TIMOLOL 0.2%-0.5% OPHTHALMIC DROPS	NF	3	Formulary Enhancement	

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CIPROFLOXACIN HCL 750 MG ORAL TABLET	1	NF	Formulary Update	
EPCLUSA 200MG-50MG ORAL PELET PACK	5, QL 28/28, PA	5, QL 56/28, PA	Formulary Enhancement	
EPRONTIA 25 MG/ML ORAL SOLUTION	NF	4, QL 480/30	Formulary Enhancement	
INPEN (FOR HUMALOG) SUBCUTANE. INSULN PEN	NF	3	Formulary Enhancement	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANE. INSULN PEN	NF	3	Formulary Enhancement	
INVEGA TRINZA 273MG/0.88 INTRAMUSC. SYRINGE	5, QL BY TIME 0.875/84	5, QL BY TIME 0.88/84	Formulary Enhancement	
INVEGA TRINZA 410MG/1.32 INTRAMUSC. SYRINGE	5, QL BY TIME 1.315/84	5, QL BY TIME 1.32/84	Formulary Enhancement	
INVEGA TRINZA 819MG/2.63 INTRAMUSC. SYRINGE	5, QL BY TIME 2.625/84	5, QL BY TIME 2.63/84	Formulary Enhancement	
MOLNUPIRAVIR (EUA) 200 MG ORAL CAPSULE	NF	4, QL 40/5	Formulary Enhancement	
NALOXONE HCL 4 MG NASAL SPRAY	NF	3, QL 4/30	Formulary Enhancement	
PAXLOVID (EUA) 300-100 MG ORAL TABLET	NF	4, QL 30/5	Formulary Enhancement	
PEG 3350-ELECTROLYTE 420G ORAL SOLN RECON	NF	2	Formulary Enhancement	
PEG-3350 AND ELECTROLYTES 236-22.74G ORAL SOLN RECON	NF	2	Formulary Enhancement	
SUTAB 1.479 G ORAL TABLET	NF	3	Formulary Enhancement	

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ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 SUBCUTANE. AUTO INJCT	NF	3	Formulary Enhancement	
ZEGALOGUE SYRINGE 0.6 MG/0.6 SUBCUTANE. SYRINGE	NF	3	Formulary Enhancement	
ZORTRESS 1 MG ORAL TABLET	5, PA BVD	NF	Formulary Enhancement	EVEROLIMUS 1 MG ORAL TABLET-5
ZOSTAVAX 19400 UNIT SUBCUTANE. VIAL	3, QL BY TIME 1/365	NF	Formulary Update	
<b>EFFECTIVE 04/01/2022</b>				
AMPHOTERICIN B LIPOSOME 50 MG VIAL	NF	5, PA BvD	Formulary Enhancement	
BETAINE 1G/SCOOP POWDER	NF	5	Formulary Enhancement	
DEFERIPRONE 1000 MG TABLET	NF	5, PA	Formulary Enhancement	
KIMMTRAK 100MCG/0.5 VIAL	NF	5, QL BY RATIO 2/28, PA NSO	Formulary Enhancement	
LANREOTIDE ACETATE 120MG/0.5 SYRINGE	NF	5, QL BY RATIO 0.5/28, PA	Formulary Enhancement	
MARAVIROC 150 MG TABLET	NF	5	Formulary Enhancement	
MARAVIROC 300 MG TABLET	NF	5	Formulary Enhancement	
MARGENZA 250MG/10ML VIAL	NF	5, PA NSO	Formulary Enhancement	
PREHEVBRIO 10 MCG/ML VIAL	NF	3, PA BVD	Formulary Enhancement	
QUADRACEL DTAP-IPV 15-48-5-62 SYRINGE	NF	3	Formulary Enhancement	
QUADRACEL DTAP-IPV 15-48-5-62 VIAL	NF	3	Formulary Enhancement	
RINVOQ 30 MG TAB ER 24H	NF	5, PA	Formulary Enhancement	
TICOVAC 2.4MCG/0.5 SYRINGE	NF	3, QL BY TIME 1.5/365	Formulary Enhancement	

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XARELTO 1 MG/ML SUSP RECON	NF	3, QL BY RATIO 600/30	Formulary Enhancement	
ZYTIGA 250 MG TABLET	5, QL BY RATIO 120/30, PA NSO	NF	Formulary Update	ABIRATERONE ACETATE 250 MG ORAL TABLET-5
ZYTIGA 500 MG TABLET	5, QL BY RATIO 120/30, PA NSO	NF	Formulary Update	ABIRATERONE ACETATE 500 MG ORAL TABLET-5
TRANEXAMIC ACID 650 MG TABLET	2, QL BY RATIO 30/30	2	Formulary Update	
<b>EFFECTIVE 05/01/2022</b>				
CITALOPRAM HBR 10 MG TABLET	Tier 1, QL BY RATIO 30/30	Tier 1, QL BY RATIO 120/30	Formulary Enhancement	
COLISTIMETHATE 150 MG VIAL	Tier 5, PA BVD	Tier 5	Formulary Enhancement	
FLUCONAZOLE-NACL 100MG/50ML PIGGYBACK	Tier 2, PA BVD	Tier 2	Formulary Enhancement	
FLUCONAZOLE IN DEXTROSE 400MG/0.2L PIGGYBACK	Tier 2, PA BVD	Tier 2	Formulary Enhancement	
FLUCONAZOLE IN DEXTROSE 200MG/0.1L PIGGYBACK	Tier 2, PA BVD	Tier 2	Formulary Enhancement	
CARBAGLU 200 MG TAB DISPER	5	NF	Formulary Update	CARGLUMIC ACID 200 MG ORAL TAB DISPER - 5
SELZENTRY 300 MG TABLET	5	NF	Formulary Update	MARAVIROC 300 MG ORAL TABLET - 5

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SELZENTRY 150 MG TABLET	5	NF	Formulary Update	MARAVIROC 150 MG ORAL TABLET - 5
ZYTIGA 250 MG TABLET	NF	Tier 5, QL BY RATIO 120/30, PA NSO	Formulary Enhancement	
CABOTEGRAVIR 600 MG/3ML SUSER VIAL	NF	Tier 5, QL BY TIME 24/365	Formulary Enhancement	
CABOTEGRAVIR 400 MG/2ML SUSER VIAL	NF	Tier 5, QL BY TIME 24/365	Formulary Enhancement	
CEFAZOLIN SODIUM 2 G VIAL	NF	Tier 2	Formulary Enhancement	
CYCLOSPORINE 0.0005 DROPERETTE	NF	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
DESCOVY 120MG-15MG TABLET	NF	Tier 5	Formulary Enhancement	
TAKHZYRO 300 MG/2ML SYRINGE	NF	Tier 5, QL BY RATIO 4/28, PA	Formulary Enhancement	
LENALIDOMIDE 5 MG CAPSULE	NF	Tier 5, QL BY RATIO 28/28, PA NSO	Formulary Enhancement	
LENALIDOMIDE 10 MG CAPSULE	NF	Tier 5, QL BY RATIO 28/28, PA NSO	Formulary Enhancement	
LENALIDOMIDE 15 MG CAPSULE	NF	Tier 5, QL BY RATIO 28/28, PA NSO	Formulary Enhancement	
LENALIDOMIDE 25 MG CAPSULE	NF	Tier 5, QL BY RATIO 28/28, PA NSO	Formulary Enhancement	

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MODAFINIL 100 MG TABLET	NF	Tier 2, QL BY RATIO 30/30, PA	Formulary Enhancement	
MODAFINIL 200 MG TABLET	NF	Tier 2, QL BY RATIO 60/30, PA	Formulary Enhancement	
OPDUALAG 240-80/20 VIAL	NF	Tier 5, PA NSO	Formulary Enhancement	
VONJO 100 MG CAPSULE	NF	Tier 5, QL BY RATIO 120/30, PA NSO	Formulary Enhancement	
RILPIVIRINE 900 MG/3ML SUSER VIAL	NF	Tier 5	Formulary Enhancement	
RILPIVIRINE 600 MG/2ML SUSER VIAL	NF	Tier 5	Formulary Enhancement	
MAYZENT 0.25 MG(7) TAB DS PK	NF	Tier 4, PA	Formulary Enhancement	
MAYZENT 1 MG TABLET	NF	Tier 5, QL BY RATIO 30/30, PA	Formulary Enhancement	
TALZENNA 0.5 MG CAPSULE	NF	Tier 5, QL BY RATIO 30/30, PA NSO	Formulary Enhancement	
TALZENNA 0.75 MG CAPSULE	NF	Tier 5, QL BY RATIO 30/30, PA NSO	Formulary Enhancement	
RINVOQ 45 MG TAB ER 24H	NF	Tier 5, PA	Formulary Enhancement	
<b>EFFECTIVE 06/01/2022</b>				
ISOSORBIDE DINIT-HYDRALAZINE 20-37.5MG TABLET ORAL	NF	Tier 2	Formulary Enhancement	

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OMNIPOD 5 G6 PODS (GEN 5) CARTRIDGE SUBCUTANE.	NF	Tier 3	Formulary Enhancement	
PACLITAXEL PROTEIN-BOUND 100 MG VIAL INTRAVEN.	NF	Tier 5, PA BVD	Formulary Enhancement	
RELEUKO 300MCG/0.5 SYRINGE SUBCUTANE.	NF	Tier 5, PA	Formulary Enhancement	
RELEUKO 300 MCG/ML VIAL INJECTION	NF	Tier 5, PA	Formulary Enhancement	
RELEUKO 480MCG/0.8 SYRINGE SUBCUTANE.	NF	Tier 5, PA	Formulary Enhancement	
RELEUKO 480MCG/1.6 VIAL INJECTION	NF	Tier 5, PA	Formulary Enhancement	
TRIUMEQ PD 60-5-30 MG TAB SUSP ORAL	NF	Tier 5	Formulary Enhancement	
APOMORPHINE HCL 10 MG/ML CARTRIDGE SUBCUTANE.	NF	Tier 5, QL BY RATIO 60/30, PA	Formulary Enhancement	
FORTEO 20MCG/DOSE PEN INJCTR SUBCUTANE.	NF	Tier 3, QL BY RATIO 2.4/28, PA	Formulary Enhancement	
LACOSAMIDE 200MG/20ML VIAL INTRAVEN.	NF	Tier 2, QL BY RATIO 200/5	Formulary Enhancement	
LACOSAMIDE 50 MG TABLET ORAL	NF	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
LACOSAMIDE 100 MG TABLET ORAL	NF	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
LACOSAMIDE 150 MG TABLET ORAL	NF	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
LACOSAMIDE 200 MG TABLET ORAL	NF	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
OZEMPIC 2MG/0.75ML PEN INJCTR SUBCUTANE.	NF	Tier 3, QL BY RATIO 3/28	Formulary Enhancement	

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PAXLOVID (EUA) 150-100 MG TABLET ORAL	NF	Tier 4, QL BY RATIO 20/5	Formulary Enhancement	
OMNIPOD 5 G6 INTRO KIT (GEN 5) EACH SUBCUTANE.	NF	Tier 3, QL BY TIME 1/365	Formulary Enhancement	
OMNIPOD DASH INTRO KIT (GEN 4) EACH SUBCUTANE.	NF	Tier 3, QL BY TIME 1/365	Formulary Enhancement	
CYSTADANE 1G/SCOOP ORAL POWDER	Tier 5	NF	Formulary Update	BETAINE ANHYDROUS 1G/SCOOP ORAL POWDER-5
APOKYN 10 MG/ML SUBCUTANE. CARTRIDGE	Tier 5, QL BY RATIO 60/30, PA	NF	Formulary Update	APOMORPHINE HCL 10 MG/ML SUBCUTANE. CARTRIDGE-5
REVLIMID 10 MG ORAL CAPSULE	Tier 5, QL BY RATIO 28/28, PA NSO, LA	NF	Formulary Update	LENALIDOMIDE 10 MG ORAL CAPSULE-5
REVLIMID 5 MG ORAL CAPSULE	Tier 5, QL BY RATIO 28/28, PA NSO, LA	NF	Formulary Update	LENALIDOMIDE 5 MG ORAL CAPSULE-5
REVLIMID 15 MG ORAL CAPSULE	Tier 5, QL BY RATIO 28/28, PA NSO, LA	NF	Formulary Update	LENALIDOMIDE 15 MG ORAL CAPSULE-5
REVLIMID 25 MG ORAL CAPSULE	Tier 5, QL BY RATIO 28/28, PA NSO, LA	NF	Formulary Update	LENALIDOMIDE 25 MG ORAL CAPSULE-5
VIMPAT 100 MG ORAL TABLET	Tier 3, QL BY RATIO 60/30	NF	Formulary Update	LACOSAMIDE 100 MG ORAL TABLET-2
VIMPAT 150 MG ORAL TABLET	Tier 3, QL BY RATIO 60/30	NF	Formulary Update	LACOSAMIDE 150 MG ORAL TABLET-2

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VIMPAT 50 MG ORAL TABLET	Tier 3, QL BY RATIO 60/30	NF	Formulary Update	LACOSAMIDE 50 MG ORAL TABLET-2
VIMPAT 200 MG ORAL TABLET	Tier 3, QL BY RATIO 60/30	NF	Formulary Update	LACOSAMIDE 200 MG ORAL TABLET-2
<b>EFFECTIVE 07/01/2022</b>				
CLOBAZAM 2.5 MG/ML ORAL SUSP	Tier 4, QL BY RATIO 480/30, PA NSO	Tier 4, QL BY RATIO 480/30	Formulary Enhancement	
CLOBAZAM 10 MG ORAL TABLET	Tier 4, QL BY RATIO 60/30, PA NSO	Tier 4, QL BY RATIO 60/30	Formulary Enhancement	
CLOBAZAM 20 MG ORAL TABLET	Tier 4, QL BY RATIO 60/30, PA NSO	Tier 4, QL BY RATIO 60/30	Formulary Enhancement	
QULIPTA 60 MG ORAL TABLET	NF	Tier 3, QL BY RATIO 30/30, PA	Formulary Enhancement	
QULIPTA 10 MG ORAL TABLET	NF	Tier 3, QL BY RATIO 30/30, PA	Formulary Enhancement	
QULIPTA 30 MG ORAL TABLET	NF	Tier 3, QL RATIO 30/30, PA	Formulary Enhancement	
HYDROXYZINE HCL 50 MG/25ML ORAL SOLUTION	NF	Tier 2	Formulary Enhancement	
BORTEZOMIB 2.5 MG INJECTION VIAL	NF	Tier 5, PA NSO	Formulary Enhancement	
BORTEZOMIB 1 MG INJECTION VIAL	NF	Tier 4, PA NSO	Formulary Enhancement	

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**Brand New Day 6T**  
**2022**  
**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),**

**2022 FORMULARY CHANGES**

<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
PIRFENIDONE 267 MG ORAL TABLET	NF	Tier 5, QL BY RATIO 270/30, PA	Formulary Enhancement	
PIRFENIDONE 801 MG ORAL TABLET	NF	Tier 5, QL BY RATIO 90/30, PA	Formulary Enhancement	
KLISYRI 0.01 TOPICAL OINT PACK	NF	Tier 3, QL BY TIME 5/5	Formulary Enhancement	
VARENICLINE 0.5 (11)-1 ORAL TAB DS PK	NF	Tier 2	Formulary Enhancement	
DICLOFENAC SODIUM 20MG/G(2%) TOPICAL SOL MD PMP	NF	Tier 5, QL BY RATIO 224/28, PA	Formulary Enhancement	
BORTEZOMIB 3.5 MG INJECTION VIAL	NF	Tier 5, PA NSO	Formulary Enhancement	
CHANTIX 0.5 (11)-1 ORAL TAB DS PK	Tier 3	NF	Formulary Update	VARENICLINE 0.5 (11)-1 ORAL TAB DS PK- 5
EGRIFTA 2 MG SUBCUTANE. VIAL	Tier 5, QL BY RATIO 30/30, PA	NF	Formulary Deletion	
ZYTIGA 250 MG ORAL TABLET	Tier 5, QL BY RATIO 120/30, PA NSO	NF	Formulary Update	ABIRATERONE ACETATE 250 MG ORAL TABLET-5

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