On January 1, 2020, the changes below will go into effect:

National Preferred Formulary Changes

NPF exclusions, effective January 1, 2020		
AKYNZEO CAPSULE	AMBIEN, AMBIEN CR*	AMRIX*
AUBAGIO	CIALIS*	CUPRIMINE*
ELIDEL*	EMEND CAPSULE, TRIFOLD PACK*	EMEND POWDER PACKET
EPANED	EXJADE*	FOCALIN, FOCALIN XR*
GRANIX	JADENU, JADENU SPRINKLE	LYRICA*
MULPLETA	NUWIQ	ONZETRA XSAIL
ORFADIN	PENNSAID	QBRELIS
RAPAFLO*	RELION NOVOLIN	RHOFADE
SITAVIG	STRIVERDI RESPIMAT	SUBSYS
TIVORBEX	TUDORZA PRESSAIR	VIVLODEX
XATMEP	ZIPSOR	

*Multi Source Brand

Preferred-to-nonpreferred changes, effective January 1, 2020		
ABSORICA	ADAGEN	AMITIZA
ARCAPTA NEOHALER	ARZERRA	ATROVENT HFA
BYVALSON	FIRDAPSE	FULPHILA
GRALISE	HEXALEN	LARTRUVO
MOXEZA	RELENZA	SANCUSO
TABLOID	VARUBI VIAL	XOFLUZA
ZONTIVITY		