

Name of Affected Drug	Description of Change	Reason for Change	Effective Date
DIAZOXIDE 50 MG/ML ORAL SUSPENSION	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020
HALOPERIDOL DECANOATE 50 MG/ML INJECTABLE SOLUTION	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020
ELTROMBOPAG 25 MG POWDER FOR ORAL SUSPENSION [PROMACTA]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020
0.5 UNT DOSES 3 ML INSULIN LISPRO 100 UNT/ML PEN INJECTOR	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020
3 ML INSULIN, REGULAR, HUMAN 100 UNT/ML PEN INJECTOR [NOVOLIN R]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020
3 ML INSULIN ISOPHANE, HUMAN 100 UNT/ML PEN INJECTOR [NOVOLIN N]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020
1.5 ML FREMANEZUMAB-VFRM 150 MG/ML AUTO-INJECTOR [AJOVY]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020
SELUMETINIB 10 MG ORAL CAPSULE [KOSELUGO]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020
SELUMETINIB 25 MG ORAL CAPSULE [KOSELUGO]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020

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PEMIGATINIB 13.5 MG ORAL TABLET [PEMAZYRE]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020
PEMIGATINIB 4.5 MG ORAL TABLET [PEMAZYRE]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020
PEMIGATINIB 9 MG ORAL TABLET [PEMAZYRE]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2020 FORMULARY REFERENCE FILE ON 5/22/2020; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7/1/2020