

My Choice Wisconsin
2021
Formulary Addendum

BD - Part B vs. Part D, HR – High Risk Medication, LA - This prescription may be available only at certain pharmacies, NF - Non-Formulary, PA - Prior Authorization, QL – Quantity Limit per 30 days, ST - Step Therapy

2021 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2021				
Aminosyn II Solution 10 % Intravenous	1 + BD	NF	CMS Required Deletion	N/A
Deferiprone Tablet 500 MG Oral	NF	1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	1	NF	CMS Required Deletion	N/A
Dojolvi Liquid 100 % Oral	NF	1 + PA1	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A

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Gavreto Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
IamoTRiGine Kit 25 & 50 & 100 MG Oral	NF	1	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	1	Formulary Enhancement	N/A
Normosol-R SOLUTION Intravenous	1 + BD	NF	CMS Required Deletion	N/A
Pantoprazole Sodium Packet 40 MG Oral	NF	1	Formulary Enhancement	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Samsca Tablet 30 MG Oral	1 + QL 60 + PA1	NF	Formulary Update	tolvaptan tablet 30 mg oral, 1 + QL 60 + PA1
Sirturo Tablet 20 MG Oral	NF	1	Formulary Enhancement	N/A
Sylatron KIT 200 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Sylatron KIT 300 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	1 + QL 360	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	1 + QL 60 + PA1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Zostavax SUSPENSION RECONSTITUTED 19400 UNT/0.65ML Subcutaneous	1	NF	CMS Required Deletion	N/A
EFFECTIVE 02/01/2021				
Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 1 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 2 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 160-4.5 MCG/ACT Inhalation	NF	1 + QL 12	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 80-4.5 MCG/ACT Inhalation	NF	1 + QL 12	Formulary Enhancement	N/A
Depo-Provera Suspension 400 MG/ML Intramuscular	1 + BD	NF	CMS Required Deletion	N/A
Diacomit Capsule 250 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Diacomit Capsule 500 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Diacomit Packet 250 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Diacomit Packet 500 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Disulfiram Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Efavirenz-Emtricitab-Tenofovir Tablet 600-200-300 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 400-300-300 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 600-300-300 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 200-300 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 100 MG/ML Subcutaneous	1 + QL 30	1 + QL 60	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 120 MG/0.8ML Subcutaneous	1 + QL 24	1 + QL 50	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 150 MG/ML Subcutaneous	1 + QL 30	1 + QL 60	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 30 MG/0.3ML Subcutaneous	1 + QL 9	1 + QL 18	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 40 MG/0.4ML Subcutaneous	1 + QL 12	1 + QL 24	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 60 MG/0.6ML Subcutaneous	1 + QL 18	1 + QL 36	Formulary Enhancement	N/A
Enoxaparin Sodium Solution 80 MG/0.8ML Subcutaneous	1 + QL 24	1 + QL 50	Formulary Enhancement	N/A
Esbriet Tablet 267 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Farydak Capsule 15 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Fosfomycin Tromethamine Packet 3 GM Oral	NF	1 + QL 2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
FreAmine HBC SOLUTION 6.9 % Intravenous	1 + BD	NF	CMS Required Deletion	N/A
Kionex SUSPENSION 15 GM/60ML ORAL	1	NF	CMS Required Deletion	N/A
Lampit Tablet 120 MG Oral	NF	1	Formulary Enhancement	N/A
Lampit Tablet 30 MG Oral	NF	1	Formulary Enhancement	N/A
Lapatinib Ditosylate Tablet 250 MG Oral	NF	1 + QL 150	Formulary Enhancement	N/A
metyroSINE Capsule 250 MG Oral	NF	1	Formulary Enhancement	N/A
Ondansetron HCl Solution 4 MG/5ML Oral	1 + QL 450 + BD	1 + BD	Formulary Enhancement	N/A
Ondansetron HCl Tablet 24 MG Oral	1 + QL 30 + BD	1 + BD	Formulary Enhancement	N/A
Ondansetron HCl Tablet 4 MG Oral	1 + QL 60 + BD	1 + BD	Formulary Enhancement	N/A
Ondansetron HCl Tablet 8 MG Oral	1 + QL 60 + BD	1 + BD	Formulary Enhancement	N/A
Ondansetron Tablet Dispersible 4 MG Oral	1 + QL 60 + BD	1 + BD	Formulary Enhancement	N/A
Ondansetron Tablet Dispersible 8 MG Oral	1 + QL 60 + BD	1 + BD	Formulary Enhancement	N/A
Peganone TABLET 250 MG Oral	1	NF	CMS Required Deletion	N/A
Pegasys ProClick SOLUTION 180 MCG/0.5ML Subcutaneous	1 + PA1	NF	CMS Required Deletion	N/A
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 0.375 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A

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Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 0.75 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 1.5 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 2.25 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 3 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 3.75 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 4.5 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Roweepra TABLET 1000 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra TABLET 750 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 500 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 750 MG Oral	1	NF	CMS Required Deletion	N/A
Sapropterin Dihydrochloride Packet 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

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Sapropterin Dihydrochloride Packet 500 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Tablet Soluble 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL	1	NF	CMS Required Deletion	N/A
Tolvaptan Tablet 15 MG Oral	NF	1 + QL 60 + PA1	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/INH Inhalation	NF	1 + QL 60	Formulary Enhancement	N/A
EFFECTIVE 03/01/2021				
Atripla Tablet 600-200-300 MG Oral	1 + QL 30	NF	Formulary Update	efavirenz- emtricitab- tenofovir tablet 600-200-300 mg oral, 1 + QL 30
Crixivan Capsule 400 MG Oral	1 + QL 270	NF	CMS Required Deletion	N/A
Demser Capsule 250 MG Oral	1	NF	Formulary Update	metyrosine capsule 250 mg oral, 1
dilTIAZem HCl ER Coated Beads Tablet Extended Release 24 Hour 180 MG Oral	NF	1	Formulary Enhancement	N/A
dilTIAZem HCl ER Coated Beads Tablet Extended Release 24 Hour 240 MG Oral	NF	1	Formulary Enhancement	N/A

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diltiazem HCl ER Coated Beads Tablet Extended Release 24 Hour 300 MG Oral	NF	1	Formulary Enhancement	N/A
diltiazem HCl ER Coated Beads Tablet Extended Release 24 Hour 360 MG Oral	NF	1	Formulary Enhancement	N/A
Dimethyl Fumarate Starter Pack 120 & 240 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Emtriva Capsule 200 MG Oral	1 + QL 30	NF	Formulary Update	emtricitabine capsule 200 mg oral, 1 + QL 30
Ferriprox Tablet 500 MG Oral	1	NF	Formulary Update	deferiprone tablet 500 mg oral, 1
Humira Pen Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Humira Prefilled Syringe Kit 10 MG/0.2ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Humira Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Iclevia Tablet 0.15-0.03 MG Oral	NF	1	Formulary Enhancement	N/A
Kuvan Packet 100 MG Oral	1 + PA1	NF	Formulary Update	sapropterin dihydrochloride packet 100 mg oral, 1 + PA1
Kuvan Packet 500 MG Oral	1 + PA1	NF	Formulary Update	kuvan packet 500 mg oral, 1 + PA1

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Kuvan Tablet Soluble 100 MG Oral	1 + PA1	NF	Formulary Update	sapropterin dihydrochloride tablet soluble 100 mg oral, 1 + PA1
Monurol Packet 3 GM Oral	1 + QL 2	NF	Formulary Update	fosfomycin tromethamine packet 3 gm oral, 1 + QL 2
Onureg Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Onureg Tablet 300 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 10 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 15 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 20 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 30 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 40 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 60 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 80 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Pazeo SOLUTION 0.7 % OPTHALMIC	1	NF	CMS Required Deletion	N/A
Retacrit Solution 10000 UNIT/ML Injection	NF	1 + 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
Retacrit Solution 20000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Rufinamide Suspension 40 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Samsca Tablet 15 MG Oral	1 + QL 60 + PA1	NF	Formulary Update	tolvaptan tablet 15 mg oral, 1 + QL 60
Sutab Tablet 1479-225-188 MG Oral	NF	1	Formulary Enhancement	N/A
Symfi Lo Tablet 400-300-300 MG Oral	1 + QL 30	NF	Formulary Update	efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral, 1 + QL 30
Symfi Tablet 600-300-300 MG Oral	1 + QL 30	NF	Formulary Update	efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral, 1 + QL 30
Tecfidera Capsule Delayed Release 120 MG Oral	1 + PA1	NF	Formulary Update	dimethyl fumarate capsule delayed release 120 mg oral, 1 + PA1
Tecfidera Capsule Delayed Release 240 MG Oral	1 + PA1	NF	Formulary Update	dimethyl fumarate capsule delayed release 240 mg oral, 1 + PA1

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Truvada Tablet 200-300 MG Oral	1 + QL 30	NF	Formulary Update	emtricitabine-tenofovir df tablet 200-300 mg oral, 1 + QL 30
Tykerb Tablet 250 MG Oral	1 + QL 150	NF	Formulary Update	lapatinib ditosylate tablet 250 mg oral, 1 + QL 150
Xywav Solution 500 MG/ML Oral	NF	1 + QL 540 + PA1	Formulary Enhancement	N/A

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