

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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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
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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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
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
EFFECTIVE 04/01/2021				
Abiraterone Acetate Tablet 500 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 10 MG Sublingual	NF	1 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual	NF	1 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 5 MG Sublingual	NF	1 + QL 60	Formulary Enhancement	N/A
Banzel Suspension 40 MG/ML Oral	1	NF	Formulary Update	rufinamide suspension 40 mg/ml oral, 1
Cortisone Acetate Tablet 25 MG Oral	1	NF	CMS Required Deletion	N/A
Cystadrops Solution 0.37 % Ophthalmic	NF	1 + PA1	Formulary Enhancement	N/A
Didanosine Capsule Delayed Release 250 MG Oral	1 + QL 30	NF	CMS Required Deletion	N/A
Didanosine Capsule Delayed Release 400 MG Oral	1 + QL 30	NF	CMS Required Deletion	N/A

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Fluocinonide Cream 0.05 % External	NF	1	Formulary Enhancement	N/A
Hemady Tablet 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 10 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 30 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Lyleq Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A
Nitazoxanide Tablet 500 MG Oral	NF	1 + QL 6	Formulary Enhancement	N/A
Normosol-M in D5W Solution Intravenous	1 + BD	NF	CMS Required Deletion	N/A
Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Orgovyx Tablet 120 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Solifenacin Succinate Tablet 10 MG Oral	NF	1	Formulary Enhancement	N/A
Solifenacin Succinate Tablet 5 MG Oral	NF	1	Formulary Enhancement	N/A
Stavudine Capsule 15 MG Oral	1 + QL 120	NF	CMS Required Deletion	N/A
Stavudine Capsule 20 MG Oral	1 + QL 120	NF	CMS Required Deletion	N/A
Stavudine Capsule 30 MG Oral	1 + QL 60	NF	CMS Required Deletion	N/A
Stavudine Capsule 40 MG Oral	1 + QL 60	NF	CMS Required Deletion	N/A
Tecfidera 120 & 240 MG Oral	1 + PA1	NF	Formulary Update	dimethyl fumarate starter pack 120 & 240 mg oral, 1 + PA1
Tilia Fe Tablet 1-20/1-30/1-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Xalkori CAPSULE 200 MG ORAL	1 + QL 60 + PA2	1 + QL 120 + PA2	Formulary Enhancement	N/A

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Xalkori CAPSULE 250 MG ORAL	1 + QL 60 + PA2	1 + QL 120 + PA2	Formulary Enhancement	N/A
EFFECTIVE 05/01/2021				
Alinia Tablet 500 MG Oral	1 + QL 6	NF	Formulary Update	nitazoxanide tablet 500 mg oral, 1 + QL 6
Anadrol-50 TABLET 50 MG Oral	1	NF	CMS Required Deletion	N/A
Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation	NF	1 + QL 12	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 100-150 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 133-200 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 167-250 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Lidocaine HCl Urethral/Mucosal Gel 2 % External	1 + QL 30	NF	CMS Required Deletion	N/A
Lubiprostone Capsule 24 MCG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Lubiprostone Capsule 8 MCG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Lupkynis Capsule 7.9 MG Oral	NF	1 + QL 180 + PA1	Formulary Enhancement	N/A
Mayzent Starter Pack Tablet Therapy Pack 0.25 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Nymyo Tablet 0.25-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Ozempic (1 MG/DOSE) Solution Pen-Injector 4 MG/3ML Subcutaneous	NF	1	Formulary Enhancement	N/A

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Periogard Solution 0.12 % Mouth/Throat	NF	1	Formulary Enhancement	N/A
Saphris Tablet Sublingual 10 MG Sublingual	1 + QL 60	NF	Formulary Update	asenapine maleate tablet sublingual 10 mg sublingual, 1 + QL 60
Saphris Tablet Sublingual 2.5 MG Sublingual	1 + QL 60	NF	Formulary Update	asenapine maleate tablet sublingual 2.5 mg sublingual, 1 + QL 60
Saphris Tablet Sublingual 5 MG Sublingual	1 + QL 60	NF	Formulary Update	asenapine maleate tablet sublingual 5 mg sublingual, 1 + QL 60
Somatuline Depot Solution 120 MG/0.5ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Somatuline Depot Solution 60 MG/0.2ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Somatuline Depot Solution 90 MG/0.3ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Symjepi Solution Prefilled Syringe 0.15 MG/0.3ML Injection	1	NF	CMS Required Deletion	N/A
Symjepi Solution Prefilled Syringe 0.3 MG/0.3ML Injection	1	NF	CMS Required Deletion	N/A
Temixys Tablet 300-300 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Tepmetko Tablet 225 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A

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2021 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tri-Nymyo Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
Verquvo Tablet 10 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Verquvo Tablet 2.5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Verquvo Tablet 5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Xeljanz Solution 1 MG/ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Xtandi Tablet 40 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Xtandi Tablet 80 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Zytiga Tablet 500 MG Oral	1 + QL 120 + PA2	NF	Formulary Update	abiraterone acetate tablet 500 mg oral, 1 + QL 120 + PA2
EFFECTIVE 06/01/2021				
Accutane Capsule 20 MG Oral	NF	1	Formulary Enhancement	N/A
Accutane Capsule 30 MG Oral	NF	1	Formulary Enhancement	N/A
Accutane Capsule 40 MG Oral	NF	1	Formulary Enhancement	N/A
Amitiza Capsule 24 MCG Oral	1 + QL 60	NF	Formulary Update	lubiprostone 0.024 mg oral capsule, 1 + QL 60
Amitiza Capsule 8 MCG Oral	1 + QL 60	NF	Formulary Update	lubiprostone 0.008 mg oral capsule, 1 + QL 60
Crixivan CAPSULE 200 MG ORAL	1 + QL 450	NF	CMS Required Deletion	N/A
Cyclophosphamide Tablet 25 MG Oral	NF	1 + BD	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Cyclophosphamide Tablet 50 MG Oral	NF	1 + BD	Formulary Enhancement	N/A
Droxidopa Capsule 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Droxidopa Capsule 200 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Droxidopa Capsule 300 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Gianvi Tablet 3-0.02 MG Oral	1	NF	CMS Required Deletion	N/A
NephrAmine SOLUTION 5.4 % Intravenous	1 + BD	NF	CMS Required Deletion	N/A
SUMatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous	1 + QL 8	NF	CMS Required Deletion	N/A
Truvada Tablet 100-150 MG Oral	1 + QL 30	NF	Formulary Update	emtricitabine 100 mg / tenofovir disoproxil fumarate 150 mg oral tablet, 1 + QL 30
Truvada Tablet 133-200 MG Oral	1 + QL 30	NF	Formulary Update	emtricitabine 133 mg / tenofovir disoproxil fumarate 200 mg oral tablet, 1 + QL 30
Truvada Tablet 167-250 MG Oral	1 + QL 30	NF	Formulary Update	emtricitabine 167 mg / tenofovir disoproxil fumarate 250 mg oral tablet, 1 + QL 30

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2021 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ukoniq Tablet 200 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
EFFECTIVE 07/01/2021				
Fotivda Capsule 0.89 MG Oral	NF	1 + QL 21/28 + PA2	Formulary Enhancement	N/A
Fotivda Capsule 1.34 MG Oral	NF	1 + QL 21/28 + PA2	Formulary Enhancement	N/A
Humira Pen-Pediatric UC Start Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Northera Capsule 100 MG Oral	1 + PA1	NF	Formulary Update	droxidopa capsule 100 mg oral, 1 + PA1
Northera Capsule 200 MG Oral	1 + PA1	NF	Formulary Update	droxidopa capsule 200 mg oral, 1 + PA1
Northera Capsule 300 MG Oral	1 + PA1	NF	Formulary Update	droxidopa capsule 300 mg oral, 1 + PA1
Vectura Tablet 3-0.02 MG Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 08/01/2021				
Albuterol Sulfate ER Tablet Extended Release 12 Hour 4 MG Oral	1	NF	CMS Required Deletion	N/A
Albuterol Sulfate ER Tablet Extended Release 12 Hour 8 MG Oral	1	NF	CMS Required Deletion	N/A
Captopril-Hydrochlorothiazide TABLET 25-15 MG ORAL	1	NF	CMS Required Deletion	N/A

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2021 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Captopril-hydroCHLOROthiazide Tablet 25-25 MG Oral	1	NF	CMS Required Deletion	N/A
Captopril-Hydrochlorothiazide TABLET 50-15 MG ORAL	1	NF	CMS Required Deletion	N/A
Captopril-hydroCHLOROthiazide Tablet 50-25 MG Oral	1	NF	CMS Required Deletion	N/A
Melodetta 24 Fe Tablet Chewable 1-20 MG-MCG(24) Oral	1	NF	CMS Required Deletion	N/A
Phospholine Iodide SOLUTION RECONSTITUTED 0.125 % OPHTHALMIC	1	NF	CMS Required Deletion	N/A
Prednicarbate Cream 0.1 % External	1	NF	CMS Required Deletion	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral	NF	1	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 60 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
EFFECTIVE 09/01/2021				
Aptivus SOLUTION 100 MG/ML ORAL	1 + QL 300	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Guanidine HCl Tablet 125 MG Oral	1	NF	CMS Required Deletion	N/A
Maprotiline HCl TABLET 25 MG ORAL	1	NF	CMS Required Deletion	N/A
Maprotiline HCl TABLET 50 MG ORAL	1	NF	CMS Required Deletion	N/A
Maprotiline HCl TABLET 75 MG ORAL	1	NF	CMS Required Deletion	N/A
Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
oxyCODONE-Aspirin Tablet 4.8355-325 MG Oral	1 + QL 360	NF	CMS Required Deletion	N/A
Propranolol-HCTZ TABLET 40-25 MG ORAL	1	NF	CMS Required Deletion	N/A
Propranolol-HCTZ TABLET 80-25 MG ORAL	1	NF	CMS Required Deletion	N/A
Rufinamide Tablet 200 MG Oral	NF	1	Formulary Enhancement	N/A
Rufinamide Tablet 400 MG Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 10/01/2021				
Alinia Suspension Reconstituted 100 MG/5ML Oral	1 + QL 150	NF	CMS Required Deletion	N/A
Ayvakit Tablet 25 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 50 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Banzel Tablet 200 MG Oral	1	NF	Formulary Update	rufinamide tablet 200 mg oral, 1
Banzel Tablet 400 MG Oral	1	NF	Formulary Update	rufinamide tablet 400 mg oral, 1
Cefuroxime Sodium Solution Reconstituted 7.5 GM Injection	1	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Clovique Capsule 250 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Etravirine Tablet 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Etravirine Tablet 200 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Hepatitis Solution 8 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Kinrix SUSPENSION Intramuscular Injection 0.5 ML	1	NF	CMS Required Deletion	N/A
Kloxxado Liquid 8 MG/0.1ML Nasal	NF	1 + QL 2	Formulary Enhancement	N/A
Lithium Solution 8 MEQ/5ML Oral	1	NF	CMS Required Deletion	N/A
Lopinavir-Ritonavir Tablet 100-25 MG Oral	NF	1 + QL 300	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 200-50 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Lumakras Tablet 120 MG Oral	NF	1 + QL 240 + PA2	Formulary Enhancement	N/A
Picato Gel 0.015 % External	1	NF	CMS Required Deletion	N/A
Picato Gel 0.05 % External	1	NF	CMS Required Deletion	N/A
Proctosol HC Cream 2.5 % External	1	NF	CMS Required Deletion	N/A
Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral	NF	1	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
TriLyte Solution Reconstituted 420 GM Oral	1	NF	CMS Required Deletion	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	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	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
EFFECTIVE 11/01/2021				
chlorproMAZINE HCl Concentrate 100 MG/ML Oral	NF	1	Formulary Enhancement	N/A
chlorproMAZINE HCl Concentrate 30 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 200 MG/1.14ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Potassium Chloride Crys ER Tablet Extended Release 15 MEQ Oral	NF	1	Formulary Enhancement	N/A
Rezurock Tablet 200 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
SUNItinib Malate Capsule 12.5 MG Oral	NF	1 + QL 28/28 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 25 MG Oral	NF	1 + QL 28/28 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 37.5 MG Oral	NF	1 + QL 28/28 + PA2	Formulary Enhancement	N/A
SUNItinib Malate Capsule 50 MG Oral	NF	1 + QL 28/28 + 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
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	1	NF	CMS Required Deletion	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral	NF	1	Formulary Enhancement	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 2 x 20 MG Oral	1	NF	CMS Required Deletion	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral	1	NF	CMS Required Deletion	N/A

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