

***My Choice Wisconsin***  
**2022**  
***Formulary Addendum***

BD - Part B vs. Part D, 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

<b>2022 FORMULARY CHANGES</b>				
<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>
<b>EFFECTIVE 01/01/2022</b>				
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
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
Clovique Capsule 250 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Dupixent Solution Pen-Injector 200 MG/1.14ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	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
Intelence Tablet 100 MG Oral	1 + QL 120	NF	Formulary Update	etravirine tablet 100 mg oral, 1 + QL 120
Intelence Tablet 200 MG Oral	1 + QL 60	NF	Formulary Update	etravirine tablet 200 mg oral, 1 + QL 60
Kaletra Tablet 100-25 MG Oral	1 + QL 300	NF	Formulary Update	lopinavir-ritonavir tablet 100-25 mg oral, 1 + QL 300
Kaletra Tablet 200-50 MG Oral	1 + QL 120	NF	Formulary Update	lopinavir-ritonavir tablet 200-50 mg oral, 1 + QL 120
Kloxxado Liquid 8 MG/0.1ML Nasal	NF	1 + QL 2	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 100-25 MG Oral	NF	1 + QL 300	Formulary Enhancement	N/A

Formulary ID: 22373 Version 7  
 Last Updated: 11/29/2021  
 Effective date: 01/01/2022

***My Choice Wisconsin***  
**2022**  
***Formulary Addendum***

BD - Part B vs. Part D, 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

<b>2022 FORMULARY CHANGES</b>				
<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>
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 + LA	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 + LA	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
Sutent Capsule 12.5 MG Oral	1 + QL 28/28 + PA2	NF	Formulary Update	sunitinib malate capsule 12.5 mg oral, 1 + QL 28/28 + PA2
Sutent Capsule 25 MG Oral	1 + QL 28/28 + PA2	NF	Formulary Update	sunitinib malate capsule 25 mg oral, 1 + QL 28/28 + PA2
Sutent Capsule 37.5 MG Oral	1 + QL 28/28 + PA2	NF	Formulary Update	sunitinib malate capsule 37.5 mg oral, 1 + QL 28/28 + PA2
Sutent Capsule 50 MG Oral	1 + QL 28/28 + PA2	NF	Formulary Update	sunitinib malate capsule 50 mg oral, 1 + QL 28 + PA2

Formulary ID: 22373 Version 7  
 Last Updated: 11/29/2021  
 Effective date: 01/01/2022

***My Choice Wisconsin***  
**2022**  
***Formulary Addendum***

BD - Part B vs. Part D, 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

<b>2022 FORMULARY CHANGES</b>				
<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>
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
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
<b>EFFECTIVE 01/01/2022 - ADDITIONS</b>				
Dextroamphetamine Sulfate Tablet 15 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 20 MG Oral	NF	1 + QL 90	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 30 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Difluprednate Emulsion 0.05 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 10 MG Oral	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 2.5 MG Oral	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 20 MG Oral	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 5 MG Oral	NF	1	Formulary Enhancement	N/A
Panretin Gel 0.1 % External	NF	1 + PA2	Formulary Enhancement	N/A

Formulary ID: 22373 Version 7  
 Last Updated: 11/29/2021  
 Effective date: 01/01/2022

***My Choice Wisconsin***  
**2022**  
***Formulary Addendum***

BD - Part B vs. Part D, 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

<b>2022 FORMULARY CHANGES</b>				
<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>
Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Varenicline Tartrate Tablet 0.5 MG Oral	NF	1 + QL 56/28 + PA1	Formulary Enhancement	N/A
Varenicline Tartrate Tablet 1 MG Oral	NF	1 + QL 56/28 + PA1	Formulary Enhancement	N/A
Welireg Tablet 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral	NF	1	Formulary Enhancement	N/A

Formulary ID: 22373 Version 7  
 Last Updated: 11/29/2021  
 Effective date: 01/01/2022