

My Choice Wisconsin
2023
Formulary Addendum

BD - Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,
 QL – Quantity Limit per 30 days, ST - Step Therapy

2023 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2023				
Caziant TABLET 0.1/0.125/0.15 - 0.025 MG Oral	1	NF	CMS Required Deletion	N/A
Digox Tablet 125 MCG Oral	1 + QL 30	NF	CMS Required Deletion	N/A
Digox Tablet 250 MCG Oral	1 + QL 30	NF	CMS Required Deletion	N/A
Engerix-B Suspension 20 MCG/ML Injection	NF	1 + BD	Formulary Enhancement	N/A
Icatibant Acetate Solution 30 MG/3ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Lindane Shampoo 1 % External	1	NF	CMS Required Deletion	N/A
Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral	NF	1	Formulary Enhancement	N/A
Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Pentacel SUSPENSION RECONSTITUTED Intramuscular	NF	1	Formulary Enhancement	N/A
Priorix Suspension Reconstituted Subcutaneous	NF	1	Formulary Enhancement	N/A
Procalamine Solution 3 % Intravenous	1 + BD	NF	CMS Required Deletion	N/A
Quadracel Suspension Prefilled Syringe 0.5 ML Intramuscular	NF	1	Formulary Enhancement	N/A
Recombivax HB SUSPENSION 5 MCG/0.5ML INJECTION	NF	1 + BD	Formulary Enhancement	N/A
Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Tenivac INJECTABLE 5-2 LFU Intramuscular	NF	1 + BD	Formulary Enhancement	N/A
Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular	NF	1	Formulary Enhancement	N/A

Formulary ID: 23514 Version 7
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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
YF-VAX INJECTABLE Subcutaneous	NF	1	Formulary Enhancement	N/A
EFFECTIVE 02/01/2023				
Adefovir Dipivoxil Tablet 10 MG Oral	1 + QL 30 + PA	1 + QL 30	Formulary Enhancement	N/A
Baraclude SOLUTION 0.05 MG/ML ORAL	1 + QL 600 + PA	1 + QL 600	Formulary Enhancement	N/A
Blephamide S.O.P. Ointment 10-0.2 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Calquence Tablet 100 MG Oral	NF	1 + QL 60 + PA	Formulary Enhancement	N/A
Caplyta Capsule 10.5 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Caplyta Capsule 21 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Daliresp Tablet 500 MCG Oral	1 + QL 30	NF	Formulary Update	roflumilast tablet 500 mcg oral, 1 + QL 30
Descovy Tablet 120-15 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Digitek TABLET 125 MCG ORAL	1 + QL 30	NF	CMS Required Deletion	N/A
Enbrel Solution Reconstituted 25 MG Subcutaneous	1 + PA	NF	CMS Required Deletion	N/A
Entecavir Tablet 0.5 MG Oral	1 + QL 30 + PA	1 + QL 30	Formulary Enhancement	N/A
Entecavir Tablet 1 MG Oral	1 + QL 30 + PA	1 + QL 30	Formulary Enhancement	N/A
Fingolimod HCl Capsule 0.5 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Furosemide SOLUTION 10 MG/ML INJECTION (4ML SYRINGE)	1	NF	CMS Required Deletion	N/A
Gilenya CAPSULE 0.5 MG ORAL	1 + PA	NF	Formulary Update	fingolimod hcl capsule 0.5 mg oral, 1 + PA
Hyftor Gel 0.2 % External	NF	1 + PA	Formulary Enhancement	N/A

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Icosapent Ethyl Capsule 0.5 GM Oral	NF	1	Formulary Enhancement	N/A
Imbruvica Suspension 70 MG/ML Oral	NF	1 + QL 240 + PA	Formulary Enhancement	N/A
Intron A Solution Reconstituted 18000000 UNIT Injection	1 + BD	NF	CMS Required Deletion	N/A
Jynneos Suspension 0.5 ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Larissia Tablet 0.1-20 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Lenalidomide Capsule 2.5 MG Oral	NF	1 + QL 28/28 + PA	Formulary Enhancement	N/A
Lenalidomide Capsule 20 MG Oral	NF	1 + QL 28/28 + PA	Formulary Enhancement	N/A
Noxafil Packet 300 MG Oral	NF	1 + QL 31 + PA	Formulary Enhancement	N/A
Orkambi Packet 75-94 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Pentacel Suspension Reconstituted Intramuscular (96-30-68-1-80-2-16-3-64-20 var units)	1	NF	CMS Required Deletion	N/A
Pirfenidone Tablet 534 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Revlimid Capsule 2.5 MG Oral	1 + QL 28/28 + PA	NF	Formulary Update	lenalidomide capsule 2.5 mg oral, 1 + QL 28/28 + PA
Revlimid Capsule 20 MG Oral	1 + QL 28/28 + PA	NF	Formulary Update	lenalidomide capsule 20 mg oral, 1 + QL 28/28 + PA
Roflumilast Tablet 500 MCG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	1 + PA	NF	CMS Required Deletion	N/A
Tazarotene Gel 0.05 % External	NF	1 + PA	Formulary Enhancement	N/A

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Tazarotene Gel 0.1 % External	NF	1 + PA	Formulary Enhancement	N/A
Tazorac Gel 0.05 % External	1 + PA	NF	Formulary Update	tazarotene gel 0.05 % external 1 + PA
Tazorac Gel 0.1 % External	1 + PA	NF	Formulary Update	tazarotene gel 0.1 % external, 1 + PA
Venlafaxine Besylate ER Tablet Extended Release 24 Hour 112.5 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Zonisade Suspension 100 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 03/01/2023				
Amcinonide Cream 0.1 % External	1	NF	CMS Required Deletion	N/A
Auvelity Tablet Extended Release 45-105 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Daliresp Tablet 250 MCG Oral	1 + QL 30	NF	Formulary Update	roflumilast tablet 250 mcg oral, 1 + QL 30
Gleostine CAPSULE 10 MG ORAL	NF	1 + PA	Formulary Enhancement	N/A
Gleostine CAPSULE 100 MG ORAL	NF	1 + PA	Formulary Enhancement	N/A
Gleostine CAPSULE 40 MG ORAL	NF	1 + PA	Formulary Enhancement	N/A
Intron A Solution Reconstituted 10000000 UNIT Injection	1 + BD	NF	CMS Required Deletion	N/A
Intron A Solution Reconstituted 50000000 UNIT Injection	1 + BD	NF	CMS Required Deletion	N/A
Menest Tablet 2.5 MG Oral	NF	1	Formulary Enhancement	N/A
Paser PACKET 4 GM ORAL	1	NF	CMS Required Deletion	N/A
Roflumilast Tablet 250 MCG Oral	NF	1 + QL 30	Formulary Enhancement	N/A

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Skyrizi Solution Cartridge 180 MG/1.2ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A