

Care Wisconsin
2019
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

2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2019				
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 15 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 25 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Amphetamine-Dextroamphet ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	NF	1 + QL 31/31	Formulary Enhancement	N/A
Anoro Ellipta Aerosol Powder Breath Activated 62.5-25 MCG/INH Inhalation	NF	1 + QL 62/28	Formulary Enhancement	N/A
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	1	1 + PA1	Formulary Update	N/A
BromSite SOLUTION 0.075 % OPHTHALMIC	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
Cimduo Tablet 300-300 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Dalfampridin Tablet Extended Release 12 Hour 10 MG Oral	NF	1 + QL 62/31 + PA1	Formulary Enhancement	N/A
Desoximetasone Ointment 0.05 % External	NF	1	Formulary Enhancement	N/A
Estropipate Tablet 1.5 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Humira Pen-CD/UC/HS Starter Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Humira Pen-Ps/UV Starter Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Incassia Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A
Ketoprofen Capsule 75 MG Oral	1	NF	CMS Required Deletion	N/A
Norethindrone-Eth Estradiol TABLET 1-5 MG-MCG ORAL	NF	1 + PA1	Formulary Enhancement	N/A
NUPLAZID CAP 34MG	NF	1 + PA2	Formulary Enhancement	N/A
NUPLAZID TAB 10MG	NF	1 + PA2	Formulary Enhancement	N/A
Potassium Chloride Solution 2 MEQ/ML Intravenous	NF	1	Formulary Enhancement	N/A
Sotalol HCl (AF) TABLET 160 MG Oral	NF	1	Formulary Enhancement	N/A
Sotalol HCl (AF) TABLET 80 MG Oral	NF	1	Formulary Enhancement	N/A
Sotalol HCl TABLET 120 MG Oral	NF	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	NF	1 + QL 62/31	Formulary Enhancement	N/A

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Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	NF	1 + QL 62/31	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	NF	1 + QL 62/28 + ST1	Formulary Enhancement	N/A
Vestura Tablet 3-0.02 MG Oral	1	NF	CMS Required Deletion	N/A
Xeljanz Tablet 10 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Zenpep Capsule Delayed Release Particles 25000 UNIT Oral	1	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 5000 UNIT Oral	1	NF	CMS Required Deletion	N/A
EFFECTIVE 02/01/2019				
Abiraterone Acetate Tablet 250 MG Oral	NF	1 + QL 124/31	Formulary Enhancement	N/A
Afeditab CR Tablet Extended Release 24 Hour 60 MG Oral	1 + QL 62/31	NF	CMS Required Deletion	N/A
Ampyra Tablet Extended Release 12 Hour 10 MG Oral	1 + QL 62/31 + PA1	NF	Formulary Update	dalfampridine 10 mg, 1 + QL 62/31 + PA1
AndroGel GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL	1 + PA1	NF	Formulary Update	testosterone 0.0162 mg/mg, 1 + PA1
AndroGel GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL	1 + PA1	NF	Formulary Update	testosterone 0.0162 mg/mg, 1 + PA1
AndroGel Pump GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	1 + PA1	NF	Formulary Update	testosterone 20.25 mg/actuat, 1 + PA1

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Arikayce Suspension 590 MG/8.4ML Inhalation	NF	1 + PA1	Formulary Enhancement	N/A
Braftovi Capsule 50 MG Oral	NF	1 + QL 279/31 + PA2 + LA	Formulary Enhancement	N/A
Braftovi Capsule 75 MG Oral	NF	1 + QL 186/31 + PA2 +LA	Formulary Enhancement	N/A
Cefotaxime Sodium Solution Reconstituted 2 GM Injection	1	NF	CMS Required Deletion	N/A
Clinimix/Dextrose (2.75/5) SOLUTION 2.75 % Intravenous	1 + BD	NF	CMS Required Deletion	N/A
Clinimix/Dextrose (4.25/20) SOLUTION 4.25 % Intravenous	1 + BD	NF	CMS Required Deletion	N/A
CloBAZam Suspension 2.5 MG/ML Oral	NF	1 + QL 496/31	Formulary Enhancement	N/A
CloBAZam Tablet 10 MG Oral	NF	1 + QL 62/31	Formulary Enhancement	N/A
CloBAZam Tablet 20 MG Oral	NF	1 + QL 62/31	Formulary Enhancement	N/A
Copiktra Capsule 15 MG Oral	NF	1 + QL 62/31 + PA2	Formulary Enhancement	N/A
Copiktra Capsule 25 MG Oral	NF	1 + QL 62/31 + PA2	Formulary Enhancement	N/A
Cyred EQ Tablet 0.15-30 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
DAPTOMycin Solution Reconstituted 350 MG Intravenous	NF	1 + BD	Formulary Enhancement	N/A
Delstrigo Tablet 100-300-300 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Epidiolex Solution 100 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
Ertapenem Sodium Solution Reconstituted 1 GM Injection	NF	1	Formulary Enhancement	N/A
Galafold Capsule 123 MG Oral	NF	1 + QL 15 + PA1 + LA	Formulary Enhancement	N/A
Hexalen CAPSULE 50 MG ORAL	1	NF	CMS Required Deletion	N/A
INVanz Solution Reconstituted 1 GM Injection	1	NF	Formulary Update	ertapenem 1000 mg, 1
Kimidess Tablet 0.15-0.02/0.01 MG (21/5) Oral	1	NF	CMS Required Deletion	N/A
Lenvima 12 MG Daily Dose Capsule Therapy Pack 4 (3) MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lenvima 4 MG Daily Dose Capsule Therapy Pack 4 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 100 MG Oral	NF	1 + QL 31/31 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 25 MG Oral	NF	1 + QL 124/31 + PA2	Formulary Enhancement	N/A
Mektovi Tablet 15 MG Oral	NF	1 + QL 186/31 + PA2 +LA	Formulary Enhancement	N/A
Molindone HCl Tablet 10 MG Oral	NF	1	Formulary Enhancement	N/A
Molindone HCl Tablet 25 MG Oral	NF	1	Formulary Enhancement	N/A
Molindone HCl Tablet 5 MG Oral	NF	1	Formulary Enhancement	N/A
Nafcillin Sodium Solution Reconstituted 2 GM Injection	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
Necon 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Norvir CAPSULE 100 MG ORAL	1 + QL 372/31	NF	CMS Required Deletion	N/A
Onfi SUSPENSION 2.5 MG/ML ORAL	1 + QL 496/31	NF	Formulary Update	clobazam 2.5 mg/ml, 1 + QL 496/31
Onfi TABLET 10 MG Oral	1 + QL 62/31	NF	Formulary Update	clobazam 10 mg, 1 + QL 62/31
Onfi TABLET 20 MG Oral	1 + QL 62/31	NF	Formulary Update	clobazam 20 mg, 1 + QL 62/31
Orkambi Packet 100-125 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Orkambi Packet 150-188 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Pifeltro Tablet 100 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Sodium Chloride Solution 2.5 MEQ/ML Injection	1	NF	CMS Required Deletion	N/A
Symtuza Tablet 800-150-200-10 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Takhzyro Solution 300 MG/2ML Subcutaneous	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Talzenna Capsule 0.25 MG Oral	NF	1 + QL 124/31 + PA2	Formulary Enhancement	N/A
Talzenna Capsule 1 MG Oral	NF	1 + QL 31/31 + PA2	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	NF	1 + PA1	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	NF	1 + PA1	Formulary Enhancement	N/A

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Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	NF	1 + PA1	Formulary Enhancement	N/A
Tibsovo Tablet 250 MG Oral	NF	1 + QL 62/31 + PA2 + LA	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 250 MG Intravenous	NF	1 + BD	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 750 MG Intravenous	NF	1 + BD	Formulary Enhancement	N/A
Versacloz Suspension 50 MG/ML Oral	1 + QL 558/31 + ST2	NF	CMS Required Deletion	N/A
Vizimpro Tablet 15 MG Oral	NF	1 + QL 31/31 + PA2	Formulary Enhancement	N/A
Vizimpro Tablet 30 MG Oral	NF	1 + QL 31/31 + PA2	Formulary Enhancement	N/A
Vizimpro Tablet 45 MG Oral	NF	1 + QL 31/31 + PA2	Formulary Enhancement	N/A
Xarelto Tablet 2.5 MG Oral	NF	1	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 20 (2) MG Oral	NF	1	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 40 (2) MG Oral	NF	1	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 150 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Zortress Tablet 1 MG Oral	NF	1 + QL 62/31 + 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
Zytiga TABLET 250 MG ORAL	1 + QL 124/31	NF	Formulary Update	abiraterone acetate 250 mg, 1 + QL 124/31
EFFECTIVE 03/01/2019				
Afeditab CR Tablet Extended Release 24 Hour 30 MG Oral	1 + QL 62/31	NF	CMS Required Deletion	N/A
Avonex KIT 30 MCG Intramuscular	1 + PA1 + QL 4/28	1 + PA1	Formulary Enhancement	N/A
Avonex Pen Auto-injector Kit 30 MCG/0.5ML Intramuscular	1 + PA1 + QL 4/28	1 + PA1	Formulary Enhancement	N/A
Avonex Prefilled Prefilled Syringe Kit 30 MCG/0.5ML Intramuscular	1 + PA1 + QL 4/28	1 + PA1	Formulary Enhancement	N/A
Clinimix E/Dextrose (5/25) Solution 5 % Intravenous	1 + BD	NF	CMS Required Deletion	N/A
Daurismo Tablet 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Daurismo Tablet 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Firvanq Solution Reconstituted 25 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Firvanq Solution Reconstituted 50 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Invirase CAPSULE 200 MG Oral	1 + QL 310/31	NF	CMS Required Deletion	N/A
Lokelma Packet 10 GM Oral	NF	1	Formulary Enhancement	N/A
Lokelma Packet 5 GM Oral	NF	1	Formulary Enhancement	N/A
Lynparza Capsule 50 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Metipranolol Solution 0.3 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Oxervate Solution 0.002 % Ophthalmic	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
Picato GEL 0.015 % EXTERNAL	1 + QL 3/28	1	Formulary Enhancement	N/A
Picato GEL 0.05 % EXTERNAL	1 + QL 2/28	1	Formulary Enhancement	N/A
Plegridy Solution Pen-injector 125 MCG/0.5ML Subcutaneous	1 + PA1 + QL 1/28	1 + PA1	Formulary Enhancement	N/A
Plegridy Solution Prefilled Syringe 125 MCG/0.5ML Subcutaneous	1 + PA1 + QL 1/28	1 + PA1	Formulary Enhancement	N/A
Plegridy Starter Pack Solution Pen-injector 63 & 94 MCG/0.5ML Subcutaneous	1 + PA1 + QL 2/365	1 + PA1	Formulary Enhancement	N/A
Plegridy Starter Pack Solution Prefilled Syringe 63 & 94 MCG/0.5ML Subcutaneous	1 + PA1 + QL 2/365	1 + PA1	Formulary Enhancement	N/A
Polyethylene Glycol 3350 Powder Oral	1	NF	CMS Required Deletion	N/A
Retacrit Solution 10000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Retacrit Solution 2000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Retacrit Solution 3000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Retacrit Solution 4000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Retacrit Solution 40000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Silodosin Capsule 4 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Silodosin Capsule 8 MG Oral	NF	1 + QL 31/31	Formulary Enhancement	N/A
Sofosbuvir-Velpatasvir Tablet 400-100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

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SUMatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous	NF	1 + QL 6/28	Formulary Enhancement	N/A
Tecfidera 120 & 240 MG ORAL	1 + PA1 + QL 62/31	1 + PA1	Formulary Enhancement	N/A
Tecfidera CAPSULE DELAYED RELEASE 120 MG ORAL	1 + PA1 + QL 62/31	1 + PA1	Formulary Enhancement	N/A
Tecfidera CAPSULE DELAYED RELEASE 240 MG ORAL	1 + PA1 + QL 62/31	1 + PA1	Formulary Enhancement	N/A
Tegsedi Solution Prefilled Syringe 284 MG/1.5ML Subcutaneous	NF	1 + QL 6/28 + PA1 + LA	Formulary Enhancement	N/A
Tri-Estarylla Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
Vitrakvi Capsule 100 MG Oral	NF	1 + QL 62/31 + PA2	Formulary Enhancement	N/A
Vitrakvi Capsule 25 MG Oral	NF	1 + QL 186/31 + PA2	Formulary Enhancement	N/A
Vitrakvi Solution 20 MG/ML Oral	NF	1 + QL 310/31 + PA2	Formulary Enhancement	N/A
Xospata Tablet 40 MG Oral	NF	1 + QL 93/31 + PA2 + LA	Formulary Enhancement	N/A
Zenchant Tablet 0.4-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Zerit Solution Reconstituted 1 MG/ML Oral	1 + QL 2480/31	NF	CMS Required Deletion	N/A

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