

CY2022 Medicare Formulary Changes for 7.1.2022

Name of Affected Drug	Description of Change	Reason for Change	Effective Date
CYCLOSPORINE 0.05% EYE EMULS	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 5.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7.1.2022
FENOFIBRATE 30 MG CAPSULE	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 5.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7.1.2022
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 5.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7.1.2022
PREHEVBRIO 10 MCG/ML VIAL	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 5.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7.1.2022
RINVOQ ER 45 MG TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 5.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7.1.2022
TRIUMEQ PD 60-5-30 MG TAB SUSP	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 5.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7.1.2022
VARENICLINE STARTING MONTH BOX	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 5.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	7.1.2022
PREVIFEM TABLET	DELETION OF DRUG FROM FORMULARY	DRUG REMOVED FROM CY 2022 FORMULARY REFERENCE FILE ON 5.25.2022	7.1.2022
OZEMPIC 1 MG/DOSE (2 MG/1.5ML)	DELETION OF DRUG FROM FORMULARY	DRUG REMOVED FROM CY 2022 FORMULARY REFERENCE FILE ON 5.25.2022	7.1.2022
LITHIUM 8 MEQ/5 ML SOLUTION	DELETION OF DRUG FROM FORMULARY	DRUG REMOVED FROM CY 2022 FORMULARY REFERENCE FILE ON 5.25.2022	7.1.2022

CY2022 Medicare Formulary Changes for 6.1.2022

Name of Affected Drug	Description of Change	Reason for Change	Effective Date
GVOKE 1 MG/0.2 ML KIT	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
ZEGALOGUE 0.6 MG/0.6 ML SYRING	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
ZEGALOGUE 0.6 MG/0.6ML AUTOINJ	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
LACOSAMIDE 100 MG TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
LACOSAMIDE 150 MG TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
LACOSAMIDE 200 MG TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
LACOSAMIDE 50 MG TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022

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LENALIDOMIDE 10 MG CAPSULE	ADDITION OF DRUG TO FORMULARY ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022 6.1.2022
LENALIDOMIDE 15 MG CAPSULE	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
LENALIDOMIDE 25 MG CAPSULE	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
LENALIDOMIDE 5 MG CAPSULE	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
APOMORPHINE 30 MG/3 ML CARTRDG	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
BETAINE 1 GRAM/SCOOP POWDER	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
AZTREONAM 2 GM VIAL	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022

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QUADRACEL DTAP-IPV VIAL	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	6.1.2022
FARYDAK 10 MG CAPSULE	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022	6.1.2022
FARYDAK 15 MG CAPSULE	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022	6.1.2022
FARYDAK 20 MG CAPSULE	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022	6.1.2022
TEMIXYS 300-300 MG TABLET	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022	6.1.2022
KINRIX VIAL	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022	6.1.2022
INVIRASE 500 MG TABLET	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022	6.1.2022
GAVILYTE-N SOLUTION	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022	6.1.2022
FLUOROPLEX 1% CREAM	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 4.25.2022	6.1.2022

CY2022 Medicare Formulary Changes for 5.1.2022

Name of Affected Drug	Description of Change	Reason for Change	Effective Date
CARGLUMIC ACID 200 MG TAB SUSP	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
CITALOPRAM HBR 30 MG CAPSULE	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
DIGOXIN 62.5 MCG TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
GLYCOPYRROLATE 1 MG/5 ML SOLN	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
MARAVIROC 150 MG TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
MARAVIROC 300 MG TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
MAVYRET 50-20 MG PELLETT PACKET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
RINVOQ ER 30 MG TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
TALZENNA 0.5 MG CAPSULE	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022

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TALZENNA 0.75 MG CAPSULE	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
URSODIOL 200 MG CAPSULE	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
URSODIOL 400 MG CAPSULE	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
XARELTO 1 MG/ML SUSPENSION	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	5.1.2022
AMINOSYN-PF 7% IV SOLUTION	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022	5.1.2022
AMLOD-VALSA-HCTZ 10-160-12.5MG	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022	5.1.2022
AMLOD-VALSA-HCTZ 10-160-25 MG	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022	5.1.2022
AMLOD-VALSA-HCTZ 10-320-25 MG	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022	5.1.2022
AMLOD-VALSA-HCTZ 5-160-12.5 MG	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022	5.1.2022

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AMLOD-VALSA-HCTZ 5-160-25 MG	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022	5.1.2022
CEFUROXIME SOD 7.5 GM VIAL	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022	5.1.2022
MOXEZA 0.5% EYE DROPS	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022	5.1.2022
MYCAMINE 100 MG VIAL	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022	5.1.2022
MYCAMINE 50 MG VIAL	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 3.25.2022	5.1.2022

CY2022 Medicare Formulary Changes for 4.1.2022

Name of Affected Drug	Description of Change	Reason for Change	Effective Date
AC CUTANE 10 MG CAPSULE	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 2.22.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	4.1.2022
BIKTARVY 30-120-15 MG TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 2.22.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	4.1.2022
HEPATAMINE 8% IV SOLUTION	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 2.22.2022	4.1.2022
INTRON A 25 MILLION UNIT/2.5ML	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 2.22.2022	4.1.2022
TRI-PREVIFEM TABLET	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 2.22.2022	4.1.2022
INTRON A 18 MILLION UNIT/3 ML	DELETION OF DRUG FROM FORMULARY	DRUG DELETED FROM CY 2022 FORMULARY REFERENCE FILE ON 2.22.2022	4.1.2022

CY2022 Medicare Formulary Changes for 3.1.2022

Name of Affected Drug	Description of Change	Reason for Change	Effective Date
NALOXONE HYDROCHLORIDE 40 MG/ML NASAL SPRAY	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
EVEROLIMUS 1 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
HYDROXYCHLOROQUINE SULFATE 100 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
HYDROXYCHLOROQUINE SULFATE 300 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
MOBOCERTINIB 40 MG ORAL CAPSULE [EXKIVITY]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
SOFOSBUVIR 150 MG / VELPATASVIR 37.5 MG ORAL PELLETT [EPCUSA]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
SOFOSBUVIR 200 MG / VELPATASVIR 50 MG ORAL PELLETT [EPCUSA]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
ASCIMINIB 20 MG ORAL TABLET [SCMBLIX]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
ASCIMINIB 40 MG ORAL TABLET [SCMBLIX]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022

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TOPIRAMATE 25 MG/ML ORAL SOLUTION [EPRONTIA]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
1 ML ROPEGINTERFERON ALFA-2B-NJFT 0.5 MG/ML PREFILLED SYRINGE [BESREMI]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
EZETIMIBE 10 MG / ROSUVASTATIN 20 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
EZETIMIBE 10 MG / ROSUVASTATIN 5 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
EZETIMIBE 10 MG / ROSUVASTATIN 40 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
EZETIMIBE 10 MG / ROSUVASTATIN 10 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022
HYDROXYCHLOROQUINE SULFATE 400 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2022 FORMULARY REFERENCE FILE ON 1.25.2022; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	3.1.2022

CY2021 Medicare Formulary Chances for 2.1.2022

Name of Affected Drug	Description of Change	Reason for Change	Effective Date
NALOXONE HYDROCHLORIDE 40 MG/ML NASAL SPRAY	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
EVEROLIMUS 1 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
HYDROXYCHLOROQUINE SULFATE 100 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
HYDROXYCHLOROQUINE SULFATE 300 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
MOBOCERTINIB 40 MG ORAL CAPSULE [EXKIVITY]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
SOFOSBUVIR 150 MG / VELPATASVIR 37.5 MG ORAL PELLETT [EPCUSA]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
SOFOSBUVIR 200 MG / VELPATASVIR 50 MG ORAL PELLETT [EPCUSA]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
ASCIMINIB 20 MG ORAL TABLET [SCMBLIX]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
ASCIMINIB 40 MG ORAL TABLET [SCMBLIX]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022

CY2021 Medicare Formulary Chances for 2.1.2022

TOPIRAMATE 25 MG/ML ORAL SOLUTION [EPRONTIA]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
1 ML ROPEGINTERFERON ALFA-2B-NJFT 0.5 MG/ML PREFILLED SYRINGE [BESREMI]	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
EZETIMIBE 10 MG / ROSUVASTATIN 20 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
EZETIMIBE 10 MG / ROSUVASTATIN 5 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
EZETIMIBE 10 MG / ROSUVASTATIN 40 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
EZETIMIBE 10 MG / ROSUVASTATIN 10 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022
HYDROXYCHLOROQUINE SULFATE 400 MG ORAL TABLET	ADDITION OF DRUG TO FORMULARY	DRUG ADDED TO CY 2021 FORMULARY REFERENCE FILE ON 12.20.2021; ADDITION TO FORMULARY APPROVED BY CLINICAL STAFF	2.1.2022