

Formulary Change Notification

5/1/2021

<u>Drug Name</u>	<u>Effective Date</u>	<u>Type of Change</u>
Clonidine ER Tablet (Kapvay equiv)	5/1/2021	Not covered --> Tier 2
Midazolam Syrup 2mg/mL	4/1/2021	Not covered --> Tier 1
Diclofenac 1% gel (Voltaren equiv)	4/1/2021	Tier 2 (QL) --> Tier 1 (QL)
Diclofenac 3% gel (Solaraze equiv)	4/1/2021	Tier 3, PA (QL) --> Tier 2 (QL)
*Mitigare capsules	4/1/2021	Tier 2 --> Not covered
*Colchicine tablets	4/1/2021	Not covered --> Tier 2
Fluocinonide 0.1% cream	3/1/2021	Not covered --> Tier 1
Octreotide SC inj	3/1/2021	Specialty --> Tier 2

Please refer to the complete formulary listing for other formulary options or call GHC-SCW Pharmacy Administration Office at 608.828.4811.