ALLIANT PRECISION FORMULARY CHANGES

The chart in the following pages indicates the Alliant Precision Formulary updates. This document is updated regularly.

Definitions	Description
EFFECTIVE DATE	Date the change will take effect
TYPE OF CHANGE	Change that will be taking place. Please check list below for definitions
PREVIOUS VALUE	Formulary status prior to the effective date of change
NEW VALUE	Specifics of the change made
ADD TO FORMULARY	Drug is being added to formulary; this is the first time the drug is ever being coded
ADD UM: AGE	Age Limit Added
ADD UM: B4G	Brand for Generic Flag Added
ADD UM: BSP	Benefit Shift Program ADDED
ADD UM: COV	Either an FDAM or Non-Formulary flag was added to the medication
ADD UM: CUSTOM	Custom messaging added; This is usually referring to specifics surrounding HCR or other set ups that cannot easily be accounted for with a single flag
ADD UM: DRUGCLASS	Specific Drug Class flag added to medication
ADD UM: GENDER	Gender Limit ADDED
ADD UM: HCG	High-Cost Generic ADDED
ADD UM: MAXQTYPERDAY	Quantity Limit (Qty Limit Per Day) added
ADD UM: MED	Medical Drug Flag Added
ADD UM: MVB	Minimal Value Brand ADDED
ADD UM: MVG	Minimal Value Generic ADDED
ADD UM: NFDA	Non-FDA Approved flag ADDED
ADD UM: NTI	Narrow Therapeutic Index flag added to medication
ADD UM: PANAME	Prior Authorization ADDED
ADD UM: PR	Preventative Drug Flag ADDED
ADD UM: PS	Drug had Preferred Specialty Flag ADDED
ADD UM: QPBU	Add HCR Flag
ADD UM: QUANTITY	Quantity Limit ADDED
ADD UM: SBA	Select Brand Alternative flag ADDED
ADD UM: SDS	Extended Specialty Day Supply flag added
ADD UM: SPECIALTY	Specialty flag is being added to the medication
ADD UM: STEP	Step Therapy ADDED
CHANGE TIER	Tier Changed

Definitions	Description
CHANGE UM: AGE	Age Limit Added or Changed from Previous Age Limit
CHANGE UM: BSP	Benefit Shift Program CHANGED
CHANGE UM: COV	Coverage Flag was Added (either FDA Moratorium or Non Formulary)
CHANGE UM: DRUGCLASS	Specific Drug Class flag changed to a different drug class
CHANGE UM: LCG	Low Cost Generic Flag Added
CHANGE UM: MAXQTYPERDAY	Quantity Limit (Qty Limit Per Day) added
CHANGE UM: MED	Medical Drug Flag Added
CHANGE UM: PANAME	Prior Authorization ADDED
CHANGE UM: PR	Preventative Medication flag CHANGED
CHANGE UM: SPECIALTY	Specialty flag is being added to the medication
REMOVE FROM FORMULARY	Tier was Removed from Formulary
REMOVE UM: AGE	Age Limit REMOVED
REMOVE UM: B4G	Brand for Generic Flag REMOVED
REMOVE UM: BSP	Benefit Shift Program REMOVED
REMOVE UM: COV	FDA moratorium or Non-Formulary flag being REMOVED from product
REMOVE UM: CUSTOM	Custom messaging REMOVED; This is usually referring to specifics surrounding HCR or other set ups that cannot easily be accounted for with a single flag
REMOVE UM: DRUGCLASS	Specific Drug Class flag removed
REMOVE UM: MAXQTYPERDAY	Quantity Limit (Qty Limit Per Day) REMOVED
REMOVE UM: MED	Medical Drug Flag Removed
REMOVE UM: MVB	Minimal Value Brand REMOVED
REMOVE UM: MVG	Minimal Value Generic REMOVED
REMOVE UM: PANAME	Prior Authorization REMOVED
REMOVE UM: PR	Preventative Medication flag REMOVED
REMOVE UM: PS	Drug had Preferred Specialty Flag REMOVED
REMOVE UM: QPBU	Remove HCR Flag
REMOVE UM: QUANTITY	Quantity Limit REMOVED
REMOVE UM: SBA	Select Brand Alternative flag ADDED
REMOVE UM: STEP	Step Therapy REMOVED

Alliant Precision Formulary 2022 Updates

January, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	LYSIPLEX PLUS	*lysine/vitamin e/folic acid/vitamin b comp and c/zinc*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Nutritional Diet Supplement
01/03/2022	HEMATOGEN	*ferrous fumarate/ascorbic acid/cyanocobalamin/stomach conc*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*calcium 500-vit d3*	*calcium carbonate/cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	GENICIN VITA-D	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamin no.16/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	NIVA-FOL	*cyanocobalamin/folic acid/pyridoxine*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	HEMOCYTE-F	*ferrous fumarate/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamin no.2/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	SE-TAN PLUS	*iron fumarate-iron polysacch cplex/folic acid/multivit no.18*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	MYNEPHROCAPS	*vitamin b complex and vitamin c no.20/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	M.V.I. ADULT VIAL 1	*multivitamin infusion adult no.1,vit k,component vial 1 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	ROXIFOL-D	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	HEMATOGEN FA	*ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	CHOLECAL DF	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	ORTHO DF	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INTEGRA PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FERIVA FA	*iron bisgly,aspart,fumarate/vit c/folate/b12/biotin/cupric*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	QUFLORA	*pediatric multivitamin no.84 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	VIRT-GARD	*cyanocobalamin/folic acid/pyridoxine*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	PUREVIT DUALFE PLUS	*iron fumarate-iron polysacch cplex/folic acid/multivit no.18*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	ACTIVE FE	*iron,carbonyl/folic acid/multivit with minerals*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	OMNIVEX	*multivitamin no.34/folic acid/nadh/ubiquinone*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	HEMATOGEN FORTE	*ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	QUFLORA	*pediatric multivitamin no.83 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FOLIXAPURE	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	DIABETIC VITAMIN	*multivit with minerals/folic acid/alpha lipoic acid/co-q10*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*vitamins a,c,d and fluoride*	*pediatric multivit with a,c,d3 no.21/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	IFEREX 150 FORTE	*iron polysaccharide complex/cyanocobalamin/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FUSION SPRINKLES	*iron fumarate and polysac complex/folic acid/vit c/l. casei*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE PEDIATRIC VIAL 2	*multivitamin infusion,pedi no.1,vit k,component vial 2 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE PEDIATRIC VIAL 1	*multivitamin infusion,pedi no.1,vit k,component vial 1 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	DERMACINRX PUREFOLTIN	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamin no.2/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	RENO CAPS	*vitamin b complex and vitamin c no.20/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FERIVA 21-7	*iron asp gly/ascorbic acid/folate no.1/vit b12/zinc/succinic*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	VIRT-CAPS	*vitamin b complex and vitamin c no.20/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	DERMACINRX FOLDITAM	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	NEPHRON FA	*vit b complex and vit c no.24/ferrous fumarate/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	TRI-VITE WITH FLUORIDE	*pediatric multivit with a,c,d3 no.21/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE ADULT VIAL 2	*multivitamin infusion adult no.4,vit k,component vial 2 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE ADULT VIAL 1	*multivitamin infusion adult no.4,vit k,component vial 1 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	MYNEPHRON	*vitamin b complex and vitamin c no.20/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	DERMACINRX FOLIXAPURE	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	NIFEREX	*iron asp gly,polysacc/c/folate 6/b12/zinc gly/succ ac/stomch*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamin no.2/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	IROSPAN	*iron bisgl,ps cmplx/folic acid/vit b,c no.12/succinic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	IFEREX 150 FORTE	*iron polysaccharide complex/cyanocobalamin/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	TRIGELS-F FORTE	*ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*folic d3*	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	DECARA	*cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	*alpha lipoic acid*	*alpha lipoic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE ADULT VIAL 1	*multivitamin infusion adult no.4,vit k,component vial 1 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE ADULT VIAL 2	*multivitamin infusion adult no.4,vit k,component vial 2 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	CIFEREX	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	MYNEPHRON	*vitamin b complex and vitamin c no.20/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FOLIKA-MG	*multivit with min no.83/iron bis-glycinate/folate no.10*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FUSION PLUS	*iron fum,polysac comp/folic acid/vit b compc no.18/l. casei*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*vitamins a,c,d and fluoride*	*pediatric multivit with a,c,d3 no.21/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	VIRT-FEFA PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FUSION	*iron fumarate-iron polysaccharide combo no.1/vit c/l. casei*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	REVESTA	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*tri-vitamin with fluoride*	*pediatric multivit with a,c,d3 no.21/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	TANDEM PLUS	*iron fumarate-iron polysacch cplex/folic acid/multivit no.18*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	RENO CAPS	*vitamin b complex and vitamin c no.20/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamin no.2/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*ergocalciferol*	*ergocalciferol (vitamin d2)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	HEMATOGEN FORTE	*ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	NEOVITE	*multivit-minerals no.67/folic acid/alpha lipoic acid/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamin no.16/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	ZAVARA	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	VITABEX IRON	*iron bisglycinate/c/methylfolate/b 12/l. acidoph,plant/inulin*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE PEDIATRIC VIAL 2	*multivitamin infusion,pedi no.1,vit k,component vial 2 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	TARON FORTE	*iron bisgly,pscmplx/ascorbate calc/b12/folic acid/calc-threo*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE PEDIATRIC VIAL 1	*multivitamin infusion,pedi no.1,vit k,component vial 1 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE ADULT VIAL 1	*multivitamin infusion adult no.4,vit k,component vial 1 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	INFUVITE ADULT VIAL 2	*multivitamin infusion adult no.4,vit k,component vial 2 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FOLIVANE-F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	DERMACINRX PUREFOLIX	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INTEGRA F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FOLIKA-D	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	DECARA	*cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	TRICON	*ferrous fumarate/ascorbic acid/b12-if/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE PEDIATRIC VIAL 1	*multivitamin infusion,pedi no.1,vit k,component vial 1 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*alpha lipoic acid*	*alpha lipoic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE PEDIATRIC VIAL 2	*multivitamin infusion,pedi no.1,vit k,component vial 2 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	TRI-VITE WITH FLUORIDE	*pediatric multivit with a,c,d3 no.21/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*calcium-folic acid plus d*	*calcium carb/mag oxide/vitamin d3/vit b12/fa/vit b6/boron*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	NOXIFOL-D3	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	CHROMAGEN	*iron asp gly,fumar/vit c/folate 6/b12/zinc gly/stomach conc*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	XYZBAC	*multivitamin no.34/folic acid/nadh/ubiquinone*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	HEMOCYTE-F	*ferrous fumarate/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	MACUZIN	*folic acid/vit c/vit e/zinc/cupric oxide/lutein/zeaxanthin*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	DURACHOL	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	WESTAB MINI	*cyanocobalamin/folic acid/pyridoxine*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamin no.2/sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	DECARA	*cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	DERMACINRX VITRAMYN	*multivitamin with minerals no.86/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INTEGRA F	*iron fumarate,polysac comp/folic acid/vitamin c/niacinamide*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*ascorbic acid*	*ascorbic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamins no.17 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*calcium phosphate*	*calcium phosphate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FOLIKA-CI	*multivitamin with mineral no.84/ferrous gluconate/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

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Alliant Precision Formulary 2022 Updates

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01/03/2022	*calcium carbonate*	*calcium carbonate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FERIVA	*iron bisgly,carbonyl/folic acid/vit c/cyanocobalamin/biotin*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INTEGRA PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	RENO CAPS	*vitamin b complex and vitamin c no.20/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	M.V.I. ADULT VIAL 2	*multivitamin infusion adult no.1,vit k,component vial 2 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamins no.17 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	PROFOLA	*multivit with min no.83/iron bis-glycinate/folate no.10*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	IRO-PLEX	*iron/c/b12/b6/e acet/folic acid/intrinsic factor/senna leaf*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamins no.17 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*calcium + vitamin d3*	*calcium phosphate, tribasic/cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FOLTRATE	*cyanocobalamin/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	CALPHRON	*calcium acetate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	HEMETAB	*iron polysacchar complx/iron heme polypeptide/folic acid/b12*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	INFUVITE PEDIATRIC VIAL 2	*multivitamin infusion,pedi no.1,vit k,component vial 2 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	NUFERA	*iron,carbonyl/folate combo no.9/vit c/vit d3/vit b6/vit b12*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	INFUVITE PEDIATRIC VIAL 1	*multivitamin infusion,pedi no.1,vit k,component vial 1 of 2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	CIFRAZOL	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*alpha lipoic acid*	*alpha lipoic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamins no.17 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	ANIMI-3	*omega-3/dha/epa/d3/b12/folic acid/pyridox hcl/phytosterol*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	FOLVITE-D	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	CYFOLEX	*vitamin d3/folic acid/collagen, hydrolysate (bovine)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*multivitamin with fluoride*	*pediatric multivitamins no.17 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*magnesium l-lactate dihyd sr*	*magnesium l-lactate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	MAG DELAY	*magnesium chloride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	*magnesium l-lactate dihyd sr*	*magnesium l-lactate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	*magnesium chloride*	*magnesium chloride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	NU-MAG	*magnesium chloride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	MAG64	*magnesium chloride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/03/2022	ZINGIBER	*folic acid/pyridoxine hcl/ca phos dibasic & tribasic/ginger*	REMOVE UM: DRUGCLASS	Prenatal Vitamins	
01/03/2022	NEOCATE SYNEO INFANT	*infant formula, iron/dha/ara/fos/inulin/bifido bacterium brev*	CHANGE UM: DRUGCLASS	Nutritional Diet Supplement	Metabolic Infant Formula
01/03/2022	GLUTOSE-15	*dextrose*	REMOVE UM: DRUGCLASS		
01/03/2022	PRODIGEN	*lactobacillus acidophilus/bifidobacterium animalis*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/03/2022	RESTORA SPRINKLES	*lactobacillus casei/folic acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/03/2022	BACICAP	*lactobacillus acidophilus,paracasei,plantarum/b.animalis*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/03/2022	RESTORA RX	*lactobacillus casei/folic acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/03/2022	PROMELLA	*lactobacillus acidophilus/bifidobacterium animalis*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/03/2022	VSL#3 DS	*lactobacillus no.2/bifidobacterium no.1/s.thermophilus*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	XYZMUNE	*vitamin c/d3/folic acid/zinc/lysine/herbal complex no.312*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/03/2022	ULTRA HIS RX	*a-carnit/arginine/coq10/a-cyst/lycopene/pine/g.tea/puncture*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/03/2022	ULTRA HIS RX	*a-carnit/arginine/coq10/a-cyst/lycopene/pine/g.tea/puncture*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/03/2022	BLADDER 2.2	*multivitamin with minerals/folic acid/lycopene/boron*	CHANGE UM: DRUGCLASS	Nutritional Diet Supplement	Vitamins (Not Prenatal)
01/03/2022	*ibgard*	*peppermint oil*	REMOVE UM: DRUGCLASS	Nutritional Diet Supplement	
01/03/2022	*ibgard*	*peppermint oil*	REMOVE UM: DRUGCLASS	Nutritional Diet Supplement	
01/03/2022	*tears again hydrate*	*flaxseed oil/evening primrose oil/bilberry extract*	REMOVE UM: DRUGCLASS	Nutritional Diet Supplement	
01/03/2022	*acai*	*acai fruit/green tea/panax ginseng root/chromium picolinate*	REMOVE UM: DRUGCLASS	Nutritional Diet Supplement	
01/03/2022	*curity iodoform*	*iodoform*	REMOVE UM: DRUGCLASS	Gauze	
01/03/2022	*magnesium sulfate-0.9% nacl*	*magnesium sulfate in 0.9 % sodium chloride*	REMOVE UM: DRUGCLASS	Mineral Products	
01/03/2022	*magnesium sulfate-0.9% nacl*	*magnesium sulfate in 0.9 % sodium chloride*	REMOVE UM: DRUGCLASS	Mineral Products	
01/03/2022	*curity iodoform*	*iodoform*	REMOVE UM: DRUGCLASS	Gauze	
01/03/2022	*yohimbine hcl*	*yohimbine hcl*	REMOVE UM: DRUGCLASS	Yocon	

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/03/2022	*yohimbine hcl*	*yohimbine hcl*	REMOVE UM: DRUGCLASS	Yocon	
01/03/2022	*yohimbine hcl*	*yohimbine hcl*	REMOVE UM: DRUGCLASS	Yocon	
01/03/2022	*yohimbine hcl*	*yohimbine hcl*	REMOVE UM: DRUGCLASS	Yocon	
01/03/2022	*yohimbine hcl*	*yohimbine hcl*	REMOVE UM: DRUGCLASS	Yocon	
01/03/2022	ALBUKED-25	*albumin human*	ADD UM: DRUGCLASS		Blood/Blood Products
01/03/2022	ALBUKED-25	*albumin human*	ADD UM: DRUGCLASS		Blood/Blood Products
01/03/2022	FIBRYGA	*fibrinogen*	ADD UM: DRUGCLASS		Blood/Blood Products
01/03/2022	WEE CARE	*iron,carbonyl*	ADD UM: DRUGCLASS		Blood/Blood Products
01/03/2022	FIBRYGA	*fibrinogen*	ADD UM: DRUGCLASS		Blood/Blood Products
01/04/2022	LEQVIO	*inclisiran sodium*	REMOVE FROM FORMULARY		Non-Formulary
01/04/2022	LEQVIO	*inclisiran sodium*	ADD UM: COV		FDA Moratorium
01/04/2022	LEQVIO	*inclisiran sodium*	ADD UM: SPECIALTY		Specialty Drug
01/04/2022	LEQVIO	*inclisiran sodium*	ADD UM: MED		Medical Drug
01/04/2022	LAGEVRIO (EUA)	*molnupiravir*	ADD TO FORMULARY		Preferred Brands
01/04/2022	LAGEVRIO (EUA)	*molnupiravir*	ADD UM: MAXQTYPERDAY		8.0 per day
01/04/2022	LAGEVRIO (EUA)	*molnupiravir*	ADD UM: AGE		At least 18 yrs old

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/04/2022	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	ADD UM: AGE		At least 12 yrs old
01/04/2022	FOLIVANE-PLUS	*iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/05/2022	ANDRODERM	*testosterone*	ADD UM: SDS		Extended Specialty Day Supply
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	*ondansetron odt*	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/05/2022	ZOFRAN	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	ZOFRAN	*ondansetron hcl*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	ZUPLENZ	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/05/2022	ZUPLENZ	*ondansetron*	ADD UM: MAXQTYPERDAY		0.8 per day
01/07/2022	*prenatal gummies*	*prenatal vitamins no.178/folic acid/omega3/dha/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2022	*prenatal gummies*	*prenatal vitamins no.178/folic acid/omega3/dha/epa/fish oil*	ADD UM: DRUGCLASS		Prenatal Vitamins
01/07/2022	REDUTEMP	*acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2022	DARTISLA	*glycopyrrolate*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2022	DARTISLA	*glycopyrrolate*	ADD UM: COV		FDA Moratorium
01/07/2022	TARPEYO	*budesonide*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2022	TARPEYO	*budesonide*	ADD UM: COV		FDA Moratorium
01/07/2022	TARPEYO	*budesonide*	ADD UM: SPECIALTY		Specialty Drug
01/07/2022	TEZSPIRE	*tezepelumab-ekko*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2022	TEZSPIRE	*tezepelumab-ekko*	ADD UM: COV		FDA Moratorium
01/07/2022	TEZSPIRE	*tezepelumab-ekko*	ADD UM: SPECIALTY		Specialty Drug
01/07/2022	TEZSPIRE	*tezepelumab-ekko*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/07/2022	*midaspot covid19 antibody test*	*covid-19 igg/igm test cassette*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2022	*midaspot covid19 antibody test*	*covid-19 igg/igm test cassette*	ADD UM: COV		Non Formulary
01/07/2022	*midaspot covid19 antibody test*	*covid-19 igg/igm test cassette*	ADD UM: MED		Medical Drug
01/07/2022	SYNOJOYNT	*hyaluronate sodium*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2022	SYNOJOYNT	*hyaluronate sodium*	ADD UM: DRUGCLASS		Injectables
01/07/2022	SYNOJOYNT	*hyaluronate sodium*	ADD UM: COV		FDA Moratorium
01/07/2022	SYNOJOYNT	*hyaluronate sodium*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
01/07/2022	SYNOJOYNT	*hyaluronate sodium*	ADD UM: SPECIALTY		Specialty Drug
01/07/2022	ZILOVAL	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2022	ZILOVAL	*lidocaine*	ADD UM: COV		Non Formulary
01/07/2022	XARELTO	*rivaroxaban*	REMOVE FROM FORMULARY		Non-Formulary
01/07/2022	XARELTO	*rivaroxaban*	ADD UM: COV		FDA Moratorium
01/11/2022	*capsaicin*	*capsaicin*	REMOVE FROM FORMULARY		Non-Formulary
01/11/2022	*buffered lidocaine*	*lidocaine hcl buffered with 8.4 % sodium bicarbonate*	REMOVE FROM FORMULARY		Non-Formulary
01/11/2022	*azo men*	*pumpkin seed extract*	REMOVE FROM FORMULARY		Non-Formulary
01/11/2022	MSUD EXPRESS20 PLUS	*nutritional therapy for msud with iron*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/11/2022	MSUD EXPRESS20 PLUS	*nutritional therapy for msud with iron*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/11/2022	DEXILANT	*dexlansoprazole*	ADD UM: B4G		Brand For Generic
01/11/2022	DEXILANT	*dexlansoprazole*	ADD UM: B4G		Brand For Generic
01/11/2022	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE FROM FORMULARY		Non-Formulary
01/11/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: COV		FDA Moratorium
01/11/2022	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE FROM FORMULARY		Non-Formulary
01/11/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: COV		FDA Moratorium
01/11/2022	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE FROM FORMULARY		Non-Formulary
01/11/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: COV		FDA Moratorium
01/11/2022	*glycopyrrolate*	*glycopyrrolate*	ADD TO FORMULARY		Generics
01/11/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	ADD UM: COV		Non Formulary
01/11/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		Non Formulary
01/11/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: COV		Non Formulary
01/11/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	ADD UM: COV		Non Formulary
01/11/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/11/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*inteliswab covid-19 home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*ellume covid-19 home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*binaxnow covid-19 ag self test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/11/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*inteliswab covid-19 home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*ellume covid-19 home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/12/2022	*binaxnow covid-19 ag self test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/13/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/13/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	REMOVE UM: COV	Non Formulary	
01/13/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/13/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE UM: COV	Non Formulary	
01/13/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Generics
01/13/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	REMOVE UM: COV	Non Formulary	
01/13/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Generics
01/13/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	REMOVE UM: COV	Non Formulary	
01/13/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/13/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/13/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/13/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/13/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/13/2022	*inteliswab covid-19 home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/13/2022	*ellume covid-19 home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/13/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/13/2022	*quickvue at-home covid-19 test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/13/2022	*binaxnow covid-19 ag self test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/13/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Generics
01/13/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Generics
01/13/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Generics
01/13/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Generics
01/13/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Generics
01/13/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY	Non-Formulary	Generics
01/14/2022	ALEVE	*naproxen sodium*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2022	AMLADEX	*multivitamin no.34/folic acid/nadh/ubiquinone*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2022	AMLADEX	*multivitamin no.34/folic acid/nadh/ubiquinone*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
01/14/2022	AMLADEX	*multivitamin no.34/folic acid/nadh/ubiquinone*	ADD UM: COV		Non Formulary
01/14/2022	AMLADEX	*multivitamin no.34/folic acid/nadh/ubiquinone*	ADD UM: NFDA		Non-FDA Approved
01/14/2022	COLLANEX	*collagen,bovine*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2022	COLLANEX	*collagen,bovine*	ADD UM: COV		Non Formulary
01/14/2022	PRIMIDAR	*lactobacillus acidophilus/bifidobacterium animalis*	REMOVE FROM FORMULARY		Non-Formulary
01/14/2022	PRIMIDAR	*lactobacillus acidophilus/bifidobacterium animalis*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/14/2022	PRIMIDAR	*lactobacillus acidophilus/bifidobacterium animalis*	ADD UM: COV		Non Formulary
01/14/2022	PRIMIDAR	*lactobacillus acidophilus/bifidobacterium animalis*	ADD UM: NFDA		Non-FDA Approved
01/15/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
01/15/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/15/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/15/2022	*celltrion diatrust cov-19 home*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
01/15/2022	*celltrion diatrust cov-19 home*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/15/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
01/15/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
01/15/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
01/18/2022	PKU EXPRESS15 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PKU EXPRESS15 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/18/2022	PKU EXPRESS20 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	PKU EXPRESS20 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/18/2022	PKU EXPRESS15 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PKU EXPRESS15 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/18/2022	PKU EXPRESS20 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PKU EXPRESS20 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/18/2022	PKU EXPRESS20 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PKU EXPRESS20 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/18/2022	PKU EXPRESS20 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PKU EXPRESS20 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/18/2022	PKU EXPRESS20 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PKU EXPRESS20 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	PKU EXPRESS15 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PKU EXPRESS15 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/18/2022	PKU EXPRESS15 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PKU EXPRESS15 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/18/2022	PKU EXPRESS15 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PKU EXPRESS15 PLUS	*nutritional therapy for phenylketonuria(pku) with iron no.52*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/18/2022	MENTHOREAL-10	*lidocaine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PHAZYME GAS AND ACID	*calcium carbonate/simethicone*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	DICLOPREP-100	*diclofenac sodium*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	NEUROXA	*methyl salicylate/menthol/camphor*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	*charcoal, activated*	*activated charcoal*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	*charcoal, activated*	*activated charcoal*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	LIDOMET-10	*lidocaine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	ADBRY	*tralokinumab-ldrm*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: COV		FDA Moratorium
01/18/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: SPECIALTY		Specialty Drug
01/18/2022	ADBRY	*tralokinumab-ldrm*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: COV		FDA Moratorium
01/18/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: SPECIALTY		Specialty Drug
01/18/2022	ADBRY	*tralokinumab-ldrm*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: COV		FDA Moratorium
01/18/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: SPECIALTY		Specialty Drug
01/18/2022	RECORLEV	*levoketoconazole*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	RECORLEV	*levoketoconazole*	ADD UM: COV		FDA Moratorium
01/18/2022	RECORLEV	*levoketoconazole*	ADD UM: SPECIALTY		Specialty Drug
01/18/2022	PREHEVBRIO	*hepatitis b virus vaccine recombinant,isoform s,m,l/pf*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PREHEVBRIO	*hepatitis b virus vaccine recombinant,isoform s,m,l/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
01/18/2022	PREHEVBRIO	*hepatitis b virus vaccine recombinant,isoform s,m,l/pf*	ADD UM: COV		FDA Moratorium
01/18/2022	PREHEVBRIO	*hepatitis b virus vaccine recombinant,isoform s,m,l/pf*	REMOVE FROM FORMULARY		Non-Formulary
01/18/2022	PREHEVBRIO	*hepatitis b virus vaccine recombinant,isoform s,m,l/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
01/18/2022	PREHEVBRIO	*hepatitis b virus vaccine recombinant,isoform s,m,l/pf*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	DEOXIA	*clindamycin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	OXIAVARRY	*tretinoin/hyaluronate sodium/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*niacinam-spironolact-tretinoin*	*tretinoin/spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	DRAXACE	*salicylic acid/sulfacetamide sodium*	ADD UM: DRUGCLASS		Acne
01/18/2022	TARDIMAXIA	*tretinoin/spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*adapalene-benzoyl-niacinamide*	*adapalene/benzoyl peroxide/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	TAROXIA	*tretinoin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	DEOXIA	*clindamycin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	DIASDIMAXIA	*dapsone/spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*salicylic acid-sulfacetamide*	*salicylic acid/sulfacetamide sodium*	ADD UM: DRUGCLASS		Acne
01/18/2022	*benzoyl per-clinda-niacinamide*	*benzoyl peroxide/clindamycin phosphate/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	DIASOXIA	*dapsone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	VARDIMAXIA	*tretinoin/spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	DIAOXIA	*dapsone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	OXIATAR	*tretinoin/hyaluronate sodium/niacinamide*	ADD UM: DRUGCLASS		Acne

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*clindamy-niacinamide-tretinoin*	*tretinoin/clindamycin phosphate/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	DIADIMAXIA	*dapsone/spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*dapsone-niacinamide*	*dapsone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	PACNEX LP	*benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*salicylic acid-sulfacetamide*	*salicylic acid/sulfacetamide sodium*	ADD UM: DRUGCLASS		Acne
01/18/2022	ADAINZDE	*adapalene/benzoyl peroxide/clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*benzoyl-clinda-niac-tretinoin*	*tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	TARDEOXIA	*tretinoin/clindamycin phosphate/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	NEUAC	*clindamycin phosphate/benzoyl peroxide/emollient comb no.94*	ADD UM: DRUGCLASS		Acne
01/18/2022	DRAXACE	*salicylic acid/sulfacetamide sodium*	ADD UM: DRUGCLASS		Acne
01/18/2022	ADAINZOXIA	*adapalene/benzoyl peroxide/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	CLINDACIN PAC	*clindamycin phosphate/skin cleanser comb no.19*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin-niacinamide*	*clindamycin/niacinamide*	ADD UM: DRUGCLASS		Acne

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*clindamycin-niacinamide*	*clindamycin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*dapsone-niacinamide*	*dapsone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*salicylic acid-sulfacetamide*	*salicylic acid/sulfacetamide sodium*	ADD UM: DRUGCLASS		Acne
01/18/2022	NUCARACLINPAK	*clindamycin/octinoxate/octyl salicyl/octocryl/oxybenz/titan*	ADD UM: DRUGCLASS		Acne
01/18/2022	CLINDAVIX	*clindamycin phosphate/dimethicone/zinc oxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clinda-niac-spironol-tretinoin*	*tretinoin/clindamycin phosphate/spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*adapalene-benzoyl pero-clinda*	*adapalene/benzoyl peroxide/clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	CLINDACIN ETZ	*clindamycin phosphate/skin cleanser comb no.19*	ADD UM: DRUGCLASS		Acne
01/18/2022	VAROXIA	*tretinoin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	VAROXIA	*tretinoin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*dapsone-niacinam-spironolacton*	*dapsone/spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*niacinamide-tretinoin*	*tretinoin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*niacinamide-tretinoin*	*tretinoin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*benzoyl-clinda-niac-tretinoin*	*tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide*	ADD UM: DRUGCLASS		Acne

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	NUCARARXPAK	*clindamycin/benzoyl/octinox/octyl/octocryl/oxyben/titanium*	ADD UM: DRUGCLASS		Acne
01/18/2022	*benzoyl-clinda-niac-tretinoin*	*tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*hyaluronic-niacinam-tretinoin*	*tretinoin/hyaluronate sodium/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*niacinamide-tretinoin*	*tretinoin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*hyaluronic-niacinam-tretinoin*	*tretinoin/hyaluronate sodium/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*niacinamide-tazarotene*	*tazarotene/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*dapsone-niacinam-spironolacton*	*dapsone/spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	PACNEX HP	*benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	ACIOXIAY	*azelaic acid/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*niacinamide-tazarotene*	*tazarotene/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	ETHOXIA	*tazarotene/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*azelaic acid-niacinamide*	*azelaic acid/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	ITHOXIA	*tazarotene/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	DIMOXIA	*spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	TAROXIA	*tretinoin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	ONZDEOXIA	*benzoyl peroxide/clindamycin phosphate/niacinamide*	ADD UM: DRUGCLASS		Acne

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*hyaluronic-niacinam-tretinoin*	*tretinoin/hyaluronate sodium/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*benzoyl per-clinda-niacinamide*	*benzoyl peroxide/clindamycin phosphate/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	ENZOCLEAR	*benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	DRIXECE	*salicylic acid/sulfacetamide sodium*	ADD UM: DRUGCLASS		Acne
01/18/2022	*niacinam-spironolact-tretinoin*	*tretinoin/spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	OXIAZAR	*tretinoin/hyaluronate sodium/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*niacinamide-spironolactone*	*spironolactone/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*niacinamide-tretinoin*	*tretinoin/niacinamide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	RELEXXII	*methylphenidate hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	AMZEEQ	*minocycline hcl*	ADD UM: DRUGCLASS		Acne

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	RELEXXII	*methylphenidate hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	XIMINO	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	CLINDACIN P	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	CLINDACIN ETZ	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	AMZEEQ	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	CLINDACIN ETZ	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*minocycline er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	ERY	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	CLEOCIN T	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	ERYGEL	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	CLEOCIN T	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	XIMINO	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	XIMINO	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	XIMINO	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	XIMINO	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	EVOCLIN	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	EVOCLIN	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	XIMINO	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	CLEOCIN T	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	ERYGEL	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*minocycline hcl er*	*minocycline hcl*	ADD UM: DRUGCLASS		Acne
01/18/2022	*erythromycin*	*erythromycin base in ethanol*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	CLEOCIN T	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: DRUGCLASS		Acne
01/18/2022	BENZEFOAM	*benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
01/18/2022	*albuterol sulfate hfa*	*albuterol sulfate*	ADD TO FORMULARY	Non-Formulary	Generics
01/18/2022	*albuterol sulfate hfa*	*albuterol sulfate*	CHANGE UM: MAXQTYPERDAY	1.5 per day	0.6 per day
01/18/2022	*albuterol sulfate hfa*	*albuterol sulfate*	REMOVE UM: DRUGCLASS	Excluded Products	
01/18/2022	*albuterol sulfate hfa*	*albuterol sulfate*	CHANGE UM: MAXQTYPERDAY	1.5 per day	0.6 per day
01/18/2022	*albuterol sulfate hfa*	*albuterol sulfate*	CHANGE UM: MAXQTYPERDAY	1.5 per day	0.6 per day
01/18/2022	*albuterol sulfate hfa*	*albuterol sulfate*	CHANGE UM: MAXQTYPERDAY	1.5 per day	0.6 per day
01/18/2022	*albuterol sulfate hfa*	*albuterol sulfate*	CHANGE UM: MAXQTYPERDAY	1.5 per day	0.6 per day
01/18/2022	*albuterol sulfate hfa*	*albuterol sulfate*	ADD UM: COV		FDA Moratorium
01/18/2022	*albuterol sulfate hfa*	*albuterol sulfate*	REMOVE UM: DRUGCLASS	Excluded Products	
01/21/2022	LAGEVRIO (EUA)	*molnupiravir*	ADD UM: QUANTITY		40 / fill
01/21/2022	RELEXXII	*methylphenidate hcl*	REMOVE UM: DRUGCLASS	Acne	

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/21/2022	LIDODOSE	*lidocaine hcl*	REMOVE UM: DRUGCLASS	Complimentary Alternative Medicines	
01/21/2022	RELEXXII	*methylphenidate hcl*	ADD UM: DRUGCLASS		ADD Drugs
01/21/2022	ACAM2000 (NATIONAL STOCKPILE)	*smallpox vaccine,live*	ADD UM: DRUGCLASS		Immunization/Vaccines
01/21/2022	JYNNEOS (NATIONAL STOCKPILE)	*smallpox and monkeypox vaccine, live, nonreplicating/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
01/21/2022	ACAM2000 (NATIONAL STOCKPILE)	*smallpox vaccine,live*	ADD UM: DRUGCLASS		Immunization/Vaccines
01/21/2022	JYNNEOS (NATIONAL STOCKPILE)	*smallpox and monkeypox vaccine, live, nonreplicating/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
01/21/2022	*adenovirus type 4 and type 7*	*adenovirus live type-4 and adenovirus live type-7 vaccine*	ADD UM: DRUGCLASS		Immunization/Vaccines
01/21/2022	*adenovirus type 4*	*adenovirus vaccine live type-4*	ADD UM: DRUGCLASS		Immunization/Vaccines
01/21/2022	*adenovirus type 7*	*adenovirus vaccine live type-7*	ADD UM: DRUGCLASS		Immunization/Vaccines
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*azathioprine*	*azathioprine*	REMOVE UM: DRUGCLASS	Immunosuppressives	
01/21/2022	*botulism antitoxin heptavalent*	*botulism antitoxin heptavalent a,b,c,d,e,f,g(equine)/maltose*	ADD UM: DRUGCLASS		Immune Serums
01/21/2022	*botulism antitoxin heptavalent*	*botulism antitoxin heptavalent a,b,c,d,e,f,g(equine)/maltose*	ADD UM: DRUGCLASS		Immune Serums
01/21/2022	*botulism antitoxin heptavalent*	*botulism antitoxin heptavalent a,b,c,d,e,f,g(equine)/maltose*	ADD UM: DRUGCLASS		Immune Serums
01/21/2022	BABYBIG	*botulism immune globulin, human*	ADD UM: DRUGCLASS		Immune Serums
01/21/2022	CORICIDIN HBP MAX COLD-CGH-FLU	*guaifenesin/dextromethorphan hydrobromide/acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/21/2022	DERMACINRX CIRCATRIX	*capsicum oleoresin*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2022	PROXIVOL	*lidocaine hcl/collagen*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2022	PROXIVOL	*lidocaine hcl/collagen*	ADD UM: COV		Non Formulary
01/21/2022	PROXIVOL	*lidocaine hcl/collagen*	ADD UM: NFDA		Non-FDA Approved
01/21/2022	RINVOQ	*upadacitinib*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2022	RINVOQ	*upadacitinib*	ADD UM: COV		FDA Moratorium
01/21/2022	RINVOQ	*upadacitinib*	ADD UM: SPECIALTY		Specialty Drug
01/21/2022	*selenious acid*	*selenium*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2022	*selenious acid*	*selenium*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2022	*selenious acid*	*selenium*	ADD UM: COV		Non Formulary
01/21/2022	*selenious acid*	*selenium*	ADD UM: MED		Medical Drug
01/21/2022	*selenious acid*	*selenium*	ADD UM: COV		Non Formulary
01/21/2022	*selenious acid*	*selenium*	ADD UM: MED		Medical Drug
01/21/2022	*vasopressin*	*vasopressin*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2022	*vasopressin*	*vasopressin*	REMOVE FROM FORMULARY		Non-Formulary
01/21/2022	*vasopressin*	*vasopressin*	ADD UM: COV		Non Formulary
01/21/2022	*vasopressin*	*vasopressin*	ADD UM: MED		Medical Drug
01/21/2022	*vasopressin*	*vasopressin*	ADD UM: COV		Non Formulary
01/21/2022	*vasopressin*	*vasopressin*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*fora d40d glucose-bp monitor*	*blood-glucose and blood pressure meter with adult cuff*	CHANGE UM: DRUGCLASS	Blood Pressure Supplies	Diabetic - Glucometers
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,3 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,3 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,10 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,10 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,5 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,5 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,10 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,10 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,3 ml*	REMOVE UM: PR	Preventive Medication	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,5 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*ulticare safety syringe*	*syringe,safety with needle,3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*ulticare safety syringe*	*syringe,safety with needle,3 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,5 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,1 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,1 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*easy touch fliplock syringes*	*syringe,safety with needle,3 ml*	REMOVE UM: PR	Preventive Medication	
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 1 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Tuberculine Syringes
01/24/2022	*safesnap allergy syringe*	*syringe,needle,safety 1 ml,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Tuberculine Syringes
01/24/2022	*safesnap tuberculin syringe*	*syringe,needle,safety 1 ml,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Tuberculine Syringes
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 1 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Tuberculine Syringes

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 1 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Tuberculine Syringes
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 1 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Tuberculine Syringes
01/24/2022	*safesnap tuberculin syringe*	*syringe,needle,safety 1 ml,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Tuberculine Syringes
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 1 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Tuberculine Syringes
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 1 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Tuberculine Syringes
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint syringe*	*syringe,safety with needle,5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint syringe*	*syringe,safety with needle,5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe, disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe, disposable, 30 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe, disposable, 50 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*luer-lock syringe*	*syringe, disposable, 60 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*safesnap syringe*	*syringe, safety 5 ml, self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety 10 ml, self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe, disposable, 20 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe, disposable, 10 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*ulticare low dead space syring*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint syringe*	*syringe,safety with needle,10 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint syringe*	*syringe,safety with needle,10 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*safesnap syringe*	*syringe, safety 10 ml, self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety 5 ml, self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*exel syringe*	*syringe, disposable, 5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety needle 5 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe, safety 3 ml, self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*safesnap syringe*	*syringe, safety 3 ml, self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 5 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 1 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe 3 ml with safety needle,self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*vanishpoint*	*syringe with needle,disposable, 3 ml*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies
01/24/2022	*safesnap syringe*	*syringe,safety needle 10 ml and self-contained disposal unit*	CHANGE UM: DRUGCLASS	Diabetic - Insulin Syringes	Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/24/2022	*hurriview*	*dental plaque indicator*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Miscellaneous Medical Supplies
01/24/2022	*hurriview ii*	*dental plaque indicator*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Miscellaneous Medical Supplies
01/24/2022	*curity iodoform*	*iodoform*	CHANGE UM: DRUGCLASS		Miscellaneous Medical Supplies
01/24/2022	*papaverine-phentolmn-alprostdl*	*papaverine hcl/phentolamine mesylate/alprostadil in water*	ADD UM: DRUGCLASS		Sexual Dysfunction (Non-Oral)
01/24/2022	*papaverine-phentolmn-alprostdl*	*papaverine hcl/phentolamine mesylate/alprostadil in water*	ADD UM: DRUGCLASS		Sexual Dysfunction (Non-Oral)
01/24/2022	TRI-MIX (PAPVRN-PHNTLMN-PGE1)	*papaverine hcl/phentolamine mesylate/alprostadil*	ADD UM: DRUGCLASS		Sexual Dysfunction (Non-Oral)
01/24/2022	*papaverine-phentolamine*	*papaverine hcl/phentolamine mesylate in water*	ADD UM: DRUGCLASS		Sexual Dysfunction (Non-Oral)
01/24/2022	IFE-BIMIX 30/1	*papaverine hcl/phentolamine mesylate in water*	ADD UM: DRUGCLASS		Sexual Dysfunction (Non-Oral)
01/24/2022	IFE-PG20	*alprostadil in bacteriostatic sodium chloride*	ADD UM: DRUGCLASS		Sexual Dysfunction (Non-Oral)
01/25/2022	*premier urostomy pouch*	*ostomy supply,urostomy pouch*	REMOVE FROM FORMULARY		Non-Formulary
01/25/2022	*premier urostomy pouch*	*ostomy supply,urostomy pouch*	CHANGE UM: DRUGCLASS		Ostomy Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/25/2022	ENFAMIL NEURO GENTLEASE NONGMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac,infant formula with iron/docosahexanoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
01/25/2022	ENFAMIL NEURO GENTLEASE NONGMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac,infant formula with iron/docosahexanoic acid/arachidonic ac*	CHANGE UM: DRUGCLASS		Metabolic Infant Formula
01/25/2022	TYR EXPRESS20 PLUS	*nutritional therapy for tyrosinemia with iron*	REMOVE FROM FORMULARY		Non-Formulary
01/25/2022	TYR EXPRESS20 PLUS	*nutritional therapy for tyrosinemia with iron*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
01/25/2022	*pixel covid-19 home collect kt*	*covid-19 test specimen collection*	REMOVE FROM FORMULARY		Non-Formulary
01/25/2022	BACTOSHIELD CHG	*chlorhexidine gluconate*	REMOVE FROM FORMULARY		Non-Formulary
01/25/2022	*brimonidine tartrate-timolol*	*brimonidine tartrate/timolol maleate*	REMOVE FROM FORMULARY		Non-Formulary
01/25/2022	*brimonidine tartrate-timolol*	*brimonidine tartrate/timolol maleate*	ADD UM: COV		FDA Moratorium
01/25/2022	*brimonidine tartrate-timolol*	*brimonidine tartrate/timolol maleate*	REMOVE FROM FORMULARY		Non-Formulary
01/25/2022	*brimonidine tartrate-timolol*	*brimonidine tartrate/timolol maleate*	ADD UM: COV		FDA Moratorium
01/25/2022	*brimonidine tartrate-timolol*	*brimonidine tartrate/timolol maleate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/25/2022	*brimonidine tartrate-timolol*	*brimonidine tartrate/timolol maleate*	ADD UM: COV		FDA Moratorium
01/25/2022	COMBIGAN	*brimonidine tartrate/timolol maleate*	ADD UM: B4G		Brand For Generic
01/25/2022	*szosil*	*silicone adhesive*	REMOVE FROM FORMULARY		Non-Formulary
01/25/2022	*szosil*	*silicone adhesive*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/25/2022	*szosil*	*silicone adhesive*	ADD UM: COV		FDA Moratorium
01/25/2022	*szosil*	*silicone adhesive*	ADD UM: NFDA		Non-FDA Approved
01/25/2022	BACTERIOSTATIC WATER-TRAZIMERA	*water for inj.,bacteriostatic*	ADD TO FORMULARY		Generics
01/25/2022	BACTERIOSTATIC WATER-TRAZIMERA	*water for inj.,bacteriostatic*	ADD UM: DRUGCLASS		Injectables
01/25/2022	BACTERIOSTATIC WATER-TRAZIMERA	*water for inj.,bacteriostatic*	ADD UM: SPECIALTY		Specialty Drug
01/25/2022	BACTERIOSTATIC WATER-TRAZIMERA	*water for inj.,bacteriostatic*	ADD UM: MED		Medical Drug
01/26/2022	*szosil*	*silicone adhesive*	CHANGE UM: COV	FDA Moratorium	Non Formulary
01/26/2022	*buffered lidocaine*	*lidocaine hcl buffered with 8.4 % sodium bicarbonate*	ADD UM: COV		Non Formulary
01/26/2022	*buffered lidocaine*	*lidocaine hcl buffered with 8.4 % sodium bicarbonate*	ADD UM: MED		Medical Drug
01/26/2022	*buffered lidocaine*	*lidocaine hcl buffered with 8.4 % sodium bicarbonate*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/27/2022	REXULTI	*brexpiprazole*	CHANGE UM: AGE	At least 18 yrs old	At least 13 yrs old
01/27/2022	REXULTI	*brexpiprazole*	CHANGE UM: AGE	At least 18 yrs old	At least 13 yrs old
01/27/2022	REXULTI	*brexpiprazole*	CHANGE UM: AGE	At least 18 yrs old	At least 13 yrs old
01/27/2022	REXULTI	*brexpiprazole*	CHANGE UM: AGE	At least 18 yrs old	At least 13 yrs old
01/27/2022	REXULTI	*brexpiprazole*	CHANGE UM: AGE	At least 18 yrs old	At least 13 yrs old
01/27/2022	REXULTI	*brexpiprazole*	CHANGE UM: AGE	At least 18 yrs old	At least 13 yrs old
01/28/2022	CEPROTIN	*protein c, human*	REMOVE UM: MED	Medical Drug	
01/28/2022	CEPROTIN	*protein c, human*	REMOVE UM: MED	Medical Drug	
01/28/2022	RYPLAZIM	*plasminogen, human-tvmh*	REMOVE UM: MED	Medical Drug	
01/28/2022	PH 12 DILUENT FOR FLOLAN	*diluent for epoprostenol sodium (glycine)*	REMOVE UM: MED	Medical Drug	
01/28/2022	*diluent for epoprostenol*	*diluent for epoprostenol sodium (glycine)*	REMOVE UM: MED	Medical Drug	
01/28/2022	*epoprostenol sodium*	*epoprostenol sodium,epoprostenol sodium (glycine)*	ADD UM: PANAME		PA Applies
01/28/2022	*epoprostenol sodium*	*epoprostenol sodium,epoprostenol sodium (glycine)*	REMOVE UM: MED	Medical Drug	
01/28/2022	*vitamin c*	*ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2022	*vitamin c*	*ascorbic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/28/2022	*triamcinolone acetonide*	*triamcinolone acetonide/0.9% sodium chloride/pf*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2022	*triamcinolone acetonide*	*triamcinolone acetonide/0.9% sodium chloride/pf*	ADD UM: COV		Non Formulary
01/28/2022	*triamcinolone acetonide*	*triamcinolone acetonide/0.9% sodium chloride/pf*	ADD UM: NFDA		Non-FDA Approved
01/28/2022	*triamcinolone acetonide*	*triamcinolone acetonide/0.9% sodium chloride/pf*	ADD UM: MED		Medical Drug
01/28/2022	*cardioplegia induction 8:1*	*cardioplegic solution no.15 (induction 8:1)*	REMOVE FROM FORMULARY		Non-Formulary
01/28/2022	*cardioplegia induction 8:1*	*cardioplegic solution no.15 (induction 8:1)*	ADD UM: COV		Non Formulary
01/28/2022	*cardioplegia induction 8:1*	*cardioplegic solution no.15 (induction 8:1)*	ADD UM: NFDA		Non-FDA Approved
01/28/2022	*cardioplegia induction 8:1*	*cardioplegic solution no.15 (induction 8:1)*	ADD UM: MED		Medical Drug
01/31/2022	*inset 30 tubing*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*neria*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*insyte autoguard*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek spirit*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*silhouette*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*silhouette*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal infusion*	*clamp, iv tubing*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*inset 30 tubing*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal injector luer*	*needle injector, luer lock, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*neria*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*i-port*	*injection ports*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*neria*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*therahoney*	*honey*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal injector luer*	*needle injector, luer lock, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*microbore extension set*	*intravenous administration extension set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*puracol plus ag*	*dressing, collagen/silver*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*saf-t-intima iv catheter*	*intravenous catheter kit*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*pro comfort tens electrode*	*tens unit electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*filtered extension set*	*intravenous administration extension set with filter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*nexiva*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek tender*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*rate flow regulator iv set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal connector luer*	*connector luer lock, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal infusion*	*clamp, iv tubing*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*pro comfort tens unit*	*transcutaneous electrical nerve stimulators(tens)/electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*insyte iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*polyfin qr*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hi-volume pumping chamber*	*transfer sets*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*nexiva*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*paradigm infusion*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*paradigm silhouette*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*paradigm silhouette*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*paradigm silhouette*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*curad xeroform petrolatum dres*	*bismuth tribromophenate/petrolatum, white*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*flexi-seal signal fms*	*fecal collector with charcoal filter/catheter/syringe*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*paradigm silhouette*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*paradigm infusion*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*nexiva*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*nexiva*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*nexiva*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*i-port advance*	*injection ports*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*nexiva*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*sure-t*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*nexiva*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*i-port advance*	*injection ports*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal connector luer*	*connector luer lock, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*insuflon*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*nexiva*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal injector luer*	*needle injector, luer lock, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal injector luer*	*needle injector, luer, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*neria multi*	*sub-q administration set, quad-furcated*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject luer adapter*	*intravenous equipment*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*cefaly*	*transcutaneous electrical nerve stimulators(tens)/electrodes*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*maxorb extra*	*alginate dressing/carboxymethylcellulose*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*nexiva*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek ultraflex*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek ultraflex*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek ultraflex*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*i-port*	*injection ports*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal adapter*	*infusion adapter, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal connector luer*	*connector luer lock, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek ultraflex*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek ultraflex*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek ultraflex*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal secondary set*	*intravenous piggyback administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*filtered extension set*	*intravenous administration extension set with filter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal y-site*	*y-site line connector, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek rapid d*	*subcutaneous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*neria multi*	*sub-q administration set, bifurcated*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*inset 30 tubing*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*soft-glide saf-q infusion set*	*subcutaneous administration set, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*polyfin qr*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*insyte iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*soft-glide saf-q infusion set*	*subcutaneous administration set, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek spirit*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*neria multi*	*sub-q administration set, trifurcated*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*paradigm silhouette*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*inset 30 tubing*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*phaseal assembly fixture*	*assembly system, vial to transfer device, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*accu-chek spirit*	*subcutaneous infusion pump accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*saf-t-intima*	*intravenous catheter kit*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*posidyne eld*	*intraveous administration set with filter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*q-syte*	*intravenous administration extension set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*saf-t-intima iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*glass graduated cylinder*	*pharmacy compounding accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*saf-t-intima iv catheter*	*intravenous catheter kit*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*universal sleeve*	*pharmacy compounding accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer lock adapter*	*connector luer lock, closed system*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*introsyte autoguard*	*intravenous catheter kit/intravenous catheter kit accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*introsyte autoguard*	*intravenous catheter kit/intravenous catheter kit accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*introsyte autoguard*	*intravenous catheter kit/intravenous catheter kit accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*topi-click filling nozzle*	*pharmacy compounding accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*shrink band*	*pharmacy compounding accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*saf-t-intima iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*eyelid cleansing pads*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*psv set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*psv set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*ambi-tray insulin bottle*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*psv set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*plastic white hdpe bottle*	*container,empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*clear glass serum bottle*	*container,empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*solution transfer device*	*transfer sets*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*psv set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*iv administration set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*psv set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*suppository box*	*suppository container, empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*amber round glass bottle*	*container,empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*clear glass serum bottle*	*container,empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*clear glass serum bottle*	*container,empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*suppository shell, small*	*suppository mold*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*troche mold*	*troche mold*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*troche mold*	*troche mold*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*troche mold*	*troche mold*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*troche mold*	*troche mold*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*iv administration set*	*intravenous administration set*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*insyte autoguard*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*curity spng counter bag strips*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*flexi-seal fecal*	*fecal collector with charcoal filter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*clear glass serum bottle*	*container,empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*angiocath*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*angiocath iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*suppository shell, small*	*suppository mold*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*plastic white hdpe bottle*	*container,empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*iv catheter*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*insyte autoguard*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*insyte autoguard*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*supposistrip*	*suppository mold*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*amber glass serum bottle*	*container,empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*suppository shell, medium*	*suppository mold*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*supposistrip*	*suppository mold*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*insyte autoguard*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*flexi-seal fecal*	*fecal collector with charcoal filter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*insyte autoguard*	*intravenous catheter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*amber glass serum bottle*	*container,empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*precisedose dispenser syringe*	*oral dosing devices*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*sterile clear glass vial*	*vial,empty*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*blunt needle*	*blunt needle, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*exel mti drawing needle*	*needles, blood collection*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*blunt needle*	*needles, spinal-anesthetic*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*exel mti drawing needle*	*needles, blood collection*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*integra precisionglide needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*exel mti drawing needle*	*needles, blood collection*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easypoint needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easypoint needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*poly hub needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*yale needle*	*needles, reusable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*blunt needle*	*needles, spinal-anesthetic*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*blunt needle*	*blunt needle, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch fliplock needles*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*blunt needle*	*needles, spinal-anesthetic*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*blunt needle*	*needles, spinal-anesthetic*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*filter needle*	*needles, filter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*eclipse needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*eclipse needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*eclipse needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*blunt needle*	*needles, spinal-anesthetic*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*exel hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easypoint needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*yale needle*	*needles, reusable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*blunt needle*	*needles, spinal-anesthetic*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*filter needle*	*needles, filter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*yale needle*	*needles, reusable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*terumo surguard2*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*filter aspirator needle*	*needles, filter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*blunt needle*	*needles, spinal-anesthetic*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*eclipse needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*hypodermic needle*	*needles, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo syringe*	*syringe, disposable, 30 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo hypodermic needle-syrin*	*syringe with needle,disposable, 5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*syringe without needle*	*syringe, disposable, 60 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo syringe*	*syringe, disposable, 30 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject safety syringe*	*syringe, disposable, 12 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject*	*syringe, disposable, 35 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 12 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch fliplock syringes*	*syringe,safety with needle,5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe, disposable, 6 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo hypodermic needle-syrin*	*syringe with needle,disposable, 5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*lifeshield blunt cannula*	*syringe with cannula, disposable, 1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*easy touch*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject enfit syringe*	*syringe,enfit 3 ml,non-sterile*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject safety syringe*	*syringe,safety with needle,12 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch fluringe flu tray*	*safety syringe with needle, disposable kit-tray, 1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo hypodermic needle-syrin*	*syringe with needle,disposable, 5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe pharmacy tray*	*syringe, disposable, 6 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe*	*syringe, disposable, 35 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*safetyglide syringe*	*syringe,safety with needle,5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject*	*syringe, disposable, 35 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safetyglide syringe*	*syringe with needle,disposable, 10 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo syringe*	*syringe, disposable, 30 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safety syringe with shield*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*lifeshield blunt cannula*	*syringe with cannula, disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safety syringe with shield*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch fluringe*	*syringe with needle,disposable, 1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*interlink syringe*	*syringe with cannula, disposable, 5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe without needle*	*syringe, disposable, 60 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe without needle*	*syringe, disposable, 12 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*ulticare safety syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*humatropen*	*pen injector device*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe, disposable, 6 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject*	*syringe, disposable, 35 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 12 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo hypodermic needle-syrin*	*syringe with needle,disposable, 5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe without needle*	*syringe, disposable, 35 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe without needle*	*syringe, disposable, 35 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*monoject syringe pharmacy tray*	*syringe, disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer lock syringe*	*syringe, disposable, 30 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject*	*syringe, disposable, 35 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*ulticare safety syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*humatropen*	*pen injector device*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe without needle*	*syringe, disposable, 20 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*humatropen*	*pen injector device*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject*	*syringe, disposable, 35 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 6 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safety syringe with shield*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 6 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe without needle*	*syringe, disposable, 12 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe, disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 6 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe without needle*	*syringe, disposable, 12 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*ulticare safety syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo hypodermic needle-syrin*	*syringe with needle,disposable, 5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safety syringe with shield*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe without needle*	*syringe, disposable, 60 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer-lok syringe-needle*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*ulticare safety syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch*	*syringe with needle,disposable, 1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject*	*syringe with needle,disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*eclipse syringe-needle*	*syringe with needle,disposable, 1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch fluringe*	*syringe with needle,disposable, 1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*eclipse luer-lok syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*eclipse luer-lok syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*safety syringe with shield*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*eclipse luer-lok syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject enfit syringe*	*syringe, enfit 6 ml, non-sterile*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*luer slip tip syringe tray*	*syringe, disposable, 1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*monoject enfit syringe*	*syringe, enfit 1 ml, non-sterile*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch*	*syringe with needle,disposable, 1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject enfit syringe*	*syringe, enfit 12 ml, non-sterile*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*eclipse luer-lok syringe*	*syringe with needle,disposable, 1 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject enfit syringe*	*syringe, enfit 60 ml, non-sterile*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*terumo hypodermic needle-syrin*	*syringe with needle,disposable, 5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*easy touch*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject enfit syringe*	*syringe, enfit 35 ml, non-sterile*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*ulticare safety syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe, disposable, 6 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject syringe*	*syringe, disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	*easy touch*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*monoject safety syringe*	*syringe, disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe without needle*	*syringe, disposable, 60 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*syringe without needle*	*syringe, disposable, 20 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*paradigm*	*insulin pump syringe, 1.8 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*q-cliq pen (for natpara)*	*pen injector device*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*paradigm*	*insulin pump syringe, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*minimed reservoir*	*insulin pump syringe, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*kendall disinfectant cap*	*alcohol swab cap*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*minimed reservoir*	*insulin pump syringe, 1.8 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*minimed reservoir*	*insulin pump syringe, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	*piston enfit syringe*	*syringe, enfit 60 ml, non-sterile*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
01/31/2022	SALMON OIL-1000	*salmon oil/omega-3 fatty acids*	REMOVE UM: DRUGCLASS	Nutritional Diet Supplement	
01/31/2022	*tc99m mebrofenin prep*	*kit for prep tc-99m/mebrofenin*	ADD UM: DRUGCLASS		X-ray Diagnostics
01/31/2022	*tc99m mebrofenin prep*	*kit for prep tc-99m/mebrofenin*	ADD UM: DRUGCLASS		X-ray Diagnostics

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/31/2022	CHOLETEC	*kit for prep tc-99m/mebrofenin*	ADD UM: DRUGCLASS		X-ray Diagnostics
01/31/2022	WEE CARE	*iron,carbonyl*	REMOVE UM: DRUGCLASS	Blood/Blood Products	
01/31/2022	TROGARZO	*ibalizumab-uiyk*	ADD UM: DRUGCLASS		AIDS
01/31/2022	APRETUDE	*cabotegravir*	ADD UM: DRUGCLASS		AIDS

Alliant Precision Formulary 2022 Updates

February, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2022	TUSSIN DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	GERI-LANTA SUPREME	*calcium carbonate/magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	*carboxymethylcellulose sodium*	*carboxymethylcellulose sodium*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	TUSSIN DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	PINK BISMUTH	*bismuth subsalicylate*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	*carboxymethylcellulose sodium*	*carboxymethylcellulose sodium*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	*carboxymethylcellulose sodium*	*carboxymethylcellulose sodium*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	CAMPHOTROL	*menthol/camphor*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	*carboxymethylcellulose sodium*	*carboxymethylcellulose sodium*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	*carboxymethylcellulose sodium*	*carboxymethylcellulose sodium*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	KIMMTRAK	*tebentafusp-tebn*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	KIMMTRAK	*tebentafusp-tebn*	ADD UM: COV		FDA Moratorium
02/01/2022	KIMMTRAK	*tebentafusp-tebn*	ADD UM: SPECIALTY		Specialty Drug
02/01/2022	KIMMTRAK	*tebentafusp-tebn*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2022	PEMFEXY	*pemetrexed*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	PEMFEXY	*pemetrexed*	ADD UM: COV		FDA Moratorium
02/01/2022	PEMFEXY	*pemetrexed*	ADD UM: SPECIALTY		Specialty Drug
02/01/2022	PEMFEXY	*pemetrexed*	ADD UM: MED		Medical Drug
02/01/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
02/01/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		FDA Moratorium
02/01/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
02/01/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: COV		FDA Moratorium
02/01/2022	ZIMHI	*naloxone hcl*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	ZIMHI	*naloxone hcl*	ADD UM: COV		FDA Moratorium
02/01/2022	ZIMHI	*naloxone hcl*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	ZIMHI	*naloxone hcl*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2022	*casirivimab-imdevimab (eua)*	*casirivimab (regn10933)/imdevimab (regn10987)*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	*casirivimab-imdevimab (eua)*	*casirivimab (regn10933)/imdevimab (regn10987)*	ADD UM: COV		Non Formulary
02/01/2022	*casirivimab-imdevimab (eua)*	*casirivimab (regn10933)/imdevimab (regn10987)*	REMOVE FROM FORMULARY		Non-Formulary
02/01/2022	*casirivimab-imdevimab (eua)*	*casirivimab (regn10933)/imdevimab (regn10987)*	ADD UM: COV		Non Formulary
02/01/2022	*casirivimab-imdevimab (eua)*	*casirivimab (regn10933)/imdevimab (regn10987)*	ADD UM: MED		Medical Drug
02/01/2022	*casirivimab-imdevimab (eua)*	*casirivimab (regn10933)/imdevimab (regn10987)*	ADD UM: MED		Medical Drug
02/01/2022	*lanreotide acetate*	*lanreotide acetate*	ADD TO FORMULARY		Generics
02/01/2022	*lanreotide acetate*	*lanreotide acetate*	ADD UM: MAXQTYPERDAY		0.02 per day
02/01/2022	*lanreotide acetate*	*lanreotide acetate*	ADD UM: DRUGCLASS		Injectables
02/01/2022	*lanreotide acetate*	*lanreotide acetate*	ADD UM: PANAME		PA Applies
02/01/2022	*lanreotide acetate*	*lanreotide acetate*	ADD UM: SPECIALTY		Specialty Drug
02/01/2022	*lanreotide acetate*	*lanreotide acetate*	ADD UM: PS		Preferred Specialty
02/01/2022	*lanreotide acetate*	*lanreotide acetate*	ADD UM: BSP		BENEFIT SHIFT PROGRAM

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2022	TIBSOVO	*ivosidenib*	CHANGE TIER		Non-Preferred Brands
02/01/2022	TIBSOVO	*ivosidenib*	CHANGE UM: DRUGCLASS		Antineoplastics/Chemo
02/01/2022	TIBSOVO	*ivosidenib*	CHANGE UM: PANAME		PA Applies
02/01/2022	TIBSOVO	*ivosidenib*	CHANGE UM: SPECIALTY		Specialty Drug
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	ZESTRIL	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	ZESTRIL	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	ZESTRIL	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	ZESTRIL	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	ZESTRIL	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	PRINIVIL	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	PRINIVIL	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	PRINIVIL	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	*lisinopril*	*lisinopril*	CHANGE UM: MAXQTYPERDAY	1 per day	2.0 per day
02/04/2022	VAXNEUVANCE	*pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf*	ADD UM: QPBU		AAVAC3 | HCR Vaccines
02/04/2022	PREVNAR 20	*pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf*	ADD UM: QPBU		AAVAC3 | HCR Vaccines
02/04/2022	RINVOQ	*upadacitinib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
02/04/2022	RINVOQ	*upadacitinib*	ADD UM: MAXQTYPERDAY		1.0 per day
02/04/2022	RINVOQ	*upadacitinib*	ADD UM: PANAME		PA Applies
02/04/2022	RINVOQ	*upadacitinib*	REMOVE UM: COV	FDA Moratorium	
02/04/2022	RINVOQ	*upadacitinib*	ADD UM: PS		Preferred Specialty
02/04/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Generics
02/04/2022	*covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Generics
02/04/2022	*covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Generics
02/04/2022	*bd veritor at-home covid19 tst*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Generics
02/07/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/07/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
02/07/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
02/07/2022	*bd veritor at-home covid19 tst*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
02/07/2022	*bd veritor at-home covid19 tst*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
02/07/2022	*bd veritor at-home covid19 tst*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
02/07/2022	*covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
02/07/2022	*covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
02/07/2022	*covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
02/07/2022	ALIVE PREMIUM WOMEN'S	*multivit with minerals/folic acid/herbal complex no.293*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	ALIVE MEN'S 50 PLUS GUMMY	*multivit with minerals/folic/lutein/herbal complex no.293*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	ALIVE PREMIUM MEN'S	*multivit with minerals/folic acid/herbal complex no.293*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	ALIVE PREMIUM ADULT	*multivit with minerals/folic acid/herbal complex no.293*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	TYR EXPRESS15 PLUS	*nutritional therapy for tyrosinemia with iron*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	TYR EXPRESS15 PLUS	*nutritional therapy for tyrosinemia with iron*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/07/2022	SIMILAC 360 TOTAL CARE SENSITV	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	SIMILAC 360 TOTAL CARE SENSITV	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
02/07/2022	*l-theanine*	*theanine*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	*skarcade*	*gel-matrix pad dressing, silicone*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	CERASPORT EX1	*sodium chloride/potassium chloride/sodium citrate/rice syrup*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	OMERA	*omega-3 fatty acids/dha/epa/other omega-3s/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	FLORANEX ONE	*saccharomyces boulardii/fructooligosaccharides*	REMOVE FROM FORMULARY		Non-Formulary
02/07/2022	IDELVION	*factor ix recombinant,albumin fusion protein*	ADD UM: DRUGCLASS		Blood/Blood Products
02/07/2022	IDELVION	*factor ix recombinant,albumin fusion protein*	ADD UM: DRUGCLASS		Blood/Blood Products
02/07/2022	IDELVION	*factor ix recombinant,albumin fusion protein*	ADD UM: DRUGCLASS		Blood/Blood Products
02/07/2022	IDELVION	*factor ix recombinant,albumin fusion protein*	ADD UM: DRUGCLASS		Blood/Blood Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/07/2022	IDELVION	*factor ix recombinant,albumin fusion protein*	ADD UM: DRUGCLASS		Blood/Blood Products
02/07/2022	*fora d40g glucose-bp monitor*	*blood-glucose and blood pressure meter with adult cuff*	CHANGE UM: DRUGCLASS	Blood Pressure Supplies	Diabetic - Glucometers
02/07/2022	GERBER GOOD START A2 TODDLER	*pediatric nut,milk based,iron/a2 casein/dha/ara/l. reuteri*	CHANGE UM: DRUGCLASS	Metabolic Infant Formula	Nutritional Diet Supplement
02/07/2022	*filter needle*	*needles, filter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*lever lock cannula*	*syringe accessory*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*eclipse needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*blunt needle*	*blunt needle, disposable*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*eclipse needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*eclipse syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*safety syringe-needle*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*eclipse syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*medihoney*	*calcium alginate/honey*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*ulticare syringe*	*syringe, needle, safety 1.5 ml,self-contained disposal unit*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/07/2022	*norm-ject syringe*	*syringe, disposable, 20 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*interlink syringe w-cannula*	*syringe with cannula, disposable, 10 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*integra syringe*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*filter needle*	*needles, filter*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*ulticare syringe*	*syringe, needle, safety 1.5 ml,self-contained disposal unit*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*xeroform petrolatum dressing*	*bismuth tribromophenate/petrolatum, white*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*eclipse needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*xeroform petrolatum dressing*	*bismuth tribromophenate/petrolatum, white*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*syringe*	*syringe, disposable, 5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*norm-ject syringe*	*syringe, disposable, 10 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*syringe*	*syringe reusable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*needle*	*needles, safety*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	*xeroform petrolatum dressing*	*bismuth tribromophenate/petrolatum, white*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/07/2022	*monoject magellan*	*syringe,safety with needle,3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/07/2022	NEPHRO-VITE RX	*vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin*	CHANGE UM: DRUGCLASS	Prenatal Vitamins	Vitamins (Not Prenatal)
02/07/2022	HEMATINIC WITH FOLIC ACID	*ferrous fumarate/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/07/2022	NEPHRO-VITE RX	*vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin*	CHANGE UM: DRUGCLASS	Prenatal Vitamins	Vitamins (Not Prenatal)
02/07/2022	*isotretinoin*	*isotretinoin*	REMOVE UM: DRUGCLASS	Isotretinoin	
02/07/2022	*barium sulfate*	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
02/07/2022	*barium sulfate*	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
02/07/2022	*cod liver oil*	*cod liver oil*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
02/07/2022	*cod liver oil*	*cod liver oil*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
02/07/2022	*cod liver oil*	*cod liver oil*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
02/07/2022	*cod liver oil*	*cod liver oil*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
02/07/2022	*cod liver oil*	*cod liver oil*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
02/07/2022	*cod liver oil*	*cod liver oil*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
02/07/2022	*barium sulfate*	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/08/2022	SEGLENTIS	*tramadol hcl/celecoxib*	REMOVE FROM FORMULARY		Non-Formulary
02/08/2022	SEGLENTIS	*tramadol hcl/celecoxib*	ADD UM: COV		FDA Moratorium
02/08/2022	VABYSMO	*faricimab-svoa*	REMOVE FROM FORMULARY		Non-Formulary
02/08/2022	VABYSMO	*faricimab-svoa*	ADD UM: COV		FDA Moratorium
02/08/2022	VABYSMO	*faricimab-svoa*	ADD UM: MED		Medical Drug
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	AMZEEQ	*minocycline hcl*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	CLINDACIN PAC	*clindamycin phosphate/skin cleanser comb no.19*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	EVOCLIN	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/10/2022	EVOCLIN	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	CLINDACIN ETZ	*clindamycin phosphate/skin cleanser comb no.19*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	CLINDACIN P	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	CLINDACIN ETZ	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	CLINDACIN ETZ	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	AMZEEQ	*minocycline hcl*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	CLEOCIN T	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	ERYGEL	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	ERY	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin-benzoyl peroxide*	*erythromycin base/benzoyl peroxide*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	CLEOCIN T	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*erythromycin*	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	CLEOCIN T	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	ERYGEL	*erythromycin base in ethanol*	REMOVE UM: DRUGCLASS	Acne	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/10/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/10/2022	CLEOCIN T	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
02/11/2022	*dy-o-derm*	*isopropyl alcohol*	REMOVE UM: DRUGCLASS	Cosmetic Preps	
02/11/2022	*easy comfort lancets*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
02/11/2022	*easy comfort lancets*	*lancets*	ADD UM: COV		Non Formulary
02/11/2022	*easy comfort lancets*	*lancets*	ADD UM: PR		Preventive Medication
02/11/2022	*unistik normal*	*lancets*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
02/11/2022	*unistik normal*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
02/11/2022	*unistik normal*	*lancets*	ADD UM: PR		Preventive Medication
02/11/2022	*glucocom autolink*	*diabetic supplies,miscell*	REMOVE UM: DRUGCLASS	Diabetic - Glucometers	
02/11/2022	*cequr simplicity inserter*	*diabetic supplies,miscell*	REMOVE UM: DRUGCLASS	Diabetic - Glucometers	
02/11/2022	ASPERFLEX MENTHOL	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	ONE-A-DAY WOMEN'S 50 PLUS	*multivitamin,calcium,minerals/folic acid/phytonadione(vit k)*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	ONE-A-DAY WOMEN'S 50 PLUS	*multivitamin,calcium,minerals/folic acid/phytonadione(vit k)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/11/2022	CALPROTECT	*menthol/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/11/2022	WOMEN'S 50 PLUS ADVANCED	*multivitamin,calcium,minerals/folic acid/phytonadione(vit k)*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	WOMEN'S 50 PLUS ADVANCED	*multivitamin,calcium,minerals/folic acid/phytonadione(vit k)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/11/2022	CIBINQO	*abrocitinib*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	CIBINQO	*abrocitinib*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	CIBINQO	*abrocitinib*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	CIBINQO	*abrocitinib*	ADD UM: COV		FDA Moratorium
02/11/2022	CIBINQO	*abrocitinib*	ADD UM: SPECIALTY		Specialty Drug
02/11/2022	CIBINQO	*abrocitinib*	ADD UM: COV		FDA Moratorium
02/11/2022	CIBINQO	*abrocitinib*	ADD UM: SPECIALTY		Specialty Drug
02/11/2022	CIBINQO	*abrocitinib*	ADD UM: COV		FDA Moratorium
02/11/2022	CIBINQO	*abrocitinib*	ADD UM: SPECIALTY		Specialty Drug
02/11/2022	FLEQSUVY	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	FLEQSUVY	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	FLEQSUVY	*baclofen*	ADD UM: COV		FDA Moratorium
02/11/2022	FLEQSUVY	*baclofen*	ADD UM: COV		FDA Moratorium
02/11/2022	ILLUCCIX	*kit for the preparation of ga-68/gozetotide*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	ILLUCCIX	*kit for the preparation of ga-68/gozetotide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/11/2022	ILLUCCIX	*kit for the preparation of ga-68/gozetotide*	ADD UM: COV		Non Formulary
02/11/2022	ILLUCCIX	*kit for the preparation of ga-68/gozetotide*	ADD UM: MED		Medical Drug
02/11/2022	ILLUCCIX	*kit for the preparation of ga-68/gozetotide*	ADD UM: COV		Non Formulary
02/11/2022	ILLUCCIX	*kit for the preparation of ga-68/gozetotide*	ADD UM: MED		Medical Drug
02/11/2022	ENJAYMO	*sutimlimab-jome*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	ENJAYMO	*sutimlimab-jome*	ADD UM: COV		FDA Moratorium
02/11/2022	ENJAYMO	*sutimlimab-jome*	ADD UM: SPECIALTY		Specialty Drug
02/11/2022	ENJAYMO	*sutimlimab-jome*	ADD UM: MED		Medical Drug
02/11/2022	*betaine anhydrous*	*betaine*	ADD TO FORMULARY		Generics
02/11/2022	*betaine anhydrous*	*betaine*	ADD UM: SPECIALTY		Specialty Drug
02/11/2022	*betaine anhydrous*	*betaine*	ADD UM: PS		Preferred Specialty
02/11/2022	WESCAPS	*vitamin b complex and vitamin c no.20/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	WESCAPS	*vitamin b complex and vitamin c no.20/folic acid*	ADD UM: COV		Non Formulary
02/11/2022	WESCAPS	*vitamin b complex and vitamin c no.20/folic acid*	ADD UM: NFDA		Non-FDA Approved
02/11/2022	WESCAPS	*vitamin b complex and vitamin c no.20/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/11/2022	*methylprednisolone acetate*	*methylprednisolone acetate in sodium chloride,iso-osmotic/pf*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/11/2022	*methylprednisolone acetate*	*methylprednisolone acetate in sodium chloride,iso-osmotic/pf*	ADD UM: COV		Non Formulary
02/11/2022	*methylprednisolone acetate*	*methylprednisolone acetate in sodium chloride,iso-osmotic/pf*	ADD UM: NFDA		Non-FDA Approved
02/11/2022	*methylprednisolone acetate*	*methylprednisolone acetate in sodium chloride,iso-osmotic/pf*	ADD UM: MED		Medical Drug
02/11/2022	ASCLERA	*polidocanol*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	ASCLERA	*polidocanol*	REMOVE FROM FORMULARY		Non-Formulary
02/11/2022	ASCLERA	*polidocanol*	ADD UM: COV		Non Formulary
02/11/2022	ASCLERA	*polidocanol*	ADD UM: MED		Medical Drug
02/11/2022	ASCLERA	*polidocanol*	ADD UM: COV		Non Formulary
02/11/2022	ASCLERA	*polidocanol*	ADD UM: MED		Medical Drug
02/14/2022	ALIVE MEN'S GUMMY	*multivit with minerals/folic acid/herbal complex no.293*	REMOVE FROM FORMULARY		Non-Formulary
02/14/2022	ALIVE MEN'S GUMMY	*multivit with minerals/folic acid/herbal complex no.293*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/14/2022	ALIVE MEN'S ENERGY	*multivit with minerals/folic/vit k/lutein/herbal complex 293*	REMOVE FROM FORMULARY		Non-Formulary
02/14/2022	ALIVE MEN'S ENERGY	*multivit with minerals/folic/vit k/lutein/herbal complex 293*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/14/2022	ALIVE MEN'S 50 PLUS MULTIVIT	*multivit with minerals/folic/vit k/lutein/herbal complex 293*	REMOVE FROM FORMULARY		Non-Formulary
02/14/2022	ALIVE MEN'S 50 PLUS MULTIVIT	*multivit with minerals/folic/vit k/lutein/herbal complex 293*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/14/2022	*eclipse needle*	*needles, safety*	REMOVE FROM FORMULARY		Non-Formulary
02/14/2022	*eclipse needle*	*needles, safety*	CHANGE UM: DRUGCLASS		Miscellaneous Medical Supplies
02/14/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*flowflex covid-19 ag home test*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*ihealth covid-19 ag home test*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*carestart covid-19 ag home tst*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*on-go covid-19 ag at home test*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*bd veritor at-home covid19 tst*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	*covid-19 at-home test*	*covid-19 antigen immunoassay test*	CHANGE TIER	Generics	Preferred Brands
02/14/2022	CIBINQO	*abrocitinib*	ADD TO FORMULARY		Non-Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/14/2022	ILLUCCIX	*kit for the preparation of ga-68/gozetotide*	ADD TO FORMULARY		Non-Preferred Brands
02/14/2022	FLEQSUVY	*baclofen*	ADD TO FORMULARY		Non-Preferred Brands
02/14/2022	CIBINQO	*abrocitinib*	ADD TO FORMULARY		Non-Preferred Brands
02/14/2022	ILLUCCIX	*kit for the preparation of ga-68/gozetotide*	ADD TO FORMULARY		Non-Preferred Brands
02/14/2022	ASCLERA	*polidocanol*	ADD TO FORMULARY		Non-Preferred Brands
02/14/2022	FLEQSUVY	*baclofen*	ADD TO FORMULARY		Non-Preferred Brands
02/14/2022	ASCLERA	*polidocanol*	ADD TO FORMULARY		Non-Preferred Brands
02/14/2022	ENJAYMO	*sutimlimab-jome*	ADD TO FORMULARY		Non-Preferred Brands
02/14/2022	CIBINQO	*abrocitinib*	ADD TO FORMULARY		Non-Preferred Brands
02/15/2022	RESTASIS	*cyclosporine*	ADD UM: B4G		Brand For Generic
02/15/2022	*maraviroc*	*maraviroc*	ADD TO FORMULARY		Generics
02/15/2022	*maraviroc*	*maraviroc*	ADD UM: DRUGCLASS		AIDS
02/15/2022	*maraviroc*	*maraviroc*	ADD UM: SPECIALTY		Specialty Drug
02/15/2022	*maraviroc*	*maraviroc*	ADD UM: PS		Preferred Specialty
02/15/2022	*maraviroc*	*maraviroc*	ADD TO FORMULARY		Generics
02/15/2022	*maraviroc*	*maraviroc*	ADD UM: DRUGCLASS		AIDS
02/15/2022	*maraviroc*	*maraviroc*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/15/2022	*maraviroc*	*maraviroc*	ADD UM: PS		Preferred Specialty
02/15/2022	*cyclosporine*	*cyclosporine*	REMOVE FROM FORMULARY		Non-Formulary
02/15/2022	*cyclosporine*	*cyclosporine*	ADD UM: COV		FDA Moratorium
02/15/2022	*cyclosporine*	*cyclosporine*	ADD UM: MAXQTYPERDAY		2.0 per day
02/15/2022	ASCLERA	*polidocanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
02/15/2022	ASCLERA	*polidocanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
02/16/2022	*lucira check-it covid home tst*	*covid-19 molecular nucleic acid test assay*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
02/16/2022	*lucira check-it covid home tst*	*covid-19 molecular nucleic acid test assay*	ADD UM: QUANTITY		8 / 30 days
02/16/2022	*lucira check-it covid home tst*	*covid-19 molecular nucleic acid test assay*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
02/17/2022	ORTHO TRI-CYCLEN	*norgestimate-ethinyl estradiol*	ADD UM: DRUGCLASS		Contraceptives - Oral
02/18/2022	EPIDUO FORTE	*adapalene/benzoyl peroxide*	ADD UM: B4G		Brand For Generic
02/18/2022	PROBIOTIC DIGESTIVE SUPPORT	*l.acidoph,bulgar,paracasei,r hamnosu/b.animalis,longum/ inulin*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2022	BEVITROL	*lipase/protease/amylase*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2022	BEVITROL	*lipase/protease/amylase*	ADD UM: COV		Non Formulary
02/18/2022	BEVITROL	*lipase/protease/amylase*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/18/2022	ZELDANA	*thiamine/riboflavin/niacin/pantothen ac/b6/folic acid/b12/c*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2022	ZELDANA	*thiamine/riboflavin/niacin/pantothen ac/b6/folic acid/b12/c*	ADD UM: COV		Non Formulary
02/18/2022	ZELDANA	*thiamine/riboflavin/niacin/pantothen ac/b6/folic acid/b12/c*	ADD UM: NFDA		Non-FDA Approved
02/18/2022	*zenphor*	*gel dressing*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2022	*zenphor*	*gel dressing*	ADD UM: COV		Non Formulary
02/18/2022	L.E.T. (LIDO-EPINEPH-TETRA)	*lidocaine hcl/racepinephrine hcl/tetracaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2022	L.E.T. (LIDO-EPINEPH-TETRA)	*lidocaine hcl/racepinephrine hcl/tetracaine hcl*	ADD UM: COV		FDA Moratorium
02/18/2022	L.E.T. (LIDO-EPINEPH-TETRA)	*lidocaine hcl/racepinephrine hcl/tetracaine hcl*	ADD UM: NFDA		Non-FDA Approved
02/18/2022	*norepinephrine bitartrat-water*	*norepinephrine bitartrate in sterile water*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2022	*norepinephrine bitartrat-water*	*norepinephrine bitartrate in sterile water*	ADD UM: COV		Non Formulary
02/18/2022	*norepinephrine bitartrat-water*	*norepinephrine bitartrate in sterile water*	ADD UM: NFDA		Non-FDA Approved
02/18/2022	*norepinephrine bitartrat-water*	*norepinephrine bitartrate in sterile water*	ADD UM: MED		Medical Drug
02/18/2022	ZELDANA	*thiamine/riboflavin/niacin/pantothen ac/b6/folic acid/b12/c*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/18/2022	*bebtelovimab (eua)*	*bebtelovimab*	REMOVE FROM FORMULARY		Non-Formulary
02/18/2022	*bebtelovimab (eua)*	*bebtelovimab*	ADD UM: COV		FDA Moratorium
02/18/2022	*bebtelovimab (eua)*	*bebtelovimab*	ADD UM: MED		Medical Drug
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	FA-8	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	*folic acid*	*folic acid*	REMOVE UM: DRUGCLASS	Folic Acid	
02/21/2022	HAIR, SKIN AND NAILS	*multivit with minerals/ferrous fum/folic acid/herbal no.186,multivitamin with minerals/folic acid/biotin*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2022	HAIR, SKIN AND NAILS	*multivit with minerals/ferrous fum/folic acid/herbal no.186,multivitamin with minerals/folic acid/biotin*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
02/21/2022	*sodium fluoride enamel protect*	*sodium fluoride/potassium nitrate*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	FLUORIDEX	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT 5000 PLUS	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT 5000 SENSITIVE	*sodium fluoride/potassium nitrate*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*sodium fluoride*	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	DENTA 5000 PLUS	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*sodium fluoride*	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*sodium fluoride*	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2022	CLINPRO 5000	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT 5000 ENAMEL PROTECT	*sodium fluoride/potassium nitrate*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT 5000 PLUS	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	SODIUM FLUORIDE 5000 DRY MOUTH	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*sodium fluoride*	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*sodium fluoride*	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*sodium fluoride*	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PERIOMED	*stannous fluoride*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*sodium fluoride sensitive*	*sodium fluoride/potassium nitrate*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT 5000 ENAMEL PROTECT	*sodium fluoride/potassium nitrate*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	DENTAGEL	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*sodium fluoride*	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2022	PREVIDENT	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	CLINPRO 5000	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT 5000 ORTHO DEFENSE	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	GEL-KAM	*stannous fluoride*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PERIOMED	*stannous fluoride*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	SF	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PHOS-FLUR	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PHOS-FLUR	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	SF 5000 PLUS	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	SODIUM FLUORIDE 5000 PLUS	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2022	GEL-KAM	*stannous fluoride*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PHOS-FLUR	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PHOS-FLUR	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*sodium fluoride*	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	SODIUM FLUORIDE 5000 PLUS	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	CLINPRO 5000	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT 5000 SENSITIVE	*sodium fluoride/potassium nitrate*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PHOS-FLUR	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*sodium fluoride*	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT 5000 DRY MOUTH	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	DENTA 5000 PLUS	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PREVIDENT 5000 PLUS	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2022	*sodium fluoride*	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	FLUORIDEX SENSITIVITY RELIEF	*sodium fluoride/potassium nitrate*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	PHOS-FLUR	*fluoride (sodium)*	CHANGE UM: DRUGCLASS	Fluoride Preps - Topical	Flouride Preps - Oral
02/21/2022	*embrace evo*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2022	*embrace evo*	*blood-glucose meter*	ADD UM: DRUGCLASS		Excluded Products
02/21/2022	*embrace evo*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
02/21/2022	*embrace safety lancet*	*lancets*	ADD TO FORMULARY		Preferred Brands
02/21/2022	*embrace safety lancet*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
02/21/2022	*embrace safety lancet*	*lancets*	ADD UM: PR		Preventive Medication
02/21/2022	*embrace safety lancet*	*lancets*	ADD TO FORMULARY		Preferred Brands
02/21/2022	*embrace safety lancet*	*lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
02/21/2022	*embrace safety lancet*	*lancets*	ADD UM: PR		Preventive Medication
02/21/2022	*clinitest covid-19 home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
02/21/2022	*clinitest covid-19 home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
02/21/2022	*clinitest covid-19 home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/21/2022	ALIVE PREMIUM KIDS	*pediatric multivitamin no.204/herbal complex no.293*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2022	ALIVE PREMIUM KIDS	*pediatric multivitamin no.204/herbal complex no.293*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/21/2022	*ginkgo biloba*	*ginkgo biloba leaf extract*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2022	ALIVE CALCIUM-VITAMIN D3	*calcium phosphate, tribasic/vitamin d3/herbal complex no.293*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2022	*dropsafe prep pads*	*alcohol antiseptic pads*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2022	*ashwagandha*	*ashwagandha root extract*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2022	*ginkgo biloba*	*ginkgo biloba leaf extract*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2022	ASPERFLEX	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2022	*5-htp-vit b6-vit c*	*5-hydroxytryptophan (5-htp)/vit b6/ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
02/21/2022	*ginkgo biloba*	*ginkgo biloba leaf extract*	REMOVE FROM FORMULARY		Non-Formulary
02/22/2022	DERMACINRX DOTREMIN	*cholecalciferol (vit d3)/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
02/22/2022	DERMACINRX DOTREMIN	*cholecalciferol (vit d3)/folic acid*	ADD UM: COV		Non Formulary
02/22/2022	DERMACINRX DOTREMIN	*cholecalciferol (vit d3)/folic acid*	ADD UM: NFDA		Non-FDA Approved
02/22/2022	DERMACINRX MULTITAM	*multivitamin with minerals no.86/folic acid*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2022	DERMACINRX MULTITAM	*multivitamin with minerals no.86/folic acid*	ADD UM: COV		Non Formulary
02/22/2022	DERMACINRX MULTITAM	*multivitamin with minerals no.86/folic acid*	ADD UM: NFDA		Non-FDA Approved
02/22/2022	ENZADYNE	*lipase/protease/amylase*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
02/22/2022	ENZADYNE	*lipase/protease/amylase*	ADD UM: COV		Non Formulary
02/22/2022	ENZADYNE	*lipase/protease/amylase*	ADD UM: NFDA		Non-FDA Approved
02/22/2022	FYREMADEL	*ganirelix acetate*	REMOVE FROM FORMULARY		Non-Formulary
02/22/2022	FYREMADEL	*ganirelix acetate*	ADD UM: GENDER		Female
02/22/2022	FYREMADEL	*ganirelix acetate*	ADD UM: DRUGCLASS		Fertility Drugs
02/22/2022	FYREMADEL	*ganirelix acetate*	ADD UM: COV		FDA Moratorium
02/22/2022	FYREMADEL	*ganirelix acetate*	ADD UM: SPECIALTY		Specialty Drug
02/22/2022	*tramadol hcl*	*tramadol hcl*	REMOVE FROM FORMULARY		Non-Formulary
02/22/2022	*tramadol hcl*	*tramadol hcl*	ADD UM: COV		FDA Moratorium
02/22/2022	*tramadol hcl*	*tramadol hcl*	REMOVE FROM FORMULARY		Non-Formulary
02/22/2022	*tramadol hcl*	*tramadol hcl*	ADD UM: COV		FDA Moratorium
02/22/2022	QUADRACEL DTAP-IPV	*diphtheria, pertussis(acell),tetanus,polio vaccine/pf*	ADD TO FORMULARY		Preferred Brands
02/22/2022	QUADRACEL DTAP-IPV	*diphtheria, pertussis(acell),tetanus,polio vaccine/pf*	ADD UM: QPBU		AAVAC3 | HCR Vaccines

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2022	QUADRACEL DTAP-IPV	*diphtheria, pertussis(acell),tetanus,polio vaccine/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
02/22/2022	DERMACINRX DOTREMIN	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/22/2022	DERMACINRX MULTITAM	*multivitamin with minerals no.86/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
02/22/2022	*zenphor*	*gel dressing*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
02/22/2022	*deferiprone (3 times a day)*	*deferiprone*	ADD TO FORMULARY		Generics
02/22/2022	*deferiprone (3 times a day)*	*deferiprone*	ADD UM: PANAME		PA Applies
02/22/2022	*deferiprone (3 times a day)*	*deferiprone*	ADD UM: SPECIALTY		Specialty Drug
02/22/2022	*deferiprone (3 times a day)*	*deferiprone*	ADD UM: PS		Preferred Specialty
02/22/2022	*amphotericin b liposome*	*amphotericin b liposome*	ADD TO FORMULARY		Generics
02/22/2022	*amphotericin b liposome*	*amphotericin b liposome*	ADD UM: DRUGCLASS		Injectables
02/22/2022	*amphotericin b liposome*	*amphotericin b liposome*	ADD UM: MED		Medical Drug
02/22/2022	HERCEPTIN	*trastuzumab*	ADD TO FORMULARY		Non-Preferred Brands
02/22/2022	HERCEPTIN	*trastuzumab*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
02/22/2022	HERCEPTIN	*trastuzumab*	ADD UM: PANAME		PA Applies
02/22/2022	HERCEPTIN	*trastuzumab*	ADD UM: BSP		BENEFIT SHIFT PROGRAM

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02/22/2022	HERCEPTIN	*trastuzumab*	ADD UM: SPECIALTY		Specialty Drug
02/25/2022	EYE ITCH RELIEF	*ketotifen fumarate*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2022	*vitamin c*	*ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2022	*remifemin menopause*	*black cohosh root extract*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2022	ROLAIDS ULTRA STRENGTH	*calcium carbonate/magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2022	*guaifenesin er*	*guaifenesin*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2022	*citalopram hbr*	*citalopram hydrobromide*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2022	*citalopram hbr*	*citalopram hydrobromide*	ADD UM: COV		FDA Moratorium
02/25/2022	TWYNEO	*tretinoin/benzoyl peroxide*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2022	TWYNEO	*tretinoin/benzoyl peroxide*	ADD UM: COV		FDA Moratorium
02/25/2022	*scarcin pad plus*	*gel-matrix pad dressing, silicone*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2022	*scarcin pad plus*	*gel-matrix pad dressing, silicone*	ADD UM: COV		Non Formulary
02/25/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE FROM FORMULARY		Non-Formulary
02/25/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: COV		FDA Moratorium

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/25/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: COV		FDA Moratorium
02/28/2022	ASCLERA	*polidocanol*	CHANGE UM: DRUGCLASS		Injectables
02/28/2022	ASCLERA	*polidocanol*	CHANGE UM: COV		Non Formulary
02/28/2022	ASCLERA	*polidocanol*	CHANGE UM: MED		Medical Drug
02/28/2022	ASCLERA	*polidocanol*	CHANGE UM: DRUGCLASS		Injectables
02/28/2022	ASCLERA	*polidocanol*	CHANGE UM: COV		Non Formulary
02/28/2022	ASCLERA	*polidocanol*	CHANGE UM: MED		Medical Drug
02/28/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
02/28/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
02/28/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
02/28/2022	*pip blood glucose test strip*	*blood sugar diagnostic*	REMOVE FROM FORMULARY		Non-Formulary
02/28/2022	*pip blood glucose test strip*	*blood sugar diagnostic*	ADD UM: MAXQTYPERDAY		10.0 per day
02/28/2022	*pip blood glucose test strip*	*blood sugar diagnostic*	ADD UM: DRUGCLASS		Excluded Products
02/28/2022	*pip blood glucose test strip*	*blood sugar diagnostic*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2022 Updates

March, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD TO FORMULARY		Preferred Brands
03/01/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
03/01/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
03/01/2022	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	ADD TO FORMULARY		Preferred Brands
03/01/2022	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
03/01/2022	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
03/01/2022	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: B4G		Brand For Generic
03/01/2022	KERASTAT	*keratin*	REMOVE FROM FORMULARY		Non-Formulary
03/01/2022	KERASTAT	*keratin*	ADD UM: COV		Non Formulary
03/01/2022	KERASTAT	*keratin*	REMOVE FROM FORMULARY		Non-Formulary
03/01/2022	KERASTAT	*keratin*	ADD UM: COV		Non Formulary
03/01/2022	*erythromycin lactobionate*	*erythromycin lactobionate*	ADD TO FORMULARY		Non-Preferred Brands
03/01/2022	*erythromycin lactobionate*	*erythromycin lactobionate*	ADD UM: DRUGCLASS		Injectables

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2022	*erythromycin lactobionate*	*erythromycin lactobionate*	ADD UM: MED		Medical Drug
03/01/2022	*erythromycin lactobionate*	*erythromycin lactobionate*	ADD TO FORMULARY		Non-Preferred Brands
03/01/2022	*erythromycin lactobionate*	*erythromycin lactobionate*	ADD UM: DRUGCLASS		Injectables
03/01/2022	*erythromycin lactobionate*	*erythromycin lactobionate*	ADD UM: MED		Medical Drug
03/01/2022	TAKHZYRO	*lanadelumab-flyo*	ADD TO FORMULARY		Non-Preferred Brands
03/01/2022	TAKHZYRO	*lanadelumab-flyo*	ADD UM: MAXQTYPERDAY		0.114 per day
03/01/2022	TAKHZYRO	*lanadelumab-flyo*	ADD UM: PANAME		PA Applies
03/01/2022	TAKHZYRO	*lanadelumab-flyo*	ADD UM: SPECIALTY		Specialty Drug
03/01/2022	TALZENNA	*talazoparib tosylate*	ADD TO FORMULARY		Non-Preferred Brands
03/01/2022	TALZENNA	*talazoparib tosylate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
03/01/2022	TALZENNA	*talazoparib tosylate*	ADD UM: PANAME		PA Applies
03/01/2022	TALZENNA	*talazoparib tosylate*	ADD UM: SPECIALTY		Specialty Drug
03/01/2022	TALZENNA	*talazoparib tosylate*	ADD TO FORMULARY		Non-Preferred Brands
03/01/2022	TALZENNA	*talazoparib tosylate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
03/01/2022	TALZENNA	*talazoparib tosylate*	ADD UM: PANAME		PA Applies
03/01/2022	TALZENNA	*talazoparib tosylate*	ADD UM: SPECIALTY		Specialty Drug
03/01/2022	VASOSTRICT	*vasopressin*	REMOVE FROM FORMULARY		Non-Formulary
03/01/2022	VASOSTRICT	*vasopressin*	ADD UM: COV		Non Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2022	VASOSTRICT	*vasopressin*	ADD UM: MED		Medical Drug
03/01/2022	VASOSTRICT	*vasopressin*	REMOVE FROM FORMULARY		Non-Formulary
03/01/2022	VASOSTRICT	*vasopressin*	ADD UM: COV		Non Formulary
03/01/2022	VASOSTRICT	*vasopressin*	ADD UM: MED		Medical Drug
03/01/2022	VASOSTRICT	*vasopressin*	REMOVE FROM FORMULARY		Non-Formulary
03/01/2022	VASOSTRICT	*vasopressin*	ADD UM: COV		Non Formulary
03/01/2022	VASOSTRICT	*vasopressin*	ADD UM: MED		Medical Drug
03/01/2022	VASOSTRICT	*vasopressin*	REMOVE FROM FORMULARY		Non-Formulary
03/01/2022	VASOSTRICT	*vasopressin*	ADD UM: COV		Non Formulary
03/01/2022	VASOSTRICT	*vasopressin*	ADD UM: MED		Medical Drug
03/01/2022	DULERA	*mometasone furoate/formoterol fumarate*	REMOVE FROM FORMULARY		Non-Formulary
03/01/2022	DULERA	*mometasone furoate/formoterol fumarate*	CHANGE UM: MAXQTYPERDAY		0.434 per day
03/01/2022	DULERA	*mometasone furoate/formoterol fumarate*	CHANGE UM: DRUGCLASS		Excluded Products
03/01/2022	DULERA	*mometasone furoate/formoterol fumarate*	CHANGE UM: PR		Preventive Medication
03/01/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
03/04/2022	VABYSMO	*faricimab-svoa*	ADD UM: SPECIALTY		Specialty Drug
03/05/2022	*escitalopram oxalate*	*escitalopram oxalate*	ADD TO FORMULARY		Non-Preferred Brands
03/05/2022	*escitalopram oxalate*	*escitalopram oxalate*	ADD TO FORMULARY		Non-Preferred Brands

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/05/2022	*escitalopram oxalate*	*escitalopram oxalate*	ADD TO FORMULARY		Non-Preferred Brands
03/05/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	REMOVE FROM FORMULARY		Non-Formulary
03/05/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	ADD UM: DRUGCLASS		AIDS
03/05/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	ADD UM: COV		FDA Moratorium
03/05/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	ADD UM: SPECIALTY		Specialty Drug
03/05/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	ADD UM: PR		Preventive Medication
03/05/2022	*fentanyl-ropivacaine-0.9% nacl*	*fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf*	REMOVE FROM FORMULARY		Non-Formulary
03/05/2022	*fentanyl-ropivacaine-0.9% nacl*	*fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf*	ADD UM: COV		Non Formulary
03/05/2022	*fentanyl-ropivacaine-0.9% nacl*	*fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf*	ADD UM: NFDA		Non-FDA Approved
03/05/2022	*fentanyl-ropivacaine-0.9% nacl*	*fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf*	ADD UM: MED		Medical Drug
03/05/2022	ROBINUL	*glycopyrrolate*	ADD TO FORMULARY		Non-Preferred Brands
03/05/2022	ROBINUL FORTE	*glycopyrrolate*	ADD TO FORMULARY		Non-Preferred Brands
03/07/2022	*loratadine*	*loratadine*	ADD TO FORMULARY	Non-Formulary	Tier 0
03/08/2022	CARVYKTI	*ciltacabtagene autoleucel*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	CARVYKTI	*ciltacabtagene autoleucel*	ADD UM: COV		FDA Moratorium
03/08/2022	CARVYKTI	*ciltacabtagene autoleucel*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	CARVYKTI	*ciltacabtagene autoleucel*	ADD UM: MED		Medical Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYRUKYND	*mitapivat sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: COV		FDA Moratorium
03/08/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	PYTEST KIT	*urea(c14)*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYTEST KIT	*urea(c14)*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	PYTEST KIT	*urea(c14)*	ADD UM: MED		Medical Drug
03/08/2022	PYTEST	*urea(c14)*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYTEST	*urea(c14)*	ADD UM: COV		Non Formulary
03/08/2022	PYTEST	*urea(c14)*	ADD UM: MED		Medical Drug
03/08/2022	PYTEST	*urea(c14)*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYTEST	*urea(c14)*	ADD UM: COV		Non Formulary
03/08/2022	PYTEST	*urea(c14)*	ADD UM: MED		Medical Drug
03/08/2022	PYTEST KIT	*urea(c14)*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	PYTEST KIT	*urea(c14)*	ADD UM: COV		Non Formulary
03/08/2022	PYTEST KIT	*urea(c14)*	ADD UM: MED		Medical Drug
03/08/2022	RELEUKO	*filgrastim-ayow*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: COV		FDA Moratorium
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	RELEUKO	*filgrastim-ayow*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: COV		FDA Moratorium
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	RELEUKO	*filgrastim-ayow*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: COV		FDA Moratorium
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	RELEUKO	*filgrastim-ayow*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: COV		FDA Moratorium
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	RELEUKO	*filgrastim-ayow*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: COV		FDA Moratorium
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	RELEUKO	*filgrastim-ayow*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: COV		FDA Moratorium
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	RELEUKO	*filgrastim-ayow*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: COV		FDA Moratorium
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	RELEUKO	*filgrastim-ayow*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: COV		FDA Moratorium
03/08/2022	RELEUKO	*filgrastim-ayow*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	*baclofen*	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	*baclofen*	*baclofen*	ADD UM: COV		FDA Moratorium
03/08/2022	*lenalidomide*	*lenalidomide*	ADD TO FORMULARY		Generics
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: MAXQTYPERDAY		1.0 per day
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: PANAME		PA Applies

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: PS		Preferred Specialty
03/08/2022	*lenalidomide*	*lenalidomide*	ADD TO FORMULARY		Generics
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: MAXQTYPERDAY		1.0 per day
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: PANAME		PA Applies
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: PS		Preferred Specialty
03/08/2022	*lenalidomide*	*lenalidomide*	ADD TO FORMULARY		Generics
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: MAXQTYPERDAY		1.0 per day
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: PANAME		PA Applies
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: PS		Preferred Specialty
03/08/2022	*lenalidomide*	*lenalidomide*	ADD TO FORMULARY		Generics
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: MAXQTYPERDAY		1.0 per day
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: PANAME		PA Applies
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	*lenalidomide*	*lenalidomide*	ADD UM: PS		Preferred Specialty
03/08/2022	*mitomycin*	*mitomycin in sterile water/pf*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	*mitomycin*	*mitomycin in sterile water/pf*	ADD UM: COV		Non Formulary
03/08/2022	*mitomycin*	*mitomycin in sterile water/pf*	ADD UM: NFDA		Non-FDA Approved
03/08/2022	*mitomycin*	*mitomycin in sterile water/pf*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	*mitomycin*	*mitomycin in sterile water/pf*	ADD UM: COV		Non Formulary
03/08/2022	*mitomycin*	*mitomycin in sterile water/pf*	ADD UM: NFDA		Non-FDA Approved
03/08/2022	*digoxin*	*digoxin*	ADD TO FORMULARY		Generics
03/08/2022	*digoxin*	*digoxin*	ADD UM: NTI		Narrow Therapeutic Indicator
03/08/2022	*zenphor*	*gel dressing*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	*zenphor*	*gel dressing*	ADD UM: COV		Non Formulary
03/08/2022	*zenphor*	*gel dressing*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
03/08/2022	*milk thistle*	*milk thistle seed extract/blessed thistle*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	DRY EYE RELIEF	*carboxymethylcellulose sodium*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	EASY FIBER	*wheat dextrin/calcium carbonate*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	WHEY PROTEIN	*amino acids/whey protein concentrate and isolate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	LASTACAFT ONCE DAILY RELIEF	*alcaftadine*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	LICE KILLING	*permethrin*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	LASTACAFT ONCE DAILY RELIEF	*alcaftadine*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	THERA TEARS	*carboxymethylcellulose sodium*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	DRY EYE RELIEF	*propylene glycol/polyethylene glycol 400*	REMOVE FROM FORMULARY		Non-Formulary
03/08/2022	ZUPLENZ	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	ZUPLENZ	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	ZUPLENZ	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	ZOFRAN	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	ZUPLENZ	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/08/2022	ZOFRAN	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: MAXQTYPERDAY	0.8 per day	
03/08/2022	*lanreotide acetate*	*lanreotide acetate*	CHANGE TIER	Generics	Non-Preferred Brands
03/08/2022	*lanreotide acetate*	*lanreotide acetate*	REMOVE UM: PS	Preferred Specialty	
03/11/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Acne	
03/11/2022	ZOFRAN	*ondansetron hcl*	REMOVE UM: QUANTITY	24 / 30 days	
03/11/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: QUANTITY	24 / 30 days	
03/11/2022	ZUPLENZ	*ondansetron*	REMOVE UM: QUANTITY	24 / 30 days	
03/11/2022	ZUPLENZ	*ondansetron*	REMOVE UM: QUANTITY	24 / 30 days	
03/11/2022	ZOFRAN	*ondansetron hcl*	REMOVE UM: QUANTITY	24 / 30 days	
03/11/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: QUANTITY	24 / 30 days	
03/11/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: QUANTITY	24 / 30 days	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/11/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: QUANTITY	24 / 30 days	
03/12/2022	GOLD BOND MEDICATED BODY	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	SIMILAC 360 TOTAL CARE SENSITV	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	SIMILAC 360 TOTAL CARE SENSITV	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	SIMILAC 360 TOTAL CARE SENSITV	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	SIMILAC 360 TOTAL CARE SENSITV	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
03/12/2022	SIMILAC 360 TOTAL CARE SENSITV	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
03/12/2022	SIMILAC 360 TOTAL CARE SENSITV	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
03/12/2022	*susvimo implnt and insert tool*	*ocular implant with insertion tool for ranibizumab*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	*susvimo implnt and insert tool*	*ocular implant with insertion tool for ranibizumab*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
03/12/2022	*susvimo implnt and insert tool*	*ocular implant with insertion tool for ranibizumab*	ADD UM: COV		FDA Moratorium
03/12/2022	*susvimo implnt and insert tool*	*ocular implant with insertion tool for ranibizumab*	ADD UM: SPECIALTY		Specialty Drug
03/12/2022	*susvimo implnt and insert tool*	*ocular implant with insertion tool for ranibizumab*	ADD UM: MED		Medical Drug

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/12/2022	XRYLIX II	*diclofenac sodium/kinesiology tape*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	XRYLIX II	*diclofenac sodium/kinesiology tape*	ADD UM: COV		Non Formulary
03/12/2022	XRYLIX II	*diclofenac sodium/kinesiology tape*	ADD UM: NFDA		Non-FDA Approved
03/12/2022	LEXITRAL PHARMAPAK II	*diclofenac sodium/capsicum oleoresin*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	DICLOTREX II	*diclofenac sodium/menthol/camphor*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	SILVASORB	*silver*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	SILVASORB	*silver*	ADD UM: COV		Non Formulary
03/12/2022	SILVASORB	*silver*	ADD UM: NFDA		Non-FDA Approved
03/12/2022	ANTIVERT	*meclizine hcl*	ADD TO FORMULARY		Non-Preferred Brands
03/12/2022	VONJO	*pacritinib citrate*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	VONJO	*pacritinib citrate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
03/12/2022	VONJO	*pacritinib citrate*	ADD UM: COV		FDA Moratorium
03/12/2022	VONJO	*pacritinib citrate*	ADD UM: SPECIALTY		Specialty Drug
03/12/2022	IBSRELA	*tenapanor hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	IBSRELA	*tenapanor hcl*	ADD UM: COV		FDA Moratorium
03/12/2022	AKOVAZ	*ephedrine sulfate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/12/2022	AKOVAZ	*ephedrine sulfate*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	AKOVAZ	*ephedrine sulfate*	ADD UM: COV		Non Formulary
03/12/2022	AKOVAZ	*ephedrine sulfate*	ADD UM: MED		Medical Drug
03/12/2022	AKOVAZ	*ephedrine sulfate*	ADD UM: COV		Non Formulary
03/12/2022	AKOVAZ	*ephedrine sulfate*	ADD UM: MED		Medical Drug
03/12/2022	*oregano oil*	*oregano oil/flaxseed oil*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	BANATROL TF	*banana flakes/galactooligosaccharides/fiber*	REMOVE FROM FORMULARY		Non-Formulary
03/12/2022	BANATROL TF	*banana flakes/galactooligosaccharides/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/14/2022	ZOFRAN	*ondansetron hcl*	ADD UM: QUANTITY		72 / 90 days
03/14/2022	ZOFRAN	*ondansetron hcl*	REMOVE UM: CUSTOM	Max allowable-3/day with max of 24 / 30 days	
03/14/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: QUANTITY		72 / 90 days
03/14/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: CUSTOM	Max allowable-3/day with max of 24 / 30 days	
03/14/2022	ZUPLENZ	*ondansetron*	ADD UM: QUANTITY		72 / 90 days
03/14/2022	ZUPLENZ	*ondansetron*	ADD UM: QUANTITY		72 / 90 days
03/14/2022	ZOFRAN	*ondansetron hcl*	ADD UM: QUANTITY		72 / 90 days
03/14/2022	ZOFRAN	*ondansetron hcl*	REMOVE UM: CUSTOM	Max allowable-3/day with max of 24 / 30 days	
03/14/2022	*ondansetron odt*	*ondansetron*	ADD UM: QUANTITY		72 / 90 days

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/14/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: CUSTOM	Max allowable-3/day with max of 24 / 30 days	
03/14/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: QUANTITY		72 / 90 days
03/14/2022	*ondansetron hcl*	*ondansetron hcl*	REMOVE UM: CUSTOM	Max allowable-3/day with max of 24 / 30 days	
03/14/2022	*ondansetron odt*	*ondansetron*	ADD UM: QUANTITY		72 / 90 days
03/14/2022	*ondansetron odt*	*ondansetron*	REMOVE UM: CUSTOM	Max allowable-3/day with max of 24 / 30 days	
03/15/2022	ALIVE MEN'S GUMMY,ALIVE PREMIUM ADULT,ALIVE PREMIUM MEN'S,ALIVE PREMIUM WOMEN'S,ALIVE WOMEN'S GUMMY VITAMIN	*multivit with minerals/folic acid/herbal complex no.293*	REMOVE FROM FORMULARY		Non-Formulary
03/15/2022	ALIVE MEN'S GUMMY,ALIVE PREMIUM ADULT,ALIVE PREMIUM MEN'S,ALIVE PREMIUM WOMEN'S,ALIVE WOMEN'S GUMMY VITAMIN	*multivit with minerals/folic acid/herbal complex no.293*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
03/15/2022	DICLOTREX II	*diclofenac sodium/menthol/camphor*	ADD UM: COV		Non Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2022	DICLOTREX II	*diclofenac sodium/menthol/camphor*	ADD UM: NFDA		Non-FDA Approved
03/15/2022	LEXITRAL PHARMAPAK II	*diclofenac sodium/capsicum oleoresin*	ADD UM: COV		Non Formulary
03/15/2022	LEXITRAL PHARMAPAK II	*diclofenac sodium/capsicum oleoresin*	ADD UM: NFDA		Non-FDA Approved
03/15/2022	*cabotegravir er*	*cabotegravir*	REMOVE FROM FORMULARY		Non-Formulary
03/15/2022	*cabotegravir er*	*cabotegravir*	ADD UM: DRUGCLASS		AIDS
03/15/2022	*cabotegravir er*	*cabotegravir*	ADD UM: COV		FDA Moratorium
03/15/2022	*cabotegravir er*	*cabotegravir*	ADD UM: SPECIALTY		Specialty Drug
03/15/2022	*cabotegravir er*	*cabotegravir*	ADD UM: MED		Medical Drug
03/15/2022	*cabotegravir er*	*cabotegravir*	REMOVE FROM FORMULARY		Non-Formulary
03/15/2022	*cabotegravir er*	*cabotegravir*	ADD UM: DRUGCLASS		AIDS
03/15/2022	*cabotegravir er*	*cabotegravir*	ADD UM: COV		FDA Moratorium
03/15/2022	*cabotegravir er*	*cabotegravir*	ADD UM: SPECIALTY		Specialty Drug
03/15/2022	*cabotegravir er*	*cabotegravir*	ADD UM: MED		Medical Drug
03/15/2022	REZIPRES	*ephedrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/15/2022	REZIPRES	*ephedrine hcl*	ADD UM: COV		FDA Moratorium
03/15/2022	REZIPRES	*ephedrine hcl*	ADD UM: MED		Medical Drug
03/15/2022	JEANATOPE	*albumin, iodinated i-125*	ADD TO FORMULARY		Non-Preferred Brands
03/15/2022	JEANATOPE	*albumin, iodinated i-125*	ADD UM: DRUGCLASS		X-ray Diagnostics
03/15/2022	JEANATOPE	*albumin, iodinated i-125*	ADD UM: MED		Medical Drug
03/15/2022	MEGATOPE	*albumin, iodinated i-131*	ADD TO FORMULARY		Non-Preferred Brands

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2022	MEGATOPE	*albumin, iodinated i-131*	ADD UM: DRUGCLASS		X-ray Diagnostics
03/15/2022	MEGATOPE	*albumin, iodinated i-131*	ADD UM: MED		Medical Drug
03/15/2022	JEANATOPE	*albumin, iodinated i-125*	ADD TO FORMULARY		Non-Preferred Brands
03/15/2022	JEANATOPE	*albumin, iodinated i-125*	ADD UM: DRUGCLASS		X-ray Diagnostics
03/15/2022	JEANATOPE	*albumin, iodinated i-125*	ADD UM: MED		Medical Drug
03/15/2022	KORSUVA	*difelikefalin acetate*	REMOVE FROM FORMULARY		Non-Formulary
03/15/2022	KORSUVA	*difelikefalin acetate*	ADD UM: COV		FDA Moratorium
03/15/2022	KORSUVA	*difelikefalin acetate*	ADD UM: SPECIALTY		Specialty Drug
03/15/2022	KORSUVA	*difelikefalin acetate*	ADD UM: MED		Medical Drug
03/15/2022	*rilpivirine er*	*rilpivirine*	REMOVE FROM FORMULARY		Non-Formulary
03/15/2022	*rilpivirine er*	*rilpivirine*	ADD UM: DRUGCLASS		AIDS
03/15/2022	*rilpivirine er*	*rilpivirine*	ADD UM: COV		FDA Moratorium
03/15/2022	*rilpivirine er*	*rilpivirine*	ADD UM: SPECIALTY		Specialty Drug
03/15/2022	*rilpivirine er*	*rilpivirine*	ADD UM: MED		Medical Drug
03/15/2022	ALIVE HAIR, SKIN AND NAILS	*biotin/collagen, hydrolyzed/ascorbic acid/vit e/herbal 293*	REMOVE FROM FORMULARY		Non-Formulary
03/15/2022	ALIVE HAIR, SKIN AND NAILS	*biotin/collagen, hydrolyzed/ascorbic acid/vit e/herbal 293*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/15/2022	ALIVE DIABETIC MULTIVITAMIN	*multivit with minerals/folic acid/lutein/herbal comp no.329*	REMOVE FROM FORMULARY		Non-Formulary
03/15/2022	ALIVE DIABETIC MULTIVITAMIN	*multivit with minerals/folic acid/lutein/herbal comp no.329*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/15/2022	PROSOURCE TF 20	*amino acids/protein hydrolysate*	REMOVE FROM FORMULARY		Non-Formulary
03/15/2022	PROSOURCE TF 20	*amino acids/protein hydrolysate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/15/2022	*susvimo implnt and insert tool*	*ocular implant with insertion tool for ranibizumab*	REMOVE UM: DRUGCLASS	Miscellaneous Medical Supplies	
03/18/2022	*lumoxiti iv soln stabilizer*	*stabilizer for moxetumomab pasudotox-tdfk*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
03/19/2022	ALIVE PREMIUM PRENATAL	*multivitamin,minerals no.45/folic acid/dha/herbal no.293*	REMOVE FROM FORMULARY		Non-Formulary
03/19/2022	ALIVE PREMIUM PRENATAL	*multivitamin,minerals no.45/folic acid/dha/herbal no.293*	ADD UM: DRUGCLASS		Prenatal Vitamins
03/19/2022	*lidocaine*	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
03/19/2022	NEXICLON XR	*clonidine hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/19/2022	*diclofenac potassium*	*diclofenac potassium*	REMOVE FROM FORMULARY		Non-Formulary
03/19/2022	*diclofenac potassium*	*diclofenac potassium*	ADD UM: COV		FDA Moratorium
03/19/2022	SOAANZ	*torsemide*	REMOVE FROM FORMULARY		Non-Formulary
03/19/2022	SOAANZ	*torsemide*	ADD UM: COV		FDA Moratorium
03/19/2022	LOREEV XR	*lorazepam*	REMOVE FROM FORMULARY		Non-Formulary
03/19/2022	LOREEV XR	*lorazepam*	ADD UM: COV		FDA Moratorium
03/21/2022	*ampicillin sodium*	*ampicillin sodium*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*ampicillin sodium*	*ampicillin sodium*	ADD UM: DRUGCLASS		Injectables

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/21/2022	*ampicillin sodium*	*ampicillin sodium*	ADD UM: MED		Medical Drug
03/21/2022	*ampicillin sodium*	*ampicillin sodium*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*ampicillin sodium*	*ampicillin sodium*	ADD UM: DRUGCLASS		Injectables
03/21/2022	*ampicillin sodium*	*ampicillin sodium*	ADD UM: MED		Medical Drug
03/21/2022	*ampicillin sodium*	*ampicillin sodium*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*ampicillin sodium*	*ampicillin sodium*	ADD UM: DRUGCLASS		Injectables
03/21/2022	*ampicillin sodium*	*ampicillin sodium*	ADD UM: MED		Medical Drug
03/21/2022	ATIVAN	*lorazepam*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/21/2022	ATIVAN	*lorazepam*	ADD UM: MED		Medical Drug
03/21/2022	*calcium acetate*	*calcium acetate*	ADD TO FORMULARY		Generics
03/21/2022	*ceftriaxone*	*ceftriaxone sodium*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*ceftriaxone*	*ceftriaxone sodium*	ADD UM: DRUGCLASS		Injectables
03/21/2022	*ceftriaxone*	*ceftriaxone sodium*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
03/21/2022	*ceftriaxone*	*ceftriaxone sodium*	ADD TO FORMULARY		Generics
03/21/2022	*ceftriaxone*	*ceftriaxone sodium*	CHANGE UM: DRUGCLASS		Injectables
03/21/2022	*ceftriaxone*	*ceftriaxone sodium*	CHANGE UM: BSP		BENEFIT SHIFT PROGRAM
03/21/2022	*ciprofloxacin-d5w*	*ciprofloxacin lactate/dextrose 5 % in water*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*ciprofloxacin-d5w*	*ciprofloxacin lactate/dextrose 5 % in water*	ADD UM: DRUGCLASS		Injectables

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/21/2022	*clindamycin phosphate-d5w*	*clindamycin phosphate/dextrose 5 % in water*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*clindamycin phosphate-d5w*	*clindamycin phosphate/dextrose 5 % in water*	ADD UM: DRUGCLASS		Injectables
03/21/2022	*clindamycin phosphate-d5w*	*clindamycin phosphate/dextrose 5 % in water*	ADD UM: MED		Medical Drug
03/21/2022	*digoxin*	*digoxin*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*digoxin*	*digoxin*	ADD UM: DRUGCLASS		Injectables
03/21/2022	*digoxin*	*digoxin*	ADD UM: NTI		Narrow Therapeutic Indicator
03/21/2022	*digoxin*	*digoxin*	ADD UM: MED		Medical Drug
03/21/2022	*diltiazem hcl*	*diltiazem hcl*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*diltiazem hcl*	*diltiazem hcl*	ADD UM: DRUGCLASS		Injectables
03/21/2022	*diltiazem hcl*	*diltiazem hcl*	ADD UM: MED		Medical Drug
03/21/2022	*diltiazem hcl*	*diltiazem hcl*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*diltiazem hcl*	*diltiazem hcl*	ADD UM: DRUGCLASS		Injectables
03/21/2022	*diltiazem hcl*	*diltiazem hcl*	ADD UM: MED		Medical Drug
03/21/2022	*dipyridamole*	*dipyridamole*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*dipyridamole*	*dipyridamole*	ADD UM: MAXQTYPERDAY		4.0 per day
03/21/2022	*dipyridamole*	*dipyridamole*	ADD UM: PR		Preventive Medication
03/21/2022	*dipyridamole*	*dipyridamole*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*dipyridamole*	*dipyridamole*	ADD UM: MAXQTYPERDAY		4.0 per day

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/21/2022	*dipyridamole*	*dipyridamole*	ADD UM: PR		Preventive Medication
03/21/2022	*dipyridamole*	*dipyridamole*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*dipyridamole*	*dipyridamole*	ADD UM: MAXQTYPERDAY		4.0 per day
03/21/2022	*dipyridamole*	*dipyridamole*	ADD UM: PR		Preventive Medication
03/21/2022	*hydrocortisone*	*hydrocortisone*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	KETOVIE 4:1	*nutritional tx, ketogenic,whey*	ADD TO FORMULARY		Non-Preferred Brands
03/21/2022	KETOVIE 4:1	*nutritional tx, ketogenic,whey*	CHANGE UM: DRUGCLASS		Nutritional Diet Supplement
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE TIER		Generics
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE UM: MAXQTYPERDAY		1.0 per day
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE UM: LCG		Low Cost Generic
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE UM: PR		Preventive Medication
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE TIER		Generics
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE UM: MAXQTYPERDAY		2.0 per day
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE UM: LCG		Low Cost Generic
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE UM: PR		Preventive Medication
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE TIER		Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE UM: MAXQTYPERDAY		2.0 per day
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE UM: LCG		Low Cost Generic
03/21/2022	*losartan potassium*	*losartan potassium*	CHANGE UM: PR		Preventive Medication
03/21/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	CHANGE TIER		Generics
03/21/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	CHANGE UM: MAXQTYPERDAY		1.0 per day
03/21/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	CHANGE UM: PR		Preventive Medication
03/21/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	CHANGE TIER		Generics
03/21/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	CHANGE UM: MAXQTYPERDAY		1.0 per day
03/21/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	CHANGE UM: PR		Preventive Medication
03/21/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	CHANGE TIER		Generics
03/21/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	CHANGE UM: MAXQTYPERDAY		2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/21/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	CHANGE UM: PR		Preventive Medication
03/21/2022	*mesna*	*mesna*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*mesna*	*mesna*	ADD UM: SPECIALTY		Specialty Drug
03/21/2022	*mesna*	*mesna*	ADD UM: MED		Medical Drug
03/21/2022	*piperacillin-tazobactam*	*piperacillin sodium/tazobactam sodium*	ADD TO FORMULARY	Non-Formulary	Generics
03/21/2022	*piperacillin-tazobactam*	*piperacillin sodium/tazobactam sodium*	ADD UM: DRUGCLASS		Injectables
03/21/2022	*piperacillin-tazobactam*	*piperacillin sodium/tazobactam sodium*	ADD UM: MED		Medical Drug
03/21/2022	SIGNIFOR LAR	*pasireotide pamoate*	ADD TO FORMULARY		Non-Preferred Brands
03/21/2022	SIGNIFOR LAR	*pasireotide pamoate*	CHANGE UM: PANAME		PA Applies
03/21/2022	SIGNIFOR LAR	*pasireotide pamoate*	CHANGE UM: SPECIALTY		Specialty Drug
03/21/2022	*sulfamethoxazole-trimethoprim*	*sulfamethoxazole/trimethoprim*	CHANGE TIER		Generics
03/21/2022	*sulfamethoxazole-trimethoprim*	*sulfamethoxazole/trimethoprim*	CHANGE UM: LCG		Low Cost Generic
03/21/2022	*sulfamethoxazole-trimethoprim*	*sulfamethoxazole/trimethoprim*	CHANGE TIER		Generics
03/21/2022	*tamsulosin hcl*	*tamsulosin hcl*	CHANGE TIER		Generics
03/21/2022	*tamsulosin hcl*	*tamsulosin hcl*	CHANGE UM: MAXQTYPERDAY		2.0 per day
03/21/2022	*thyroid*	*thyroid,pork*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
03/21/2022	*ursodiol*	*ursodiol*	CHANGE TIER		Generics
03/21/2022	*vasopressin*	*vasopressin*	ADD UM: COV		Non Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/21/2022	CAMPATH	*alemtuzumab*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
03/21/2022	CAMPATH	*alemtuzumab*	ADD UM: COV		Non Formulary
03/21/2022	CAMPATH	*alemtuzumab*	ADD UM: SPECIALTY		Specialty Drug
03/21/2022	CAMPATH	*alemtuzumab*	ADD UM: MED		Medical Drug
03/21/2022	NEXICLON XR	*clonidine hcl*	ADD UM: COV		FDA Moratorium
03/22/2022	*dropsafe pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
03/22/2022	*dropsafe pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
03/22/2022	*dropsafe pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
03/22/2022	ALIVE MEN'S 50 PLUS ULTRA	*multivit-min/methyltetrahydrofolate/vit k/herbal no.328*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	ALIVE MEN'S 50 PLUS ULTRA	*multivit-min/methyltetrahydrofolate/vit k/herbal no.328*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/22/2022	ALIVE PREMIUM WOMEN'S 50 PLUS	*multivit with minerals/folic/lutein/herbal complex no.293*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	ALIVE PREMIUM WOMEN'S 50 PLUS	*multivit with minerals/folic/lutein/herbal complex no.293*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/22/2022	ALIVE MEN'S MAX3 POTENCY	*multivit-min/methyltetrahydrofolate/vit k/herbal no.330*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	ALIVE MEN'S MAX3 POTENCY	*multivit-min/methyltetrahydrofolate/vit k/herbal no.330*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2022	ACTIDOM DA	*chlorpheniramine maleate/phenylephrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	ONELAX DAILY FIBER	*psyllium husk*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	*b-12*	*cyanocobalamin/mecobalamin*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	HEAD CONGESTION-MUCUS	*guaifenesin/phenylephrine hcl/acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	CALCIUM-MAG-D3 COMPLEX	*calcium carb,cit,malate/vit d3/magnesium oxide,aspartate,cit*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	ACTICON	*dexbrompheniramine maleate/pseudoephedrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	ALIVE IMMUNE HEALTH	*vitamin a palmitate/vitamin c/vitamin d3/zinc/herbal no.331*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	FORTIFY PROBIOTIC	*lactobacillus combo no.51/bifido animalis, bifidum/inulin*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	FORTIFY OPTIMA ADVANCED CARE	*lactobacillus combo no.20/bifido no.9/inulin/acacia*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	ANALGESIC BALM	*methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	SAMBUCUS ELDERBERRY	*ascorbic acid/zinc citrate/elderberry fruit*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	ALKA-SELTZER HEARTBURN	*sodium bicarbonate/citric acid*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2022	FORTIFY PROBIOTIC 50 PLUS	*lactobacillus combo no.21/bifidobacterium combo no.7/inulin*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	FORTIFY PROBIOTIC 50 PLUS	*lactobacillus combo no.21/bifidobacterium combo no.7/inulin*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	SOAANZ	*torsemide*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	SOAANZ	*torsemide*	ADD UM: COV		FDA Moratorium
03/22/2022	SOAANZ	*torsemide*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	SOAANZ	*torsemide*	ADD UM: COV		FDA Moratorium
03/22/2022	SOAANZ	*torsemide*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	SOAANZ	*torsemide*	ADD UM: COV		FDA Moratorium
03/22/2022	SOAANZ	*torsemide*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	SOAANZ	*torsemide*	ADD UM: COV		FDA Moratorium
03/22/2022	SOAANZ	*torsemide*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	SOAANZ	*torsemide*	ADD UM: COV		FDA Moratorium
03/22/2022	*lacosamide*	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	*lacosamide*	*lacosamide*	ADD UM: COV		FDA Moratorium
03/22/2022	*lacosamide*	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	*lacosamide*	*lacosamide*	ADD UM: COV		FDA Moratorium
03/22/2022	*lacosamide*	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/22/2022	*lacosamide*	*lacosamide*	ADD UM: COV		FDA Moratorium
03/22/2022	*lacosamide*	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary
03/22/2022	*lacosamide*	*lacosamide*	ADD UM: COV		FDA Moratorium
03/22/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
03/22/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
03/22/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
03/22/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
03/22/2022	*accu-chek aviva plus*	*blood-glucose meter*	ADD UM: COV		FDA Moratorium
03/24/2022	*maraviroc*	*maraviroc*	ADD UM: PR		Preventive Medication
03/24/2022	*maraviroc*	*maraviroc*	ADD UM: PR		Preventive Medication
03/26/2022	ALIVE WOMEN'S ENERGY	*multivit,calcium,minerals/iron/folic acid/vit k/herb no.293*	REMOVE FROM FORMULARY		Non-Formulary
03/26/2022	ALIVE WOMEN'S ENERGY	*multivit,calcium,minerals/iron/folic acid/vit k/herb no.293*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/26/2022	12 HOUR ALLERGY-D	*cetirizine hcl/pseudoephedrine hcl*	ADD TO FORMULARY		Tier 0
03/26/2022	12 HOUR ALLERGY-D	*cetirizine hcl/pseudoephedrine hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
03/26/2022	*aquacel-ag advantage*	*silver/hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
03/26/2022	RINVOQ	*upadacitinib*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/26/2022	RINVOQ	*upadacitinib*	ADD UM: COV		FDA Moratorium
03/26/2022	RINVOQ	*upadacitinib*	ADD UM: SPECIALTY		Specialty Drug
03/28/2022	ALIVE CALCIUM-VITAMIN D3	*calcium phosphate, tribasic/vitamin d3/herbal complex no.293*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/28/2022	ALIVE MAX POTENCY	*multivitamin-minerals/folic/vitamin k/herbal no.332*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	ALIVE MAX POTENCY	*multivitamin-minerals/folic/vitamin k/herbal no.332*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/28/2022	ALIVE WOMEN'S ULTRA POTENCY	*multivit-min/iron/methyltetrahydrofolate/vit k/herb 333*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	ALIVE WOMEN'S ULTRA POTENCY	*multivit-min/iron/methyltetrahydrofolate/vit k/herb 333*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
03/28/2022	ANBESOL	*benzocaine*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	TODDLER'S DIARESQ	*colostrum, bovine*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	PRIMADOPHILUS BIFIDUS	*lactobacillus acidophilus,rhamnosus/bifidobact.breve,longum*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	PROBACAP	*lactobacillus acidophilus*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	ANBESOL	*benzocaine*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	NEWFLORA	*lactobacillus acidophilus*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/28/2022	REJUVAFLOR	*lactobacillus acidophilus*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	FORTIFY OPTIMA PROBIOTIC	*lactobacillus acidophilus/b.animalis/b.bifidum/b.infantis*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	FORTIFY OPTIMA WOMEN PROBIOTIC	*l.acidophilus,gasseri/bifidobact animalis,bifidum,infantis*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	HURRICAINE	*benzocaine*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	HURRICAINE	*benzocaine*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	HURRICAINE	*benzocaine*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	HURRICAINE	*benzocaine*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	HURRICAINE	*benzocaine*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	PHENYLADE GMP	*nutritional therapy for phenylketonuria(pku) with iron no.57*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	PHENYLADE GMP	*nutritional therapy for phenylketonuria(pku) with iron no.57*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
03/28/2022	PHENYLADE GMP	*nutritional therapy for phenylketonuria(pku) with iron no.57*	REMOVE FROM FORMULARY		Non-Formulary
03/28/2022	PHENYLADE GMP	*nutritional therapy for phenylketonuria(pku) with iron no.57*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2022	OPDUALAG	*nivolumab-relatlimab-rmbw*	REMOVE FROM FORMULARY		Non-Formulary
03/29/2022	OPDUALAG	*nivolumab-relatlimab-rmbw*	ADD UM: COV		FDA Moratorium
03/29/2022	OPDUALAG	*nivolumab-relatlimab-rmbw*	ADD UM: SPECIALTY		Specialty Drug
03/29/2022	OPDUALAG	*nivolumab-relatlimab-rmbw*	ADD UM: MED		Medical Drug
03/29/2022	MAYZENT	*siponimod*	REMOVE FROM FORMULARY		Non-Formulary
03/29/2022	MAYZENT	*siponimod*	ADD UM: COV		FDA Moratorium
03/29/2022	MAYZENT	*siponimod*	ADD UM: SPECIALTY		Specialty Drug
03/29/2022	MAYZENT	*siponimod*	REMOVE FROM FORMULARY		Non-Formulary
03/29/2022	MAYZENT	*siponimod*	ADD UM: COV		FDA Moratorium
03/29/2022	MAYZENT	*siponimod*	ADD UM: SPECIALTY		Specialty Drug
03/29/2022	*cefazolin sodium*	*cefazolin sodium*	ADD TO FORMULARY		Generics
03/29/2022	*cefazolin sodium*	*cefazolin sodium*	ADD UM: DRUGCLASS		Injectables
03/29/2022	*cefazolin sodium*	*cefazolin sodium*	ADD UM: MED		Medical Drug
03/29/2022	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD TO FORMULARY		Non-Preferred Brands
03/29/2022	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD UM: DRUGCLASS		Blood/Blood Products
03/29/2022	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD UM: PANAME		PA Applies
03/29/2022	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD UM: SPECIALTY		Specialty Drug
03/29/2022	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD TO FORMULARY		Non-Preferred Brands
03/29/2022	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD UM: DRUGCLASS		Blood/Blood Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/29/2022	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD UM: PANAME		PA Applies
03/29/2022	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD UM: SPECIALTY		Specialty Drug
03/29/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
03/29/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
03/29/2022	MODERNA COVID-19 BOOSTER (EUA)	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	REMOVE UM: COV	FDA Moratorium	
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	CHANGE UM: MAXQTYPERDAY	0.434 per day	2.6 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	CHANGE UM: MAXQTYPERDAY	1.5 per day	3.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	CHANGE UM: MAXQTYPERDAY	3 per day	6.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	CHANGE UM: MAXQTYPERDAY	1.5 per day	3.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	ADD UM: MAXQTYPERDAY		1.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	REMOVE UM: QUANTITY	15 / 30 days	
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	ADD UM: MAXQTYPERDAY		2.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	REMOVE UM: QUANTITY	31 / 30 days	
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	CHANGE UM: MAXQTYPERDAY	2 per day	4.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	ADD UM: MAXQTYPERDAY		2.0 per day

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	REMOVE UM: QUANTITY	31 / 30 days	
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	CHANGE UM: MAXQTYPERDAY	2 per day	4.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	ADD UM: MAXQTYPERDAY		2.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	REMOVE UM: QUANTITY	31 / 30 days	
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	CHANGE UM: MAXQTYPERDAY	2 per day	4.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	ADD UM: MAXQTYPERDAY		1.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	REMOVE UM: QUANTITY	15 / 30 days	
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	ADD UM: MAXQTYPERDAY		1.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	REMOVE UM: QUANTITY	31 / 30 days	
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	CHANGE UM: MAXQTYPERDAY	2.6 per day	13.0 per day
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	ADD UM: QUANTITY		21 / fill
03/30/2022	PALFORZIA	*peanut allergen powder-dnfp*	REMOVE UM: MAXQTYPERDAY	13.0 per day	
03/31/2022	L.E.T. (LIDO-EPINEPH-TETRA)	*lidocaine hcl/racepinephrine hcl/tetracaine hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2022 Updates

April, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*barium sulfate*	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
04/01/2022	*barium sulfate*	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
04/01/2022	*barium sulfate*	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
04/01/2022	OPTIRAY 240	*ioversol*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	OMNIPAQUE	*iohexol*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	OPTIRAY 240	*ioversol*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*ammonia n-13*	*ammonia n-13*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*ammonia n-13*	*ammonia n-13*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*ammonia n-13*	*ammonia n-13*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m pyrophosphate prep*	*kit for the preparation of tc-99m/sodium pyrophosphate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*tc99m pyrophosphate prep*	*kit for the preparation of tc-99m/sodium pyrophosphate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*ammonia n-13*	*ammonia n-13*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*ammonia n-13*	*ammonia n-13*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	ULTRATAG RBC	*kit for prep tc-99m-labeled red blood cells*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*ammonia n-13*	*ammonia n-13*	ADD UM: DRUGCLASS		X-ray Diagnostics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	POLIBAR ACB	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	VARIBAR THIN HONEY	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	NEULUMEX	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	VARIBAR HONEY	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	E-Z-PASTE	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	READI-CAT 2	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	READI-CAT 2	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	VARIBAR THIN LIQUID	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	LIQUID E-Z PAQUE	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	NEULUMEX	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	READI-CAT 2	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	READI-CAT 2	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	LIQUID POLIBAR PLUS	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	E-Z DISK	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	READI-CAT 2	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	LIQUID POLIBAR PLUS	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	LIQUID E-Z PAQUE	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	ENTERO VU	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	VOLUMEN	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	E-Z-PAQUE	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*indocyanine green*	*indocyanine green*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	IC GREEN	*indocyanine green*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	IC GREEN	*indocyanine green*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	*indocyanine green*	*indocyanine green*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	*indocyanine green*	*indocyanine green*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	*indocyanine green*	*indocyanine green*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	NEUROLITE	*kit for prep tc-99m/bicisate di-hcl*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	VIZAMYL	*flutemetamol f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	NEURACEQ	*florbetaben f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	VIZAMYL	*flutemetamol f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	ULTRA-TECHNEKOW V4	*sodium pertechnetate tc-99m*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*gallium citrate ga-67*	*gallium-67 citrate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*sodium fluoride f-18*	*sodium fluoride f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	TECHNELITE TC-99M GENERATOR	*sodium pertechnetate tc-99m*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*gallium citrate ga-67*	*gallium-67 citrate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*gallium ga-68 psma-11*	*gallium ga-68 gozetotide*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	CERIANNA	*fluoroestradiol f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*sodium fluoride f-18*	*sodium fluoride f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*sodium fluoride f-18*	*sodium fluoride f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	TECHNELITE TC-99M GENERATOR	*sodium pertechnetate tc-99m*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*gallium ga-68 dotatoc*	*gallium ga-68 dotatoc*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*gallium ga-68 psma-11*	*gallium ga-68 gozetotide*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*gallium citrate ga-67*	*gallium-67 citrate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	DETECTNET	*copper cu-64 dotatate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*gallium citrate ga-67*	*gallium-67 citrate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*xenon xe-133*	*xenon 133 in carbon dioxide*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*xenon xe-133*	*xenon 133 in carbon dioxide*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*xenon xe-133*	*xenon 133 in carbon dioxide*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*xenon xe-133*	*xenon 133 in carbon dioxide*	ADD UM: DRUGCLASS		X-ray Diagnostics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics
04/01/2022	GADAVIST	*gadobutrol*	CHANGE UM: DRUGCLASS	Injectables	X-ray Diagnostics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*isosulfan blue*	*isosulfan blue*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*isosulfan blue*	*isosulfan blue*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*isosulfan blue*	*isosulfan blue*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	DRAXIMAGE MAA	*kit for prep of tc-99m/albumin human,aggregated*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	LUMASON	*sulfur hexafluoride microspheres*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	LUMASON	*sulfur hexafluoride microspheres*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m mertiatide prep*	*kit for prep tc-99m/mertiatide (betiatide)*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m medronate prep*	*kit for preparation of tc-99m/medronate sodium*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m medronate prep*	*kit for preparation of tc-99m/medronate sodium*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*isosulfan blue*	*isosulfan blue*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	DRAXIMAGE MDP-25	*kit for preparation of tc-99m/medronate sodium*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	LYMPHAZURIN	*isosulfan blue*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*isosulfan blue*	*isosulfan blue*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*tc99m sulfur colloid prep*	*kit for prep tc 99m/sodium thiosulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	*isosulfan blue*	*isosulfan blue*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	TECHNESCAN HDP	*kit for the preparation of tc-99m/sodium oxidronate*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	LIPIODOL	*ethiodized oil*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	LUMASON	*sulfur hexafluoride microspheres*	ADD UM: DRUGCLASS		X-ray Diagnostics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*isosulfan blue*	*isosulfan blue*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	TECHNESCAN MAG3	*kit for prep tc-99m/mertiatide (betiatide)*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	LUMASON	*sulfur hexafluoride microspheres*	ADD UM: DRUGCLASS		X-ray Diagnostics
04/01/2022	STRATAGRAFT	*keratinocytes, fibroblasts, collagen-dsat*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2022	RETHYMIC	*thymus tissue-agdc*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2022	RYPLAZIM	*plasminogen, human-tvmh*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	RYPLAZIM	*plasminogen, human-tvmh*	ADD UM: MAXQTYPERDAY		5.5 per day
04/01/2022	RYPLAZIM	*plasminogen, human-tvmh*	ADD UM: DRUGCLASS		Blood/Blood Products
04/01/2022	RYPLAZIM	*plasminogen, human-tvmh*	ADD UM: PANAME		PA Applies
04/01/2022	RYPLAZIM	*plasminogen, human-tvmh*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	XIPERE	*triamcinolone acetonide/pf*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2022	SUSVIMO	*ranibizumab/needle, initial fill, filter*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2022	SUSVIMO	*ranibizumab/needle, initial fill, filter*	ADD UM: MED		Medical Drug
04/01/2022	*carglumic acid*	*carglumic acid*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*carglumic acid*	*carglumic acid*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	*carglumic acid*	*carglumic acid*	ADD UM: PS		Preferred Specialty
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: MAXQTYPERDAY		30.0 per day
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: AGE		At least 18 yrs old

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: MVG		MINIMAL VALUE GENERIC
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: HCG		High Cost Generic
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: MAXQTYPERDAY		8.0 per day
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: AGE		At least 18 yrs old
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: MVG		MINIMAL VALUE GENERIC
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: HCG		High Cost Generic
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	CHANGE UM: MAXQTYPERDAY	12.0 per day	6.0 per day
04/01/2022	LOFENA	*diclofenac potassium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2022	LOFENA	*diclofenac potassium*	ADD UM: MVG		MINIMAL VALUE GENERIC
04/01/2022	LOFENA	*diclofenac potassium*	ADD UM: HCG		High Cost Generic
04/01/2022	TICOVAC	*tick-borne encephalitis vaccine*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
04/01/2022	TICOVAC	*tick-borne encephalitis vaccine*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	ELYXYB	*celecoxib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	ELYXYB	*celecoxib*	ADD UM: MAXQTYPERDAY		4.8 per day
04/01/2022	ELYXYB	*celecoxib*	ADD UM: AGE		At least 18 yrs old
04/01/2022	ELYXYB	*celecoxib*	ADD UM: PANAME		PA Applies
04/01/2022	ELYXYB	*celecoxib*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	TYRVAYA	*varenicline tartrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	TYRVAYA	*varenicline tartrate*	ADD UM: MAXQTYPERDAY		0.28 per day
04/01/2022	TYRVAYA	*varenicline tartrate*	ADD UM: AGE		At least 18 yrs old
04/01/2022	TYRVAYA	*varenicline tartrate*	ADD UM: PANAME		PA Applies
04/01/2022	TYRVAYA	*varenicline tartrate*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: MAXQTYPERDAY		2.0 per day
04/01/2022	*fenofibrate*	*fenofibrate,micronized*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: PR		Preventive Medication
04/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2022	*fenofibrate*	*fenofibrate,micronized*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*naloxone hcl*	*naloxone hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	*naloxone hcl*	*naloxone hcl*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: MAXQTYPERDAY		6.0 per day
04/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: AGE		At least 18 yrs old
04/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	LYMEPAK	*doxycycline hyclate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	LYMEPAK	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		2.0 per day
04/01/2022	LYMEPAK	*doxycycline hyclate*	ADD UM: STEP		ST applies
04/01/2022	LYMEPAK	*doxycycline hyclate*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	EPRONTIA	*topiramate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	EPRONTIA	*topiramate*	ADD UM: PANAME		PA Applies
04/01/2022	EPRONTIA	*topiramate*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	EPRONTIA	*topiramate*	ADD UM: NTI		Narrow Therapeutic Indicator
04/01/2022	BESREMI	*ropeginterferon alfa-2b-njft*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	BESREMI	*ropeginterferon alfa-2b-njft*	ADD UM: MAXQTYPERDAY		0.08 per day
04/01/2022	BESREMI	*ropeginterferon alfa-2b-njft*	ADD UM: PANAME		PA Applies
04/01/2022	BESREMI	*ropeginterferon alfa-2b-njft*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	CORTROPHIN	*corticotropin*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	CORTROPHIN	*corticotropin*	ADD UM: MAXQTYPERDAY		0.75 per day
04/01/2022	CORTROPHIN	*corticotropin*	ADD UM: PANAME		PA Applies
04/01/2022	CORTROPHIN	*corticotropin*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	FYARRO	*sirolimus protein-bound*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	FYARRO	*sirolimus protein-bound*	ADD UM: MAXQTYPERDAY		0.29 per day
04/01/2022	FYARRO	*sirolimus protein-bound*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	LIVTENCITY	*maribavir*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	LIVTENCITY	*maribavir*	ADD UM: MAXQTYPERDAY		4.0 per day
04/01/2022	LIVTENCITY	*maribavir*	ADD UM: PANAME		PA Applies
04/01/2022	LIVTENCITY	*maribavir*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	SCEMBLIX	*asciminib hydrochloride*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	SCEMBLIX	*asciminib hydrochloride*	ADD UM: MAXQTYPERDAY		2.0 per day
04/01/2022	SCEMBLIX	*asciminib hydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
04/01/2022	SCEMBLIX	*asciminib hydrochloride*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	SCEMBLIX	*asciminib hydrochloride*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	SCEMBLIX	*asciminib hydrochloride*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	SCEMBLIX	*asciminib hydrochloride*	ADD UM: MAXQTYPERDAY		10.0 per day
04/01/2022	SCEMBLIX	*asciminib hydrochloride*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
04/01/2022	SCEMBLIX	*asciminib hydrochloride*	ADD UM: PANAME		PA Applies
04/01/2022	SCEMBLIX	*asciminib hydrochloride*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	TAVNEOS	*avacopan*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	TAVNEOS	*avacopan*	ADD UM: MAXQTYPERDAY		6.0 per day
04/01/2022	TAVNEOS	*avacopan*	ADD UM: PANAME		PA Applies
04/01/2022	TAVNEOS	*avacopan*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	VOXZOGO	*vosoritide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	VOXZOGO	*vosoritide*	ADD UM: MAXQTYPERDAY		1.0 per day
04/01/2022	VOXZOGO	*vosoritide*	ADD UM: PANAME		PA Applies
04/01/2022	VOXZOGO	*vosoritide*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	MAVYRET	*glecaprevir/pibrentasvir*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	MAVYRET	*glecaprevir/pibrentasvir*	ADD UM: MAXQTYPERDAY		5.0 per day
04/01/2022	MAVYRET	*glecaprevir/pibrentasvir*	ADD UM: PANAME		PA Applies
04/01/2022	MAVYRET	*glecaprevir/pibrentasvir*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	MAVYRET	*glecaprevir/pibrentasvir*	ADD UM: PS		Preferred Specialty
04/01/2022	DHIVY	*carbidopa/levodopa*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/01/2022	DHIVY	*carbidopa/levodopa*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	VUITY	*pilocarpine hcl*	ADD UM: MAXQTYPERDAY		0.1 per day
04/01/2022	VUITY	*pilocarpine hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
04/01/2022	*tiopronin*	*tiopronin*	ADD UM: PS		Preferred Specialty
04/01/2022	*temozolomide*	*temozolomide*	ADD UM: PS		Preferred Specialty
04/01/2022	*tadalafil*	*tadalafil*	ADD UM: PS		Preferred Specialty
04/01/2022	*sunitinib malate*	*sunitinib malate*	ADD UM: PS		Preferred Specialty
04/01/2022	*cinacalcet hcl*	*cinacalcet hcl*	ADD UM: PS		Preferred Specialty
04/01/2022	*sildenafil citrate*	*sildenafil citrate*	ADD UM: PS		Preferred Specialty
04/01/2022	*cinacalcet hcl*	*cinacalcet hcl*	ADD UM: PS		Preferred Specialty
04/01/2022	*teriparatide*	*teriparatide*	ADD UM: PS		Preferred Specialty
04/01/2022	GENGRAF	*cyclosporine, modified*	ADD UM: PS		Preferred Specialty
04/01/2022	*temozolomide*	*temozolomide*	ADD UM: PS		Preferred Specialty
04/01/2022	GENGRAF	*cyclosporine, modified*	ADD UM: PS		Preferred Specialty

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	ALYQ	*tadalafil*	ADD UM: PS		Preferred Specialty
04/01/2022	*clobazam*	*clobazam*	ADD UM: PS		Preferred Specialty
04/01/2022	*sirolimus*	*sirolimus*	ADD UM: PS		Preferred Specialty
04/01/2022	*sapropterin dihydrochloride*	*sapropterin dihydrochloride*	ADD UM: PS		Preferred Specialty
04/01/2022	*doxercalciferol*	*doxercalciferol*	ADD UM: PS		Preferred Specialty
04/01/2022	*octreotide acetate*	*octreotide acetate*	ADD UM: PS		Preferred Specialty
04/01/2022	*zoledronic acid*	*zoledronic acid*	ADD UM: PS		Preferred Specialty
04/01/2022	*deferiprone*	*deferiprone*	ADD UM: PS		Preferred Specialty
04/01/2022	*adefovir dipivoxil*	*adefovir dipivoxil*	ADD UM: PS		Preferred Specialty
04/01/2022	*octreotide acetate*	*octreotide acetate*	ADD UM: PS		Preferred Specialty
04/01/2022	*dofetilide*	*dofetilide*	ADD UM: PS		Preferred Specialty
04/01/2022	*mycophenolate mofetil*	*mycophenolate mofetil*	ADD UM: PS		Preferred Specialty
04/01/2022	*tacrolimus*	*tacrolimus*	ADD UM: PS		Preferred Specialty
04/01/2022	*nitisinone*	*nitisinone*	ADD UM: PS		Preferred Specialty
04/01/2022	*cyclosporine,cyclosporine modified*	*cyclosporine, modified*	ADD UM: PS		Preferred Specialty

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*paricalcitol*	*paricalcitol*	ADD UM: PS		Preferred Specialty
04/01/2022	*mycophenolic acid*	*mycophenolate sodium*	ADD UM: PS		Preferred Specialty
04/01/2022	GENGRAF	*cyclosporine, modified*	ADD UM: PS		Preferred Specialty
04/01/2022	*erlotinib hcl*	*erlotinib hcl*	ADD UM: PS		Preferred Specialty
04/01/2022	*paricalcitol*	*paricalcitol*	ADD UM: PS		Preferred Specialty
04/01/2022	*erlotinib hcl*	*erlotinib hcl*	ADD UM: PS		Preferred Specialty
04/01/2022	*paricalcitol*	*paricalcitol*	ADD UM: PS		Preferred Specialty
04/01/2022	*erlotinib hcl*	*erlotinib hcl*	ADD UM: PS		Preferred Specialty
04/01/2022	*tacrolimus*	*tacrolimus*	ADD UM: PS		Preferred Specialty
04/01/2022	*ribavirin*	*ribavirin*	ADD UM: PS		Preferred Specialty
04/01/2022	*zoledronic acid*	*zoledronic acid in mannitol and water for injection*	ADD UM: PS		Preferred Specialty
04/01/2022	*temozolomide*	*temozolomide*	ADD UM: PS		Preferred Specialty
04/01/2022	*sirolimus*	*sirolimus*	ADD UM: PS		Preferred Specialty
04/01/2022	*temozolomide*	*temozolomide*	ADD UM: PS		Preferred Specialty
04/01/2022	*dofetilide*	*dofetilide*	ADD UM: PS		Preferred Specialty

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*cyclosporine*	*cyclosporine*	ADD UM: PS		Preferred Specialty
04/01/2022	*calcitonin-salmon*	*calcitonin,salmon,synthetic*	ADD UM: PS		Preferred Specialty
04/01/2022	*entecavir*	*entecavir*	ADD UM: PS		Preferred Specialty
04/01/2022	*sirolimus*	*sirolimus*	ADD UM: PS		Preferred Specialty
04/01/2022	*sunitinib malate*	*sunitinib malate*	ADD UM: PS		Preferred Specialty
04/01/2022	*sunitinib malate*	*sunitinib malate*	ADD UM: PS		Preferred Specialty
04/01/2022	*ondansetron hcl*	*ondansetron hcl/pf*	ADD UM: PS		Preferred Specialty
04/01/2022	*entecavir*	*entecavir*	ADD UM: PS		Preferred Specialty
04/01/2022	*sunitinib malate*	*sunitinib malate*	ADD UM: PS		Preferred Specialty
04/01/2022	RIBASPHERE	*ribavirin*	ADD UM: PS		Preferred Specialty
04/01/2022	*zoledronic acid*	*zoledronic acid in mannitol and 0.9 % sodium chloride*	ADD UM: PS		Preferred Specialty
04/01/2022	*octreotide acetate*	*octreotide acetate*	ADD UM: PS		Preferred Specialty
04/01/2022	*ondansetron hcl-0.9% nacl*	*ondansetron hcl in 0.9 % sodium chloride*	ADD UM: PS		Preferred Specialty
04/01/2022	*cyclosporine,cyclosporine modified*	*cyclosporine, modified*	ADD UM: PS		Preferred Specialty
04/01/2022	*icatibant*	*icatibant acetate*	ADD UM: PS		Preferred Specialty

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*cyclosporine,cyclosporine modified*	*cyclosporine, modified*	ADD UM: PS		Preferred Specialty
04/01/2022	*zoledronic acid*	*zoledronic acid*	ADD UM: PS		Preferred Specialty
04/01/2022	*temozolomide*	*temozolomide*	ADD UM: PS		Preferred Specialty
04/01/2022	*sildenafil,sildenafil citrate*	*sildenafil citrate*	ADD UM: PS		Preferred Specialty
04/01/2022	*tobramycin*	*tobramycin*	ADD UM: PS		Preferred Specialty
04/01/2022	*ondansetron hcl*	*ondansetron hcl*	ADD UM: PS		Preferred Specialty
04/01/2022	*mycophenolic acid*	*mycophenolate sodium*	ADD UM: PS		Preferred Specialty
04/01/2022	*etoposide*	*etoposide*	ADD UM: PS		Preferred Specialty
04/01/2022	*capecitabine*	*capecitabine*	ADD UM: PS		Preferred Specialty
04/01/2022	*deferasirox*	*deferasirox*	ADD UM: PS		Preferred Specialty
04/01/2022	*deferasirox*	*deferasirox*	ADD UM: PS		Preferred Specialty
04/01/2022	*cinacalcet hcl*	*cinacalcet hcl*	ADD UM: PS		Preferred Specialty
04/01/2022	*cyclosporine*	*cyclosporine*	ADD UM: PS		Preferred Specialty
04/01/2022	*deferasirox*	*deferasirox*	ADD UM: PS		Preferred Specialty
04/01/2022	*deferasirox*	*deferasirox*	ADD UM: PS		Preferred Specialty

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*tetrabenazine*	*tetrabenazine*	ADD UM: PS		Preferred Specialty
04/01/2022	*ondansetron hcl*	*ondansetron hcl/pf*	ADD UM: PS		Preferred Specialty
04/01/2022	*droxidopa*	*droxidopa*	ADD UM: PS		Preferred Specialty
04/01/2022	*sodium phenylbutyrate*	*sodium phenylbutyrate*	ADD UM: PS		Preferred Specialty
04/01/2022	*tacrolimus*	*tacrolimus*	ADD UM: PS		Preferred Specialty
04/01/2022	*nilutamide*	*nilutamide*	ADD UM: PS		Preferred Specialty
04/01/2022	*cyclosporine modified*	*cyclosporine, modified*	ADD UM: PS		Preferred Specialty
04/01/2022	*zoledronic acid*	*zoledronic acid in mannitol and water for injection*	ADD UM: PS		Preferred Specialty
04/01/2022	*nitisinone*	*nitisinone*	ADD UM: PS		Preferred Specialty
04/01/2022	*doxercalciferol*	*doxercalciferol*	ADD UM: PS		Preferred Specialty
04/01/2022	*nitisinone*	*nitisinone*	ADD UM: PS		Preferred Specialty
04/01/2022	*bexarotene*	*bexarotene*	ADD UM: PS		Preferred Specialty
04/01/2022	*trientine hcl*	*trientine hcl*	ADD UM: PS		Preferred Specialty
04/01/2022	*tadalafil*	*tadalafil*	ADD UM: PS		Preferred Specialty
04/01/2022	*sapropterin dihydrochloride*	*sapropterin dihydrochloride*	ADD UM: PS		Preferred Specialty

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	VIGADRONE	*vigabatrin*	ADD UM: PS		Preferred Specialty
04/01/2022	*dofetilide*	*dofetilide*	ADD UM: PS		Preferred Specialty
04/01/2022	*deferasirox*	*deferasirox*	ADD UM: PS		Preferred Specialty
04/01/2022	*droxidopa*	*droxidopa*	ADD UM: PS		Preferred Specialty
04/01/2022	*droxidopa*	*droxidopa*	ADD UM: PS		Preferred Specialty
04/01/2022	*everolimus*	*everolimus*	ADD UM: PS		Preferred Specialty
04/01/2022	*doxercalciferol*	*doxercalciferol*	ADD UM: PS		Preferred Specialty
04/01/2022	*sodium phenylbutyrate*	*sodium phenylbutyrate*	ADD UM: PS		Preferred Specialty
04/01/2022	*deferasirox*	*deferasirox*	ADD UM: PS		Preferred Specialty
04/01/2022	*sapropterin dihydrochloride*	*sapropterin dihydrochloride*	ADD UM: PS		Preferred Specialty
04/01/2022	*octreotide acetate*	*octreotide acetate*	ADD UM: PS		Preferred Specialty
04/01/2022	*deferasirox*	*deferasirox*	ADD UM: PS		Preferred Specialty
04/01/2022	*capecitabine*	*capecitabine*	ADD UM: PS		Preferred Specialty
04/01/2022	*octreotide acetate*	*octreotide acetate*	ADD UM: PS		Preferred Specialty
04/01/2022	*ondansetron hcl-0.9% nacl*	*ondansetron hcl in 0.9 % sodium chloride*	ADD UM: PS		Preferred Specialty

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*sodium phenylbutyrate*	*sodium phenylbutyrate*	ADD UM: PS		Preferred Specialty
04/01/2022	*lamivudine,lamivudine hbv*	*lamivudine*	ADD UM: PS		Preferred Specialty
04/01/2022	*everolimus*	*everolimus*	ADD UM: PS		Preferred Specialty
04/01/2022	*everolimus*	*everolimus*	ADD UM: PS		Preferred Specialty
04/01/2022	*tobramycin*	*tobramycin/nebulizer*	ADD UM: PS		Preferred Specialty
04/01/2022	*temozolomide*	*temozolomide*	ADD UM: PS		Preferred Specialty
04/01/2022	CLOVIQUE	*trientine hcl*	ADD UM: PS		Preferred Specialty
04/01/2022	*octreotide acetate*	*octreotide acetate*	ADD UM: PS		Preferred Specialty
04/01/2022	*tetrabenazine*	*tetrabenazine*	ADD UM: PS		Preferred Specialty
04/01/2022	*tretinoin*	*tretinoin*	ADD UM: PS		Preferred Specialty
04/01/2022	TESTOPEL	*testosterone*	ADD UM: PS		Preferred Specialty
04/01/2022	*vigabatrin*	*vigabatrin*	ADD UM: PS		Preferred Specialty
04/01/2022	*octreotide acetate*	*octreotide acetate*	ADD UM: PS		Preferred Specialty
04/01/2022	*deferasirox*	*deferasirox*	ADD UM: PS		Preferred Specialty
04/01/2022	*deferasirox*	*deferasirox*	ADD UM: PS		Preferred Specialty

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*ribavirin*	*ribavirin*	ADD UM: PS		Preferred Specialty
04/01/2022	*mycophenolate mofetil*	*mycophenolate mofetil*	ADD UM: PS		Preferred Specialty
04/01/2022	SAJAZIR	*icatibant acetate*	ADD UM: PS		Preferred Specialty
04/01/2022	*mycophenolate mofetil*	*mycophenolate mofetil*	ADD UM: PS		Preferred Specialty
04/01/2022	*lapatinib*	*lapatinib ditosylate*	ADD UM: PS		Preferred Specialty
04/01/2022	*tobramycin*	*tobramycin in 0.225 % sodium chloride*	ADD UM: PS		Preferred Specialty
04/01/2022	*octreotide acetate*	*octreotide acetate*	ADD UM: PS		Preferred Specialty
04/01/2022	*sirolimus*	*sirolimus*	ADD UM: PS		Preferred Specialty
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	*tadalafil*	*tadalafil*	REMOVE UM: PS	Preferred Specialty	
04/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
04/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	REMOVE UM: STEP	ST applies	
04/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
04/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	REMOVE UM: STEP	ST applies	
04/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	REMOVE UM: STEP	ST applies	
04/01/2022	BREXAFEMME	*ibrexafungerp citrate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2022	BREXAFEMME	*ibrexafungerp citrate*	ADD UM: DRUGCLASS		Excluded Products
04/01/2022	BREXAFEMME	*ibrexafungerp citrate*	REMOVE UM: PANAME	PA Applies	
04/01/2022	*easy touch blu link ctrl soln*	*blood glucose calibration control high and low*	ADD UM: DRUGCLASS		Excluded Products
04/01/2022	*fora gtel multifunctn monitor*	*blood ketone and glucose monitor*	ADD UM: DRUGCLASS		Excluded Products
04/01/2022	FOLAMAX	*multivit with min no.83/iron bis-glycinate/folate no.10*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
04/01/2022	FOLAMAX	*multivit with min no.83/iron bis-glycinate/folate no.10*	REMOVE UM: COV	Non Formulary	
04/01/2022	GLUCAGEN	*glucagon*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2022	GLUCAGEN	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GLUCAGEN	*glucagon*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2022	GLUCAGEN	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GLUCAGEN	*glucagon*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2022	GLUCAGEN	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	*glucagon hcl*	*glucagon hcl*	REMOVE FROM FORMULARY	Generics	Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*glucagon hcl*	*glucagon hcl*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GLUCAGON EMERGENCY KIT	*glucagon*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2022	GLUCAGON EMERGENCY KIT	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GLUCAGEN	*glucagon*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2022	GLUCAGEN	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	*glucagon hcl*	*glucagon hcl*	REMOVE FROM FORMULARY	Generics	Non-Formulary
04/01/2022	*glucagon hcl*	*glucagon hcl*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GLUCAGON EMERGENCY KIT	*glucagon*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2022	GLUCAGON EMERGENCY KIT	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GVOKE PFS 1-PACK SYRINGE	*glucagon*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2022	GVOKE PFS 1-PACK SYRINGE	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GVOKE HYPOPEN 2-PACK	*glucagon*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2022	GVOKE HYPOPEN 2-PACK	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	GVOKE HYPOPEN 1-PACK	*glucagon*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2022	GVOKE HYPOPEN 1-PACK	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GVOKE	*glucagon*	ADD UM: DRUGCLASS		Excluded Products
04/01/2022	GVOKE	*glucagon*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	GVOKE PFS 2-PACK SYRINGE	*glucagon*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2022	GVOKE PFS 2-PACK SYRINGE	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GVOKE HYPOPEN 1-PACK	*glucagon*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2022	GVOKE HYPOPEN 1-PACK	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GVOKE HYPOPEN 2-PACK	*glucagon*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2022	GVOKE HYPOPEN 2-PACK	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GVOKE PFS 2-PACK SYRINGE	*glucagon*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/01/2022	GVOKE PFS 2-PACK SYRINGE	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GVOKE PFS 1-PACK SYRINGE	*glucagon*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	GVOKE PFS 1-PACK SYRINGE	*glucagon*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	GVOKE	*glucagon*	ADD UM: DRUGCLASS		Excluded Products
04/01/2022	GVOKE	*glucagon*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	*infliximab*	*infliximab*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products
04/01/2022	*infliximab*	*infliximab*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	*glucagon hcl*	*glucagon hcl*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*glucagon hcl*	*glucagon hcl*	CHANGE UM: DRUGCLASS	Excluded Products	Injectables
04/01/2022	*glucagon hcl*	*glucagon hcl*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*glucagon hcl*	*glucagon hcl*	CHANGE UM: DRUGCLASS	Excluded Products	Injectables
04/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
04/01/2022	*sertraline hcl*	*sertraline hcl*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
04/01/2022	*sertraline hcl*	*sertraline hcl*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
04/01/2022	*albuterol sulfate hfa*	*albuterol sulfate*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*albuterol sulfate hfa*	*albuterol sulfate*	REMOVE UM: COV	FDA Moratorium	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	ADD TO FORMULARY	Non-Formulary	Generics
04/01/2022	*esomeprazole magnesium*	*esomeprazole magnesium*	REMOVE UM: COV	Non Formulary	
04/01/2022	DERMACINRX VITRAMYN	*multivitamin with minerals no.86/folic acid*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
04/01/2022	PROFOLA	*multivit with min no.83/iron bis-glycinate/folate no.10*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
04/01/2022	OPZELURA	*ruxolitinib phosphate*	ADD UM: QUANTITY		720 / 365 days
04/01/2022	FYARRO	*sirolimus protein-bound*	ADD UM: PANAME		PA Applies

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/04/2022	RINVOQ	*upadacitinib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/04/2022	RINVOQ	*upadacitinib*	ADD UM: MAXQTYPERDAY		1.0 per day
04/04/2022	RINVOQ	*upadacitinib*	ADD UM: PANAME		PA Applies
04/04/2022	RINVOQ	*upadacitinib*	REMOVE UM: COV	FDA Moratorium	
04/04/2022	RINVOQ	*upadacitinib*	ADD UM: PS		Preferred Specialty
04/04/2022	*accu-chek aviva plus*	*blood-glucose meter*	REMOVE UM: COV	FDA Moratorium	
04/04/2022	FORTIFY WOMEN PROBIOTIC	*lactobacillus combo no.51/bifidobacterium animalis/inulin*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	FORTIFY WOMEN PROBIOTIC	*lactobacillus combo no.32/bifidobacterium animalis/inulin*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	FORTIFY OPTIMA ADVANCED CARE	*lactobacillus no.83/bifido animal,bifid,infant/inulin/acacia*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	PROBIOTIC PEARLS WOMEN'S	*lactobac acidophilus/lactobac plantarum/lactobac rhamnosus*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*cranberry*	*cranberry fruit*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*dandelion root*	*dandelion root*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*cranrx*	*cranberry fruit concentrate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/04/2022	*aquacel-ag advantage*	*silver/hydrocolloid dressing*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*aquacel-ag advantage*	*silver/hydrocolloid dressing*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
04/04/2022	MIADERM-L	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*potassium*	*potassium citrate*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*melatonin*	*melatonin*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*easy talk plus ii*	*blood glucose calibration control solution, low*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*easy talk plus ii*	*blood glucose calibration control solution, high*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*easy talk plus ii*	*blood glucose calibration control solution, low*	ADD UM: DRUGCLASS		Excluded Products
04/04/2022	*easy talk plus ii*	*blood glucose calibration control solution, high*	ADD UM: DRUGCLASS		Excluded Products
04/04/2022	PLUVICTO	*lutetium lu-177 vipivotide tetraxetan*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	PLUVICTO	*lutetium lu-177 vipivotide tetraxetan*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
04/04/2022	PLUVICTO	*lutetium lu-177 vipivotide tetraxetan*	ADD UM: COV		FDA Moratorium
04/04/2022	PLUVICTO	*lutetium lu-177 vipivotide tetraxetan*	ADD UM: SPECIALTY		Specialty Drug
04/04/2022	PLUVICTO	*lutetium lu-177 vipivotide tetraxetan*	ADD UM: MED		Medical Drug
04/04/2022	SANOFI COVID BOOSTER-AG COMPNT	*covid-19 vaccine, recombinant antigen (sanofi)/pf*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/04/2022	SANOFI COVID BOOSTER-AG COMPNT	*covid-19 vaccine, recombinant antigen (sanofi)/pf*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	SANOFI COVID BOOSTER-AG COMPNT	*covid-19 vaccine, recombinant antigen (sanofi)/pf*	ADD UM: COV		FDA Moratorium
04/04/2022	SANOFI COVID BOOSTER-AG COMPNT	*covid-19 vaccine, recombinant antigen (sanofi)/pf*	ADD UM: COV		FDA Moratorium
04/04/2022	XCELLISTEM	*extracellular matrix (ecm), porcine derived*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	XCELLISTEM	*extracellular matrix (ecm), porcine derived*	ADD UM: COV		Non Formulary
04/04/2022	REPATHA SURECLICK	*evolocumab*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	REPATHA PUSHTRONEX	*evolocumab*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	REPATHA SURECLICK	*evolocumab*	ADD UM: COV		FDA Moratorium
04/04/2022	REPATHA SURECLICK	*evolocumab*	ADD UM: SPECIALTY		Specialty Drug
04/04/2022	REPATHA PUSHTRONEX	*evolocumab*	ADD UM: COV		FDA Moratorium
04/04/2022	REPATHA PUSHTRONEX	*evolocumab*	ADD UM: SPECIALTY		Specialty Drug
04/04/2022	OZEMPIC	*semaglutide*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	OZEMPIC	*semaglutide*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	OZEMPIC	*semaglutide*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/04/2022	OZEMPIC	*semaglutide*	ADD UM: PR		Preventive Medication
04/04/2022	OZEMPIC	*semaglutide*	ADD UM: COV		FDA Moratorium
04/04/2022	OZEMPIC	*semaglutide*	ADD UM: PR		Preventive Medication
04/04/2022	*nalmefene hcl*	*nalmefene hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*nalmefene hcl*	*nalmefene hcl*	ADD UM: COV		Non Formulary
04/04/2022	*nalmefene hcl*	*nalmefene hcl*	ADD UM: MED		Medical Drug
04/04/2022	*omnipod dash intro kit (gen 4)*	*insulin pump cartridge,continuous infusion,bt and controller*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*omnipod 5 g6 intro kit (gen 5)*	*insulin pump cartridge,automated dosing,bt with controller*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*omnipod 5 g6 pods (gen 5)*	*insulin pump cartridge, subcut automated dosing, bluetooth*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*omnipod dash intro kit (gen 4)*	*insulin pump cartridge,continuous infusion,bt and controller*	ADD UM: COV		FDA Moratorium
04/04/2022	*omnipod 5 g6 intro kit (gen 5)*	*insulin pump cartridge,automated dosing,bt with controller*	ADD UM: COV		FDA Moratorium
04/04/2022	*omnipod 5 g6 pods (gen 5)*	*insulin pump cartridge, subcut automated dosing, bluetooth*	ADD UM: COV		FDA Moratorium
04/04/2022	HYPOCYN ANTIMICROBIAL DERMAL	*hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/04/2022	HYPOCYN ANTIMICROBIAL DERMAL	*hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water*	ADD UM: COV		Non Formulary
04/04/2022	LOCAMETZ	*kit for the preparation of ga-68/gozetotide*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	LOCAMETZ	*kit for the preparation of ga-68/gozetotide*	ADD UM: COV		Non Formulary
04/04/2022	LOCAMETZ	*kit for the preparation of ga-68/gozetotide*	ADD UM: MED		Medical Drug
04/04/2022	*siladone*	*silicone adhesive*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*siladone*	*silicone adhesive*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
04/04/2022	*siladone*	*silicone adhesive*	ADD UM: COV		Non Formulary
04/04/2022	PROFINAC	*diclofenac sodium/kinesiology tape*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	PROFINAC	*diclofenac sodium/kinesiology tape*	ADD UM: COV		Non Formulary
04/04/2022	*buffered lidocaine-epinephrine*	*lidocaine hcl/epinephrine in sodium chloride, iso-osmotic*	REMOVE FROM FORMULARY		Non-Formulary
04/04/2022	*buffered lidocaine-epinephrine*	*lidocaine hcl/epinephrine in sodium chloride, iso-osmotic*	ADD UM: COV		Non Formulary
04/04/2022	*buffered lidocaine-epinephrine*	*lidocaine hcl/epinephrine in sodium chloride, iso-osmotic*	ADD UM: NFDA		Non-FDA Approved
04/05/2022	REGENECARE	*lidocaine hcl/collagen,vitamin e/lidocaine/aloe vera/collagen*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/05/2022	REGENECARE	*lidocaine hcl/collagen,vitamin e/lidocaine/aloe vera/collagen*	ADD UM: COV		Non Formulary
04/05/2022	REGENECARE	*lidocaine hcl/collagen,vitamin e/lidocaine/aloe vera/collagen*	ADD UM: NFDA		Non-FDA Approved
04/05/2022	TUDORZA PRESSAIR	*aclidinium bromide*	ADD UM: MAXQTYPERDAY		0.04 per day
04/05/2022	TUDORZA PRESSAIR	*aclidinium bromide*	REMOVE UM: QUANTITY	0.04 / day	
04/06/2022	SIGNIFOR LAR	*pasireotide pamoate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/06/2022	SIGNIFOR LAR	*pasireotide pamoate*	ADD UM: PANAME		PA Applies
04/06/2022	SIGNIFOR LAR	*pasireotide pamoate*	ADD UM: SPECIALTY		Specialty Drug
04/09/2022	VERKAZIA	*cyclosporine*	REMOVE FROM FORMULARY		Non-Formulary
04/09/2022	VERKAZIA	*cyclosporine*	ADD UM: COV		FDA Moratorium
04/09/2022	VERKAZIA	*cyclosporine*	ADD UM: SPECIALTY		Specialty Drug
04/09/2022	*fentanyl citrate*	*fentanyl citrate/pf*	REMOVE FROM FORMULARY		Non-Formulary
04/09/2022	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: COV		Non Formulary
04/09/2022	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: NFDA		Non-FDA Approved
04/09/2022	*fentanyl citrate*	*fentanyl citrate/pf*	ADD UM: MED		Medical Drug
04/11/2022	*pivot calcium alginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	*organic mct oil*	*medium chain triglycerides*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/11/2022	*magnesium glycinate*	*magnesium glycinate*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	EYE IRRITATION RELIEF	*tetrahydrozoline hcl/polyvinyl alcohol/povidone*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	CRANRX WITH VIT C-MANNOSE	*cranberry fruit concentrate/ascorbic acid/d-mannose*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	DULCOLAX STOOL SOFTENER	*docusate sodium*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	*organic mct oil*	*medium chain triglycerides*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	*pivot calcium alginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	FORTIFY PROBIOTIC	*lactobacillus combo no.51/bifido animalis, bifidum/inulin*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	DULCOLAX STOOL SOFTENER	*docusate sodium*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	*valerian*	*valerian root*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	BC ARTHRITIS	*aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	EMERGEN-C ELDERBERRY	*ascorbic acid/multivit with minerals/elderberry fruit*	REMOVE FROM FORMULARY		Non-Formulary
04/11/2022	EMERGEN-C ELDERBERRY	*ascorbic acid/multivit with minerals/elderberry fruit*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/11/2022	ALIVE MEN'S ULTRA POTENCY	*multivitamin-min/methyltetrahydrofolate/vitamin k/herbal 334*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/11/2022	ALIVE MEN'S ULTRA POTENCY	*multivitamin-min/methyltetrahydrofolate/vitamin k/herbal 334*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/12/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	ADD TO FORMULARY		Preferred Brands
04/12/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
04/12/2022	*celltrion diatrust cov-19 home*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
04/12/2022	*celltrion diatrust cov-19 home*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
04/12/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	ADD TO FORMULARY		Preferred Brands
04/12/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
04/12/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	ADD TO FORMULARY		Preferred Brands
04/12/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
04/12/2022	*celltrion diatrust cov-19 home*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
04/12/2022	*celltrion diatrust cov-19 home*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
04/12/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	ADD UM: QUANTITY		8 / 30 days
04/12/2022	*celltrion diatrust cov-19 home*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
04/12/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	ADD UM: QUANTITY		8 / 30 days
04/12/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	ADD UM: QUANTITY		8 / 30 days

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*celltrion diatrust cov-19 home*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
04/12/2022	TLANDO	*testosterone undecanoate*	REMOVE FROM FORMULARY		Non-Formulary
04/12/2022	TLANDO	*testosterone undecanoate*	ADD UM: COV		FDA Moratorium
04/12/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	REMOVE FROM FORMULARY		Non-Formulary
04/12/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	ADD UM: COV		FDA Moratorium
04/12/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	ADD UM: SPECIALTY		Specialty Drug
04/12/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	REMOVE FROM FORMULARY		Non-Formulary
04/12/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	ADD UM: COV		FDA Moratorium
04/12/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	ADD UM: SPECIALTY		Specialty Drug
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	REMOVE FROM FORMULARY		Non-Formulary
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	ADD UM: COV		Non Formulary
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	ADD UM: NFDA		Non-FDA Approved
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	REMOVE FROM FORMULARY		Non-Formulary
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	ADD UM: COV		Non Formulary
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	FOLAMED DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
04/12/2022	FOLAMED DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	ADD UM: COV		Non Formulary
04/12/2022	FOLAMED DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	ADD UM: NFDA		Non-FDA Approved
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	REMOVE FROM FORMULARY		Non-Formulary
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	ADD UM: COV		Non Formulary
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	ADD UM: NFDA		Non-FDA Approved
04/12/2022	*paclitaxel protein-bound*	*paclitaxel protein-bound*	ADD TO FORMULARY		Generics
04/12/2022	*paclitaxel protein-bound*	*paclitaxel protein-bound*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
04/12/2022	*paclitaxel protein-bound*	*paclitaxel protein-bound*	ADD UM: PANAME		PA Applies
04/12/2022	*paclitaxel protein-bound*	*paclitaxel protein-bound*	ADD UM: SPECIALTY		Specialty Drug
04/12/2022	*paclitaxel protein-bound*	*paclitaxel protein-bound*	ADD UM: MED		Medical Drug
04/12/2022	*abacavir*	*abacavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TIVICAY	*dolutegravir sodium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TIVICAY	*dolutegravir sodium*	REMOVE UM: DRUGCLASS	AIDS	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*efavirenz*	*efavirenz*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	APTIVUS	*tipranavir/vitamin e tpgs*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	ISENTRESS	*raltegravir potassium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*zidovudine*	*zidovudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	ISENTRESS	*raltegravir potassium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TRIZIVIR	*abacavir sulfate/lamivudine/zidovudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*stavudine*	*stavudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	COMPLERA	*emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*efavirenz-lamivu-tenofov disop*	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*atazanavir sulfate*	*atazanavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	INVIRASE	*saquinavir mesylate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*efavirenz-emtric-tenofov disop*	*efavirenz/emtricitabine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	CRIXIVAN	*indinavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	GENVOYA	*elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide*	REMOVE UM: DRUGCLASS	AIDS	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	NORVIR	*ritonavir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	ATRIPLA	*efavirenz/emtricitabine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	KALETRA	*lopinavir/ritonavir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	REYATAZ	*atazanavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	ZIAGEN	*abacavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SUSTIVA	*efavirenz*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	VOCABRIA	*cabotegravir sodium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TEMIXYS	*lamivudine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	RUKOBIA	*fostemsavir tromethamine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	VIRAMUNE	*nevirapine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*didanosine*	*didanosine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	EMTRIVA	*emtricitabine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	EMTRIVA	*emtricitabine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*abacavir-lamivudine-zidovudine*	*abacavir sulfate/lamivudine/zidovudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*stavudine*	*stavudine*	REMOVE UM: DRUGCLASS	AIDS	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	VIRAMUNE XR	*nevirapine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*etravirine*	*etravirine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SUSTIVA	*efavirenz*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	INTELENCE	*etravirine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	CABENUVA	*cabotegravir/rilpivirine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TRIUMEQ	*abacavir sulfate/dolutegravir sodium/lamivudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	NORVIR	*ritonavir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*etravirine*	*etravirine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*efavirenz*	*efavirenz*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	ZIAGEN	*abacavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	INTELENCE	*etravirine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	BIKTARVY	*bictegravir sodium/emtricitabine/tenofovir alafenamide fumar*	REMOVE UM: DRUGCLASS	AIDS	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*emtricitabine*	*emtricitabine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	PREZISTA	*darunavir ethanolate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	CIMDUO	*lamivudine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SYMFI	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*nevirapine*	*nevirapine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	RETROVIR	*zidovudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*stavudine*	*stavudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	COMBIVIR	*lamivudine/zidovudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*lamivudine*	*lamivudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	PREZISTA	*darunavir ethanolate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*cabotegravir er*	*cabotegravir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	RETROVIR	*zidovudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	DOVATO	*dolutegravir sodium/lamivudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*rilpivirine er*	*rilpivirine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	STRIBILD	*elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil*	REMOVE UM: DRUGCLASS	AIDS	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	VIREAD	*tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	VIREAD	*tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	VIREAD	*tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*rilpivirine er*	*rilpivirine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*emtricitabine-tenofovir disop*	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	VIREAD	*tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*emtricitabine-tenofovir disop*	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	APRETUDE	*cabotegravir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*emtricitabine-tenofovir disop*	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*maraviroc*	*maraviroc*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*lopinavir-ritonavir*	*lopinavir/ritonavir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	KALETRA	*lopinavir/ritonavir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SUSTIVA	*efavirenz*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	ODEFSEY	*emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	EPZICOM	*abacavir sulfate/lamivudine*	REMOVE UM: DRUGCLASS	AIDS	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*lamivudine-zidovudine*	*lamivudine/zidovudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*nevirapine er*	*nevirapine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	APTIVUS	*tipranavir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*nevirapine*	*nevirapine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SELZENTRY	*maraviroc*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SYMTUZA	*darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	EDURANT	*rilpivirine hcl*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*cabotegravir er*	*cabotegravir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*maraviroc*	*maraviroc*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	CRIXIVAN	*indinavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	EVOTAZ	*atazanavir sulfate/cobicistat*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TYBOST	*cobicistat*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	LEXIVA	*fosamprenavir calcium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	PREZISTA	*darunavir ethanolate*	REMOVE UM: DRUGCLASS	AIDS	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	REYATAZ	*atazanavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	REYATAZ	*atazanavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	VIREAD	*tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*nevirapine er*	*nevirapine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	JULUCA	*dolutegravir sodium/rilpivirine hcl*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*abacavir*	*abacavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SYMFI LO	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	ISENTRESS HD	*raltegravir potassium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TIVICAY PD	*dolutegravir sodium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*tenofovir disoproxil fumarate*	*tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*lopinavir-ritonavir*	*lopinavir/ritonavir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	VIRACEPT	*nelfinavir mesylate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TROGARZO	*ibalizumab-uiyk*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*zidovudine*	*zidovudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	KALETRA	*lopinavir/ritonavir*	REMOVE UM: DRUGCLASS	AIDS	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*efavirenz*	*efavirenz*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	DELSTRIGO	*doravirine/lamivudine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	VIRAMUNE	*nevirapine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*atazanavir sulfate*	*atazanavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	ISENTRESS	*raltegravir potassium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*lamivudine*	*lamivudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*stavudine*	*stavudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	BIKTARVY	*bictegravir sodium/emtricitabine/tenofovir alafenamide fumar*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TIVICAY	*dolutegravir sodium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	EPIVIR	*lamivudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*ritonavir*	*ritonavir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*atazanavir sulfate*	*atazanavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	PIFELTRO	*doravirine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	LEXIVA	*fosamprenavir calcium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*emtricitabine-tenofovir disop*	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SELZENTRY	*maraviroc*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SELZENTRY	*maraviroc*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*efavirenz-lamivu-tenofov disop*	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	INTELENCE	*etravirine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*lopinavir-ritonavir*	*lopinavir/ritonavir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	RETROVIR	*zidovudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	REYATAZ	*atazanavir sulfate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	ISENTRESS	*raltegravir potassium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	VIRACEPT	*nelfinavir mesylate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*didanosine*	*didanosine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SELZENTRY	*maraviroc*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	PREZISTA	*darunavir ethanolate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*lamivudine*	*lamivudine*	REMOVE UM: DRUGCLASS	AIDS	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	FUZEON	*enfuvirtide*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	EPIVIR	*lamivudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*zidovudine*	*zidovudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	CABENUVA	*cabotegravir/rilpivirine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	NORVIR	*ritonavir*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	EPIVIR	*lamivudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*fosamprenavir calcium*	*fosamprenavir calcium*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*abacavir-lamivudine*	*abacavir sulfate/lamivudine*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	SELZENTRY	*maraviroc*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	PREZISTA	*darunavir ethanolate*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	PREZCOBIX	*darunavir ethanolate/cobicistat*	REMOVE UM: DRUGCLASS	AIDS	
04/12/2022	*sodium fluoride enamel protect*	*sodium fluoride/potassium nitrate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLUORIDEX	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT 5000 PLUS	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLORIVA	*sodium fluoride/cholecalciferol (vitamin d3)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT 5000 SENSITIVE	*sodium fluoride/potassium nitrate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	DENTA 5000 PLUS	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	CLINPRO 5000	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT 5000 ENAMEL PROTECT	*sodium fluoride/potassium nitrate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT 5000 PLUS	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	SODIUM FLUORIDE 5000 DRY MOUTH	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	LUDENT FLUORIDE	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PERIOMED	*stannous fluoride*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride sensitive*	*sodium fluoride/potassium nitrate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT 5000 ENAMEL PROTECT	*sodium fluoride/potassium nitrate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	DENTAGEL	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLUORITAB	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	PREVIDENT	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	CLINPRO 5000	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLUORITAB	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLORICAL	*sodium fluoride/calcium carbonate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT 5000 ORTHO DEFENSE	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLORICAL	*sodium fluoride/calcium carbonate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	GEL-KAM	*stannous fluoride*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLORICAL	*sodium fluoride/calcium carbonate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PERIOMED	*stannous fluoride*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLORICAL	*sodium fluoride/calcium carbonate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	SF	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	SF 5000 PLUS	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	SODIUM FLUORIDE 5000 PLUS	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLUORITAB	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLUORITAB	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	GEL-KAM	*stannous fluoride*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	SODIUM FLUORIDE 5000 PLUS	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	LUDENT FLUORIDE	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLUORITAB	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLUORITAB	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	CLINPRO 5000	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT 5000 SENSITIVE	*sodium fluoride/potassium nitrate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	LUDENT FLUORIDE	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	MONOCAL	*sodium monofluorophosphate/calcium carbonate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT 5000 DRY MOUTH	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	DENTA 5000 PLUS	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PREVIDENT 5000 PLUS	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLURA-DROPS	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	LUDENT FLUORIDE	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	FLUORIDEX SENSITIVITY RELIEF	*sodium fluoride/potassium nitrate*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	REMOVE UM: DRUGCLASS	Flouride Preps - Oral	
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/12/2022	FOLAMED DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/12/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/12/2022	*sodium fluoride enamel protect*	*sodium fluoride/potassium nitrate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLUORIDEX	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	PREVIDENT 5000 PLUS	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLORIVA	*sodium fluoride/cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT 5000 SENSITIVE	*sodium fluoride/potassium nitrate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	DENTA 5000 PLUS	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	CLINPRO 5000	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT 5000 ENAMEL PROTECT	*sodium fluoride/potassium nitrate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT 5000 PLUS	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	SODIUM FLUORIDE 5000 DRY MOUTH	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	LUDENT FLUORIDE	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PERIOMED	*stannous fluoride*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride sensitive*	*sodium fluoride/potassium nitrate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT 5000 ENAMEL PROTECT	*sodium fluoride/potassium nitrate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	DENTAGEL	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLUORITAB	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	CLINPRO 5000	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLUORITAB	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLORICAL	*sodium fluoride/calcium carbonate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT 5000 ORTHO DEFENSE	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	FLORICAL	*sodium fluoride/calcium carbonate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	GEL-KAM	*stannous fluoride*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLORICAL	*sodium fluoride/calcium carbonate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PERIOMED	*stannous fluoride*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLORICAL	*sodium fluoride/calcium carbonate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	SF	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	SF 5000 PLUS	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	SODIUM FLUORIDE 5000 PLUS	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLUORITAB	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLUORITAB	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	GEL-KAM	*stannous fluoride*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	SODIUM FLUORIDE 5000 PLUS	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	LUDENT FLUORIDE	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLUORITAB	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLUORITAB	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	CLINPRO 5000	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT 5000 SENSITIVE	*sodium fluoride/potassium nitrate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	LUDENT FLUORIDE	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	MONOCAL	*sodium monofluorophosphate/calcium carbonate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT 5000 DRY MOUTH	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	DENTA 5000 PLUS	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PREVIDENT 5000 PLUS	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLURA-DROPS	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	LUDENT FLUORIDE	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*sodium fluoride*	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	FLUORIDEX SENSITIVITY RELIEF	*sodium fluoride/potassium nitrate*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	PHOS-FLUR	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
04/12/2022	*abacavir*	*abacavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	TIVICAY	*dolutegravir sodium*	ADD UM: DRUGCLASS		HIV
04/12/2022	TIVICAY	*dolutegravir sodium*	ADD UM: DRUGCLASS		HIV
04/12/2022	*efavirenz*	*efavirenz*	ADD UM: DRUGCLASS		HIV
04/12/2022	APTIVUS	*tipranavir/vitamin e tpgs*	ADD UM: DRUGCLASS		HIV
04/12/2022	ISENTRESS	*raltegravir potassium*	ADD UM: DRUGCLASS		HIV
04/12/2022	*zidovudine*	*zidovudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	ISENTRESS	*raltegravir potassium*	ADD UM: DRUGCLASS		HIV
04/12/2022	TRIZIVIR	*abacavir sulfate/lamivudine/zidovudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*stavudine*	*stavudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	COMPLERA	*emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*efavirenz-lamivu-tenofov disop*	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*atazanavir sulfate*	*atazanavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	INVIRASE	*saquinavir mesylate*	ADD UM: DRUGCLASS		HIV

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*efavirenz-emtric-tenofov disop*	*efavirenz/emtricitabine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	CRIXIVAN	*indinavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	GENVOYA	*elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide*	ADD UM: DRUGCLASS		HIV
04/12/2022	NORVIR	*ritonavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	ATRIPLA	*efavirenz/emtricitabine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	KALETRA	*lopinavir/ritonavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	REYATAZ	*atazanavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	ZIAGEN	*abacavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	SUSTIVA	*efavirenz*	ADD UM: DRUGCLASS		HIV
04/12/2022	VOCABRIA	*cabotegravir sodium*	ADD UM: DRUGCLASS		HIV
04/12/2022	TEMIXYS	*lamivudine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	RUKOBIA	*fostemsavir tromethamine*	ADD UM: DRUGCLASS		HIV
04/12/2022	VIRAMUNE	*nevirapine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*didanosine*	*didanosine*	ADD UM: DRUGCLASS		HIV
04/12/2022	EMTRIVA	*emtricitabine*	ADD UM: DRUGCLASS		HIV
04/12/2022	EMTRIVA	*emtricitabine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*abacavir-lamivudine-zidovudine*	*abacavir sulfate/lamivudine/zidovudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*stavudine*	*stavudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	VIRAMUNE XR	*nevirapine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*etravirine*	*etravirine*	ADD UM: DRUGCLASS		HIV
04/12/2022	SUSTIVA	*efavirenz*	ADD UM: DRUGCLASS		HIV

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	INTELENCE	*etravirine*	ADD UM: DRUGCLASS		HIV
04/12/2022	CABENUVA	*cabotegravir/rilpivirine*	ADD UM: DRUGCLASS		HIV
04/12/2022	TRIUMEQ	*abacavir sulfate/dolutegravir sodium/lamivudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	NORVIR	*ritonavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*etravirine*	*etravirine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*efavirenz*	*efavirenz*	ADD UM: DRUGCLASS		HIV
04/12/2022	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	ZIAGEN	*abacavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	INTELENCE	*etravirine*	ADD UM: DRUGCLASS		HIV
04/12/2022	BIKTARVY	*bictegravir sodium/emtricitabine/tenofovir alafenamide fumar*	ADD UM: DRUGCLASS		HIV
04/12/2022	*emtricitabine*	*emtricitabine*	ADD UM: DRUGCLASS		HIV
04/12/2022	PREZISTA	*darunavir ethanolate*	ADD UM: DRUGCLASS		HIV
04/12/2022	CIMDUO	*lamivudine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	SYMFI	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*nevirapine*	*nevirapine*	ADD UM: DRUGCLASS		HIV
04/12/2022	RETROVIR	*zidovudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*stavudine*	*stavudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	COMBIVIR	*lamivudine/zidovudine*	ADD UM: DRUGCLASS		HIV

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	*lamivudine*	*lamivudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	PREZISTA	*darunavir ethanolate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*cabotegravir er*	*cabotegravir*	ADD UM: DRUGCLASS		HIV
04/12/2022	RETROVIR	*zidovudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	DOVATO	*dolutegravir sodium/lamivudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*rilpivirine er*	*rilpivirine*	ADD UM: DRUGCLASS		HIV
04/12/2022	STRIBILD	*elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil*	ADD UM: DRUGCLASS		HIV
04/12/2022	VIREAD	*tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	VIREAD	*tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	VIREAD	*tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*rilpivirine er*	*rilpivirine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*emtricitabine-tenofovir disop*	*emtricitabine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	VIREAD	*tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*emtricitabine-tenofovir disop*	*emtricitabine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	APRETUDE	*cabotegravir*	ADD UM: DRUGCLASS		HIV
04/12/2022	*emtricitabine-tenofovir disop*	*emtricitabine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*maraviroc*	*maraviroc*	ADD UM: DRUGCLASS		HIV
04/12/2022	*lopinavir-ritonavir*	*lopinavir/ritonavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	KALETRA	*lopinavir/ritonavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	SUSTIVA	*efavirenz*	ADD UM: DRUGCLASS		HIV

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	ODEFSEY	*emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	EPZICOM	*abacavir sulfate/lamivudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*lamivudine-zidovudine*	*lamivudine/zidovudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*nevirapine er*	*nevirapine*	ADD UM: DRUGCLASS		HIV
04/12/2022	APTIVUS	*tipranavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	*nevirapine*	*nevirapine*	ADD UM: DRUGCLASS		HIV
04/12/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	SELZENTRY	*maraviroc*	ADD UM: DRUGCLASS		HIV
04/12/2022	SYMTUZA	*darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide*	ADD UM: DRUGCLASS		HIV
04/12/2022	EDURANT	*rilpivirine hcl*	ADD UM: DRUGCLASS		HIV
04/12/2022	*cabotegravir er*	*cabotegravir*	ADD UM: DRUGCLASS		HIV
04/12/2022	*maraviroc*	*maraviroc*	ADD UM: DRUGCLASS		HIV
04/12/2022	CRIXIVAN	*indinavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	EVOTAZ	*atazanavir sulfate/cobicistat*	ADD UM: DRUGCLASS		HIV
04/12/2022	TYBOST	*cobicistat*	ADD UM: DRUGCLASS		HIV
04/12/2022	LEXIVA	*fosamprenavir calcium*	ADD UM: DRUGCLASS		HIV
04/12/2022	PREZISTA	*darunavir ethanolate*	ADD UM: DRUGCLASS		HIV
04/12/2022	REYATAZ	*atazanavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	REYATAZ	*atazanavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	VIREAD	*tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*nevirapine er*	*nevirapine*	ADD UM: DRUGCLASS		HIV

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	JULUCA	*dolutegravir sodium/rilpivirine hcl*	ADD UM: DRUGCLASS		HIV
04/12/2022	*abacavir*	*abacavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	SYMFI LO	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	ISENTRESS HD	*raltegravir potassium*	ADD UM: DRUGCLASS		HIV
04/12/2022	TIVICAY PD	*dolutegravir sodium*	ADD UM: DRUGCLASS		HIV
04/12/2022	*tenofovir disoproxil fumarate*	*tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*lopinavir-ritonavir*	*lopinavir/ritonavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	VIRACEPT	*nelfinavir mesylate*	ADD UM: DRUGCLASS		HIV
04/12/2022	TROGARZO	*ibalizumab-uiyk*	ADD UM: DRUGCLASS		HIV
04/12/2022	*zidovudine*	*zidovudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	KALETRA	*lopinavir/ritonavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	*efavirenz*	*efavirenz*	ADD UM: DRUGCLASS		HIV
04/12/2022	DELSTRIGO	*doravirine/lamivudine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	VIRAMUNE	*nevirapine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*atazanavir sulfate*	*atazanavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	ISENTRESS	*raltegravir potassium*	ADD UM: DRUGCLASS		HIV
04/12/2022	*lamivudine*	*lamivudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*stavudine*	*stavudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	BIKTARVY	*bictegravir sodium/emtricitabine/tenofovir alafenamide fumar*	ADD UM: DRUGCLASS		HIV
04/12/2022	TIVICAY	*dolutegravir sodium*	ADD UM: DRUGCLASS		HIV

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	EPIVIR	*lamivudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*ritonavir*	*ritonavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	*atazanavir sulfate*	*atazanavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	PIFELTRO	*doravirine*	ADD UM: DRUGCLASS		HIV
04/12/2022	LEXIVA	*fosamprenavir calcium*	ADD UM: DRUGCLASS		HIV
04/12/2022	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*emtricitabine-tenofovir disop*	*emtricitabine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	SELZENTRY	*maraviroc*	ADD UM: DRUGCLASS		HIV
04/12/2022	SELZENTRY	*maraviroc*	ADD UM: DRUGCLASS		HIV
04/12/2022	*efavirenz-lamivu-tenofov disop*	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	INTELENCE	*etravirine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*lopinavir-ritonavir*	*lopinavir/ritonavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	RETROVIR	*zidovudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	REYATAZ	*atazanavir sulfate*	ADD UM: DRUGCLASS		HIV
04/12/2022	ISENTRESS	*raltegravir potassium*	ADD UM: DRUGCLASS		HIV
04/12/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	ADD UM: DRUGCLASS		HIV
04/12/2022	VIRACEPT	*nelfinavir mesylate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*didanosine*	*didanosine*	ADD UM: DRUGCLASS		HIV
04/12/2022	SELZENTRY	*maraviroc*	ADD UM: DRUGCLASS		HIV
04/12/2022	PREZISTA	*darunavir ethanolate*	ADD UM: DRUGCLASS		HIV
04/12/2022	*lamivudine*	*lamivudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	FUZEON	*enfuvirtide*	ADD UM: DRUGCLASS		HIV

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/12/2022	EPIVIR	*lamivudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*zidovudine*	*zidovudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	CABENUVA	*cabotegravir/rilpivirine*	ADD UM: DRUGCLASS		HIV
04/12/2022	NORVIR	*ritonavir*	ADD UM: DRUGCLASS		HIV
04/12/2022	EPIVIR	*lamivudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	*fosamprenavir calcium*	*fosamprenavir calcium*	ADD UM: DRUGCLASS		HIV
04/12/2022	*abacavir-lamivudine*	*abacavir sulfate/lamivudine*	ADD UM: DRUGCLASS		HIV
04/12/2022	SELZENTRY	*maraviroc*	ADD UM: DRUGCLASS		HIV
04/12/2022	PREZISTA	*darunavir ethanolate*	ADD UM: DRUGCLASS		HIV
04/12/2022	PREZCOBIX	*darunavir ethanolate/cobicistat*	ADD UM: DRUGCLASS		HIV
04/15/2022	OZEMPIC	*semaglutide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
04/15/2022	OZEMPIC	*semaglutide*	ADD UM: MAXQTYPERDAY		0.124 per day
04/15/2022	OZEMPIC	*semaglutide*	REMOVE UM: COV	FDA Moratorium	
04/16/2022	ALIVE MAX3 POTENCY	*multivitamin-min/methyltetrahydrofolate/vit k/herbal no.335*	REMOVE FROM FORMULARY		Non-Formulary
04/16/2022	ALIVE MAX3 POTENCY	*multivitamin-min/methyltetrahydrofolate/vit k/herbal no.335*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/16/2022	*isosorbide dinit-hydralazine*	*isosorbide dinitrate/hydralazine hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/16/2022	*isosorbide dinit-hydralazine*	*isosorbide dinitrate/hydralazine hcl*	ADD UM: COV		FDA Moratorium
04/16/2022	*orphenadrine-aspirin-caffeine*	*orphenadrine citrate/aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/16/2022	*orphenadrine-aspirin-caffeine*	*orphenadrine citrate/aspirin/caffeine*	ADD UM: COV		FDA Moratorium
04/18/2022	*purathick*	*maltodextrin/tara gum*	ADD TO FORMULARY		Non-Preferred Brands
04/18/2022	*gelmix*	*maltodextrin/carob*	ADD TO FORMULARY		Non-Preferred Brands
04/18/2022	*gelmix*	*maltodextrin/carob*	ADD TO FORMULARY		Non-Preferred Brands
04/18/2022	*purathick*	*maltodextrin/tara gum*	ADD TO FORMULARY		Non-Preferred Brands
04/18/2022	*clever choice neb kit-child*	*nebulizer accessories*	REMOVE FROM FORMULARY		Non-Formulary
04/18/2022	*clever choice neb kit-child*	*nebulizer accessories*	ADD UM: DRUGCLASS		Respiratory Devices
04/18/2022	*clever choice neb kit-adult*	*nebulizer accessories*	REMOVE FROM FORMULARY		Non-Formulary
04/18/2022	*clever choice neb kit-adult*	*nebulizer accessories*	ADD UM: DRUGCLASS		Respiratory Devices
04/18/2022	EYE MULTIVITAMIN WITH LUTEIN	*ascorbic acid/vit e acetate/cupric oxide/zinc oxide/lutein*	REMOVE FROM FORMULARY		Non-Formulary
04/18/2022	EYE MULTIVITAMIN WITH LUTEIN	*ascorbic acid/vit e acetate/cupric oxide/zinc oxide/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
04/18/2022	EYE MULTIVITAMIN WITH LUTEIN	*ascorbic acid/vit e acetate/cupric oxide/zinc oxide/lutein*	REMOVE FROM FORMULARY		Non-Formulary
04/18/2022	EYE MULTIVITAMIN WITH LUTEIN	*ascorbic acid/vit e acetate/cupric oxide/zinc oxide/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/18/2022	*proneb max compressor-lc plus*	*nebulizer and compressor*	ADD TO FORMULARY		Non-Preferred Brands
04/18/2022	*proneb max compressor-lc plus*	*nebulizer and compressor*	ADD UM: DRUGCLASS		Respiratory Devices
04/18/2022	*proneb max compressr-lc sprint*	*nebulizer and compressor*	ADD TO FORMULARY		Non-Preferred Brands
04/18/2022	*proneb max compressr-lc sprint*	*nebulizer and compressor*	ADD UM: DRUGCLASS		Respiratory Devices
04/19/2022	*pramoxine hcl*	*pramoxine hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	*vitamin d3*	*cholecalciferol (vitamin d3)*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	EYE MULTIVITAMIN	*vit c/vit e acetate/zinc oxid/cupric oxide/lutein/zeaxanthin*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	SIMILAC PRO-TOTAL CMFT NON-GMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	SIMILAC PRO-TOTAL CMFT NON-GMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
04/19/2022	SIMILAC PRO-TOTAL CMFT NON-GMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	SIMILAC PRO-TOTAL CMFT NON-GMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2022	SIMILAC PRO-TOTAL CMFT NON-GMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	SIMILAC PRO-TOTAL CMFT NON-GMO	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
04/19/2022	QUVIVIQ	*daridorexant hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	QUVIVIQ	*daridorexant hcl*	ADD UM: COV		FDA Moratorium
04/19/2022	QUVIVIQ	*daridorexant hcl*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	QUVIVIQ	*daridorexant hcl*	ADD UM: COV		FDA Moratorium
04/19/2022	VIJOICE	*alpelisib*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	VIJOICE	*alpelisib*	ADD UM: COV		FDA Moratorium
04/19/2022	VIJOICE	*alpelisib*	ADD UM: SPECIALTY		Specialty Drug
04/19/2022	VIJOICE	*alpelisib*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	VIJOICE	*alpelisib*	ADD UM: COV		FDA Moratorium
04/19/2022	VIJOICE	*alpelisib*	ADD UM: SPECIALTY		Specialty Drug
04/19/2022	VIJOICE	*alpelisib*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	VIJOICE	*alpelisib*	ADD UM: COV		FDA Moratorium
04/19/2022	VIJOICE	*alpelisib*	ADD UM: SPECIALTY		Specialty Drug
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD TO FORMULARY		Generics
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD UM: PANAME		PA Applies

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD UM: COV		FDA Moratorium
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD UM: SPECIALTY		Specialty Drug
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD UM: PS		Preferred Specialty
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD TO FORMULARY		Generics
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD UM: PANAME		PA Applies
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD UM: COV		FDA Moratorium
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD UM: SPECIALTY		Specialty Drug
04/19/2022	*apomorphine hcl*	*apomorphine hcl*	ADD UM: PS		Preferred Specialty
04/19/2022	DODEX	*cyanocobalamin (vitamin b-12)*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	DODEX	*cyanocobalamin (vitamin b-12)*	ADD UM: COV		FDA Moratorium
04/19/2022	DODEX	*cyanocobalamin (vitamin b-12)*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	DODEX	*cyanocobalamin (vitamin b-12)*	ADD UM: COV		FDA Moratorium
04/19/2022	DODEX	*cyanocobalamin (vitamin b-12)*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	DODEX	*cyanocobalamin (vitamin b-12)*	ADD UM: COV		FDA Moratorium
04/19/2022	DODEX	*cyanocobalamin (vitamin b-12)*	REMOVE FROM FORMULARY		Non-Formulary
04/19/2022	DODEX	*cyanocobalamin (vitamin b-12)*	ADD UM: COV		FDA Moratorium
04/19/2022	*lacosamide*	*lacosamide*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/19/2022	*lacosamide*	*lacosamide*	ADD UM: MED		Medical Drug
04/23/2022	VIA	*vaginal moisturizer combo no.5*	REMOVE FROM FORMULARY		Non-Formulary
04/23/2022	BIOFREEZE	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
04/23/2022	EUCERIN ITCH RELIEF	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
04/23/2022	PROBIOTIC COLON SUPPORT	*lactobacillus gasseri/bifidobacterium bifidum/bifido longum*	REMOVE FROM FORMULARY		Non-Formulary
04/23/2022	*budesonide*	*budesonide*	ADD TO FORMULARY		Non-Preferred Brands
04/23/2022	WESNATE DHA	*prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3*	ADD UM: DRUGCLASS		Prenatal Vitamins
04/23/2022	MOXICAINE	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
04/23/2022	MOXICAINE	*lidocaine*	ADD UM: COV		Non Formulary
04/23/2022	MOXICAINE	*lidocaine*	ADD UM: NFDA		Non-FDA Approved
04/25/2022	TESTOPEL	*testosterone*	REMOVE UM: PS	Preferred Specialty	
04/25/2022	CLOVIQUE	*trientine hcl*	REMOVE UM: PS	Preferred Specialty	
04/25/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: MAXQTYPERDAY		0.036 per day
04/25/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: MAXQTYPERDAY		0.072 per day
04/26/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	ADD UM: COV		Non Formulary
04/26/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	REMOVE UM: DRUGCLASS	OTC COVID-19 TESTS	
04/26/2022	*cue covid-19 cartridge reader*	*covid-19 reader device*	REMOVE FROM FORMULARY		Non-Formulary
04/26/2022	*cue covid-19 cartridge reader*	*covid-19 reader device*	ADD UM: COV		Non Formulary
04/26/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	REMOVE UM: COV	Non Formulary	
04/26/2022	*cue covid-19 home test*	*covid-19 molecular nucleic acid test assay*	REMOVE UM: QUANTITY	8 / 30 days	
04/26/2022	*cue covid-19 cartridge reader*	*covid-19 reader device*	REMOVE UM: COV	Non Formulary	
04/26/2022	*prenatal plus vitamin-mineral*	*prenatal vitamins no.180/ferrous fumarate/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
04/26/2022	*prenatal plus vitamin-mineral*	*prenatal vitamins no.180/ferrous fumarate/folic acid*	ADD UM: DRUGCLASS		Prenatal Vitamins
04/26/2022	*prenatal plus vitamin-mineral*	*prenatal vitamins no.180/ferrous fumarate/folic acid*	ADD UM: COV		Non Formulary
04/26/2022	*prenatal plus vitamin-mineral*	*prenatal vitamins no.180/ferrous fumarate/folic acid*	ADD UM: NFDA		Non-FDA Approved
04/26/2022	WESCAP-C DHA	*mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa*	REMOVE FROM FORMULARY		Non-Formulary
04/26/2022	WESCAP-C DHA	*mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2022	WESCAP-C DHA	*mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa*	ADD UM: NFDA		Non-FDA Approved
04/26/2022	WESNATE DHA	*prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3*	REMOVE FROM FORMULARY		Non-Formulary
04/26/2022	WESNATE DHA	*prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3*	ADD UM: COV		Non Formulary
04/26/2022	WESNATE DHA	*prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3*	ADD UM: NFDA		Non-FDA Approved
04/26/2022	PEGASYS	*peginterferon alfa-2a*	REMOVE FROM FORMULARY		Non-Formulary
04/26/2022	PEGASYS	*peginterferon alfa-2a*	ADD UM: PANAME		PA Applies
04/26/2022	PEGASYS	*peginterferon alfa-2a*	ADD UM: COV		FDA Moratorium
04/26/2022	PEGASYS	*peginterferon alfa-2a*	ADD UM: SPECIALTY		Specialty Drug
04/26/2022	PEGASYS	*peginterferon alfa-2a*	REMOVE FROM FORMULARY		Non-Formulary
04/26/2022	PEGASYS	*peginterferon alfa-2a*	ADD UM: PANAME		PA Applies
04/26/2022	PEGASYS	*peginterferon alfa-2a*	ADD UM: COV		FDA Moratorium
04/26/2022	PEGASYS	*peginterferon alfa-2a*	ADD UM: SPECIALTY		Specialty Drug
04/26/2022	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	ADD TO FORMULARY		Preferred Brands
04/26/2022	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	ADD UM: QUANTITY		21 / fill
04/26/2022	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	ADD UM: MAXQTYPERDAY		4.0 per day
04/26/2022	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	ADD TO FORMULARY		Preferred Brands

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/26/2022	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	ADD UM: QUANTITY		21 / fill
04/26/2022	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	ADD UM: MAXQTYPERDAY		4.0 per day
04/26/2022	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	ADD UM: AGE		At least 12 yrs old
04/26/2022	PAXLOVID (EUA)	*nirmatrelvir/ritonavir*	ADD UM: AGE		At least 12 yrs old
04/26/2022	*lucira check-it covid home tst*	*covid-19 molecular nucleic acid test assay*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
04/26/2022	*lucira check-it covid home tst*	*covid-19 molecular nucleic acid test assay*	REMOVE UM: DRUGCLASS	OTC COVID-19 TESTS	
04/26/2022	*lucira check-it covid home tst*	*covid-19 molecular nucleic acid test assay*	REMOVE UM: QUANTITY	8 / 30 days	
04/26/2022	PEGASYS	*peginterferon alfa-2a*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/26/2022	PEGASYS	*peginterferon alfa-2a*	REMOVE UM: COV	FDA Moratorium	
04/26/2022	PEGASYS	*peginterferon alfa-2a*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
04/26/2022	PEGASYS	*peginterferon alfa-2a*	REMOVE UM: COV	FDA Moratorium	
04/27/2022	PIQRAY	*alpelisib*	CHANGE UM: MAXQTYPERDAY		2.0 per day
04/27/2022	PIQRAY	*alpelisib*	CHANGE UM: MAXQTYPERDAY		2.0 per day
04/27/2022	*apomorphine hcl*	*apomorphine hcl*	REMOVE UM: COV	FDA Moratorium	
04/28/2022	REVLIMID	*lenalidomide*	ADD UM: B4G		Brand For Generic
04/28/2022	REVLIMID	*lenalidomide*	ADD UM: B4G		Brand For Generic

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/28/2022	REVLIMID	*lenalidomide*	ADD UM: B4G		Brand For Generic
04/28/2022	REVLIMID	*lenalidomide*	ADD UM: B4G		Brand For Generic
04/28/2022	REVLIMID	*lenalidomide*	ADD UM: B4G		Brand For Generic
04/28/2022	REVLIMID	*lenalidomide*	ADD UM: B4G		Brand For Generic
04/28/2022	REVLIMID	*lenalidomide*	ADD UM: B4G		Brand For Generic
04/28/2022	REVLIMID	*lenalidomide*	ADD UM: B4G		Brand For Generic
04/30/2022	*propanediol*	*1,3-propanediol*	ADD TO FORMULARY		Non-Preferred Brands
04/30/2022	TRUBIOTICS	*lactobacillus acidophilus/bifidobacterium animalis*	REMOVE FROM FORMULARY		Non-Formulary
04/30/2022	TRUBIOTICS	*lactobacillus acidophilus/bifidobacterium animalis*	REMOVE FROM FORMULARY		Non-Formulary
04/30/2022	TRUBIOTICS	*lactobacillus acidophilus/bifidobacterium animalis*	REMOVE FROM FORMULARY		Non-Formulary
04/30/2022	TRUBIOTICS	*lactobacillus acidophilus/bifidobacterium animalis*	REMOVE FROM FORMULARY		Non-Formulary
04/30/2022	*sodium chloride*	*sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
04/30/2022	METAMUCIL	*psyllium husk*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/30/2022	ALIVE WOMEN'S 50 PLUS ULTRA	*multivit with minerals/m-hydrofolate/vit k/herbal no.289*	CHANGE UM: DRUGCLASS	Prenatal Vitamins	Vitamins (Not Prenatal)
04/30/2022	AUSTEDO TD TITRATN PK (WK 1-2)	*deutetrabenazine*	REMOVE FROM FORMULARY		Non-Formulary
04/30/2022	AUSTEDO TD TITRATN PK (WK 1-2)	*deutetrabenazine*	ADD UM: COV		Non Formulary
04/30/2022	AUSTEDO TD TITRATN PK (WK 1-2)	*deutetrabenazine*	ADD UM: SPECIALTY		Specialty Drug
04/30/2022	CAMCEVI	*leuprolide mesylate*	REMOVE FROM FORMULARY		Non-Formulary
04/30/2022	CAMCEVI	*leuprolide mesylate*	ADD UM: COV		FDA Moratorium
04/30/2022	CAMCEVI	*leuprolide mesylate*	ADD UM: SPECIALTY		Specialty Drug
04/30/2022	CAMCEVI	*leuprolide mesylate*	ADD UM: MED		Medical Drug
04/30/2022	NORLIQVA	*amlodipine besylate*	REMOVE FROM FORMULARY		Non-Formulary
04/30/2022	NORLIQVA	*amlodipine besylate*	ADD UM: COV		FDA Moratorium
04/30/2022	WESCAP-PN DHA	*multivitamin combination no.47/ferrous fum/folate no.1/dha*	REMOVE FROM FORMULARY		Non-Formulary
04/30/2022	WESCAP-PN DHA	*multivitamin combination no.47/ferrous fum/folate no.1/dha*	ADD UM: DRUGCLASS		Prenatal Vitamins
04/30/2022	WESCAP-PN DHA	*multivitamin combination no.47/ferrous fum/folate no.1/dha*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/30/2022	WESCAP-PN DHA	*multivitamin combination no.47/ferrous fum/folate no.1/dha*	ADD UM: NFDA		Non-FDA Approved
04/30/2022	WESCAP-PN DHA	*multivitamin combination no.47/ferrous fum/folate no.1/dha*	ADD UM: PR		Preventive Medication
04/30/2022	*valsartan*	*valsartan*	REMOVE FROM FORMULARY		Non-Formulary
04/30/2022	*valsartan*	*valsartan*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

May, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2022	BELBUCA	*buprenorphine hcl*	CHANGE TIER	Non-Preferred Brands	Preferred Brands
05/03/2022	BELBUCA	*buprenorphine hcl*	REMOVE UM: PANAME	PA Applies	
05/03/2022	BELBUCA	*buprenorphine hcl*	CHANGE TIER	Non-Preferred Brands	Preferred Brands
05/03/2022	BELBUCA	*buprenorphine hcl*	REMOVE UM: PANAME	PA Applies	
05/03/2022	BELBUCA	*buprenorphine hcl*	CHANGE TIER	Non-Preferred Brands	Preferred Brands
05/03/2022	BELBUCA	*buprenorphine hcl*	REMOVE UM: PANAME	PA Applies	
05/03/2022	BELBUCA	*buprenorphine hcl*	CHANGE TIER	Non-Preferred Brands	Preferred Brands
05/03/2022	BELBUCA	*buprenorphine hcl*	REMOVE UM: PANAME	PA Applies	
05/03/2022	BELBUCA	*buprenorphine hcl*	CHANGE TIER	Non-Preferred Brands	Preferred Brands
05/03/2022	BELBUCA	*buprenorphine hcl*	REMOVE UM: PANAME	PA Applies	
05/03/2022	BELBUCA	*buprenorphine hcl*	CHANGE TIER	Non-Preferred Brands	Preferred Brands
05/03/2022	BELBUCA	*buprenorphine hcl*	REMOVE UM: PANAME	PA Applies	
05/03/2022	BELBUCA	*buprenorphine hcl*	ADD UM: PANAME		PA Applies
05/03/2022	BELBUCA	*buprenorphine hcl*	ADD UM: PANAME		PA Applies
05/03/2022	BELBUCA	*buprenorphine hcl*	ADD UM: PANAME		PA Applies
05/03/2022	BELBUCA	*buprenorphine hcl*	ADD UM: PANAME		PA Applies
05/03/2022	BELBUCA	*buprenorphine hcl*	ADD UM: PANAME		PA Applies
05/03/2022	BELBUCA	*buprenorphine hcl*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2022	BELBUCA	*buprenorphine hcl*	CHANGE TIER	Non-Preferred Brands	Preferred Brands
05/03/2022	REXULTI	*brexpiprazole*	REMOVE UM: PANAME	PA Applies	
05/03/2022	REXULTI	*brexpiprazole*	REMOVE UM: PANAME	PA Applies	
05/03/2022	REXULTI	*brexpiprazole*	REMOVE UM: PANAME	PA Applies	
05/03/2022	REXULTI	*brexpiprazole*	REMOVE UM: PANAME	PA Applies	
05/03/2022	REXULTI	*brexpiprazole*	REMOVE UM: PANAME	PA Applies	
05/03/2022	REXULTI	*brexpiprazole*	REMOVE UM: PANAME	PA Applies	
05/03/2022	*primidone*	*primidone*	ADD TO FORMULARY	Non-Formulary	Generics
05/03/2022	*primidone*	*primidone*	ADD TO FORMULARY	Non-Formulary	Generics
05/03/2022	*primidone*	*primidone*	ADD TO FORMULARY	Non-Formulary	Generics
05/03/2022	*ceftriaxone*	*ceftriaxone sodium*	ADD TO FORMULARY	Non-Formulary	Generics
05/03/2022	*ceftriaxone*	*ceftriaxone sodium*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
05/03/2022	*ceftriaxone*	*ceftriaxone sodium*	ADD TO FORMULARY	Non-Formulary	Generics
05/03/2022	*ceftriaxone*	*ceftriaxone sodium*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
05/03/2022	ZOFRAN	*ondansetron hcl*	CHANGE UM: QUANTITY	72 / 90 days	24 / 30 days
05/03/2022	*ondansetron hcl*	*ondansetron hcl*	CHANGE UM: QUANTITY	72 / 90 days	24 / 30 days
05/03/2022	ZUPLENZ	*ondansetron*	CHANGE UM: QUANTITY	72 / 90 days	24 / 30 days
05/03/2022	ZUPLENZ	*ondansetron*	CHANGE UM: QUANTITY	72 / 90 days	24 / 30 days
05/03/2022	ZOFRAN	*ondansetron hcl*	CHANGE UM: QUANTITY	72 / 90 days	24 / 30 days
05/03/2022	*ondansetron odt*	*ondansetron*	CHANGE UM: QUANTITY	72 / 90 days	24 / 30 days
05/03/2022	*ondansetron hcl*	*ondansetron hcl*	CHANGE UM: QUANTITY	72 / 90 days	24 / 30 days
05/03/2022	*ondansetron odt*	*ondansetron*	CHANGE UM: QUANTITY	72 / 90 days	24 / 30 days

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2022	*constulose,enulose,generlac,kristalose,lactulose*	*lactulose*	CHANGE TIER		Generics
05/03/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE FROM FORMULARY		Non-Formulary
05/03/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
05/03/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: COV		FDA Moratorium
05/03/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE FROM FORMULARY		Non-Formulary
05/03/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
05/03/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: COV		FDA Moratorium
05/03/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE FROM FORMULARY		Non-Formulary
05/03/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
05/03/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: COV		FDA Moratorium
05/03/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/03/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
05/03/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: COV		FDA Moratorium
05/04/2022	*fora gtel multifunctn monitor*	*blood ketone and glucose monitor*	ADD UM: PR		Preventive Medication
05/04/2022	*fora tn'g advance pro monitor*	*blood ketone and glucose monitor*	ADD UM: DRUGCLASS		Excluded Products
05/04/2022	*fora tn'g advance pro monitor*	*blood ketone and glucose monitor*	ADD UM: PR		Preventive Medication
05/04/2022	*caretouch ketone-glucose sys*	*blood ketone and glucose monitor*	ADD UM: DRUGCLASS		Excluded Products
05/04/2022	*caretouch ketone-glucose sys*	*blood ketone and glucose monitor*	ADD UM: PR		Preventive Medication
05/04/2022	*gojji multi-functional meter*	*blood ketone and glucose monitor*	ADD UM: DRUGCLASS		Excluded Products
05/04/2022	*gojji multi-functional meter*	*blood ketone and glucose monitor*	ADD UM: PR		Preventive Medication
05/04/2022	*gojji multi-functional meter*	*blood ketone and glucose monitor*	ADD UM: DRUGCLASS		Excluded Products
05/04/2022	*gojji multi-functional meter*	*blood ketone and glucose monitor*	ADD UM: PR		Preventive Medication
05/04/2022	*fora 6 connect multifunctn mtr*	*blood ketone and glucose monitor*	ADD UM: DRUGCLASS		Excluded Products
05/04/2022	*fora 6 connect multifunctn mtr*	*blood ketone and glucose monitor*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/04/2022	*easy touch luer lock insulin*	*syringe without needle,insulin disposible, 1 ml*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
05/04/2022	*easy touch luer lock insulin*	*syringe without needle,insulin disposible, 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/04/2022	*easy touch luer lock insulin*	*syringe without needle,insulin disposible, 1 ml*	ADD UM: PR		Preventive Medication
05/04/2022	*easy touch safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
05/04/2022	*easy touch safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/04/2022	*easy touch safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
05/04/2022	*easy touch safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
05/04/2022	*easy touch safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/04/2022	*easy touch safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
05/04/2022	*ultiguard safepack-insulin syr*	*syringe-needle,insulin,0.5 ml/container,empty*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
05/04/2022	*ultiguard safepack-insulin syr*	*syringe-needle,insulin,0.5 ml/container,empty*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/04/2022	*ultiguard safepack-insulin syr*	*syringe-needle,insulin,0.5 ml/container,empty*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle, insulin,1 ml and sharps container*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle, insulin,1 ml and sharps container*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle, insulin,1 ml and sharps container*	ADD UM: PR		Preventive Medication
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle,insulin disposable,0.3 ml/empty containr*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle,insulin disposable,0.3 ml/empty containr*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle,insulin disposable,0.3 ml/empty containr*	ADD UM: PR		Preventive Medication
05/04/2022	*ultiguard safepack-insulin syr*	*syringe-needle,insulin,0.5 ml/container,empty*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
05/04/2022	*ultiguard safepack-insulin syr*	*syringe-needle,insulin,0.5 ml/container,empty*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/04/2022	*ultiguard safepack-insulin syr*	*syringe-needle,insulin,0.5 ml/container,empty*	ADD UM: PR		Preventive Medication
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle, insulin,1 ml and sharps container*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle, insulin,1 ml and sharps container*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle, insulin,1 ml and sharps container*	ADD UM: PR		Preventive Medication
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle,insulin disposable,0.3 ml/empty containr*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle,insulin disposable,0.3 ml/empty containr*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
05/04/2022	*ultiguard safepack-insulin syr*	*syringe with needle,insulin disposable,0.3 ml/empty containr*	ADD UM: PR		Preventive Medication
05/05/2022	*epoprostenol sodium*	*epoprostenol sodium*	REMOVE UM: MED	Medical Drug	
05/05/2022	*epoprostenol sodium*	*epoprostenol sodium (glycine)*	REMOVE UM: MED	Medical Drug	
05/05/2022	*epoprostenol sodium*	*epoprostenol sodium*	ADD UM: PANAME		PA Applies
05/05/2022	*epoprostenol sodium*	*epoprostenol sodium (glycine)*	ADD UM: PANAME		PA Applies
05/07/2022	NOURISH PEPTIDE	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	BENEFIBER	*wheat dextrin*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	NOURISH PEPTIDE	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
05/07/2022	*sambucus elderberry original*	*elderberry fruit*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	SAMBUCUS ELDERBERRY ZINC	*ascorbic acid/zinc gluconate/elderberry fruit*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/07/2022	SAMBUCUS ELDERBERRY VITAMIN C	*ascorbic acid/ascorbate sodium/elderberry fruit*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	*sambucus elderberry original*	*elderberry fruit*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	LIL MIXINS PEANUT	*peanut*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	LIL MIXINS EGG	*egg*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	*pivot calcium alginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	*pivot calcium alginate*	*calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	LIQUACEL	*amino acids/protein hydrolysate*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	LIQUACEL	*amino acids/protein hydrolysate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
05/07/2022	PURE AND GENTLE MINERAL OIL	*mineral oil*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	*dipyridamole*	*dipyridamole*	ADD UM: MAXQTYPERDAY		4.0 per day
05/07/2022	*dipyridamole*	*dipyridamole*	ADD UM: PR		Preventive Medication
05/07/2022	*dipyridamole*	*dipyridamole*	ADD UM: MAXQTYPERDAY		4.0 per day
05/07/2022	*dipyridamole*	*dipyridamole*	ADD UM: PR		Preventive Medication
05/07/2022	*dipyridamole*	*dipyridamole*	ADD TO FORMULARY	Non-Formulary	Generics
05/07/2022	*dipyridamole*	*dipyridamole*	ADD TO FORMULARY	Non-Formulary	Generics

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/07/2022	*dipyridamole*	*dipyridamole*	ADD TO FORMULARY	Non-Formulary	Generics
05/07/2022	ALADERM PLUS	*lidocaine hcl/palm oil*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	ALADERM PLUS	*lidocaine hcl/palm oil*	ADD UM: COV		Non Formulary
05/07/2022	ALADERM PLUS	*lidocaine hcl/palm oil*	ADD UM: NFDA		Non-FDA Approved
05/07/2022	*bupivacaine-dexameth-epinephrn*	*bupivacaine/dexamethasone /epinephrine in sodium chloride iso*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	*bupivacaine-dexameth-epinephrn*	*bupivacaine/dexamethasone /epinephrine in sodium chloride iso*	ADD UM: COV		Non Formulary
05/07/2022	*bupivacaine-dexameth-epinephrn*	*bupivacaine/dexamethasone /epinephrine in sodium chloride iso*	ADD UM: MED		Medical Drug
05/07/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: COV		FDA Moratorium
05/07/2022	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	REMOVE FROM FORMULARY		Non-Formulary
05/07/2022	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: COV		Non Formulary
05/07/2022	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: NFDA		Non-FDA Approved
05/07/2022	*epinephrine-d5w*	*epinephrine hcl in dextrose 5 % in water*	ADD UM: MED		Medical Drug
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/09/2022	ADZENYS XR-ODT	*amphetamine*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	ADZENYS XR-ODT	*amphetamine*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	QUILLICHEW ER	*methylphenidate hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	QUILLICHEW ER	*methylphenidate hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	ADZENYS XR-ODT	*amphetamine*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	STRATTERA	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	ADZENYS XR-ODT	*amphetamine*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	STRATTERA	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	STRATTERA	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*amphetamine*	*amphetamine*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	STRATTERA	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	STRATTERA	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	ADZENYS XR-ODT	*amphetamine*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	STRATTERA	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	QUILLICHEW ER	*methylphenidate hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	STRATTERA	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	DYANAVEL XR	*amphetamine*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/09/2022	ADZENYS XR-ODT	*amphetamine*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	ADZENYS ER	*amphetamine*	REMOVE UM: AGE	At least 6 yrs old	
05/09/2022	*dipyridamole*	*dipyridamole*	ADD UM: MAXQTYPERDAY		4.0 per day
05/09/2022	*dipyridamole*	*dipyridamole*	ADD UM: PR		Preventive Medication
05/10/2022	CAMZYOS	*mavacamten*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	CAMZYOS	*mavacamten*	ADD UM: COV		FDA Moratorium
05/10/2022	CAMZYOS	*mavacamten*	ADD UM: SPECIALTY		Specialty Drug
05/10/2022	CAMZYOS	*mavacamten*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	CAMZYOS	*mavacamten*	ADD UM: COV		FDA Moratorium
05/10/2022	CAMZYOS	*mavacamten*	ADD UM: SPECIALTY		Specialty Drug
05/10/2022	CAMZYOS	*mavacamten*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	CAMZYOS	*mavacamten*	ADD UM: COV		FDA Moratorium
05/10/2022	CAMZYOS	*mavacamten*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2022	CAMZYOS	*mavacamten*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	CAMZYOS	*mavacamten*	ADD UM: COV		FDA Moratorium
05/10/2022	CAMZYOS	*mavacamten*	ADD UM: SPECIALTY		Specialty Drug
05/10/2022	*levamlodipine maleate*	*levamlodipine maleate*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*levamlodipine maleate*	*levamlodipine maleate*	ADD UM: COV		FDA Moratorium
05/10/2022	PHOSPHO-TRIN K500	*potassium phosphate,monobasic*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	PHOSPHO-TRIN K500	*potassium phosphate,monobasic*	ADD UM: COV		FDA Moratorium
05/10/2022	*pirfenidone*	*pirfenidone*	ADD TO FORMULARY		Generics
05/10/2022	*pirfenidone*	*pirfenidone*	ADD UM: SPECIALTY		Specialty Drug
05/10/2022	*pirfenidone*	*pirfenidone*	ADD UM: PS		Preferred Specialty
05/10/2022	*pirfenidone*	*pirfenidone*	ADD TO FORMULARY		Generics
05/10/2022	*pirfenidone*	*pirfenidone*	ADD UM: SPECIALTY		Specialty Drug
05/10/2022	*pirfenidone*	*pirfenidone*	ADD UM: PS		Preferred Specialty
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: NFDA		Non-FDA Approved
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: NFDA		Non-FDA Approved
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: COV		Non Formulary
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: NFDA		Non-FDA Approved
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2022	*pivot silver alginate*	*silver/calcium alginate*	ADD UM: NFDA		Non-FDA Approved
05/10/2022	*pirfenidone*	*pirfenidone*	ADD UM: MAXQTYPERDAY		9.0 per day
05/10/2022	*pirfenidone*	*pirfenidone*	ADD UM: PANAME		PA Applies
05/10/2022	*pirfenidone*	*pirfenidone*	ADD UM: MAXQTYPERDAY		3.0 per day
05/10/2022	*pirfenidone*	*pirfenidone*	ADD UM: PANAME		PA Applies
05/10/2022	*bortezomib*	*bortezomib*	ADD TO FORMULARY		Generics
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: SPECIALTY		Specialty Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: MED		Medical Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD TO FORMULARY		Generics
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: SPECIALTY		Specialty Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: MED		Medical Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD TO FORMULARY		Generics
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: SPECIALTY		Specialty Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: MED		Medical Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD TO FORMULARY		Generics
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: MED		Medical Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD TO FORMULARY		Generics
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: SPECIALTY		Specialty Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: MED		Medical Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD TO FORMULARY		Generics
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: SPECIALTY		Specialty Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: MED		Medical Drug
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: PANAME		PA Applies
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: PANAME		PA Applies
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: PANAME		PA Applies
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: PANAME		PA Applies
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: PANAME		PA Applies
05/10/2022	*bortezomib*	*bortezomib*	ADD UM: PANAME		PA Applies
05/10/2022	*potassium iodide*	*potassium iodide*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*potassium iodide*	*potassium iodide*	ADD UM: COV		Non Formulary
05/10/2022	*potassium iodide*	*potassium iodide*	ADD UM: NFDA		Non-FDA Approved
05/10/2022	*potassium iodide*	*potassium iodide*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*potassium iodide*	*potassium iodide*	ADD UM: COV		Non Formulary
05/10/2022	*potassium iodide*	*potassium iodide*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2022	*varenicline*	*varenicline tartrate*	ADD TO FORMULARY		Generics
05/10/2022	*varenicline*	*varenicline tartrate*	ADD UM: QPBU		HCRSMOKEB | HCR Rx Smoking Cessation
05/10/2022	*varenicline*	*varenicline tartrate*	ADD UM: DRUGCLASS		Smoking Deterrent
05/10/2022	*varenicline*	*varenicline tartrate*	ADD UM: CUSTOM		HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.
05/10/2022	SSKI	*potassium iodide*	ADD UM: B4G		Brand For Generic
05/10/2022	*phytonadione*	*phytonadione (vit k1)*	ADD TO FORMULARY		Generics
05/10/2022	*phytonadione*	*phytonadione (vit k1)*	ADD UM: MED		Medical Drug
05/10/2022	*phytonadione*	*phytonadione (vit k1)*	ADD TO FORMULARY		Generics
05/10/2022	*phytonadione*	*phytonadione (vit k1)*	ADD UM: MED		Medical Drug
05/10/2022	*lacosamide*	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*lacosamide*	*lacosamide*	ADD UM: COV		FDA Moratorium
05/10/2022	*lacosamide*	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*lacosamide*	*lacosamide*	ADD UM: COV		FDA Moratorium
05/10/2022	*lacosamide*	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary
05/10/2022	*lacosamide*	*lacosamide*	ADD UM: COV		FDA Moratorium
05/10/2022	*lacosamide*	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/10/2022	*lacosamide*	*lacosamide*	ADD UM: COV		FDA Moratorium
05/14/2022	SAMBUCUS ELDERBERRY	*ascorbic acid/zinc citrate/elderberry fruit*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	SAMBUCUS ELDERBERRY	*ascorbic acid/zinc citrate/elderberry fruit*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	MOISTURIZING LOTION	*vit e acetate (d-alpha tocoph)/glycerin/dimethicone /water*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	ANTACID	*calcium carbonate*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	MAGE	*l. acidoph,rhamn/bifido animalis/b. subtilis/bacteriophages*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	*zinc chelate*	*zinc glycinate*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	*zinc chelate*	*zinc glycinate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/14/2022	*pivot silicone foam border*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	*pivot silicone foam border*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	*pivot silicone foam border*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	*pivot silicone foam border*	*silicone,dressing/foam bandage*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	AURO DRI SWIMMERS' EAR	*isopropyl alcohol in glycerin*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	AURO DRI SWIMMERS' EAR	*isopropyl alcohol in glycerin*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/14/2022	FENOVAR	*diclofenac sodium/methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	ELEMAR	*lidocaine/menthol*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	EPSOLAY	*benzoyl peroxide*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	IGALMI	*dexmedetomidine hcl*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	IGALMI	*dexmedetomidine hcl*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	IGALMI	*dexmedetomidine hcl*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	IGALMI	*dexmedetomidine hcl*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	EPSOLAY	*benzoyl peroxide*	ADD UM: COV		FDA Moratorium
05/14/2022	FENOVAR	*diclofenac sodium/methyl salicylate/menthol*	ADD UM: COV		Non Formulary
05/14/2022	FENOVAR	*diclofenac sodium/methyl salicylate/menthol*	ADD UM: NFDA		Non-FDA Approved
05/14/2022	ELEMAR	*lidocaine/menthol*	ADD UM: COV		Non Formulary
05/14/2022	ELEMAR	*lidocaine/menthol*	ADD UM: NFDA		Non-FDA Approved
05/14/2022	*diclofenac sodium*	*diclofenac sodium*	REMOVE FROM FORMULARY		Non-Formulary
05/14/2022	*diclofenac sodium*	*diclofenac sodium*	ADD UM: COV		FDA Moratorium
05/14/2022	*insulin glargine solostar*	*insulin glargine,human recombinant analog*	ADD UM: COV		FDA Moratorium
05/14/2022	*zinc chelate*	*zinc glycinate*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/16/2022	*loratadine*	*loratadine*	ADD TO FORMULARY	Non-Formulary	Tier 0
05/16/2022	*loratadine*	*loratadine*	ADD UM: MAXQTYPERDAY		1.0 per day
05/16/2022	*insulin glargine*	*insulin glargine,human recombinant analog*	REMOVE FROM FORMULARY		Non-Formulary
05/16/2022	*insulin glargine*	*insulin glargine,human recombinant analog*	ADD UM: COV		FDA Moratorium
05/16/2022	*insulin glargine solostar*	*insulin glargine,human recombinant analog*	ADD UM: COV		FDA Moratorium
05/17/2022	IGALMI	*dexmedetomidine hcl*	ADD UM: COV		FDA Moratorium
05/17/2022	IGALMI	*dexmedetomidine hcl*	ADD UM: SPECIALTY		Specialty Drug
05/17/2022	IGALMI	*dexmedetomidine hcl*	ADD UM: MED		Medical Drug
05/17/2022	IGALMI	*dexmedetomidine hcl*	ADD UM: COV		FDA Moratorium
05/17/2022	IGALMI	*dexmedetomidine hcl*	ADD UM: SPECIALTY		Specialty Drug
05/17/2022	IGALMI	*dexmedetomidine hcl*	ADD UM: MED		Medical Drug
05/17/2022	*insulin glargine solostar*	*insulin glargine,human recombinant analog*	REMOVE FROM FORMULARY		Non-Formulary
05/17/2022	*insulin glargine solostar*	*insulin glargine,human recombinant analog*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	AQUAPHOR BABY HEALING	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	AQUAPHOR BABY HEALING	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	AQUAPHOR BABY HEALING	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	AQUAPHOR BABY HEALING	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	AQUAPHOR BABY HEALING	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/21/2022	AQUAPHOR BABY DIAPER RASH	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	BETAQUIK	*medium chain triglycerides*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	*glucosamine-chondroitin-msm*	*glucosamine sulfate dipot/methylsulfonylmethane /chondroitin*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	*curcuplex-95*	*turmeric root extract*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	D3-5000	*cholecalciferol (vitamin d3)*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	DERMELEVE	*aluminum acetate*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	DERMELEVE	*aluminum acetate*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	TRUBIOTICS BABY	*bifidobacterium animalis*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	TRUBIOTICS GUMMY	*bacillus subtilis/cholecalciferol (vit d3)/inulin*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	TRUBIOTICS KIDS GUMMY	*bacillus subtilis/inulin/ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	TRUBIOTICS KIDS CHEWABLE	*lactobacillus rhamnosus gg/bifidobacterium animalis (lactis)*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	*fenugreek seed*	*fenugreek seed*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	*zinc*	*zinc citrate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/21/2022	*st. john's wort*	*st. john's wort*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	PRUNES-PEARS-PUMPKIN	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	PRUNES-PEARS-PUMPKIN	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	PRUNES-PEARS-PUMPKIN	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
05/21/2022	PRUNES-PEARS-PUMPKIN	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
05/21/2022	SYNOFLEX	*lidocaine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	*famciclovir*	*famciclovir*	ADD TO FORMULARY		Non-Preferred Brands
05/21/2022	ZYRTEC	*cetirizine hcl*	ADD TO FORMULARY	Non-Formulary	Tier 0
05/21/2022	ZYRTEC	*cetirizine hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
05/21/2022	*indicaid covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
05/21/2022	*indicaid covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
05/21/2022	*indicaid covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
05/21/2022	*indicaid covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
05/21/2022	*indicaid covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/21/2022	*indicaid covid-19 ag home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
05/21/2022	MULTI-MAC	*prenatal vitamin no.181/ferrous fumarate/folate*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	MULTI-MAC	*prenatal vitamin no.181/ferrous fumarate/folate*	ADD UM: DRUGCLASS		Prenatal Vitamins
05/21/2022	MULTI-MAC	*prenatal vitamin no.181/ferrous fumarate/folate*	ADD UM: COV		Non Formulary
05/21/2022	MULTI-MAC	*prenatal vitamin no.181/ferrous fumarate/folate*	ADD UM: NFDA		Non-FDA Approved
05/21/2022	*mesalamine er*	*mesalamine*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	*mesalamine er*	*mesalamine*	ADD UM: COV		FDA Moratorium
05/21/2022	*hydrocortisone-pramoxine*	*hydrocortisone acetate/pramoxine hcl*	REMOVE FROM FORMULARY		Non-Formulary
05/21/2022	*hydrocortisone-pramoxine*	*hydrocortisone acetate/pramoxine hcl*	ADD UM: COV		Non Formulary
05/21/2022	*hydrocortisone-pramoxine*	*hydrocortisone acetate/pramoxine hcl*	ADD UM: NFDA		Non-FDA Approved
05/21/2022	*midazolam hcl*	*midazolam hcl*	ADD TO FORMULARY		Generics
05/21/2022	*midazolam hcl*	*midazolam hcl*	ADD TO FORMULARY		Generics
05/21/2022	*diazepam*	*diazepam*	ADD TO FORMULARY		Generics
05/21/2022	*diazepam*	*diazepam*	ADD TO FORMULARY		Generics
05/24/2022	LYVISPAH	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	LYVISPAH	*baclofen*	ADD UM: COV		FDA Moratorium

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2022	LYVISPAH	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	LYVISPAH	*baclofen*	ADD UM: COV		FDA Moratorium
05/24/2022	LYVISPAH	*baclofen*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	LYVISPAH	*baclofen*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	MOUNJARO	*tirzepatide*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	MOUNJARO	*tirzepatide*	ADD UM: COV		FDA Moratorium
05/24/2022	RADICAVA ORS	*edaravone*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	RADICAVA ORS	*edaravone*	ADD UM: COV		FDA Moratorium
05/24/2022	RADICAVA ORS	*edaravone*	ADD UM: SPECIALTY		Specialty Drug
05/24/2022	RADICAVA ORS	*edaravone*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	RADICAVA ORS	*edaravone*	ADD UM: COV		FDA Moratorium
05/24/2022	RADICAVA ORS	*edaravone*	ADD UM: SPECIALTY		Specialty Drug
05/24/2022	RADICAVA ORS	*edaravone*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	RADICAVA ORS	*edaravone*	ADD UM: COV		FDA Moratorium
05/24/2022	RADICAVA ORS	*edaravone*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/24/2022	*bortezomib*	*bortezomib*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	*bortezomib*	*bortezomib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/24/2022	*bortezomib*	*bortezomib*	ADD UM: COV		FDA Moratorium
05/24/2022	*bortezomib*	*bortezomib*	ADD UM: SPECIALTY		Specialty Drug
05/24/2022	*bortezomib*	*bortezomib*	ADD UM: MED		Medical Drug
05/24/2022	*bortezomib*	*bortezomib*	REMOVE FROM FORMULARY		Non-Formulary
05/24/2022	*bortezomib*	*bortezomib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/24/2022	*bortezomib*	*bortezomib*	ADD UM: COV		FDA Moratorium
05/24/2022	*bortezomib*	*bortezomib*	ADD UM: SPECIALTY		Specialty Drug
05/24/2022	*bortezomib*	*bortezomib*	ADD UM: MED		Medical Drug
05/24/2022	*piperacillin-tazobactam*	*piperacillin sodium/tazobactam sodium*	ADD TO FORMULARY	Non-Formulary	Generics
05/24/2022	*piperacillin-tazobactam*	*piperacillin sodium/tazobactam sodium*	ADD UM: MED		Medical Drug
05/27/2022	*zinc-vit c-echinacea*	*ascorbic acid/zinc gluconate, citrate/echinacea purpurea*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*minoxidil*	*minoxidil*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	SAMBUCUS ELDERBERRY IMMUNE	*vit c/zinc/echinacea/propolis/elderberry*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	FLANDERS HEALING OINTMENT	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/27/2022	B ACTIV	*vitamin b complex/methyltetrahydrofolate glucosamine*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*cortisolv*	*ashwagandha/magnolia brk/phellod/banaba lf/maral rt/theanine*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*vitamin b-12*	*cyanocobalamin (vitamin b-12)*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*b-100 complex*	*vitamin b complex/folic acid/choline bitartrate/inositol*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*b-100 complex*	*vitamin b complex/folic acid/choline bitartrate/inositol*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*turmeric*	*turmeric root extract*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	CELEBRATE B-12 QUICK-MELT	*cyanocobalamin/mecobalamin/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*minoxidil*	*minoxidil*	ADD UM: DRUGCLASS		Hair Growth Stimulants
05/27/2022	FOLAGENT DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	FOLAGENT DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/27/2022	FOLAGENT DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	ADD UM: COV		Non Formulary
05/27/2022	FOLAGENT DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	ADD UM: NFDA		Non-FDA Approved

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/27/2022	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: COV		Non Formulary
05/27/2022	*sodium sulfacetamide-sulfur*	*sulfacetamide sodium/sulfur*	ADD UM: NFDA		Non-FDA Approved
05/27/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	ADD UM: COV		Non Formulary
05/27/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	ADD UM: NFDA		Non-FDA Approved
05/27/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	ADD UM: MED		Medical Drug
05/27/2022	*bexarotene*	*bexarotene*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*bexarotene*	*bexarotene*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
05/27/2022	*bexarotene*	*bexarotene*	ADD UM: COV		FDA Moratorium
05/27/2022	*bexarotene*	*bexarotene*	ADD UM: SPECIALTY		Specialty Drug
05/27/2022	*lacosamide*	*lacosamide*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*lacosamide*	*lacosamide*	ADD UM: COV		FDA Moratorium
05/27/2022	*potassium chloride-water*	*potassium chloride in water for injection, sterile*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*potassium chloride-water*	*potassium chloride in water for injection, sterile*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/27/2022	*potassium chloride-water*	*potassium chloride in water for injection, sterile*	ADD UM: NFDA		Non-FDA Approved
05/27/2022	*potassium chloride-water*	*potassium chloride in water for injection, sterile*	ADD UM: MED		Medical Drug
05/27/2022	*metformin hcl*	*metformin hcl*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	*metformin hcl*	*metformin hcl*	ADD UM: COV		FDA Moratorium
05/27/2022	*metformin hcl*	*metformin hcl*	ADD UM: PR		Preventive Medication
05/27/2022	ANZEMET	*dolasetron mesylate*	REMOVE FROM FORMULARY		Non-Formulary
05/27/2022	ANZEMET	*dolasetron mesylate*	ADD UM: COV		FDA Moratorium
05/31/2022	B ACTIV	*vitamin b complex/methyltetrahydrofolate glucosamine*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/31/2022	*b-100 complex*	*vitamin b complex/folic acid/choline bitartrate/inositol*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/31/2022	*b-100 complex*	*vitamin b complex/folic acid/choline bitartrate/inositol*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
05/31/2022	VOQUEZNA DUAL PAK	*vonoprazan fumarate/amoxicillin trihydrate*	REMOVE FROM FORMULARY		Non-Formulary
05/31/2022	VOQUEZNA DUAL PAK	*vonoprazan fumarate/amoxicillin trihydrate*	ADD UM: COV		FDA Moratorium
05/31/2022	VOQUEZNA DUAL PAK	*vonoprazan fumarate/amoxicillin trihydrate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/31/2022	VOQUEZNA DUAL PAK	*vonoprazan fumarate/amoxicillin trihydrate*	ADD UM: COV		FDA Moratorium
05/31/2022	VOQUEZNA TRIPLE PAK	*vonoprazan fumarate/amoxicillin trihydrate/clarithromycin*	REMOVE FROM FORMULARY		Non-Formulary
05/31/2022	VOQUEZNA TRIPLE PAK	*vonoprazan fumarate/amoxicillin trihydrate/clarithromycin*	ADD UM: COV		FDA Moratorium
05/31/2022	VOQUEZNA TRIPLE PAK	*vonoprazan fumarate/amoxicillin trihydrate/clarithromycin*	REMOVE FROM FORMULARY		Non-Formulary
05/31/2022	VOQUEZNA TRIPLE PAK	*vonoprazan fumarate/amoxicillin trihydrate/clarithromycin*	ADD UM: COV		FDA Moratorium
05/31/2022	VTAMA	*tapinarof*	REMOVE FROM FORMULARY		Non-Formulary
05/31/2022	VTAMA	*tapinarof*	ADD UM: COV		FDA Moratorium
05/31/2022	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD TO FORMULARY		Preferred Brands
05/31/2022	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
05/31/2022	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD TO FORMULARY		Preferred Brands
05/31/2022	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/31/2022	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
05/31/2022	SPIKEVAX COVID (18Y UP) VACC	*covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
05/31/2022	*fluticasone propionate hfa*	*fluticasone propionate*	REMOVE FROM FORMULARY		Non-Formulary
05/31/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: COV		FDA Moratorium
05/31/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	REMOVE FROM FORMULARY		Non-Formulary
05/31/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	ADD UM: COV		FDA Moratorium
05/31/2022	*fluticasone propionate hfa*	*fluticasone propionate*	REMOVE FROM FORMULARY		Non-Formulary
05/31/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: COV		FDA Moratorium
05/31/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	REMOVE FROM FORMULARY		Non-Formulary
05/31/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	ADD UM: COV		FDA Moratorium
05/31/2022	*fluticasone propionate hfa*	*fluticasone propionate*	REMOVE FROM FORMULARY		Non-Formulary
05/31/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: COV		FDA Moratorium
05/31/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
05/31/2022	FLOVENT HFA	*fluticasone propionate*	ADD UM: B4G		Brand For Generic

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/31/2022	FLOVENT HFA	*fluticasone propionate*	ADD UM: B4G		Brand For Generic
05/31/2022	FLOVENT HFA	*fluticasone propionate*	ADD UM: B4G		Brand For Generic
05/31/2022	BREO ELLIPTA	*fluticasone furoate/vilanterol trifenatate*	ADD UM: B4G		Brand For Generic
05/31/2022	BREO ELLIPTA	*fluticasone furoate/vilanterol trifenatate*	ADD UM: B4G		Brand For Generic
05/31/2022	TARGRETIN	*bexarotene*	ADD UM: B4G		Brand For Generic

Alliant Precision Formulary 2022 Updates

June, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
06/01/2022	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	REMOVE UM: COV	FDA Moratorium	
06/01/2022	IMBRUVICA	*ibrutinib*	CHANGE UM: MAXQTYPERDAY	2.0 per day	3.0 per day
06/01/2022	IMBRUVICA	*ibrutinib*	CHANGE UM: MAXQTYPERDAY	2.0 per day	3.0 per day
06/01/2022	*acyclovir*	*acyclovir*	ADD UM: AGE		At least 18 yrs old
06/01/2022	ZOVIRAX	*acyclovir*	CHANGE UM: AGE	At least 12 yrs old	At least 18 yrs old
06/01/2022	QELBREE	*viloxazine hcl*	CHANGE UM: MAXQTYPERDAY	2 per day	3.0 per day
06/01/2022	QELBREE	*viloxazine hcl*	CHANGE UM: MAXQTYPERDAY	2 per day	3.0 per day
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*peg-3350 and electrolytes*	*peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*peg 3350-electrolyte*	*sodium chloride/sodium bicarbonate/potassium chloride/peg*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	GAVILYTE-G	*peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*peg-3350 and electrolytes*	*peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	GAVILYTE-C	*peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*peg3350-sod sul-nacl-kcl-asb-c*	*peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*peg-3350 and electrolytes*	*peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*peg 3350-electrolyte*	*sodium chloride/sodium bicarbonate/potassium chloride/peg*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*peg3350-sod sul-nacl-kcl-asb-c*	*peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	GAVILYTE-N	*sodium chloride/sodium bicarbonate/potassium chloride/peg*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*polyethylene glycol 3350*	*polyethylene glycol 3350*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/02/2022	*base, pcca rapid dissolve*	*peg 3350/mannitol/sodium bicarbonate/citric acid/sucrose*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/02/2022	TRILYTE WITH FLAVOR PACKETS	*sodium chloride/sodium bicarbonate/potassium chloride/peg*	CHANGE UM: CUSTOM	HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
06/04/2022	*ampicillin sodium*	*ampicillin sodium*	ADD TO FORMULARY	Non-Formulary	Generics
06/04/2022	*ampicillin sodium*	*ampicillin sodium*	ADD UM: MED		Medical Drug
06/04/2022	*eversense e3 smart transmitter*	*blood-glucose transmitter*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
06/04/2022	*onetouch solutions refill*	*lancets with blood glucose test strips*	REMOVE FROM FORMULARY		Non-Formulary
06/04/2022	*onetouch solutions refill*	*lancets with blood glucose test strips*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
06/04/2022	*onetouch solutions refill*	*lancets with blood glucose test strips*	ADD UM: COV		FDA Moratorium
06/06/2022	*vitamin c with rose hips*	*ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2022	VALLEMENT	*lidocaine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2022	*vitamin c with rose hips*	*ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
06/06/2022	*calcium citrate-vitamin d3*	*calcium citrate/vit d3/zinc oxide/copper gluc/manganese gluc*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ADLARITY	*donepezil hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ADLARITY	*donepezil hcl*	ADD UM: COV		FDA Moratorium
06/07/2022	ADLARITY	*donepezil hcl*	REMOVE FROM FORMULARY		Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	ADLARITY	*donepezil hcl*	ADD UM: COV		FDA Moratorium
06/07/2022	ADLARITY	*donepezil hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ADLARITY	*donepezil hcl*	ADD UM: COV		FDA Moratorium
06/07/2022	ADLARITY	*donepezil hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ADLARITY	*donepezil hcl*	ADD UM: COV		FDA Moratorium
06/07/2022	ALYMSYS	*bevacizumab-maly*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: COV		FDA Moratorium
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: MED		Medical Drug
06/07/2022	ALYMSYS	*bevacizumab-maly*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: COV		FDA Moratorium
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: MED		Medical Drug
06/07/2022	ALYMSYS	*bevacizumab-maly*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: COV		FDA Moratorium
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: MED		Medical Drug

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	ALYMSYS	*bevacizumab-maly*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: COV		FDA Moratorium
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	ALYMSYS	*bevacizumab-maly*	ADD UM: MED		Medical Drug
06/07/2022	POSIMIR	*bupivacaine*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	POSIMIR	*bupivacaine*	ADD UM: COV		Non Formulary
06/07/2022	POSIMIR	*bupivacaine*	ADD UM: MED		Medical Drug
06/07/2022	POSIMIR	*bupivacaine*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	POSIMIR	*bupivacaine*	ADD UM: COV		Non Formulary
06/07/2022	POSIMIR	*bupivacaine*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	VIIBRYD	*vilazodone hcl*	ADD UM: B4G		Brand For Generic
06/07/2022	VIIBRYD	*vilazodone hcl*	ADD UM: B4G		Brand For Generic
06/07/2022	VIIBRYD	*vilazodone hcl*	ADD UM: B4G		Brand For Generic
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/07/2022	*eversense e3 sensor-hldr*	*glucose sensor,implantable,continuous/dexamethasone acetate*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*eversense e3 sensor-hldr*	*glucose sensor,implantable,continuous/dexamethasone acetate*	ADD UM: COV		FDA Moratorium
06/07/2022	*eversense e3 smart transmitter*	*blood-glucose transmitter*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	*eversense e3 smart transmitter*	*blood-glucose transmitter*	ADD UM: COV		FDA Moratorium
06/07/2022	*vilazodone hcl*	*vilazodone hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*vilazodone hcl*	*vilazodone hcl*	ADD UM: COV		FDA Moratorium
06/07/2022	*vilazodone hcl*	*vilazodone hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*vilazodone hcl*	*vilazodone hcl*	ADD UM: COV		FDA Moratorium
06/07/2022	*vilazodone hcl*	*vilazodone hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*vilazodone hcl*	*vilazodone hcl*	ADD UM: COV		FDA Moratorium
06/07/2022	ROXYBOND	*oxycodone hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ROXYBOND	*oxycodone hcl*	ADD UM: COV		FDA Moratorium
06/07/2022	ROXYBOND	*oxycodone hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ROXYBOND	*oxycodone hcl*	ADD UM: COV		FDA Moratorium
06/07/2022	ROXYBOND	*oxycodone hcl*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	ROXYBOND	*oxycodone hcl*	ADD UM: COV		FDA Moratorium
06/07/2022	BEOVU	*brolucizumab-dbll*	ADD TO FORMULARY		Non-Preferred Brands
06/07/2022	BEOVU	*brolucizumab-dbll*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	BEOVU	*brolucizumab-dbll*	ADD UM: MED		Medical Drug
06/07/2022	*contour next gen*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*contour next gen*	*blood-glucose meter*	ADD UM: DRUGCLASS		Diabetic - Glucometers

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	*contour next gen*	*blood-glucose meter*	ADD UM: COV		FDA Moratorium
06/07/2022	*contour next gen*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
06/07/2022	*onetouch solutions complete*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*onetouch solutions complete*	*blood-glucose meter*	ADD UM: DRUGCLASS		Diabetic - Glucometers
06/07/2022	*onetouch solutions complete*	*blood-glucose meter*	ADD UM: COV		FDA Moratorium
06/07/2022	*onetouch solutions complete*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
06/07/2022	*onetouch solutions fit*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*onetouch solutions fit*	*blood-glucose meter*	ADD UM: DRUGCLASS		Diabetic - Glucometers
06/07/2022	*onetouch solutions fit*	*blood-glucose meter*	ADD UM: COV		FDA Moratorium
06/07/2022	*onetouch solutions fit*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
06/07/2022	*contour next gen*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
06/07/2022	*contour next gen*	*blood-glucose meter*	ADD UM: DRUGCLASS		Diabetic - Glucometers
06/07/2022	*contour next gen*	*blood-glucose meter*	ADD UM: COV		FDA Moratorium
06/07/2022	*contour next gen*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
06/07/2022	*lorazepam*	*lorazepam*	ADD TO FORMULARY	Non-Formulary	Generics

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/07/2022	*lorazepam*	*lorazepam*	ADD UM: MED		Medical Drug
06/07/2022	*lorazepam*	*lorazepam*	ADD TO FORMULARY	Non-Formulary	Generics
06/07/2022	*lorazepam*	*lorazepam*	ADD UM: MED		Medical Drug
06/07/2022	*carboplatin*	*carboplatin*	ADD TO FORMULARY	Non-Formulary	Generics
06/07/2022	*carboplatin*	*carboplatin*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/07/2022	*carboplatin*	*carboplatin*	ADD UM: SPECIALTY		Specialty Drug
06/07/2022	*carboplatin*	*carboplatin*	ADD UM: MED		Medical Drug
06/07/2022	SIMBRINZA	*brinzolamide/brimonidine tartrate*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
06/07/2022	SIMBRINZA	*brinzolamide/brimonidine tartrate*	REMOVE UM: COV	Non Formulary	
06/07/2022	*bupivacaine-dexameth-epinephrn*	*bupivacaine/dexamethasone /epinephrine in sodium chloride iso*	ADD UM: NFDA		Non-FDA Approved
06/11/2022	K-FLO 4:1	*nutritional tx, ketogenic,whey*	REMOVE FROM FORMULARY		Non-Formulary
06/11/2022	K-FLO 4:1	*nutritional tx, ketogenic,whey*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/11/2022	*cranberry conc-vitamin c*	*cranberry fruit concentrate/ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
06/11/2022	*multi-phasic penetrating base*	*emulsion base no.258*	ADD TO FORMULARY		Non-Preferred Brands
06/11/2022	CHILDREN'S PAIN-FEVER	*acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
06/11/2022	*sharps collector*	*container,empty*	REMOVE FROM FORMULARY		Non-Formulary
06/11/2022	K-QUIK	*medium chain triglycerides*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/11/2022	K-QUIK	*medium chain triglycerides*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/11/2022	K-QUIK	*medium chain triglycerides*	ADD UM: NFDA		Non-FDA Approved
06/11/2022	ZIPHEX	*prenatal vitamins no.147/ferrous gluconate/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
06/11/2022	ZIPHEX	*prenatal vitamins no.147/ferrous gluconate/folic acid*	ADD UM: DRUGCLASS		Prenatal Vitamins
06/11/2022	ZIPHEX	*prenatal vitamins no.147/ferrous gluconate/folic acid*	ADD UM: COV		Non Formulary
06/11/2022	ZIPHEX	*prenatal vitamins no.147/ferrous gluconate/folic acid*	ADD UM: PR		Preventive Medication
06/11/2022	ZIPHEX	*prenatal vitamins no.147/ferrous gluconate/folic acid*	ADD UM: NFDA		Non-FDA Approved
06/13/2022	*ampicillin sodium*	*ampicillin sodium*	ADD UM: MED		Medical Drug
06/13/2022	*ampicillin sodium*	*ampicillin sodium*	ADD UM: MED		Medical Drug
06/13/2022	*ampicillin sodium*	*ampicillin sodium*	ADD TO FORMULARY	Non-Formulary	Generics
06/13/2022	*polymyxin b sulfate*	*polymyxin b sulfate*	ADD TO FORMULARY	Non-Formulary	Generics
06/13/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	ADD UM: DRUGCLASS		HIV
06/14/2022	BYOOVIZ	*ranibizumab-nuna*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	BYOOVIZ	*ranibizumab-nuna*	ADD UM: COV		FDA Moratorium
06/14/2022	BYOOVIZ	*ranibizumab-nuna*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2022	BYOOVIZ	*ranibizumab-nuna*	ADD UM: MED		Medical Drug
06/14/2022	BYOOVIZ	*ranibizumab-nuna*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	BYOOVIZ	*ranibizumab-nuna*	ADD UM: COV		FDA Moratorium
06/14/2022	BYOOVIZ	*ranibizumab-nuna*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	BYOOVIZ	*ranibizumab-nuna*	ADD UM: MED		Medical Drug
06/14/2022	PRIORIX	*measles, mumps, and rubella vaccine live/pf*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	PRIORIX	*measles, mumps, and rubella vaccine live/pf*	ADD UM: COV		FDA Moratorium
06/14/2022	PRIORIX	*measles, mumps, and rubella vaccine live/pf*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	PRIORIX	*measles, mumps, and rubella vaccine live/pf*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2022	TYVASO DPI	*treprostinil*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: COV		FDA Moratorium
06/14/2022	TYVASO DPI	*treprostinil*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	NORGESIC	*orphenadrine citrate/aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	NORGESIC	*orphenadrine citrate/aspirin/caffeine*	ADD UM: COV		FDA Moratorium
06/14/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/14/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/14/2022	*pemetrexed disodium*	*pemetrexed disodium*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: COV		FDA Moratorium
06/14/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: MED		Medical Drug
06/14/2022	*pemetrexed*	*pemetrexed*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: COV		FDA Moratorium
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2022	*pemetrexed*	*pemetrexed*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: COV		FDA Moratorium
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: MED		Medical Drug
06/14/2022	*pemetrexed*	*pemetrexed*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: COV		FDA Moratorium
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: SPECIALTY		Specialty Drug
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: MED		Medical Drug
06/14/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/14/2022	*pemetrexed disodium*	*pemetrexed disodium*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/14/2022	*pemetrexed*	*pemetrexed*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/14/2022	*sorafenib*	*sorafenib tosylate*	ADD TO FORMULARY		Generics
06/14/2022	*sorafenib*	*sorafenib tosylate*	ADD UM: MAXQTYPERDAY		4.0 per day
06/14/2022	*sorafenib*	*sorafenib tosylate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/14/2022	*sorafenib*	*sorafenib tosylate*	ADD UM: PANAME		PA Applies
06/14/2022	*sorafenib*	*sorafenib tosylate*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/14/2022	ZITHROMAX	*azithromycin*	CHANGE TIER		Non-Preferred Brands
06/14/2022	IMUBOLIC	*vitamin c/d3/folic acid/zinc/lysine/herbal complex no.312*	REMOVE FROM FORMULARY		Non-Formulary
06/14/2022	IMUBOLIC	*vitamin c/d3/folic acid/zinc/lysine/herbal complex no.312*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/14/2022	IMUBOLIC	*vitamin c/d3/folic acid/zinc/lysine/herbal complex no.312*	ADD UM: COV		Non Formulary
06/14/2022	IMUBOLIC	*vitamin c/d3/folic acid/zinc/lysine/herbal complex no.312*	ADD UM: NFDA		Non-FDA Approved
06/14/2022	*ampicillin sodium*	*ampicillin sodium*	ADD TO FORMULARY	Non-Formulary	Generics
06/14/2022	BEOVU	*brolucizumab-dbll*	ADD UM: PANAME		PA Applies
06/14/2022	BEOVU	*brolucizumab-dbll*	ADD UM: QUANTITY		1 / rx
06/17/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
06/17/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
06/17/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: COV	FDA Moratorium	
06/17/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
06/17/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/17/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE UM: COV	FDA Moratorium	
06/17/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
06/17/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
06/17/2022	PFIZER COVID (6M-4Y) VACC(EUA)	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: COV	FDA Moratorium	
06/17/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
06/17/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
06/17/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE UM: COV	FDA Moratorium	
06/17/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
06/17/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
06/17/2022	MODERNA COVID(6M-5Y) VACC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE UM: COV	FDA Moratorium	
06/17/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/17/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
06/17/2022	MODERNA COVID(6-11Y) VAC(EUA)	*covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	REMOVE UM: COV	FDA Moratorium	
06/18/2022	*pcca ellage anhydrous vaginal*	*cream base no.257*	ADD TO FORMULARY		Non-Preferred Brands
06/18/2022	*chlorothiazide*	*chlorothiazide*	ADD TO FORMULARY		Non-Preferred Brands
06/18/2022	*chlorothiazide*	*chlorothiazide*	ADD TO FORMULARY		Non-Preferred Brands
06/18/2022	*chlorothiazide*	*chlorothiazide*	ADD TO FORMULARY		Non-Preferred Brands
06/18/2022	*chlorothiazide*	*chlorothiazide*	ADD TO FORMULARY		Non-Preferred Brands
06/18/2022	*penciclovir*	*penciclovir*	ADD TO FORMULARY		Non-Preferred Brands
06/18/2022	COUGH DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	CHILDREN GILTUSS EX	*guaifenesin*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	*curity abdominal*	*non-adherent bandage*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	*tranquility slimline briefs*	*diaper,brief,adult, disposable*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	STYE	*polyvinyl alcohol/povidone*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	*k2-d3 5000*	*cholecalciferol (vit d3)/vitamin k2*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/18/2022	*k2-d3 5000*	*cholecalciferol (vit d3)/vitamin k2*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/18/2022	*calcium citrate-vitamin d3*	*calcium citrate/cholecalciferol (vitamin d3)*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	EUCERIN ECZEMA RELIEF	*colloidal oatmeal*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	EUCERIN BABY ECZEMA RELIEF	*colloidal oatmeal*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	*freestyle libre 3 sensor*	*blood-glucose sensor*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	*freestyle libre 3 sensor*	*blood-glucose sensor*	ADD UM: DRUGCLASS		Diabetic - Blood Sugar Diagnostics
06/18/2022	*freestyle libre 3 sensor*	*blood-glucose sensor*	ADD UM: COV		FDA Moratorium
06/18/2022	*ketamine hcl-0.9% nacl*	*ketamine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	*ketamine hcl-0.9% nacl*	*ketamine hcl in 0.9 % sodium chloride*	ADD UM: COV		FDA Moratorium
06/18/2022	*ketamine hcl-0.9% nacl*	*ketamine hcl in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
06/18/2022	*urea*	*urea*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	*urea*	*urea*	ADD UM: COV		Non Formulary
06/18/2022	*urea*	*urea*	ADD UM: NFDA		Non-FDA Approved
06/18/2022	OLUMIANT	*baricitinib*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/18/2022	OLUMIANT	*baricitinib*	ADD UM: COV		FDA Moratorium
06/18/2022	OLUMIANT	*baricitinib*	ADD UM: SPECIALTY		Specialty Drug
06/18/2022	NUCALA	*mepolizumab*	REMOVE FROM FORMULARY		Non-Formulary
06/18/2022	NUCALA	*mepolizumab*	ADD UM: COV		FDA Moratorium
06/18/2022	NUCALA	*mepolizumab*	ADD UM: SPECIALTY		Specialty Drug
06/20/2022	COMPLEAT STANDARD 1.4	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	COMPLEAT STANDARD 1.4	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT PED STANDARD 1.4	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	COMPLEAT PED STANDARD 1.4	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT PEDIATRIC STANDARD 1	*pediatric nutrition, iron, lactose free with fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	COMPLEAT PEDIATRIC STANDARD 1	*pediatric nutrition, iron, lactose free with fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT PEDIATRIC STANDARD 1	*pediatric nutrition, iron, lactose free with fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	COMPLEAT PEDIATRIC STANDARD 1	*pediatric nutrition, iron, lactose free with fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT PEDIATRIC STANDARD 1	*pediatric nutrition, iron, lactose free with fiber*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/20/2022	COMPLEAT PEDIATRIC STANDARD 1	*pediatric nutrition, iron, lactose free with fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT STANDARD 1.4	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	COMPLEAT STANDARD 1.4	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT STANDARD 1.4	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	COMPLEAT STANDARD 1.4	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT STANDARD 1.4	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	COMPLEAT STANDARD 1.4	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT PED STANDARD 1.4	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	COMPLEAT PED STANDARD 1.4	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT PED STANDARD 1.4	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	COMPLEAT PED STANDARD 1.4	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT PED STANDARD 1.4	*nutritional supplement/fiber*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	COMPLEAT PED STANDARD 1.4	*nutritional supplement/fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	COMPLEAT PEDIATRIC STANDARD 1	*pediatric nutrition, iron, lactose free with fiber*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/20/2022	COMPLEAT PEDIATRIC STANDARD 1	*pediatric nutrition, iron, lactose free with fiber*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
06/20/2022	*fora tn'go advance monitor*	*blood ketone and glucose monitor*	REMOVE FROM FORMULARY		Non-Formulary
06/20/2022	*fora tn'go advance monitor*	*blood ketone and glucose monitor*	ADD UM: DRUGCLASS		Excluded Products
06/20/2022	*fora tn'go advance monitor*	*blood ketone and glucose monitor*	ADD UM: PR		Preventive Medication
06/20/2022	*lofric hydro-kit*	*urinary bag/catheter*	ADD TO FORMULARY		Non-Preferred Brands
06/20/2022	*lofric hydro-kit*	*urinary bag/catheter*	ADD UM: DRUGCLASS		Ostomy Supplies
06/20/2022	*lofric hydro-kit*	*urinary bag/catheter*	ADD TO FORMULARY		Non-Preferred Brands
06/20/2022	*lofric hydro-kit*	*urinary bag/catheter*	ADD UM: DRUGCLASS		Ostomy Supplies
06/20/2022	AUVI-Q	*epinephrine*	REMOVE UM: MVB	Minimal Value Brand	
06/20/2022	AUVI-Q	*epinephrine*	REMOVE UM: MVB	MINIMAL VALUE BRAND	
06/20/2022	AUVI-Q	*epinephrine*	REMOVE UM: MVB	MINIMAL VALUE BRAND	
06/21/2022	ZTALMY	*ganaxolone*	REMOVE FROM FORMULARY		Non-Formulary
06/21/2022	ZTALMY	*ganaxolone*	ADD UM: COV		FDA Moratorium
06/21/2022	ZTALMY	*ganaxolone*	ADD UM: SPECIALTY		Specialty Drug
06/21/2022	ZTALMY	*ganaxolone*	REMOVE FROM FORMULARY		Non-Formulary
06/21/2022	ZTALMY	*ganaxolone*	ADD UM: COV		FDA Moratorium
06/21/2022	ZTALMY	*ganaxolone*	ADD UM: SPECIALTY		Specialty Drug

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/21/2022	*pemetrexed*	*pemetrexed*	REMOVE FROM FORMULARY		Non-Formulary
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: COV		FDA Moratorium
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: SPECIALTY		Specialty Drug
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: MED		Medical Drug
06/21/2022	*pemetrexed*	*pemetrexed*	REMOVE FROM FORMULARY		Non-Formulary
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: COV		FDA Moratorium
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: SPECIALTY		Specialty Drug
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: MED		Medical Drug
06/21/2022	*pemetrexed*	*pemetrexed*	REMOVE FROM FORMULARY		Non-Formulary
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: COV		FDA Moratorium
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: SPECIALTY		Specialty Drug
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: MED		Medical Drug
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/21/2022	*pemetrexed*	*pemetrexed*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
06/23/2022	ADBRY	*tralokinumab-ldrm*	CHANGE UM: MAXQTYPERDAY		0.29 per day
06/23/2022	ADBRY	*tralokinumab-ldrm*	CHANGE UM: MAXQTYPERDAY	0.29 per day	0.22 per day
06/25/2022	NOSTRILLA	*oxymetazoline hcl*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/25/2022	*melatonin*	*melatonin*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	CALDESENE	*zinc oxide/corn starch*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	DIABETAID	*capsicum oleoresin*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	FORDAGEL	*methyl salicylate/menthol/camphor*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	PEDIA-LAX ENEMA	*sodium phosphate,monobasic/sodium phosphate,dibasic*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	CORTIZONE-10	*hydrocortisone*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	*fish oil omega-3*	*omega-3 fatty acids/docosahexaenoic acid/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	*multivitamin with fluoride*	*pediatric multivitamins no.17 with sodium fluoride*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	*multivitamin with fluoride*	*pediatric multivitamins no.17 with sodium fluoride*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
06/25/2022	*multivitamin with fluoride*	*pediatric multivitamins no.17 with sodium fluoride*	ADD UM: COV		Non Formulary
06/25/2022	*multivitamin with fluoride*	*pediatric multivitamins no.17 with sodium fluoride*	ADD UM: NFDA		Non-FDA Approved
06/25/2022	*one daily men's multivitamin*	*multivitamin,calcium,minerals/folic acid/vitamin k1/lycopene*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	*one daily men's multivitamin*	*multivitamin,calcium,minerals/folic acid/vitamin k1/lycopene*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/25/2022	*scarheal*	*silicone adhesive*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	*scarheal*	*silicone adhesive*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
06/25/2022	*scarheal*	*silicone adhesive*	ADD UM: COV		Non Formulary
06/25/2022	SKYRIZI	*risankizumab-rzaa*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	SKYRIZI	*risankizumab-rzaa*	ADD UM: COV		FDA Moratorium
06/25/2022	SKYRIZI	*risankizumab-rzaa*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
06/25/2022	SKYRIZI	*risankizumab-rzaa*	ADD UM: SPECIALTY		Specialty Drug
06/25/2022	AMINOPROTEC T	*arginine hcl/lysine hcl in sterile water for injection*	REMOVE FROM FORMULARY		Non-Formulary
06/25/2022	AMINOPROTEC T	*arginine hcl/lysine hcl in sterile water for injection*	ADD UM: COV		Non Formulary
06/25/2022	AMINOPROTEC T	*arginine hcl/lysine hcl in sterile water for injection*	ADD UM: NFDA		Non-FDA Approved
06/25/2022	AMINOPROTEC T	*arginine hcl/lysine hcl in sterile water for injection*	ADD UM: MED		Medical Drug
06/25/2022	KOGENATE FS	*antihemophilic factor (fviii) recombinant,full length*	ADD TO FORMULARY		Non-Preferred Brands
06/25/2022	KOGENATE FS	*antihemophilic factor (fviii) recombinant,full length*	ADD UM: DRUGCLASS		Blood/Blood Products
06/25/2022	KOGENATE FS	*antihemophilic factor (fviii) recombinant,full length*	ADD UM: PANAME		PA Applies
06/25/2022	KOGENATE FS	*antihemophilic factor (fviii) recombinant,full length*	ADD UM: SPECIALTY		Specialty Drug
06/28/2022	AMVUTTRA	*vutrisiran sodium*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2022	AMVUTTRA	*vutrisiran sodium*	ADD UM: COV		FDA Moratorium
06/28/2022	AMVUTTRA	*vutrisiran sodium*	ADD UM: SPECIALTY		Specialty Drug
06/28/2022	AMVUTTRA	*vutrisiran sodium*	ADD UM: MED		Medical Drug
06/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	REMOVE FROM FORMULARY		Non-Formulary
06/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: COV		FDA Moratorium
06/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: SPECIALTY		Specialty Drug
06/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	REMOVE FROM FORMULARY		Non-Formulary
06/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: COV		FDA Moratorium
06/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: SPECIALTY		Specialty Drug
06/28/2022	TICOVAC	*tick-borne encephalitis vaccine*	ADD TO FORMULARY		Preferred Brands
06/28/2022	TICOVAC	*tick-borne encephalitis vaccine*	ADD UM: DRUGCLASS		Immunization/Vaccines
06/28/2022	*alternaria alternata*	*allergenic extract-alternaria alternata*	ADD TO FORMULARY		Non-Preferred Brands
06/28/2022	*alternaria alternata*	*allergenic extract-alternaria alternata*	ADD UM: DRUGCLASS		Allergy Extracts
06/28/2022	*alternaria alternata*	*allergenic extract-alternaria alternata*	ADD UM: MED		Medical Drug
06/28/2022	*gentamicin-sodium citrate*	*gentamicin sulfate/sodium citrate*	REMOVE FROM FORMULARY		Non-Formulary
06/28/2022	*gentamicin-sodium citrate*	*gentamicin sulfate/sodium citrate*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/28/2022	*gentamicin-sodium citrate*	*gentamicin sulfate/sodium citrate*	ADD UM: MED		Medical Drug
06/28/2022	*vasopressin-d5w*	*vasopressin in dextrose 5 % in water*	REMOVE FROM FORMULARY		Non-Formulary
06/28/2022	*vasopressin-d5w*	*vasopressin in dextrose 5 % in water*	ADD UM: COV		Non Formulary
06/28/2022	*vasopressin-d5w*	*vasopressin in dextrose 5 % in water*	ADD UM: MED		Medical Drug
06/28/2022	*levetiracetam-nacl*	*levetiracetam in sodium chloride, iso-osmotic*	ADD TO FORMULARY		Generics
06/28/2022	*levetiracetam-nacl*	*levetiracetam in sodium chloride, iso-osmotic*	ADD UM: MED		Medical Drug
06/28/2022	*levetiracetam-nacl*	*levetiracetam in sodium chloride, iso-osmotic*	ADD TO FORMULARY		Generics
06/28/2022	*levetiracetam-nacl*	*levetiracetam in sodium chloride, iso-osmotic*	ADD UM: MED		Medical Drug
06/29/2022	*sorafenib*	*sorafenib tosylate*	ADD UM: PS		Preferred Specialty

Alliant Precision Formulary 2022 Updates

July, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*adapalene-benzoyl peroxide*	*adapalene/benzoyl peroxide*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*adapalene-benzoyl peroxide*	*adapalene/benzoyl peroxide*	ADD UM: MAXQTYPERDAY		1.667 per day
07/01/2022	*adapalene-benzoyl peroxide*	*adapalene/benzoyl peroxide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	AJOVY AUTOINJECTOR	*fremanezumab-vfrm*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2022	AJOVY AUTOINJECTOR	*fremanezumab-vfrm*	ADD UM: PANAME		PA Applies
07/01/2022	AJOVY AUTOINJECTOR	*fremanezumab-vfrm*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	AJOVY SYRINGE	*fremanezumab-vfrm*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2022	AJOVY SYRINGE	*fremanezumab-vfrm*	ADD UM: PANAME		PA Applies
07/01/2022	AJOVY SYRINGE	*fremanezumab-vfrm*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	EMGALITY PEN	*galcanezumab-gnlm*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2022	EMGALITY PEN	*galcanezumab-gnlm*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	EMGALITY PEN	*galcanezumab-gnlm*	REMOVE UM: PANAME	PA Applies	
07/01/2022	EMGALITY SYRINGE	*galcanezumab-gnlm*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2022	EMGALITY SYRINGE	*galcanezumab-gnlm*	ADD UM: DRUGCLASS		Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	EMGALITY SYRINGE	*galcanezumab-gnlm*	REMOVE UM: PANAME	PA Applies	
07/01/2022	NUVARING	*etonogestrel/ethinyl estradiol*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2022	NUVARING	*etonogestrel/ethinyl estradiol*	CHANGE UM: DRUGCLASS	Contraceptives - Oral	Excluded Products
07/01/2022	NUVARING	*etonogestrel/ethinyl estradiol*	REMOVE UM: B4G	Brand For Generic	
07/01/2022	*brimonidine tartrate-timolol*	*brimonidine tartrate/timolol maleate*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*brimonidine tartrate-timolol*	*brimonidine tartrate/timolol maleate*	ADD UM: MAXQTYPERDAY		0.334 per day
07/01/2022	*brimonidine tartrate-timolol*	*brimonidine tartrate/timolol maleate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	DEXILANT	*dexlansoprazole*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2022	DEXILANT	*dexlansoprazole*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	DEXILANT	*dexlansoprazole*	REMOVE UM: B4G	Brand For Generic	
07/01/2022	DEXILANT	*dexlansoprazole*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2022	DEXILANT	*dexlansoprazole*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	DEXILANT	*dexlansoprazole*	REMOVE UM: B4G	Brand For Generic	
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: STEP		ST applies
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: STEP		ST applies
07/01/2022	XIIDRA	*lifitegrast*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/01/2022	XIIDRA	*lifitegrast*	ADD UM: COV		Non Formulary
07/01/2022	XIIDRA	*lifitegrast*	REMOVE UM: PANAME	PA Applies	
07/01/2022	BROVANA	*arformoterol tartrate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2022	BROVANA	*arformoterol tartrate*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	*fluticasone-salmeterol*	*fluticasone propionate/salmeterol xinafoate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2022	*fluticasone-salmeterol*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	*fluticasone-salmeterol*	*fluticasone propionate/salmeterol xinafoate*	REMOVE FROM FORMULARY	Generics	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*fluticasone-salmeterol*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	*fluticasone-salmeterol*	*fluticasone propionate/salmeterol xinafoate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2022	*fluticasone-salmeterol*	*fluticasone propionate/salmeterol xinafoate*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	LOREEV XR	*lorazepam*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	LOREEV XR	*lorazepam*	REMOVE UM: COV	Non Formulary	
07/01/2022	LOREEV XR	*lorazepam*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	LOREEV XR	*lorazepam*	REMOVE UM: COV	Non Formulary	
07/01/2022	LOREEV XR	*lorazepam*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	LOREEV XR	*lorazepam*	REMOVE UM: COV	Non Formulary	
07/01/2022	*sumatriptan succinate*	*sumatriptan succinate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2022	*sumatriptan succinate*	*sumatriptan succinate*	CHANGE UM: DRUGCLASS	Imitrex Injectable w/Std Qty Limit	Excluded Products
07/01/2022	PROFOLA	*multivit with min no.83/iron bis-glycinate/folate no.10*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2022	*tramadol hcl*	*tramadol hcl*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	*tramadol hcl*	*tramadol hcl*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*baclofen*	*baclofen*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	*baclofen*	*baclofen*	REMOVE UM: COV	FDA Moratorium	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	DERMACINRX MULTITAM	*multivitamin with minerals no.86/folic acid*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2022	DERMACINRX MULTITAM	*multivitamin with minerals no.86/folic acid*	REMOVE UM: COV	Non Formulary	
07/01/2022	DERMACINRX VITRAMYN	*multivitamin with minerals no.86/folic acid*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2022	AMLADEX	*multivitamin no.34/folic acid/nadh/ubiquinone*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
07/01/2022	AMLADEX	*multivitamin no.34/folic acid/nadh/ubiquinone*	REMOVE UM: COV	Non Formulary	
07/01/2022	ZELDANA	*thiamine/riboflavin/niacin/pantothen ac/b6/folic acid/b12/c*	CHANGE UM: DRUGCLASS	Nutritional Diet Supplement	Excluded Products
07/01/2022	ZELDANA	*thiamine/riboflavin/niacin/pantothen ac/b6/folic acid/b12/c*	REMOVE UM: COV	Non Formulary	
07/01/2022	*imiquimod*	*imiquimod*	ADD UM: COV		Non Formulary
07/01/2022	*imiquimod*	*imiquimod*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	*mesalamine*	*mesalamine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	*mesalamine*	*mesalamine*	ADD UM: PANAME		PA Applies
07/01/2022	*mesalamine*	*mesalamine*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	NUVARING	*etonogestrel/ethinyl estradiol*	ADD UM: COV		Non Formulary
07/01/2022	NUVARING	*etonogestrel/ethinyl estradiol*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	*infliximab*	*infliximab*	ADD UM: SDS		Extended Specialty Day Supply

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	XARELTO	*rivaroxaban*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2022	XARELTO	*rivaroxaban*	ADD UM: MAXQTYPERDAY		20.7 per day
07/01/2022	XARELTO	*rivaroxaban*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	XARELTO	*rivaroxaban*	ADD UM: PR		Preventive Medication
07/01/2022	ZIMHI	*naloxone hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	ZIMHI	*naloxone hcl*	ADD UM: QUANTITY		1 / rx
07/01/2022	ZIMHI	*naloxone hcl*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	SYNOJOYNT	*hyaluronate sodium*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	SYNOJOYNT	*hyaluronate sodium*	REMOVE UM: BSP	BENEFIT SHIFT PROGRAM	
07/01/2022	SYNOJOYNT	*hyaluronate sodium*	ADD UM: MED		Medical Drug
07/01/2022	SYNOJOYNT	*hyaluronate sodium*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	SYNOJOYNT	*hyaluronate sodium*	ADD UM: PANAME		PA Applies
07/01/2022	SYNOJOYNT	*hyaluronate sodium*	ADD UM: SDS		Extended Specialty Day Supply
07/01/2022	*levofloxacin*	*levofloxacin*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*levofloxacin*	*levofloxacin*	ADD UM: MAXQTYPERDAY		0.767 per day
07/01/2022	*levofloxacin*	*levofloxacin*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PREHEVBRIO	*hepatitis b virus vaccine recombinant,isoform s,m,l/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2022	PREHEVBRIO	*hepatitis b virus vaccine recombinant,isoform s,m,l/pf*	REMOVE UM: COV	FDA Moratorium	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	EULEXIN	*flutamide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	EULEXIN	*flutamide*	ADD UM: STEP		ST applies
07/01/2022	EULEXIN	*flutamide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	DARTISLA	*glycopyrrolate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	DARTISLA	*glycopyrrolate*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2022	DARTISLA	*glycopyrrolate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	FLEQSUVY	*baclofen*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	ALIMTA	*pemetrexed disodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2022	ALIMTA	*pemetrexed disodium*	ADD UM: COV		Non Formulary
07/01/2022	ALIMTA	*pemetrexed disodium*	REMOVE UM: PANAME	PA Applies	
07/01/2022	ALIMTA	*pemetrexed disodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/01/2022	ALIMTA	*pemetrexed disodium*	ADD UM: COV		Non Formulary
07/01/2022	ALIMTA	*pemetrexed disodium*	REMOVE UM: PANAME	PA Applies	
07/01/2022	RECORLEV	*levoketoconazole*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	RECORLEV	*levoketoconazole*	ADD UM: MAXQTYPERDAY		8.0 per day
07/01/2022	RECORLEV	*levoketoconazole*	ADD UM: PANAME		PA Applies
07/01/2022	RECORLEV	*levoketoconazole*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	SEGLENTIS	*tramadol hcl/celecoxib*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2022	SEGLENTIS	*tramadol hcl/celecoxib*	ADD UM: AGE		At least 18 yrs old

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	SEGLENTIS	*tramadol hcl/celecoxib*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	APRETUDE	*cabotegravir*	ADD UM: QUANTITY		3 / 30 days
07/01/2022	APRETUDE	*cabotegravir*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	ENJAYMO	*sutimlimab-jome*	ADD UM: MAXQTYPERDAY		11.0 per day
07/01/2022	ENJAYMO	*sutimlimab-jome*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	KIMMTRAK	*tebentafusp-tebn*	ADD UM: QUANTITY		2 / 30 days
07/01/2022	KIMMTRAK	*tebentafusp-tebn*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
07/01/2022	KIMMTRAK	*tebentafusp-tebn*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	TARPEYO	*budesonide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	TARPEYO	*budesonide*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2022	TARPEYO	*budesonide*	ADD UM: PANAME		PA Applies
07/01/2022	TARPEYO	*budesonide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	LEQVIO	*inclisiran sodium*	ADD UM: MAXQTYPERDAY		0.054 per day
07/01/2022	LEQVIO	*inclisiran sodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	TEZSPIRE	*tezepelumab-ekko*	ADD UM: QUANTITY		2 / 30 days
07/01/2022	TEZSPIRE	*tezepelumab-ekko*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	PEMFEXY	*pemetrexed*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
07/01/2022	PEMFEXY	*pemetrexed*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	VABYSMO	*faricimab-svoa*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	VABYSMO	*faricimab-svoa*	ADD UM: MAXQTYPERDAY		0.036 per day

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	VABYSMO	*faricimab-svoa*	ADD UM: PANAME		PA Applies
07/01/2022	VABYSMO	*faricimab-svoa*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	VYVGART	*efgartigimod alfa-fcab*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	VYVGART	*efgartigimod alfa-fcab*	ADD UM: MAXQTYPERDAY		8.6 per day
07/01/2022	VYVGART	*efgartigimod alfa-fcab*	ADD UM: PANAME		PA Applies
07/01/2022	VYVGART	*efgartigimod alfa-fcab*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	AZASAN	*azathioprine*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	AZASAN	*azathioprine*	ADD UM: HCG		High Cost Generic
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: HCG		High Cost Generic
07/01/2022	*timolol maleate*	*timolol maleate*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*timolol maleate*	*timolol maleate*	ADD UM: HCG		High Cost Generic
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: HCG		High Cost Generic
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: HCG		High Cost Generic

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*timolol maleate*	*timolol maleate*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*timolol maleate*	*timolol maleate*	ADD UM: HCG		High Cost Generic
07/01/2022	*timolol maleate*	*timolol maleate*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*timolol maleate*	*timolol maleate*	ADD UM: HCG		High Cost Generic
07/01/2022	*timolol maleate*	*timolol maleate*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*timolol maleate*	*timolol maleate*	ADD UM: HCG		High Cost Generic
07/01/2022	BESER	*fluticasone propionate*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	BESER	*fluticasone propionate*	ADD UM: HCG		High Cost Generic
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: HCG		High Cost Generic
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: HCG		High Cost Generic
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: HCG		High Cost Generic
07/01/2022	*naproxen sodium er*	*naproxen sodium*	ADD UM: HCG		High Cost Generic

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*naproxen*	*naproxen*	ADD UM: HCG		High Cost Generic
07/01/2022	*naproxen*	*naproxen*	ADD UM: HCG		High Cost Generic
07/01/2022	*naproxen*	*naproxen*	ADD UM: HCG		High Cost Generic
07/01/2022	*naproxen*	*naproxen*	ADD UM: HCG		High Cost Generic
07/01/2022	AZASAN	*azathioprine*	REMOVE UM: MVB	Minimal Value Brand	
07/01/2022	ANALPRAM HC	*hydrocortisone acetate/pramoxine hcl*	ADD UM: MVB		Minimal Value Brand
07/01/2022	PAMELOR	*nortriptyline hcl*	ADD UM: MVB		Minimal Value Brand
07/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: MVB		Minimal Value Brand
07/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: MVB		Minimal Value Brand
07/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: MVB		Minimal Value Brand
07/01/2022	PAMELOR	*nortriptyline hcl*	ADD UM: MVB		Minimal Value Brand
07/01/2022	OXAYDO	*oxycodone hcl*	ADD UM: MVB		Minimal Value Brand
07/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: MVB		Minimal Value Brand

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	PAMELOR	*nortriptyline hcl*	ADD UM: MVB		Minimal Value Brand
07/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: MVB		Minimal Value Brand
07/01/2022	ZYPREXA ZYDIS	*olanzapine*	ADD UM: SBA		Select Brand Alternative
07/01/2022	PAMELOR	*nortriptyline hcl*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ACTONEL	*risedronate sodium*	ADD UM: SBA		Select Brand Alternative
07/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: SBA		Select Brand Alternative
07/01/2022	SILENOR	*doxepin hcl*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ZYPREXA ZYDIS	*olanzapine*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ZYPREXA ZYDIS	*olanzapine*	ADD UM: SBA		Select Brand Alternative
07/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ZYPREXA ZYDIS	*olanzapine*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ZYPREXA ZYDIS	*olanzapine*	ADD UM: SBA		Select Brand Alternative
07/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: SBA		Select Brand Alternative

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	DONNATAL	*phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ZYPREXA ZYDIS	*olanzapine*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ACTONEL	*risedronate sodium*	ADD UM: SBA		Select Brand Alternative
07/01/2022	DONNATAL	*phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ACTONEL	*risedronate sodium*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ACTONEL	*risedronate sodium*	ADD UM: SBA		Select Brand Alternative
07/01/2022	SILENOR	*doxepin hcl*	ADD UM: SBA		Select Brand Alternative
07/01/2022	NEXIUM	*esomeprazole magnesium*	ADD UM: SBA		Select Brand Alternative
07/01/2022	DONNATAL	*phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ZYPREXA ZYDIS	*olanzapine*	ADD UM: SBA		Select Brand Alternative
07/01/2022	BROVANA	*arformoterol tartrate*	ADD UM: SBA		Select Brand Alternative
07/01/2022	BROVANA	*arformoterol tartrate*	ADD UM: SBA		Select Brand Alternative
07/01/2022	DONNATAL	*phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb*	ADD UM: SBA		Select Brand Alternative

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	NEXIUM	*esomeprazole magnesium*	ADD UM: SBA		Select Brand Alternative
07/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: SBA		Select Brand Alternative
07/01/2022	BROVANA	*arformoterol tartrate*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ACTONEL	*risedronate sodium*	ADD UM: SBA		Select Brand Alternative
07/01/2022	ZYPREXA ZYDIS	*olanzapine*	ADD UM: SBA		Select Brand Alternative
07/01/2022	HYCODAN	*hydrocodone bitartrate/homatropine methylbromide*	ADD UM: SBA		Select Brand Alternative
07/01/2022	DONNATAL	*phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb*	ADD UM: SBA		Select Brand Alternative
07/01/2022	BROVANA	*arformoterol tartrate*	ADD UM: SBA		Select Brand Alternative
07/01/2022	PAMELOR	*nortriptyline hcl*	ADD UM: SBA		Select Brand Alternative
07/01/2022	DONNATAL	*phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb*	ADD UM: SBA		Select Brand Alternative
07/01/2022	BROVANA	*arformoterol tartrate*	ADD UM: SBA		Select Brand Alternative
07/01/2022	NEXIUM	*esomeprazole magnesium*	ADD UM: SBA		Select Brand Alternative
07/01/2022	UROCIT-K	*potassium citrate*	ADD UM: SBA		Select Brand Alternative

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	PAMELOR	*nortriptyline hcl*	ADD UM: SBA		Select Brand Alternative
07/01/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	JINTELI	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	JINTELI	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	JINTELI	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	CHANGE UM: DRUGCLASS	Excluded Products	Contraceptives - Oral
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	REMOVE UM: SBA	Select Brand Alternative	
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	CHANGE UM: DRUGCLASS	Excluded Products	Contraceptives - Oral

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: SBA	Select Brand Alternative	
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	CHANGE UM: DRUGCLASS	Excluded Products	Contraceptives - Oral
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: SBA	Select Brand Alternative	
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	CHANGE UM: DRUGCLASS	Excluded Products	Contraceptives - Oral
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	REMOVE UM: SBA	Select Brand Alternative	
07/01/2022	*femcap*	*cervical cap*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
07/01/2022	*femcap*	*cervical cap*	ADD UM: CUSTOM		HCR: Gender Edits (Females) may apply.
07/01/2022	*femcap*	*cervical cap*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
07/01/2022	*femcap*	*cervical cap*	ADD UM: CUSTOM		HCR: Gender Edits (Females) may apply.
07/01/2022	NATAZIA	*estradiol valerate/dienogest*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	NATAZIA	*estradiol valerate/dienogest*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
07/01/2022	*sumatriptan succinate*	*sumatriptan succinate*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*sumatriptan succinate*	*sumatriptan succinate*	CHANGE UM: DRUGCLASS	Excluded Products	Imitrex Injectable w/Std Qty Limit
07/01/2022	MAYZENT	*siponimod*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2022	MAYZENT	*siponimod*	REMOVE UM: QUANTITY	120 / 30 days	
07/01/2022	MAYZENT	*siponimod*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	MAYZENT	*siponimod*	ADD UM: MAXQTYPERDAY		1.75 per day
07/01/2022	MAYZENT	*siponimod*	ADD UM: PANAME		PA Applies
07/01/2022	MAYZENT	*siponimod*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	MAYZENT	*siponimod*	ADD UM: PS		Preferred Specialty
07/01/2022	MAYZENT	*siponimod*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	MAYZENT	*siponimod*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	MAYZENT	*siponimod*	ADD UM: PANAME		PA Applies
07/01/2022	MAYZENT	*siponimod*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	MAYZENT	*siponimod*	ADD UM: PS		Preferred Specialty
07/01/2022	FYREMADEL	*ganirelix acetate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	FYREMADEL	*ganirelix acetate*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	FYREMADEL	*ganirelix acetate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*bebtelovimab (eua)*	*bebtelovimab*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: MAXQTYPERDAY		0.072 per day
07/01/2022	NUCALA	*mepolizumab*	REMOVE UM: AGE	At least 12 yrs old	
07/01/2022	XOLAIR	*omalizumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	XOLAIR	*omalizumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	XOLAIR	*omalizumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	NUCALA	*mepolizumab*	REMOVE UM: AGE	At least 12 yrs old	
07/01/2022	DUPIXENT PEN	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	XOLAIR	*omalizumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	FASENRA PEN	*benralizumab*	REMOVE UM: AGE	At least 12 yrs old	
07/01/2022	XOLAIR	*omalizumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	FASENRA	*benralizumab*	REMOVE UM: AGE	At least 12 yrs old	
07/01/2022	DUPIXENT SYRINGE	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	NUCALA	*mepolizumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	NUCALA	*mepolizumab*	REMOVE UM: AGE	At least 12 yrs old	
07/01/2022	DUPIXENT SYRINGE	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	FASENRA	*benralizumab*	REMOVE UM: AGE	At least 12 yrs old	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	DUPIXENT SYRINGE	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT SYRINGE	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT PEN	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT PEN	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT PEN	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT PEN	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT PEN	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT PEN	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT PEN	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT SYRINGE	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT SYRINGE	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	DUPIXENT SYRINGE	*dupilumab*	REMOVE UM: AGE	At least 6 yrs old	
07/01/2022	FASENRA PEN	*benralizumab*	REMOVE UM: AGE	At least 12 yrs old	
07/01/2022	*citalopram hbr*	*citalopram hydrobromide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	*citalopram hbr*	*citalopram hydrobromide*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	*citalopram hbr*	*citalopram hydrobromide*	ADD UM: HCG		High Cost Generic
07/01/2022	*citalopram hbr*	*citalopram hydrobromide*	ADD UM: PR		Preventive Medication
07/01/2022	*diclofenac potassium*	*diclofenac potassium*	ADD UM: MAXQTYPERDAY		4.0 per day

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*diclofenac potassium*	*diclofenac potassium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	*diclofenac potassium*	*diclofenac potassium*	ADD UM: MVG		MINIMAL VALUE GENERIC
07/01/2022	*diclofenac potassium*	*diclofenac potassium*	ADD UM: HCG		High Cost Generic
07/01/2022	LOREEV XR	*lorazepam*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	LOREEV XR	*lorazepam*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	LOREEV XR	*lorazepam*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	LOREEV XR	*lorazepam*	ADD UM: MVB		Minimal Value Brand
07/01/2022	*lacosamide*	*lacosamide*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*lacosamide*	*lacosamide*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2022	*lacosamide*	*lacosamide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*citalopram hbr*	*citalopram hydrobromide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*lacosamide*	*lacosamide*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*lacosamide*	*lacosamide*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	*lacosamide*	*lacosamide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*lacosamide*	*lacosamide*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*lacosamide*	*lacosamide*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	*lacosamide*	*lacosamide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*lacosamide*	*lacosamide*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*lacosamide*	*lacosamide*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2022	*lacosamide*	*lacosamide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	PYRUKYND	*mitapivat sulfate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*cyclosporine*	*cyclosporine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	ADBRY	*tralokinumab-ldrm*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: PANAME		PA Applies
07/01/2022	ADBRY	*tralokinumab-ldrm*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: PS		Preferred Specialty
07/01/2022	CIBINQO	*abrocitinib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	CIBINQO	*abrocitinib*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	CIBINQO	*abrocitinib*	ADD UM: PANAME		PA Applies
07/01/2022	CIBINQO	*abrocitinib*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	CIBINQO	*abrocitinib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	CIBINQO	*abrocitinib*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	CIBINQO	*abrocitinib*	ADD UM: PANAME		PA Applies
07/01/2022	CIBINQO	*abrocitinib*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	CIBINQO	*abrocitinib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	CIBINQO	*abrocitinib*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	CIBINQO	*abrocitinib*	ADD UM: PANAME		PA Applies
07/01/2022	CIBINQO	*abrocitinib*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: PANAME		PA Applies
07/01/2022	RELEUKO	*filgrastim-ayow*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: PANAME		PA Applies
07/01/2022	RELEUKO	*filgrastim-ayow*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: PANAME		PA Applies
07/01/2022	RELEUKO	*filgrastim-ayow*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: PANAME		PA Applies
07/01/2022	RELEUKO	*filgrastim-ayow*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: PANAME		PA Applies
07/01/2022	RELEUKO	*filgrastim-ayow*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: PANAME		PA Applies
07/01/2022	RELEUKO	*filgrastim-ayow*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: PANAME		PA Applies
07/01/2022	RELEUKO	*filgrastim-ayow*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: PANAME		PA Applies
07/01/2022	RELEUKO	*filgrastim-ayow*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	RELEUKO	*filgrastim-ayow*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	PYRUKYND	*mitapivat sulfate*	ADD UM: PANAME		PA Applies
07/01/2022	*dapsone*	*dapsone*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*dapsone*	*dapsone*	CHANGE UM: DRUGCLASS	Excluded Products	Acne
07/01/2022	PEGASYS	*peginterferon alfa-2a*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PEGASYS	*peginterferon alfa-2a*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	PEGASYS	*peginterferon alfa-2a*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	PEGASYS	*peginterferon alfa-2a*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	CHANGE UM: DRUGCLASS	Contraceptives - Oral	Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	CHANGE UM: DRUGCLASS	Contraceptives - Oral	Excluded Products
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	
07/01/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	CHANGE UM: DRUGCLASS	Contraceptives - Oral	Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	CHANGE UM: DRUGCLASS	Contraceptives - Oral	Excluded Products
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	
07/01/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: QPBU	HCROCRX | HCR Rx Contraceptives	
07/01/2022	*lacosamide*	*lacosamide*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*lacosamide*	*lacosamide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*lacosamide*	*lacosamide*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*lacosamide*	*lacosamide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*lacosamide*	*lacosamide*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*lacosamide*	*lacosamide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*lacosamide*	*lacosamide*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*lacosamide*	*lacosamide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
07/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
07/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
07/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
07/01/2022	CIBINQO	*abrocitinib*	ADD UM: PS		Preferred Specialty
07/01/2022	CIBINQO	*abrocitinib*	ADD UM: PS		Preferred Specialty
07/01/2022	CIBINQO	*abrocitinib*	ADD UM: PS		Preferred Specialty
07/01/2022	REPATHA SURECLICK	*evolocumab*	ADD UM: MAXQTYPERDAY		0.08 per day
07/01/2022	REPATHA SURECLICK	*evolocumab*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	REPATHA PUSHTRONEX	*evolocumab*	ADD UM: MAXQTYPERDAY		0.13 per day
07/01/2022	REPATHA PUSHTRONEX	*evolocumab*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	*cabotegravir er*	*cabotegravir*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	*cabotegravir er*	*cabotegravir*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	*rilpivirine er*	*rilpivirine*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	*rilpivirine er*	*rilpivirine*	CHANGE UM: COV	FDA Moratorium	Non Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	CARVYKTI	*ciltacabtagene autoleucel*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	DODEX	*cyanocobalamin (vitamin b-12)*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	DODEX	*cyanocobalamin (vitamin b-12)*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	DODEX	*cyanocobalamin (vitamin b-12)*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	DODEX	*cyanocobalamin (vitamin b-12)*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	DODEX	*cyanocobalamin (vitamin b-12)*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	DODEX	*cyanocobalamin (vitamin b-12)*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	IBSRELA	*tenapanor hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	IBSRELA	*tenapanor hcl*	ADD UM: AGE		At least 18 yrs old
07/01/2022	IBSRELA	*tenapanor hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	*isosorbide dinit-hydralazine*	*isosorbide dinitrate/hydralazine hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	*isosorbide dinit-hydralazine*	*isosorbide dinitrate/hydralazine hcl*	ADD UM: MAXQTYPERDAY		6.0 per day
07/01/2022	*isosorbide dinit-hydralazine*	*isosorbide dinitrate/hydralazine hcl*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	*isosorbide dinit-hydralazine*	*isosorbide dinitrate/hydralazine hcl*	ADD UM: PR		Preventive Medication
07/01/2022	KORSUVA	*difelikefalin acetate*	ADD UM: MAXQTYPERDAY		0.56 per day
07/01/2022	KORSUVA	*difelikefalin acetate*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	NEXICLON XR	*clonidine hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	NEXICLON XR	*clonidine hcl*	ADD UM: MAXQTYPERDAY		3.0 per day
07/01/2022	NEXICLON XR	*clonidine hcl*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	NEXICLON XR	*clonidine hcl*	ADD UM: MVB		Minimal Value Brand
07/01/2022	*omnipod 5 g6 pods (gen 5)*	*insulin pump cartridge, subcut automated dosing, bluetooth*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	*omnipod 5 g6 intro kit (gen 5)*	*insulin pump cartridge,automated dosing,bt with controller*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	*omnipod dash intro kit (gen 4)*	*insulin pump cartridge,continuous infusion,bt and controller*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	*orphenadrine-aspirin-caffeine*	*orphenadrine citrate/aspirin/caffeine*	ADD TO FORMULARY	Non-Formulary	Generics
07/01/2022	*orphenadrine-aspirin-caffeine*	*orphenadrine citrate/aspirin/caffeine*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	OPDUALAG	*nivolumab-relatlimab-rmbw*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
07/01/2022	OPDUALAG	*nivolumab-relatlimab-rmbw*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	PLUVICTO	*lutetium lu-177 vipivotide tetraxetan*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	QUVIVIQ	*daridorexant hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	QUVIVIQ	*daridorexant hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	QUVIVIQ	*daridorexant hcl*	ADD UM: PANAME		PA Applies

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	QUVIVIQ	*daridorexant hcl*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	QUVIVIQ	*daridorexant hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	QUVIVIQ	*daridorexant hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	QUVIVIQ	*daridorexant hcl*	ADD UM: PANAME		PA Applies
07/01/2022	QUVIVIQ	*daridorexant hcl*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	REZIPRES	*ephedrine hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	SOAANZ	*torsemide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	SOAANZ	*torsemide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	SOAANZ	*torsemide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	SOAANZ	*torsemide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	SOAANZ	*torsemide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	SOAANZ	*torsemide*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	SUSVIMO	*ranibizumab*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	SUSVIMO	*ranibizumab*	ADD UM: MED		Medical Drug
07/01/2022	*susvimo implnt and insert tool*	*ocular implant with insertion tool for ranibizumab*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	TLANDO	*testosterone undecanoate*	ADD UM: GENDER		Male
07/01/2022	TLANDO	*testosterone undecanoate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	*tramadol hcl*	*tramadol hcl*	ADD UM: MAXQTYPERDAY		80.0 per day
07/01/2022	*tramadol hcl*	*tramadol hcl*	ADD UM: AGE		At least 18 yrs old

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	TWYNEO	*tretinoin/benzoyl peroxide*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	TWYNEO	*tretinoin/benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
07/01/2022	TWYNEO	*tretinoin/benzoyl peroxide*	CHANGE UM: COV	FDA Moratorium	Non Formulary
07/01/2022	VIJOICE	*alpelisib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	VIJOICE	*alpelisib*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	VIJOICE	*alpelisib*	ADD UM: PANAME		PA Applies
07/01/2022	VIJOICE	*alpelisib*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	VIJOICE	*alpelisib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	VIJOICE	*alpelisib*	ADD UM: MAXQTYPERDAY		1.0 per day
07/01/2022	VIJOICE	*alpelisib*	ADD UM: PANAME		PA Applies
07/01/2022	VIJOICE	*alpelisib*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	VIJOICE	*alpelisib*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	VIJOICE	*alpelisib*	ADD UM: MAXQTYPERDAY		2.0 per day
07/01/2022	VIJOICE	*alpelisib*	ADD UM: PANAME		PA Applies
07/01/2022	VIJOICE	*alpelisib*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	ADD UM: DRUGCLASS		HIV
07/01/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	TRIUMEQ PD	*abacavir sulfate/dolutegravir sodium/lamivudine*	ADD UM: PR		Preventive Medication
07/01/2022	VERKAZIA	*cyclosporine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	VERKAZIA	*cyclosporine*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2022	VERKAZIA	*cyclosporine*	ADD UM: PANAME		PA Applies
07/01/2022	VERKAZIA	*cyclosporine*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	VONJO	*pacritinib citrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2022	VONJO	*pacritinib citrate*	ADD UM: MAXQTYPERDAY		4.0 per day
07/01/2022	VONJO	*pacritinib citrate*	ADD UM: PANAME		PA Applies
07/01/2022	VONJO	*pacritinib citrate*	REMOVE UM: COV	FDA Moratorium	
07/01/2022	DEXILANT	*dexlansoprazole*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2022	DEXILANT	*dexlansoprazole*	ADD UM: B4G		Brand For Generic
07/01/2022	DEXILANT	*dexlansoprazole*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	DEXILANT	*dexlansoprazole*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2022	DEXILANT	*dexlansoprazole*	ADD UM: B4G		Brand For Generic
07/01/2022	DEXILANT	*dexlansoprazole*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: DRUGCLASS		Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: DRUGCLASS		Excluded Products
07/01/2022	NEEVODHA	*multivit no.37/iron/l-mefolate calc./algal oil/soy lecithin*	CHANGE UM: DRUGCLASS	Excluded Products	Prenatal Vitamins
07/01/2022	NEEVODHA	*multivit no.37/iron/l-mefolate calc./algal oil/soy lecithin*	ADD UM: COV		Non Formulary
07/01/2022	PATADAY ONCE DAILY RELIEF	*olopatadine hcl*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	PATADAY ONCE DAILY RELIEF	*olopatadine hcl*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	PATADAY TWICE DAILY RELIEF	*olopatadine hcl*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	NOCTIVA	*desmopressin acetate*	ADD UM: COV		Non Formulary
07/01/2022	NOCTIVA	*desmopressin acetate*	REMOVE UM: DRUGCLASS	Excluded Products	
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE UM: STEP	ST applies	
07/01/2022	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE UM: STEP	ST applies	
07/02/2022	*citicoline*	*citicoline*	ADD TO FORMULARY		Non-Preferred Brands
07/02/2022	BC SINUS PAIN-CONGESTION	*phenylephrine hcl/acetaminophen/chlorpheniramine*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	BC SINUS PAIN-CONGESTION	*phenylephrine hcl/acetaminophen/chlorpheniramine*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/02/2022	BOUDREAUXS	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	BOUDREAUXS	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	COLACE	*docusate sodium*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	CLEAR EYES REDNESS RELIEF	*naphazoline hcl/glycerin*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	CLEAR EYES TRAVELER RELIEF	*tetrahydrozoline hcl/polyvinyl alcohol/povidone*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	CLEAR EYES TRIPLE ACTION	*tetrahydrozoline hcl/polyvinyl alcohol/povidone*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	DRAMAMINE	*meclizine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	DRAMAMINE	*meclizine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	BC PAIN RELIEF	*aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	GOODY'S BACK AND BODY PAIN	*aspirin/acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	GOODY'S BACK AND BODY PAIN	*aspirin/acetaminophen*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	LIDOFORE	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	*magnesium*	*magnesium oxide*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	*cranberry*	*cranberry fruit extract*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/02/2022	*naproxen sodium*	*naproxen sodium*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	*hormone protect*	*diindolylmethane/broccoli seed extract*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	MONISTAT CARE	*benzocaine*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	CORTIZONE-10	*hydrocortisone*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	SLOWMAG	*magnesium citrate*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	CHILDREN'S TYLENOL COLD-FLU	*dextromethorphan/phenylephrine/acetaminophen/chlorpheniramin*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	SUCRETS SORE THROAT-COUGH-DRY	*dyclonine hcl/menthol/pectin*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	*mini pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/02/2022	*mini pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/02/2022	*safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
07/02/2022	*mini pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/02/2022	*mini pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
07/02/2022	*mini pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/02/2022	*mini pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
07/02/2022	*safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/02/2022	*safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
07/02/2022	*t.e.d. anti-embolism stocking*	*compression stocking, knee high, regular length, medium*	ADD TO FORMULARY		Non-Preferred Brands
07/02/2022	*t.e.d. anti-embolism stocking*	*compression stocking, knee high, regular length, medium*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
07/02/2022	*meloxicam*	*meloxicam*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	*meloxicam*	*meloxicam*	ADD UM: COV		FDA Moratorium
07/02/2022	HYFTOR	*sirolimus*	REMOVE FROM FORMULARY		Non-Formulary
07/02/2022	HYFTOR	*sirolimus*	ADD UM: COV		FDA Moratorium
07/02/2022	HYFTOR	*sirolimus*	ADD UM: SPECIALTY		Specialty Drug
07/05/2022	MYOVIEW	*kit for the preparation of tc-99m/tetrofosmin*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/05/2022	MYOVIEW	*kit for the preparation of tc-99m/tetrofosmin*	ADD UM: COV		Non Formulary
07/05/2022	MYOVIEW	*kit for the preparation of tc-99m/tetrofosmin*	ADD UM: MED		Medical Drug
07/05/2022	*piperacillin-tazobactam*	*piperacillin sodium/tazobactam sodium*	ADD TO FORMULARY	Non-Formulary	Generics
07/05/2022	*piperacillin-tazobactam*	*piperacillin sodium/tazobactam sodium*	ADD UM: MED		Medical Drug
07/05/2022	ASPRUZYO SPRINKLE	*ranolazine*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	ASPRUZYO SPRINKLE	*ranolazine*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2022	ASPRUZYO SPRINKLE	*ranolazine*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	ASPRUZYO SPRINKLE	*ranolazine*	ADD UM: COV		FDA Moratorium
07/05/2022	AUSTEDO 12MG START TITR(WK1-4)	*deutetrabenazine*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	AUSTEDO 12MG START TITR(WK1-4)	*deutetrabenazine*	ADD UM: COV		Non Formulary
07/05/2022	AUSTEDO 12MG START TITR(WK1-4)	*deutetrabenazine*	ADD UM: SPECIALTY		Specialty Drug
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: COV		Non Formulary
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: NFDA		Non-FDA Approved
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: MED		Medical Drug
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: COV		Non Formulary
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: NFDA		Non-FDA Approved
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: MED		Medical Drug
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: COV		Non Formulary
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: NFDA		Non-FDA Approved
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: MED		Medical Drug
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: COV		Non Formulary
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: NFDA		Non-FDA Approved
07/05/2022	CUSTODIOL HTK	*cardioplegic and organ preservation solution no.1*	ADD UM: MED		Medical Drug
07/05/2022	MODERNA COVID BIV BOOSTR(UNAP)	*covid-19 vaccine, bivalent, mrna/preservative free*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	MODERNA COVID BIV BOOSTR(UNAP)	*covid-19 vaccine, bivalent, mrna/preservative free*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/05/2022	MODERNA COVID BIV BOOSTR(UNAP)	*covid-19 vaccine, bivalent, mrna/preservative free*	ADD UM: COV		FDA Moratorium
07/05/2022	MODERNA COVID BIV BOOSTR(UNAP)	*covid-19 vaccine, bivalent, mrna/preservative free*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	MODERNA COVID BIV BOOSTR(UNAP)	*covid-19 vaccine, bivalent, mrna/preservative free*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/05/2022	MODERNA COVID BIV BOOSTR(UNAP)	*covid-19 vaccine, bivalent, mrna/preservative free*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2022	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: B4G		Brand For Generic
07/05/2022	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: B4G		Brand For Generic
07/05/2022	TOVIAZ	*fesoterodine fumarate*	ADD UM: B4G		Brand For Generic
07/05/2022	TOVIAZ	*fesoterodine fumarate*	ADD UM: B4G		Brand For Generic
07/05/2022	CLOMID	*clomiphene citrate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	CLOMID	*clomiphene citrate*	ADD UM: DRUGCLASS		Fertility Drugs
07/05/2022	CLOMID	*clomiphene citrate*	ADD UM: COV		FDA Moratorium
07/05/2022	CLOMID	*clomiphene citrate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	CLOMID	*clomiphene citrate*	ADD UM: DRUGCLASS		Fertility Drugs
07/05/2022	CLOMID	*clomiphene citrate*	ADD UM: COV		FDA Moratorium
07/05/2022	CLOMID	*clomiphene citrate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	CLOMID	*clomiphene citrate*	ADD UM: DRUGCLASS		Fertility Drugs
07/05/2022	CLOMID	*clomiphene citrate*	ADD UM: COV		FDA Moratorium
07/05/2022	DAYTRANA	*methylphenidate*	ADD UM: B4G		Brand For Generic
07/05/2022	DAYTRANA	*methylphenidate*	ADD UM: B4G		Brand For Generic
07/05/2022	DAYTRANA	*methylphenidate*	ADD UM: B4G		Brand For Generic
07/05/2022	DAYTRANA	*methylphenidate*	ADD UM: B4G		Brand For Generic

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2022	*methylphenidate*	*methylphenidate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: DRUGCLASS		ADD Drugs
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: COV		FDA Moratorium
07/05/2022	*methylphenidate*	*methylphenidate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: DRUGCLASS		ADD Drugs
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: COV		FDA Moratorium
07/05/2022	*methylphenidate*	*methylphenidate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: DRUGCLASS		ADD Drugs
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: COV		FDA Moratorium
07/05/2022	*methylphenidate*	*methylphenidate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: DRUGCLASS		ADD Drugs
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: COV		FDA Moratorium
07/05/2022	*methylphenidate*	*methylphenidate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: DRUGCLASS		ADD Drugs
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: COV		FDA Moratorium
07/05/2022	*methylphenidate*	*methylphenidate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: DRUGCLASS		ADD Drugs
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: COV		FDA Moratorium
07/05/2022	*methylphenidate*	*methylphenidate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: DRUGCLASS		ADD Drugs

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: COV		FDA Moratorium
07/05/2022	*methylphenidate*	*methylphenidate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: DRUGCLASS		ADD Drugs
07/05/2022	*methylphenidate*	*methylphenidate*	ADD UM: COV		FDA Moratorium
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD UM: COV		FDA Moratorium
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD UM: COV		FDA Moratorium
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD UM: COV		FDA Moratorium
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD UM: COV		FDA Moratorium
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD UM: COV		FDA Moratorium
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/05/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	ADD UM: COV		FDA Moratorium
07/05/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	ADD UM: PR		Preventive Medication
07/05/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY		Non-Formulary
07/05/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	ADD UM: COV		FDA Moratorium
07/05/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	ADD UM: PR		Preventive Medication
07/05/2022	*glycopyrrolate*	*glycopyrrolate,glycopyrrolate in sterile water/pf,glycopyrrolate/pf*	ADD TO FORMULARY		Generics
07/05/2022	*glycopyrrolate*	*glycopyrrolate,glycopyrrolate in sterile water/pf,glycopyrrolate/pf*	CHANGE UM: MED		Medical Drug
07/05/2022	*glycopyrrolate*	*glycopyrrolate,glycopyrrolate in sterile water/pf,glycopyrrolate/pf*	REMOVE UM: COV		
07/07/2022	LANTUS	*insulin glargine,human recombinant analog*	ADD UM: B4G		Brand For Generic
07/07/2022	LANTUS SOLOSTAR	*insulin glargine,human recombinant analog*	ADD UM: B4G		Brand For Generic
07/07/2022	PENTASA	*mesalamine*	ADD UM: B4G		Brand For Generic
07/07/2022	ZYLET	*tobramycin/loteprednol etabonate*	REMOVE UM: MVB	MINIMAL VALUE BRAND	
07/07/2022	*ferrous sulfate*	*ferrous sulfate*	REMOVE UM: COV		
07/07/2022	*ferrous sulfate*	*ferrous sulfate*	REMOVE UM: NFDA		

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/07/2022	NAPRELAN	*naproxen sodium*	REMOVE UM: MVB	MINIMAL VALUE BRAND	
07/07/2022	DIFFERIN	*adapalene*	ADD UM: DRUGCLASS		Acne
07/07/2022	AUVI-Q	*epinephrine*	ADD UM: DRUGCLASS		Anaphylaxis Products
07/07/2022	*adapalene*	*adapalene*	ADD UM: DRUGCLASS		Acne
07/07/2022	*sodium perborate*	*sodium perborate*	ADD TO FORMULARY		Non-Preferred Brands
07/07/2022	*alkaline batteries*	*diabetic supplies,miscell*	REMOVE FROM FORMULARY		Non-Formulary
07/07/2022	*gel-kam,perio med,periomed,st annous fluoride*	*stannous fluoride*	REMOVE FROM FORMULARY		Non-Formulary
07/07/2022	*gel-kam,perio med,periomed,st annous fluoride*	*stannous fluoride*	CHANGE UM: DRUGCLASS		Fluoride Preps
07/07/2022	*harmony control solution*	*blood glucose calibration control high and low*	ADD UM: DRUGCLASS		Excluded Products
07/09/2022	NYTOL QUICKCAPS	*diphenhydramine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	STANBACK	*aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	STANBACK	*aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	STANBACK	*aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	STANBACK	*aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	LUDEN'S	*pectin*	REMOVE FROM FORMULARY		Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/09/2022	LUDEN'S	*pectin*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	LUDEN'S	*pectin*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	LITTLE REMEDIES SALINE	*sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	NIX ULTRA	*mineral oil*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	NIX ULTRA	*mineral oil*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	CLEAR EYES SENSITIVE	*phenylephrine/glycerin*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	NITROVAL BLUE	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	TUSSIN DM CLEAR	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	TUSSIN DM CLEAR	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	TUSSIN DM CLEAR	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	COQMAX UBIQUINOL	*ubiquinol*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	COQMAX UBIQUINOL	*ubiquinol*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/09/2022	XCELLENT C	*ascorbate calcium, magnesium, potassium/black pepper extract*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/09/2022	XCELLENT C	*ascorbate calcium, magnesium, potassium/black pepper extract*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/09/2022	*d3 liquid*	*cholecalciferol (vitamin d3)*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	*d3 liquid*	*cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/09/2022	D-VI-SOL	*cholecalciferol (vitamin d3)*	REMOVE FROM FORMULARY		Non-Formulary
07/09/2022	D-VI-SOL	*cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/12/2022	FLUCELVAX QUAD 2020-2021	*flu vaccine quad 2020-2021(4 years and older)cell derived/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUCELVAX QUAD 2020-2021	*flu vaccine quad 2020-2021(4 years and older)cell derived/pf*	ADD UM: COV		Non Formulary
07/12/2022	FLUCELVAX QUAD 2020-2021	*flu vaccine quad 2020-2021(4 years and older)cell derived/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUCELVAX QUAD 2020-2021	*flu vaccine quad 2020-2021(4 years and older)cell derived/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUAD QUAD 2020-2021	*influenza vaccine quadrivalent 2020-21 (65 yr up)/mf59c.1/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUAD QUAD 2020-2021	*influenza vaccine quadrivalent 2020-21 (65 yr up)/mf59c.1/pf*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUAD QUAD 2020-2021	*influenza vaccine quadrivalent 2020-21 (65 yr up)/mf59c.1/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUAD QUAD 2020-2021	*influenza vaccine quadrivalent 2020-21 (65 yr up)/mf59c.1/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUARIX QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUARIX QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/12/2022	FLUARIX QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUARIX QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUBLOK QUAD 2020-2021	*influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUBLOK QUAD 2020-2021	*influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/pf*	ADD UM: COV		Non Formulary
07/12/2022	FLUBLOK QUAD 2020-2021	*influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUBLOK QUAD 2020-2021	*influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUZONE QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/12/2022	FLUZONE QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUZONE QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf,influenza virus vaccine quadrivalent 2020-21 (6 mos and up)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUZONE QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf,influenza virus vaccine quadrivalent 2020-21 (6 mos and up)*	ADD UM: COV		Non Formulary
07/12/2022	FLUZONE QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf,influenza virus vaccine quadrivalent 2020-21 (6 mos and up)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUZONE QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf,influenza virus vaccine quadrivalent 2020-21 (6 mos and up)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE HIGH-DOSE QUAD 2020-21	*influenza virus vaccine quadrival split 2020-21(65 yr up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUZONE HIGH-DOSE QUAD 2020-21	*influenza virus vaccine quadrival split 2020-21(65 yr up)/pf*	ADD UM: COV		Non Formulary
07/12/2022	FLUZONE HIGH-DOSE QUAD 2020-21	*influenza virus vaccine quadrival split 2020-21(65 yr up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUZONE HIGH-DOSE QUAD 2020-21	*influenza virus vaccine quadrival split 2020-21(65 yr up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	AFLURIA QUAD 2020-21 (6-35MO)	*influenza virus vaccine quadrival 2020-21 (6 mos-35 mos)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	AFLURIA QUAD 2020-21 (6-35MO)	*influenza virus vaccine quadrival 2020-21 (6 mos-35 mos)/pf*	ADD UM: COV		Non Formulary
07/12/2022	AFLURIA QUAD 2020-21 (6-35MO)	*influenza virus vaccine quadrival 2020-21 (6 mos-35 mos)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	AFLURIA QUAD 2020-21 (6-35MO)	*influenza virus vaccine quadrival 2020-21 (6 mos-35 mos)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	AFLURIA QUAD 2020-21 (3YR UP)	*influenza virus vaccine quadrivalent 2020-21 (36 mos up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	AFLURIA QUAD 2020-21 (3YR UP)	*influenza virus vaccine quadrivalent 2020-21 (36 mos up)/pf*	ADD UM: COV		Non Formulary
07/12/2022	AFLURIA QUAD 2020-21 (3YR UP)	*influenza virus vaccine quadrivalent 2020-21 (36 mos up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	AFLURIA QUAD 2020-21 (3YR UP)	*influenza virus vaccine quadrivalent 2020-21 (36 mos up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLULAVAL QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLULAVAL QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/12/2022	FLULAVAL QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLULAVAL QUAD 2020-2021	*influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLULAVAL QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLULAVAL QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLULAVAL QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLULAVAL QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUARIX QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUARIX QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUARIX QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUARIX QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	AFLURIA QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD TO FORMULARY		Preferred Brands
07/12/2022	AFLURIA QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	AFLURIA QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	AFLURIA QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	AFLURIA QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD TO FORMULARY		Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	AFLURIA QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	AFLURIA QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	AFLURIA QUAD 2022-2023	*influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUBLOK QUAD 2022-2023	*influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUBLOK QUAD 2022-2023	*influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUBLOK QUAD 2022-2023	*influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUBLOK QUAD 2022-2023	*influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUAD QUAD 2022-2023	*influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUAD QUAD 2022-2023	*influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUAD QUAD 2022-2023	*influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUAD QUAD 2022-2023	*influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUAD QUAD 2022-2023	*influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUAD QUAD 2022-2023	*influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUAD QUAD 2022-2023	*influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUAD QUAD 2022-2023	*influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quad 2022-2023(6 month and older)cell derived/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quad 2022-2023(6 month and older)cell derived/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quad 2022-2023(6 month and older)cell derived/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quad 2022-2023(6 month and older)cell derived/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quad 2022-2023(6 month and older)cell derived/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quad 2022-2023(6 month and older)cell derived/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quad 2022-2023(6 month and older)cell derived/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quad 2022-2023(6 month and older)cell derived/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUBLOK QUAD 2022-2023	*influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUBLOK QUAD 2022-2023	*influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUBLOK QUAD 2022-2023	*influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUBLOK QUAD 2022-2023	*influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	AFLURIA QUAD 2022-23 (3YR UP)	*influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	AFLURIA QUAD 2022-23 (3YR UP)	*influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	AFLURIA QUAD 2022-23 (3YR UP)	*influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	AFLURIA QUAD 2022-23 (3YR UP)	*influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUARIX QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUARIX QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUARIX QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUARIX QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	AFLURIA QUAD 2022-23 (3YR UP)	*influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	AFLURIA QUAD 2022-23 (3YR UP)	*influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	AFLURIA QUAD 2022-23 (3YR UP)	*influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	AFLURIA QUAD 2022-23 (3YR UP)	*influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLULAVAL QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLULAVAL QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLULAVAL QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLULAVAL QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quadriv 2022-2023(6 month and older)cell derived*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quadriv 2022-2023(6 month and older)cell derived*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quadriv 2022-2023(6 month and older)cell derived*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quadriv 2022-2023(6 month and older)cell derived*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quadriv 2022-2023(6 month and older)cell derived*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quadriv 2022-2023(6 month and older)cell derived*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quadriv 2022-2023(6 month and older)cell derived*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUCELVAX QUAD 2022-2023	*flu vaccine quadriv 2022-2023(6 month and older)cell derived*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUZONE QUAD 2022-2023	*influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUZONE HIGH-DOSE QUAD 2022-23	*influenza virus vaccine quadrival split 2022-23(65 yr up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUZONE HIGH-DOSE QUAD 2022-23	*influenza virus vaccine quadrival split 2022-23(65 yr up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUZONE HIGH-DOSE QUAD 2022-23	*influenza virus vaccine quadrival split 2022-23(65 yr up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/12/2022	FLUZONE HIGH-DOSE QUAD 2022-23	*influenza virus vaccine quadrival split 2022-23(65 yr up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	FLUZONE HIGH-DOSE QUAD 2022-23	*influenza virus vaccine quadrival split 2022-23(65 yr up)/pf*	ADD TO FORMULARY		Preferred Brands
07/12/2022	FLUZONE HIGH-DOSE QUAD 2022-23	*influenza virus vaccine quadrival split 2022-23(65 yr up)/pf*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
07/12/2022	FLUZONE HIGH-DOSE QUAD 2022-23	*influenza virus vaccine quadrival split 2022-23(65 yr up)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUZONE HIGH-DOSE QUAD 2022-23	*influenza virus vaccine quadrival split 2022-23(65 yr up)/pf*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
07/12/2022	*pip blood glucose monitor*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
07/12/2022	*pip blood glucose monitor*	*blood-glucose meter*	ADD UM: DRUGCLASS		Excluded Products
07/12/2022	*pip blood glucose monitor*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
07/12/2022	*pip glucose control solution*	*blood glucose calibration control high and low*	REMOVE FROM FORMULARY		Non-Formulary
07/12/2022	*pip glucose control solution*	*blood glucose calibration control high and low*	ADD UM: DRUGCLASS		Excluded Products
07/12/2022	OSTACHOL	*cholecalciferol (vit d3)/folic acid*	REMOVE FROM FORMULARY		Non-Formulary
07/12/2022	OSTACHOL	*cholecalciferol (vit d3)/folic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/12/2022	OSTACHOL	*cholecalciferol (vit d3)/folic acid*	ADD UM: COV		Non Formulary
07/12/2022	OSTACHOL	*cholecalciferol (vit d3)/folic acid*	ADD UM: NFDA		Non-FDA Approved
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 months and up)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 months and up)*	ADD UM: COV		Non Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 months and up)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 months and up)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 months and up)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 months and up)*	ADD UM: COV		Non Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 months and up)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 months and up)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)*	ADD UM: COV		Non Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2020	*influenza virus vacc quad 2020 south hem (6 mos and up)*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 mos and up)/pf*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 mos and up)/pf*	ADD UM: COV		Non Formulary
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 mos and up)/pf*	REMOVE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	
07/12/2022	FLUZONE QUAD SOUTHERN HEM 2021	*influenza virus vacc quad 2021 south hem (6 mos and up)/pf*	REMOVE UM: QPBU	AAVAC1 | HCR Vaccines	
07/12/2022	AFLURIA QUAD 2022-23 (3YR UP)	*influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf*	ADD UM: AGE		At least 3 yrs old
07/12/2022	FLUAD QUAD 2022-2023	*influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf*	ADD UM: AGE		At least 65 yrs old
07/12/2022	FLUBLOK QUAD 2022-2023	*influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf*	ADD UM: AGE		At least 18 yrs old
07/12/2022	FLUZONE HIGH-DOSE QUAD 2022-23	*influenza virus vaccine quadrival split 2022-23(65 yr up)/pf*	ADD UM: AGE		At least 65 yrs old

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/14/2022	NOVAVAX COVID-19 VACC,ADJ(EUA)	*covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/14/2022	NOVAVAX COVID-19 VACC,ADJ(EUA)	*covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
07/14/2022	NOVAVAX COVID-19 VACC,ADJ(EUA)	*covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
07/14/2022	NOVAVAX COVID-19 VACC,ADJ(EUA)	*covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf*	REMOVE UM: COV	Non Formulary	
07/16/2022	*lancing device*	*lancing device/lancets*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/16/2022	*lancing device*	*lancing device/lancets*	ADD UM: DRUGCLASS		Diabetic - Lancets
07/16/2022	*lancing device*	*lancing device/lancets*	ADD UM: PR		Preventive Medication
07/16/2022	CHILDREN'S CLARITIN	*loratadine*	ADD TO FORMULARY	Non-Formulary	Tier 0
07/16/2022	CHILDREN'S CLARITIN	*loratadine*	ADD UM: MAXQTYPERDAY		2.0 per day
07/16/2022	DRAMAMINE	*dimenhydrinate*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	SENSI-CARE	*zinc oxide/petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	ROBAFEN DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	ROBAFEN DM	*guaifenesin/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	*vitamin k2 (menaquinone-4)*	*vitamin k2 (menatetrenone, mk-4)*	REMOVE FROM FORMULARY		Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/16/2022	LUDEN'S	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	*dramamine non-drowsy*	*ginger*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	*valerian extract*	*valerian root/valerian root extract*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	DEBROX SWIMMER'S EAR	*isopropyl alcohol in glycerin*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	SUMMER'S EVE ACTIVE CHAFE	*dimethicone*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	*carepoint luer lock*	*syringe with needle,disposable, 3 ml*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	*carepoint luer lock*	*syringe with needle,disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
07/16/2022	*mini pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/16/2022	*mini pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/16/2022	*bergacor*	*bergamot extract*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	*mini pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/16/2022	*mini pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
07/16/2022	*mini pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/16/2022	*mini pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
07/16/2022	CHLORASEPTIC WARMING	*benzocaine*	REMOVE FROM FORMULARY		Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/16/2022	KALE-QUINOA-BERRIES VEGAN	*nutritional supplement*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	CHICKEN-PEAS-CARROTS	*nutritional supplement*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	KALE-QUINOA-BERRIES VEGAN	*nutritional supplement*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/16/2022	CHICKEN-PEAS-CARROTS	*nutritional supplement*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/16/2022	ENFAMIL DHA-IN-SOL	*omega 3,6/dha/ara/schizochytrium algal/mortierella alpina*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	ENFAMIL DHA-IN-SOL	*omega 3,6/dha/ara/schizochytrium algal/mortierella alpina*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	ENFAMIL DHA-IN-SOL	*omega 3,6/dha/ara/schizochytrium algal/mortierella alpina*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/16/2022	ENFAMIL DHA-IN-SOL	*omega 3,6/dha/ara/schizochytrium algal/mortierella alpina*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/16/2022	GLUTALOEMINE	*glutamine/aloe vera leaf gel extract/licorice root/larch*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	T-150	*tyrosine/iodine/selenomethionine/algae/animal organ concentr*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	RELAXMAX	*magnesium malate/gaba/theanine/taurine/inositol*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	REGENEMAX PLUS	*biotin/choline/silicon*	REMOVE FROM FORMULARY		Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/16/2022	DIMENSION 3	*diindolylmethane/turmeric root extract/black pepper extract*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	ATP IGNITE	*mv-mn/folate/caffeine/acetylglutathione/amino acid/green tea*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	FEMQUIL	*vit b6/methyltetrahydrofolate/vit b12/mineral/herbal no.165*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	KERASAL FUNGAL NAIL RENEWAL	*urea/lactic acid/propylene glycol*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	KERASAL FUNGAL NAIL RENEWAL	*urea/lactic acid/propylene glycol*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	KERASAL MULTI-PURP NAIL REPAIR	*urea/lactic acid/propylene glycol*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	GOODY'S PM	*acetaminophen/diphenhydramine citrate*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	BC MAX STRENGTH	*aspirin/acetaminophen/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	BC MAX STRENGTH	*aspirin/acetaminophen/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	XYMOZYME	*enzymes,digestive*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	OMEGA MONOPURE	*omega-3 fatty acids/dha/epa/dpa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	NIX ULTRA REMOVAL	*mineral oil/dimethicone/permethrin*	REMOVE FROM FORMULARY		Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/16/2022	*caretouch luer slip syringe*	*syringe, disposable, 3 ml*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	*caretouch luer slip syringe*	*syringe, disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
07/16/2022	PKU START	*infant formula for pku no.6*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	PKU START	*infant formula for pku no.6*	ADD UM: DRUGCLASS		Metabolic Infant Formula
07/16/2022	RESTORE RENAL SUPPORT	*nutritional therapy, impaired renal function,lactose-free*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	RESTORE FUSION RENAL SUPPORT	*nutritional therapy, impaired renal function,lactose-free*	REMOVE FROM FORMULARY		Non-Formulary
07/16/2022	RESTORE RENAL SUPPORT	*nutritional therapy, impaired renal function,lactose-free*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/16/2022	RESTORE FUSION RENAL SUPPORT	*nutritional therapy, impaired renal function,lactose-free*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/16/2022	PROBIOMAX DAILY DF	*lactobacillus acidophilus,plantarum/bifido animalis,longum*	REMOVE FROM FORMULARY		Non-Formulary
07/18/2022	FEMQUIL	*vit b6/methyltetrahydrofolate/vit b12/mineral/herbal no.165*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/18/2022	REGENEMAX PLUS	*biotin/choline/silicon*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/18/2022	ATP IGNITE	*mv-mn/folate/caffeine/acetylglutathione/amino acid/green tea*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/18/2022	DIMENSION 3	*diindolylmethane/turmeric root extract/black pepper extract*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/18/2022	RELAXMAX	*magnesium malate/gaba/theanine/taurine/inositol*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/18/2022	T-150	*tyrosine/iodine/selenomethionine/algae/animal organ concentr*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/18/2022	GLUTALOEMINE	*glutamine/aloe vera leaf gel extract/licorice root/larch*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/18/2022	*clindamycin phosphate-d5w*	*clindamycin phosphate/dextrose 5 % in water*	CHANGE TIER		Generics
07/18/2022	*clindamycin phosphate-d5w*	*clindamycin phosphate/dextrose 5 % in water*	CHANGE UM: MED		Medical Drug
07/18/2022	QSYMIA	*phentermine hcl/topiramate*	CHANGE UM: AGE	At least 18 yrs old	At least 12 yrs old
07/18/2022	QSYMIA	*phentermine hcl/topiramate*	CHANGE UM: AGE	At least 18 yrs old	At least 12 yrs old
07/18/2022	QSYMIA	*phentermine hcl/topiramate*	CHANGE UM: AGE	At least 18 yrs old	At least 12 yrs old
07/18/2022	QSYMIA	*phentermine hcl/topiramate*	CHANGE UM: AGE	At least 18 yrs old	At least 12 yrs old
07/19/2022	VIVJOA	*oteseconazole*	REMOVE FROM FORMULARY		Non-Formulary
07/19/2022	VIVJOA	*oteseconazole*	ADD UM: COV		FDA Moratorium
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	*iodixanol*	*iodixanol*	ADD TO FORMULARY		Non-Preferred Brands
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/19/2022	*iodixanol*	*iodixanol*	ADD UM: MED		Medical Drug
07/19/2022	SUPREP	*sodium sulfate/potassium sulfate/magnesium sulfate*	ADD UM: B4G		Brand For Generic
07/19/2022	GLEOLAN	*aminolevulinic acid hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/19/2022	GLEOLAN	*aminolevulinic acid hcl*	ADD UM: COV		Non Formulary
07/19/2022	GLEOLAN	*aminolevulinic acid hcl*	ADD UM: MED		Medical Drug
07/19/2022	MILLIPRED	*prednisolone*	CHANGE TIER		Generics
07/19/2022	*sod sulf-potass sulf-mag sulf*	*sodium sulfate/potassium sulfate/magnesium sulfate*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2022	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY		Non-Formulary
07/19/2022	DYANAVEL XR	*amphetamine*	ADD UM: DRUGCLASS		ADD Drugs
07/19/2022	DYANAVEL XR	*amphetamine*	ADD UM: COV		FDA Moratorium
07/19/2022	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY		Non-Formulary
07/19/2022	DYANAVEL XR	*amphetamine*	ADD UM: DRUGCLASS		ADD Drugs
07/19/2022	DYANAVEL XR	*amphetamine*	ADD UM: COV		FDA Moratorium
07/19/2022	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY		Non-Formulary
07/19/2022	DYANAVEL XR	*amphetamine*	ADD UM: DRUGCLASS		ADD Drugs
07/19/2022	DYANAVEL XR	*amphetamine*	ADD UM: COV		FDA Moratorium
07/19/2022	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY		Non-Formulary
07/19/2022	DYANAVEL XR	*amphetamine*	ADD UM: DRUGCLASS		ADD Drugs
07/19/2022	DYANAVEL XR	*amphetamine*	ADD UM: COV		FDA Moratorium
07/19/2022	LEUKERAN	*chlorambucil*	CHANGE TIER		Non-Preferred Brands
07/19/2022	LEUKERAN	*chlorambucil*	CHANGE UM: DRUGCLASS		Antineoplastics/Chemo
07/19/2022	LEUKERAN	*chlorambucil*	CHANGE UM: SPECIALTY		Specialty Drug
07/19/2022	MYLERAN	*busulfan*	CHANGE TIER		Non-Preferred Brands
07/19/2022	MYLERAN	*busulfan*	CHANGE UM: DRUGCLASS		Antineoplastics/Chemo
07/19/2022	MYLERAN	*busulfan*	CHANGE UM: SPECIALTY		Specialty Drug
07/19/2022	TABLOID	*thioguanine*	CHANGE TIER		Non-Preferred Brands

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/19/2022	TABLOID	*thioguanine*	CHANGE UM: DRUGCLASS		Antineoplastics/Chemo
07/19/2022	TABLOID	*thioguanine*	CHANGE UM: SPECIALTY		Specialty Drug
07/19/2022	FLECTOR	*diclofenac epolamine*	REMOVE UM: MVB	Minimal Value Brand	
07/19/2022	FLECTOR	*diclofenac epolamine*	REMOVE UM: SBA	Select Brand Alternative	
07/19/2022	LIALDA	*mesalamine*	REMOVE UM: SBA	Select Brand Alternative	
07/19/2022	*sod sulf-potass sulf-mag sulf*	*sodium sulfate/potassium sulfate/magnesium sulfate*	REMOVE FROM FORMULARY	Generics	Non-Formulary
07/19/2022	*sod sulf-potass sulf-mag sulf*	*sodium sulfate/potassium sulfate/magnesium sulfate*	ADD UM: QUANTITY		354 / fill
07/19/2022	*sod sulf-potass sulf-mag sulf*	*sodium sulfate/potassium sulfate/magnesium sulfate*	ADD UM: COV		FDA Moratorium
07/19/2022	NAPRELAN	*naproxen sodium*	REMOVE UM: SBA	Select Brand Alternative	
07/19/2022	NAPRELAN	*naproxen sodium*	REMOVE UM: SBA	Select Brand Alternative	
07/19/2022	TACLONEX	*calcipotriene/betamethasone dipropionate*	REMOVE UM: SBA	Select Brand Alternative	
07/19/2022	TARGRETIN	*bexarotene*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
07/21/2022	*assure haemolance plus*	*blade lancet, safety*	ADD UM: PR		Preventive Medication
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*testosterone cypionate micro*	*testosterone cypionate, micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate micro*	*testosterone cypionate, micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate micro*	*testosterone cypionate, micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate micro*	*testosterone cypionate, micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate micro*	*testosterone cypionate, micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate micro*	*testosterone cypionate, micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol*	*estriol*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol*	*estriol*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol*	*estriol*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol*	*estriol*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone enanthate*	*testosterone enanthate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone enanthate*	*testosterone enanthate*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone enanthate*	*testosterone enanthate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone enanthate*	*testosterone enanthate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone enanthate*	*testosterone enanthate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone enanthate*	*testosterone enanthate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*estriol*	*estriol*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*methyltestosteron e*	*methyltestosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone enanthate*	*testosterone enanthate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone enanthate*	*testosterone enanthate*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*estriol micronized*	*estriol micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone*	*testosterone*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone propionate*	*testosterone propionate*	REMOVE UM: GENDER	Male	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone micronized*	*testosterone micronized*	REMOVE UM: GENDER	Male	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*progesterone micronized*	*progesterone, micronized*	REMOVE UM: GENDER	Female	
07/21/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: GENDER	Male	
07/21/2022	*estriol*	*estriol*	REMOVE UM: GENDER	Female	
07/21/2022	ACD-A	*dextrose-water/sodium citrate/citric acid*	ADD UM: MED		Medical Drug
07/21/2022	ACD-A	*dextrose-water/sodium citrate/citric acid*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	ACD-A	*dextrose-water/sodium citrate/citric acid*	ADD UM: COV		Non Formulary
07/21/2022	ACD-A	*dextrose-water/sodium citrate/citric acid*	ADD UM: COV		Non Formulary
07/21/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	ADD UM: PANAME		PA Applies
07/21/2022	*choline bitartrate*	*choline bitartrate*	ADD TO FORMULARY		Non-Preferred Brands
07/21/2022	*safetyglide insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/21/2022	*safetyglide insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/21/2022	*safetyglide insulin syringe*	*syringe with needle, insulin, safety, 1 ml*	ADD UM: PR		Preventive Medication
07/21/2022	*alfentanil hcl*	*alfentanil hcl*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	*alfentanil hcl*	*alfentanil hcl*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	*sufentanil citrate*	*sufentanil citrate*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	NITROPRESS	*nitroprusside sodium*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	*sodium phenylbutyrate*	*sodium phenylbutyrate*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	ACD-A	*dextrose-water/sodium citrate/citric acid*	REMOVE UM: COV		
07/21/2022	SENSORCAINE-MPF	*bupivacaine hcl/pf*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	ALBURX	*albumin human*	CHANGE TIER	Non-Preferred Brands	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2022	ALBURX	*albumin human*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	ALBURX	*albumin human*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	ALBURX	*albumin human*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	*ibuprofen lysine*	*ibuprofen lysine/pf*	CHANGE TIER		Generics
07/21/2022	LORZONE	*chlorzoxazone*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	SENSORCAINE-MPF EPINEPHRINE	*bupivacaine hcl/epinephrine/pf*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	SENSORCAINE-MPF EPINEPHRINE	*bupivacaine hcl/epinephrine/pf*	CHANGE TIER	Non-Preferred Brands	Generics
07/21/2022	*sumatriptan succinate*	*sumatriptan succinate*	CHANGE TIER		Generics
07/21/2022	*sumatriptan succinate*	*sumatriptan succinate*	CHANGE UM: DRUGCLASS		Imitrex Injectable w/Std Qty Limit
07/22/2022	*techna 10 sf troche base*	*troche base no.245*	ADD TO FORMULARY		Non-Preferred Brands
07/22/2022	*techna 10 sf troche base*	*troche base no.245*	ADD TO FORMULARY		Non-Preferred Brands
07/22/2022	*techna 10 sf troche base*	*troche base no.245*	ADD TO FORMULARY		Non-Preferred Brands
07/22/2022	*techna 10 sf troche base*	*troche base no.245*	ADD TO FORMULARY		Non-Preferred Brands
07/22/2022	*techna 10 sf troche base*	*troche base no.245*	ADD TO FORMULARY		Non-Preferred Brands
07/22/2022	SOMINEX MAX STRENGTH	*diphenhydramine hcl*	REMOVE FROM FORMULARY		Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/22/2022	GOODY'S HANGOVER	*aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
07/22/2022	GOODY'S HANGOVER	*aspirin/caffeine*	REMOVE FROM FORMULARY		Non-Formulary
07/22/2022	CHILDREN'S ALLERGY	*fexofenadine hcl*	ADD TO FORMULARY		Tier 0
07/22/2022	CHILDREN'S ALLERGY	*fexofenadine hcl*	ADD UM: MAXQTYPERDAY		10.0 per day
07/22/2022	*unifine safecontrol*	*pen needle, diabetic disposable, safety*	ADD TO FORMULARY		Preferred Brands
07/22/2022	*unifine safecontrol*	*pen needle, diabetic disposable, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/22/2022	*unifine safecontrol*	*pen needle, diabetic disposable, safety*	ADD UM: PR		Preventive Medication
07/22/2022	*safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
07/22/2022	*safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/22/2022	*safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
07/22/2022	PHAZYME	*simethicone*	REMOVE FROM FORMULARY		Non-Formulary
07/22/2022	SUCRETS SORE THROAT-COUGH	*dyclonine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
07/22/2022	PROBIOMAX SB DF	*l.acidophilus/l.plantarum/b.animalis/b.longum/s.boulardii*	REMOVE FROM FORMULARY		Non-Formulary
07/22/2022	CHILDREN'S MULTIVITAMIN GUMMY	*pediatric multivitamin no.209*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/22/2022	CHILDREN'S MULTIVITAMIN GUMMY	*pediatric multivitamin no.209*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/22/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/22/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/22/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/22/2022	BILAC	*lactobacillus acidophilus/bifidobacterium animalis*	REMOVE FROM FORMULARY		Non-Formulary
07/22/2022	BILAC	*lactobacillus acidophilus/bifidobacterium animalis*	ADD UM: COV		Non Formulary
07/22/2022	BILAC	*lactobacillus acidophilus/bifidobacterium animalis*	ADD UM: NFDA		Non-FDA Approved
07/22/2022	FLOSEAL	*thrombin(human plasma derived)/gelatin matrix, bovine*	REMOVE FROM FORMULARY		Non-Formulary
07/22/2022	FLOSEAL	*thrombin(human plasma derived)/gelatin matrix, bovine*	ADD UM: COV		Non Formulary
07/22/2022	FLOSEAL	*thrombin(human plasma derived)/gelatin matrix, bovine*	ADD UM: MED		Medical Drug
07/22/2022	BILAC	*lactobacillus acidophilus/bifidobacterium animalis*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/22/2022	*venlafaxine besylate er*	*venlafaxine besylate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/22/2022	*venlafaxine besylate er*	*venlafaxine besylate*	ADD UM: COV		FDA Moratorium
07/25/2022	HUMIRA(CF) PEDIATRIC CROHN'S	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL SURECLICK	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	OTEZLA	*apremilast*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA(CF)	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RITUXAN	*rituximab*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs
07/25/2022	ENBREL SURECLICK	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	CIBINQO	*abrocitinib*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SIMPONI ARIA	*golimumab*	CHANGE UM: DRUGCLASS	Injectables	Autoimmune Drugs
07/25/2022	RIABNI	*rituximab-arrx*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs
07/25/2022	SKYRIZI	*risankizumab-rzaa*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	KEVZARA	*sarilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RINVOQ	*upadacitinib*	ADD UM: DRUGCLASS		Autoimmune Drugs

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/25/2022	KEVZARA	*sarilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	TREMFYA	*guselkumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RITUXAN HYCELA	*rituximab/hyaluronidase, human recombinant*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs
07/25/2022	XELJANZ XR	*tofacitinib citrate*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA(CF) PEDIATRIC CROHN'S	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENTYVIO	*vedolizumab*	CHANGE UM: DRUGCLASS	Injectables	Autoimmune Drugs
07/25/2022	HUMIRA(CF) PEN	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RINVOQ	*upadacitinib*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RUXIENCE	*rituximab-pvvr*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs
07/25/2022	TALTZ AUTOINJECTOR (2 PACK)	*ixekizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	AVSOLA	*infliximab-axxq*	CHANGE UM: DRUGCLASS	Injectables	Autoimmune Drugs
07/25/2022	ENBREL SURECLICK	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RITUXAN	*rituximab*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs
07/25/2022	TREMFYA	*guselkumab*	ADD UM: DRUGCLASS		Autoimmune Drugs

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/25/2022	ENBREL SURECLICK	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SIMPONI	*golimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	XELJANZ XR	*tofacitinib citrate*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SIMPONI	*golimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SILIQ	*brodalumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SILIQ	*brodalumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	TALTZ AUTOINJECTOR	*ixekizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ACTEMRA	*tocilizumab*	CHANGE UM: DRUGCLASS	Injectables	Autoimmune Drugs
07/25/2022	RINVOQ	*upadacitinib*	ADD UM: DRUGCLASS		Autoimmune Drugs

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/25/2022	XELJANZ XR	*tofacitinib citrate*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ADBRY	*tralokinumab-ldrm*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ACTEMRA	*tocilizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RITUXAN	*rituximab*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs
07/25/2022	ORENCIA	*abatacept/maltose*	CHANGE UM: DRUGCLASS	Injectables	Autoimmune Drugs
07/25/2022	OTEZLA	*apremilast*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	KEVZARA	*sarilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	CIBINQO	*abrocitinib*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	KINERET	*anakinra*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA PEN	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	TALTZ AUTOINJECTOR (3 PACK)	*ixekizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA PEN PSOR-UVEITS-ADOL HS	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA PEN CROHN'S-UC-HS	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ORENCIA CLICKJECT	*abatacept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA PEN	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA PEN	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	XELJANZ	*tofacitinib citrate*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	TALTZ AUTOINJECTOR	*ixekizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ACTEMRA	*tocilizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	TALTZ SYRINGE	*ixekizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL MINI	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RINVOQ	*upadacitinib*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RUXIENCE	*rituximab-pvvr*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs
07/25/2022	HUMIRA(CF)	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	KINERET	*anakinra*	ADD UM: DRUGCLASS		Autoimmune Drugs

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/25/2022	SKYRIZI PEN	*risankizumab-rzaa*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ACTEMRA ACTPEN	*tocilizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	OTEZLA	*apremilast*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	OTEZLA	*apremilast*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ZEPOSIA	*ozanimod hydrochloride*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	TALTZ SYRINGE	*ixekizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA(CF) PEN	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RITUXAN HYCELA	*rituximab/hyaluronidase, human recombinant*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs
07/25/2022	CIBINQO	*abrocitinib*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SIMPONI	*golimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SIMPONI	*golimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	RIABNI	*rituximab-arrx*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs
07/25/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	TYSABRI	*natalizumab*	CHANGE UM: DRUGCLASS	Injectables	Autoimmune Drugs
07/25/2022	ZEPOSIA	*ozanimod hydrochloride*	ADD UM: DRUGCLASS		Autoimmune Drugs

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/25/2022	OTEZLA	*apremilast*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ZEPOSIA	*ozanimod hydrochloride*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	OTEZLA	*apremilast*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL MINI	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL MINI	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL MINI	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	CIMZIA	*certolizumab pegol*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SKYRIZI	*risankizumab-rzaa*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	XELJANZ	*tofacitinib citrate*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	XELJANZ	*tofacitinib citrate*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ZEPOSIA	*ozanimod hydrochloride*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ZEPOSIA	*ozanimod hydrochloride*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/25/2022	HUMIRA(CF) PEN PEDIATRIC UC	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA(CF) PEN CROHN'S-UC-HS	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	HUMIRA(CF) PEN	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ENBREL	*etanercept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SKYRIZI	*risankizumab-rzaa*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	SKYRIZI (2 SYRINGES) KIT	*risankizumab-rzaa*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	OTEZLA	*apremilast*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ORENCIA	*abatacept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	INFLECTRA	*infliximab-dyyb*	CHANGE UM: DRUGCLASS	Injectables	Autoimmune Drugs
07/25/2022	CIMZIA	*certolizumab pegol*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ORENCIA	*abatacept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ACTEMRA	*tocilizumab*	CHANGE UM: DRUGCLASS	Injectables	Autoimmune Drugs
07/25/2022	HUMIRA(CF) PEN	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	TRUXIMA	*rituximab-abbs*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/25/2022	HUMIRA(CF) PEN PSOR-UV-ADOL HS	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	KEVZARA	*sarilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	XELJANZ	*tofacitinib citrate*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	TRUXIMA	*rituximab-abbs*	CHANGE UM: DRUGCLASS	Antineoplastics/Chemo	Autoimmune Drugs
07/25/2022	STELARA	*ustekinumab*	CHANGE UM: DRUGCLASS	Injectables	Autoimmune Drugs
07/25/2022	HUMIRA(CF)	*adalimumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	STELARA	*ustekinumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	OTEZLA	*apremilast*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	ACTEMRA	*tocilizumab*	CHANGE UM: DRUGCLASS	Injectables	Autoimmune Drugs
07/25/2022	ORENCIA	*abatacept*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	STELARA	*ustekinumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	CIMZIA	*certolizumab pegol*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/25/2022	STELARA	*ustekinumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	REMOVE UM: COV	Non Formulary	
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	REMOVE UM: COV	Non Formulary	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	REMOVE UM: COV	Non Formulary	
07/26/2022	TAUVID	*flortaucipir f-18*	REMOVE FROM FORMULARY		Non-Formulary
07/26/2022	TAUVID	*flortaucipir f-18*	ADD UM: COV		Non Formulary
07/26/2022	TAUVID	*flortaucipir f-18*	ADD UM: MED		Medical Drug
07/26/2022	TAUVID	*flortaucipir f-18*	REMOVE FROM FORMULARY		Non-Formulary
07/26/2022	TAUVID	*flortaucipir f-18*	ADD UM: COV		Non Formulary
07/26/2022	TAUVID	*flortaucipir f-18*	ADD UM: MED		Medical Drug
07/26/2022	TEMBEXA	*brincidofovir*	REMOVE FROM FORMULARY		Non-Formulary
07/26/2022	TEMBEXA	*brincidofovir*	ADD UM: COV		FDA Moratorium
07/26/2022	TEMBEXA	*brincidofovir*	REMOVE FROM FORMULARY		Non-Formulary
07/26/2022	TEMBEXA	*brincidofovir*	ADD UM: COV		FDA Moratorium
07/26/2022	TEMBEXA	*brincidofovir*	REMOVE FROM FORMULARY		Non-Formulary
07/26/2022	TEMBEXA	*brincidofovir*	ADD UM: COV		FDA Moratorium
07/26/2022	TEMBEXA	*brincidofovir*	REMOVE FROM FORMULARY		Non-Formulary
07/26/2022	TEMBEXA	*brincidofovir*	ADD UM: COV		FDA Moratorium
07/26/2022	TAUVID	*flortaucipir f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/26/2022	TAUVID	*flortaucipir f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics
07/26/2022	TPOXX (NATIONAL STOCKPILE)	*tecovirimat*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2022	TPOXX (NATIONAL STOCKPILE)	*tecovirimat*	ADD UM: COV		Non Formulary
07/26/2022	TPOXX (NATIONAL STOCKPILE)	*tecovirimat*	ADD UM: MED		Medical Drug
07/26/2022	TPOXX (NATIONAL STOCKPILE)	*tecovirimat*	REMOVE FROM FORMULARY		Non-Formulary
07/26/2022	TPOXX (NATIONAL STOCKPILE)	*tecovirimat*	ADD UM: COV		Non Formulary
07/26/2022	TPOXX (NATIONAL STOCKPILE)	*tecovirimat*	ADD UM: MED		Medical Drug
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
07/26/2022	*true comfort pro pen needle*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
07/26/2022	*true comfort pen needle*	*pen needle, diabetic*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/26/2022	*true comfort pen needle*	*pen needle, diabetic*	REMOVE UM: COV	Non Formulary	
07/26/2022	*true comfort pen needle*	*pen needle, diabetic*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/26/2022	*true comfort pen needle*	*pen needle, diabetic*	REMOVE UM: COV	Non Formulary	
07/26/2022	*true comfort pen needle*	*pen needle, diabetic*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/26/2022	*true comfort pen needle*	*pen needle, diabetic*	REMOVE UM: COV	Non Formulary	
07/26/2022	*lamotrigine*	*lamotrigine*	ADD TO FORMULARY	Non-Formulary	Generics
07/26/2022	*lamotrigine*	*lamotrigine*	ADD UM: NTI		Narrow Therapeutic Indicator
07/26/2022	QUARTETTE	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: QUANTITY		91 days
07/26/2022	*levonorgestrel-eth estradiol*	*levonorgestrel/ethinyl estradiol*	ADD UM: QUANTITY		91 days
07/26/2022	*levonorgestrel-eth estradiol*	*levonorgestrel/ethinyl estradiol*	ADD UM: QUANTITY		91 days

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/26/2022	*levonorgestrel-eth estradiol*	*levonorgestrel/ethinyl estradiol*	ADD UM: QUANTITY		91 days
07/26/2022	*levonorgestrel-eth estradiol*	*levonorgestrel/ethinyl estradiol*	ADD UM: QUANTITY		91 days
07/26/2022	*levonorgestrel-eth estradiol*	*levonorgestrel/ethinyl estradiol*	ADD UM: QUANTITY		91 days
07/26/2022	TAKE ACTION	*levonorgestrel*	ADD UM: QUANTITY		2 / 30 days
07/26/2022	MY WAY	*levonorgestrel*	ADD UM: QUANTITY		2 / 30 days
07/26/2022	TAKE ACTION	*levonorgestrel*	ADD UM: QUANTITY		2 / 30 days
07/26/2022	AMETHYST	*levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol*	REMOVE UM: MAXQTYPERDAY	1 per day	
07/26/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: MAXQTYPERDAY	1 per day	
07/26/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: MAXQTYPERDAY	1 per day	
07/26/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: MAXQTYPERDAY	1 per day	
07/26/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: MAXQTYPERDAY	1 per day	
07/26/2022	*accutrend plus*	*cholesterol and blood glucose meter*	ADD UM: DRUGCLASS		Excluded Products
07/26/2022	*accutrend plus*	*cholesterol and blood glucose meter*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
07/28/2022	*ascorbic acid,vitamin c*	*ascorbic acid*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*vitamin c*	*ascorbic acid*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*vitamin c with rose hips*	*ascorbic acid*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/28/2022	*vitamin c with rose hips*	*ascorbic acid,ascorbic acid/ascorbate sodium*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*calcium ascorbate,vitamin c*	*ascorbate calcium*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*vitamin c*	*ascorbic acid*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*vitamin c*	*ascorbic acid,ascorbic acid/ascorbate sodium*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*vitamin c*	*ascorbate calcium,ascorbic acid*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*vitamin c*	*ascorbic acid*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*vitamin c*	*ascorbic acid*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*vitamin c with rose hips*	*ascorbic acid*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	ACNE CLEANSING BAR	*benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
07/28/2022	BPO	*benzoyl peroxide*	ADD UM: DRUGCLASS		Acne
07/28/2022	*blood pressure monitor*	*blood pressure test kit-wrist*	ADD UM: DRUGCLASS		Blood Pressure Supplies
07/28/2022	*blood pressure monitor*	*blood pressure test kit-wrist*	ADD UM: DRUGCLASS		Blood Pressure Supplies
07/28/2022	*blood pressure monitor*	*blood pressure test kit-wrist*	ADD UM: DRUGCLASS		Blood Pressure Supplies
07/28/2022	HAIR REGROWTH TREATMENT	*minoxidil*	ADD UM: DRUGCLASS		Hair Growth Stimulants

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/28/2022	HAIR REGROWTH TREATMENT	*minoxidil*	ADD UM: DRUGCLASS		Hair Growth Stimulants
07/28/2022	*new image flextend*	*ostomy supply*	ADD UM: DRUGCLASS		Ostomy Supplies
07/28/2022	*curity amd*	*polyhexamethylene biguanide/gauze bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
07/28/2022	*syringe*	*syringe, disposable, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
07/28/2022	*syringe*	*syringe, disposable, 5 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
07/28/2022	*gauze pads*	*gauze bandage*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
07/28/2022	*aquacel-ag advantage*	*silver/hydrocolloid dressing*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
07/28/2022	*premier drainable pouch*	*colostomy bags*	ADD UM: DRUGCLASS		Ostomy Supplies
07/28/2022	*calcium 600-vit d3*	*calcium carbonate/cholecalciferol (vitamin d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*b complex with b-12*	*vit b2/niacinamide/pyridoxine hcl (b6)/vit b12/dexpanthenol*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*vitamin b complex*	*vitamin b complex*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	SKYRIZI	*risankizumab-rzaa*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/28/2022	SKYRIZI	*risankizumab-rzaa*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/28/2022	SKYRIZI	*risankizumab-rzaa*	ADD UM: SDS		Extended Specialty Day Supply
07/28/2022	SKYRIZI	*risankizumab-rzaa*	REMOVE UM: COV	FDA Moratorium	
07/28/2022	SKYRIZI	*risankizumab-rzaa*	ADD UM: PS		Preferred Specialty
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: PANAME		PA Applies
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: SDS		Extended Specialty Day Supply
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	REMOVE UM: COV	FDA Moratorium	
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: PS		Preferred Specialty
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: PANAME		PA Applies
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: SDS		Extended Specialty Day Supply
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	REMOVE UM: COV	FDA Moratorium	
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: PS		Preferred Specialty

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/28/2022	*air warming mask,airs pediatric disposable mask,barrier,barrier n-95,cone masks,dust & pollen filter mask,dust-mist respirator mask,ear-loop mask,earloop masks,face mask,germ filter protective mask,johnson & johnson filter mask,micropore air wrming fltr mask,micropore germ filter mask,micropore pollen filter mask,nexcare all purpose mask,pillow mask,procedural face masks,sof-loop,surgine,surgine ii*	*facial mask*	REMOVE UM: DRUGCLASS		
07/28/2022	*self-cath*	*catheter,medical supply, miscellaneous*	CHANGE UM: DRUGCLASS		Miscellaneous Medical Supplies
07/28/2022	*syringe with needle disp*	*syringe with needle,disposable, 1 ml*	ADD UM: DRUGCLASS		Tuberculine Syringes
07/28/2022	*monoject pharmacy tray*	*syringe, disposable, 1 ml*	ADD UM: DRUGCLASS		Tuberculine Syringes

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/28/2022	*calcium 500 + vit d,calcium 500-vit d3,oyster shell calcium w-vit d*	*calcium carbonate/cholecalciferol (vitamin d3)*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
07/28/2022	*kangaroo gravity set*	*feeder container with gravity set*	CHANGE UM: DRUGCLASS		Miscellaneous Medical Supplies
07/28/2022	SKYRIZI	*risankizumab-rzaa*	ADD UM: MAXQTYPERDAY		0.72 per day
07/28/2022	SKYRIZI ON-BODY	*risankizumab-rzaa*	ADD UM: MAXQTYPERDAY		0.043 per day
07/29/2022	*niacin flush-free*	*niacin (inositol niacinate)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/29/2022	*niacin inositol*	*niacin (inositol niacinate)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
07/29/2022	*heparin flush*	*heparin sodium,porcine/pf*	REMOVE UM: PR	Preventive Medication	
07/29/2022	*heparin flush*	*heparin sodium,porcine/pf*	REMOVE UM: PR	Preventive Medication	
07/29/2022	*heparin lock*	*heparin sodium,porcine*	REMOVE UM: PR	Preventive Medication	
07/29/2022	*zinc*	*vitamin a/ascorbic acid/zinc/propolis (bee glue)*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
07/29/2022	*zinc*	*vitamin a/ascorbic acid/zinc/propolis (bee glue)*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
07/29/2022	*ergocalciferol*	*ergocalciferol (vitamin d2)*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
07/29/2022	*zinc*	*vitamin a/ascorbic acid/zinc/propolis (bee glue)*	REMOVE UM: DRUGCLASS	Vitamins (Not Prenatal)	
07/29/2022	*dover latex foley catheter*	*catheter*	CHANGE UM: DRUGCLASS		Ostomy Supplies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/29/2022	MILLIPRED	*prednisolone*	CHANGE UM: MVB		Minimal Value Brand
07/30/2022	SYSTANE COMPLETE PF	*propylene glycol/pf*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	SYSTANE COMPLETE PF	*propylene glycol/pf*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	SYSTANE COMPLETE PF	*propylene glycol/pf*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ASTEPRO ALLERGY	*azelastine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ASTEPRO ALLERGY	*azelastine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ASTEPRO ALLERGY	*azelastine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ASTEPRO ALLERGY	*azelastine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	CHILDREN'S ASTEPRO ALLERGY	*azelastine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	CHILDREN'S ASTEPRO ALLERGY	*azelastine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	CHILDREN'S ASTEPRO ALLERGY	*azelastine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ASTEPRO ALLERGY	*azelastine hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
07/30/2022	ASTEPRO ALLERGY	*azelastine hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
07/30/2022	ASTEPRO ALLERGY	*azelastine hcl*	ADD UM: MAXQTYPERDAY		2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/30/2022	ASTEPRO ALLERGY	*azelastine hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
07/30/2022	CHILDREN'S ASTEPRO ALLERGY	*azelastine hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
07/30/2022	CHILDREN'S ASTEPRO ALLERGY	*azelastine hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
07/30/2022	CHILDREN'S ASTEPRO ALLERGY	*azelastine hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
07/30/2022	LUDEN'S	*pectin*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	SELSUN BLUE	*selenium sulfide*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	GOLD BOND ORIGINAL STRENGTH	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	GOLD BOND ORIGINAL STRENGTH	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	GOLD BOND CRACKED FOOT	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	GOLD BOND MEDICATED ECZEMA RLF	*colloidal oatmeal*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	GOLD BOND MEDICATED ECZEMA RLF	*colloidal oatmeal*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	REALLIEF GEL-I	*methyl salicylate/menthol/camphor*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/30/2022	GOLD BOND ORIGINAL STRENGTH	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ICY HOT MAX	*lidocaine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	GOLD BOND MEDICATED PAIN-ITCH	*lidocaine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ASPERCREME ARTHRITIS PAIN	*diclofenac sodium*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ASPERCREME ARTHRITIS PAIN	*diclofenac sodium*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ASPERCREME ARTHRITIS PAIN	*diclofenac sodium*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	UNISOM SLEEPMINIS	*diphenhydramine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	SELSUN BLUE 3-IN-1	*salicylic acid*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	COMPOUND W DUAL POWER	*salicylic acid*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	LITTLE REMEDIES SORE THROAT	*pectin*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	LITTLE REMEDIES NEW BABY	*acetaminophen/simethicone/ sod chlor/zinc/ginger/fennel*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ROLAIDS EXTRA STRENGTH	*calcium carbonate/magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	ROLAIDS EXTRA STRENGTH	*calcium carbonate/magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/30/2022	FLORASTORBA BY	*saccharomyces boulardii*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	PROBIOMAX DF	*lactobacillus acidophilus,plantarum/bifido animalis,longum*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	DERMOPLAST KIDS	*benzocaine/benzethonium chloride*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	*dramamine ginger*	*ginger root extract*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	OPTIMAG 125	*magnesium malate, magnesium amino acid chelate*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	*compound w*	*cryotherapy wart removal device*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	*pill crusher and container*	*medical supply, miscellaneous*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	*compound w*	*cryotherapy wart removal device*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
07/30/2022	*pill crusher and container*	*medical supply, miscellaneous*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
07/30/2022	METHYL PROTECT	*mecobalamin/folate no.11/pyridoxal/vit b2/betaine*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	METHYL PROTECT	*mecobalamin/folate no.11/pyridoxal/vit b2/betaine*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
07/30/2022	OPTIMAG NEURO	*magnesium malate, threonate, amino acid chelate*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	TASCENSO ODT	*fingolimod lauryl sulfate*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/30/2022	TASCENSO ODT	*fingolimod lauryl sulfate*	ADD UM: COV		FDA Moratorium
07/30/2022	TASCENSO ODT	*fingolimod lauryl sulfate*	ADD UM: SPECIALTY		Specialty Drug
07/30/2022	*ammonia n-13*	*ammonia n-13*	REMOVE FROM FORMULARY		Non-Formulary
07/30/2022	*ammonia n-13*	*ammonia n-13*	ADD UM: COV		Non Formulary
07/30/2022	*ammonia n-13*	*ammonia n-13*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

August, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2022	FLUMIST QUAD 2022-2023	*influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)*	ADD TO FORMULARY		Preferred Brands
08/02/2022	FLUMIST QUAD 2022-2023	*influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)*	ADD UM: AGE		2 to 49 yrs old
08/02/2022	FLUMIST QUAD 2022-2023	*influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)*	ADD UM: QPBU		AAVAC1 | HCR Vaccines
08/02/2022	FLUMIST QUAD 2022-2023	*influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)*	ADD UM: DRUGCLASS		Immunization/Vaccines
08/02/2022	FLUMIST QUAD 2022-2023	*influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)*	ADD UM: CUSTOM		HCR: Age edits may apply. One fill per year.
08/02/2022	QWO	*collagenase clostridium histolyticum-aaes*	REMOVE FROM FORMULARY		Non-Formulary
08/02/2022	QWO	*collagenase clostridium histolyticum-aaes*	ADD UM: DRUGCLASS		Cosmetic Preps
08/02/2022	QWO	*collagenase clostridium histolyticum-aaes*	ADD UM: COV		Non Formulary
08/02/2022	QWO	*collagenase clostridium histolyticum-aaes*	ADD UM: SPECIALTY		Specialty Drug
08/02/2022	QWO	*collagenase clostridium histolyticum-aaes*	ADD UM: MED		Medical Drug
08/02/2022	QWO	*collagenase clostridium histolyticum-aaes*	REMOVE FROM FORMULARY		Non-Formulary
08/02/2022	QWO	*collagenase clostridium histolyticum-aaes*	ADD UM: DRUGCLASS		Cosmetic Preps

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2022	QWO	*collagenase clostridium histolyticum-aaes*	ADD UM: COV		Non Formulary
08/02/2022	QWO	*collagenase clostridium histolyticum-aaes*	ADD UM: SPECIALTY		Specialty Drug
08/02/2022	QWO	*collagenase clostridium histolyticum-aaes*	ADD UM: MED		Medical Drug
08/02/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY		Non-Formulary
08/02/2022	READI-CAT 2	*barium sulfate*	CHANGE UM: COV		Non Formulary
08/02/2022	READI-CAT 2	*barium sulfate*	CHANGE UM: NFDA		Non-FDA Approved
08/02/2022	VANILLA SILQ	*barium sulfate*	REMOVE FROM FORMULARY		Non-Formulary
08/02/2022	VANILLA SILQ	*barium sulfate*	ADD UM: DRUGCLASS		X-ray Diagnostics
08/02/2022	VANILLA SILQ	*barium sulfate*	ADD UM: COV		Non Formulary
08/02/2022	VANILLA SILQ	*barium sulfate*	ADD UM: NFDA		Non-FDA Approved
08/02/2022	*norethindrone-e.estradiol-iron*	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD TO FORMULARY		Generics
08/02/2022	*norethindrone-e.estradiol-iron*	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: GENDER		Female
08/02/2022	*norethindrone-e.estradiol-iron*	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
08/02/2022	*norethindrone-e.estradiol-iron*	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: DRUGCLASS		Contraceptives - Oral

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2022	*norethindrone-e.estradiol-iron*	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
08/02/2022	*carmustine*	*carmustine*	ADD TO FORMULARY		Generics
08/02/2022	*carmustine*	*carmustine*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/02/2022	*carmustine*	*carmustine*	ADD UM: SPECIALTY		Specialty Drug
08/02/2022	*carmustine*	*carmustine*	ADD UM: MED		Medical Drug
08/02/2022	*carmustine*	*carmustine*	ADD TO FORMULARY		Generics
08/02/2022	*carmustine*	*carmustine*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/02/2022	*carmustine*	*carmustine*	ADD UM: SPECIALTY		Specialty Drug
08/02/2022	*carmustine*	*carmustine*	ADD UM: MED		Medical Drug
08/02/2022	*carmustine*	*carmustine*	ADD TO FORMULARY		Generics
08/02/2022	*carmustine*	*carmustine*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/02/2022	*carmustine*	*carmustine*	ADD UM: SPECIALTY		Specialty Drug
08/02/2022	*carmustine*	*carmustine*	ADD UM: MED		Medical Drug
08/02/2022	*carmustine*	*carmustine*	ADD TO FORMULARY		Generics
08/02/2022	*carmustine*	*carmustine*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/02/2022	*carmustine*	*carmustine*	ADD UM: SPECIALTY		Specialty Drug
08/02/2022	*carmustine*	*carmustine*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/02/2022	CAPLYTA	*lumateperone tosylate*	ADD TO FORMULARY		Non-Preferred Brands
08/02/2022	CAPLYTA	*lumateperone tosylate*	ADD UM: MAXQTYPERDAY		1.0 per day
08/02/2022	CAPLYTA	*lumateperone tosylate*	ADD UM: AGE		At least 18 yrs old
08/02/2022	CAPLYTA	*lumateperone tosylate*	ADD UM: PANAME		PA Applies
08/02/2022	CAPLYTA	*lumateperone tosylate*	ADD UM: PR		Preventive Medication
08/02/2022	CAPLYTA	*lumateperone tosylate*	ADD TO FORMULARY		Non-Preferred Brands
08/02/2022	CAPLYTA	*lumateperone tosylate*	ADD UM: MAXQTYPERDAY		1.0 per day
08/02/2022	CAPLYTA	*lumateperone tosylate*	ADD UM: AGE		At least 18 yrs old
08/02/2022	CAPLYTA	*lumateperone tosylate*	ADD UM: PANAME		PA Applies
08/02/2022	CAPLYTA	*lumateperone tosylate*	ADD UM: PR		Preventive Medication
08/02/2022	INJECTAFER	*ferric carboxymaltose*	ADD TO FORMULARY		Non-Preferred Brands
08/02/2022	INJECTAFER	*ferric carboxymaltose*	ADD UM: BSP		BENEFIT SHIFT PROGRAM
08/02/2022	INJECTAFER	*ferric carboxymaltose*	ADD UM: SPECIALTY		Specialty Drug
08/03/2022	GLATOPA	*glatiramer acetate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
08/03/2022	GLATOPA	*glatiramer acetate*	ADD UM: MAXQTYPERDAY		1.0 per day
08/03/2022	GLATOPA	*glatiramer acetate*	ADD UM: PANAME		PA Applies
08/03/2022	GLATOPA	*glatiramer acetate*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/06/2022	*vitamin c*	*ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	*vitamin c*	*ascorbic acid*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/06/2022	*b-12*	*cyanocobalamin/cobamamide*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	*b-12*	*cyanocobalamin/cobamamide*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
08/06/2022	*lifestylecomfort socks*	*compression socks, x-large*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	*lifestylecomfort socks*	*compression socks, x-large*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/06/2022	CUTTER	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	CUTTER ALL FAMILY	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	CUTTER DRY	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	CUTTER	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	CUTTER SPORT	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	CUTTER SPORT	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	ROLAIDS ULTRA STRENGTH	*calcium carbonate/magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	ROLAIDS ULTRA STRENGTH	*calcium carbonate/magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/06/2022	ROLAIDS ULTRA STRENGTH	*calcium carbonate/magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	*pentips*	*pen needle, diabetic*	ADD TO FORMULARY		Preferred Brands
08/06/2022	*pentips*	*pen needle, diabetic*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
08/06/2022	*pentips*	*pen needle, diabetic*	ADD UM: PR		Preventive Medication
08/06/2022	FLORASTORSE LECT IMMUNITY BOOST	*saccharomyces boulardii/vitamin c/vitamin d3/zinc gluconate*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	FLORASTORSE LECT GUT BOOST	*saccharomyces boulardii/inulin*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	LUDEN'S	*menthol/pectin*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	*dramamine-n*	*ginger root extract*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	GOLD BOND ADVANCED HEALING	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	GOLD BOND MEDICATED ECZEMA RLF	*colloidal oatmeal*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	*sheer spot bandages*	*adhesive bandage*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	LITTLE REMEDIES GRIPE WTR D-N	*ginger root/fennel seed/chamomile flowers/lemon balm*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	GASTRACID	*pepsin/glutamic acid/betaine hcl/gentian root extract*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/06/2022	OPTICLEANSE GHI	*nutritional therapy for impaired digestive function*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	OPTICLEANSE GHI	*nutritional therapy for impaired digestive function*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/06/2022	FOURPAINRX	*lidocaine hcl/methyl salicylate/capsaicin/menthol*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	CLEAR EYES DRY ITCHY RELIEF	*glycerin*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	REMEDY NUTRASHIELD	*dimethicone*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	REMEDY NUTRASHIELD	*dimethicone*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	REMEDY NUTRASHIELD	*dimethicone*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	*clinitest covid-19 home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
08/06/2022	*clinitest covid-19 home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
08/06/2022	*clinitest covid-19 home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
08/06/2022	ALLERGY RELIEF	*cetirizine hcl*	ADD TO FORMULARY		Tier 0
08/06/2022	*dhea micronized*	*prasterone (dhea)*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	ENTADFI	*finasteride/tadalafil*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	ENTADFI	*finasteride/tadalafil*	ADD UM: COV		FDA Moratorium
08/06/2022	*eua patient assessment*	*eua patient assessment*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/06/2022	*eua patient assessment*	*eua patient assessment*	ADD UM: COV		Non Formulary
08/06/2022	*eua patient assessment*	*eua patient assessment*	ADD UM: NFDA		Non-FDA Approved
08/06/2022	*silinoin*	*silicone adhesive*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	*silinoin*	*silicone adhesive*	ADD UM: COV		Non Formulary
08/06/2022	*silinoin*	*silicone adhesive*	ADD UM: NFDA		Non-FDA Approved
08/06/2022	ZICLOCIN	*diclofenac sodium/capsaicin*	REMOVE FROM FORMULARY		Non-Formulary
08/06/2022	ZICLOCIN	*diclofenac sodium/capsaicin*	ADD UM: COV		Non Formulary
08/06/2022	ZICLOCIN	*diclofenac sodium/capsaicin*	ADD UM: NFDA		Non-FDA Approved
08/09/2022	*benztropine mesylate*	*benztropine mesylate*	ADD TO FORMULARY		Generics
08/09/2022	*fexofenadine hcl*	*fexofenadine hcl*	CHANGE UM: MAXQTYPERDAY	1 per day	1.0 per day
08/09/2022	*fexofenadine hcl*	*fexofenadine hcl*	CHANGE UM: MAXQTYPERDAY	1 per day	1.0 per day
08/09/2022	ZORYVE	*roflumilast*	REMOVE FROM FORMULARY		Non-Formulary
08/09/2022	ZORYVE	*roflumilast*	ADD UM: COV		FDA Moratorium
08/09/2022	FINZALA	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD TO FORMULARY		Generics
08/09/2022	FINZALA	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: GENDER		Female

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2022	FINZALA	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
08/09/2022	FINZALA	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: DRUGCLASS		Contraceptives - Oral
08/09/2022	FINZALA	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
08/09/2022	FINZALA	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD TO FORMULARY		Generics
08/09/2022	FINZALA	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: GENDER		Female
08/09/2022	FINZALA	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: QPBU		HCROCRX | HCR Rx Contraceptives
08/09/2022	FINZALA	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: DRUGCLASS		Contraceptives - Oral

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/09/2022	FINZALA	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: CUSTOM		HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
08/09/2022	*quetiapine fumarate*	*quetiapine fumarate*	ADD TO FORMULARY		Generics
08/09/2022	*quetiapine fumarate*	*quetiapine fumarate*	ADD UM: MAXQTYPERDAY		2.0 per day
08/09/2022	*quetiapine fumarate*	*quetiapine fumarate*	ADD UM: AGE		At least 10 yrs old
08/09/2022	*quetiapine fumarate*	*quetiapine fumarate*	ADD UM: PR		Preventive Medication
08/10/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
08/10/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
08/10/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
08/10/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
08/10/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
08/10/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
08/10/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/10/2022	VIMPAT	*lacosamide*	ADD UM: B4G		Brand For Generic
08/11/2022	OXTELLAR XR	*oxcarbazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pravastatin sodium*	*pravastatin sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	OXTELLAR XR	*oxcarbazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	OXTELLAR XR	*oxcarbazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acyclovir*	*acyclovir*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa*	*carbidopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	NITRO-TIME	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	AVANDIA	*rosiglitazone maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	M-NATAL PLUS	*prenatal vits with calcium no.72/ferrous fumarate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	AZESCO	*prenatal vitamins no.147/ferrous gluconate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	NITRO-TIME	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sotalol*	*sotalol hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*estradiol (once weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tiagabine hcl*	*tiagabine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*molindone hcl*	*molindone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*candesartan-hydrochlorothiazid*	*candesartan cilexetil/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sertraline hcl*	*sertraline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*phenytoin*	*phenytoin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metolazone*	*metolazone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bethanechol chloride*	*bethanechol chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	THEO-24	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol (once weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	LORYNA	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRINTELLIX	*vortioxetine hydrobromide*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRINTELLIX	*vortioxetine hydrobromide*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	TRINTELLIX	*vortioxetine hydrobromide*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI FEMYNOR	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydrocortisone*	*hydrocortisone*	ADD UM: FI1		MRx Maintenance
08/11/2022	LATUDA	*lurasidone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-ESTARYLLA	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	ESTARYLLA	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	MYNATAL-Z	*prenatal vitamins with calcium/ferrous fumarate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*flecainide acetate*	*flecainide acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*simvastatin*	*simvastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	ALORA	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*prazosin hcl*	*prazosin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*oxybutynin chloride er*	*oxybutynin chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*topiramate er*	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*topiramate er*	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*topiramate er*	*topiramate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*topiramate er*	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*topiramate er*	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LARIN	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRADJENTA	*linagliptin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*zafirlukast*	*zafirlukast*	ADD UM: FI1		MRx Maintenance
08/11/2022	DALIRESP	*roflumilast*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rivastigmine*	*rivastigmine tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZYPITAMAG	*pitavastatin magnesium*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZYPITAMAG	*pitavastatin magnesium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*guanfacine hcl*	*guanfacine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sertraline hcl*	*sertraline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*telmisartan-hydrochlorothiazid*	*telmisartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er (xr),diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*irbesartan*	*irbesartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*divalproex sodium er*	*divalproex sodium*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	TYDEMY	*drospirenone/ethinyl estradiol/levomefolate calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	JUNEL FE 24	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PACERONE	*amiodarone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*divalproex sodium*	*divalproex sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	FLUORITAB	*fluoride (sodium)*	ADD UM: FI1		MRx Maintenance
08/11/2022	ONGENTYS	*opicapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aripiprazole*	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aripiprazole*	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aripiprazole*	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aripiprazole*	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*benazepril hcl*	*benazepril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LOPREEZA	*estradiol/norethindrone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*galantamine er*	*galantamine hbr*	ADD UM: FI1		MRx Maintenance
08/11/2022	*galantamine er*	*galantamine hbr*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*galantamine er*	*galantamine hbr*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aripiprazole*	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*methazolamide*	*methazolamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quinidine sulfate*	*quinidine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	FOSRENOL	*lanthanum carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	FOSRENOL	*lanthanum carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nortriptyline hcl*	*nortriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*chlorpromazine hcl*	*chlorpromazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*topiramate*	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*molindone hcl*	*molindone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tamoxifen citrate*	*tamoxifen citrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil er pm*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEENA	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*methyldopa-hydrochlorothiazide*	*methyldopa/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mirtazapine*	*mirtazapine*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	ALYACEN	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bupropion hcl sr*	*bupropion hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ALYACEN	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	SORINE	*sotalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	XADAGO	*safinamide mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	XADAGO	*safinamide mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*imipramine hcl*	*imipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*indapamide*	*indapamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*yohimbine hcl*	*yohimbine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carvedilol*	*carvedilol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*betaxolol hcl*	*betaxolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atomoxetine hcl*	*atomoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atomoxetine hcl*	*atomoxetine hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*atomoxetine hcl*	*atomoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atomoxetine hcl*	*atomoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atomoxetine hcl*	*atomoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nifedipine*	*nifedipine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*thioridazine hcl*	*thioridazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bupropion hcl sr*	*bupropion hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	XENICAL	*orlistat*	ADD UM: FI1		MRx Maintenance
08/11/2022	VIENVA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	TARINA 24 FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fenofibrate*	*fenofibrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol,estradiol (twice weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*exemestane*	*exemestane*	ADD UM: FI1		MRx Maintenance
08/11/2022	MATZIM LA	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	MATZIM LA	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*methimazole*	*methimazole*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	MATZIM LA	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	MATZIM LA	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	MATZIM LA	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*dapsone*	*dapsone*	ADD UM: FI1		MRx Maintenance
08/11/2022	BLISOVI FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-LO-ESTARYLLA	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ibuprofen*	*ibuprofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*triamterene*	*triamterene*	ADD UM: FI1		MRx Maintenance
08/11/2022	K-TAB ER	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*simvastatin*	*simvastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVOXYL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	CAMILA	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	CAMRESE	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	CORLANOR	*ivabradine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amantadine*	*amantadine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	CORLANOR	*ivabradine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*liothyronine sodium*	*liothyronine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	MULTAQ	*dronedarone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr cd,diltiazem 24hr er,diltiazem 24hr er (cd),diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	XATMEP	*methotrexate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*prasugrel hcl*	*prasugrel hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*prasugrel hcl*	*prasugrel hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*thiothixene*	*thiothixene*	ADD UM: FI1		MRx Maintenance
08/11/2022	NP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	FALMINA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	NORLYDA	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	INVOKANA	*canagliflozin*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	INVOKANA	*canagliflozin*	ADD UM: FI1		MRx Maintenance
08/11/2022	PORTIA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa*	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	*albuterol sulfate*	*albuterol sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pimozide*	*pimozide*	ADD UM: FI1		MRx Maintenance
08/11/2022	SORINE	*sotalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluvoxamine maleate er*	*fluvoxamine maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluvoxamine maleate er*	*fluvoxamine maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*venlafaxine hcl*	*venlafaxine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nortriptyline hcl*	*nortriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	IBU	*ibuprofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	CARTIA XT	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	QTERN	*dapagliflozin propanediol/saxagliptin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*candesartan cilexetil*	*candesartan cilexetil*	ADD UM: FI1		MRx Maintenance
08/11/2022	XIGDUO XR	*dapagliflozin propanediol/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	XIGDUO XR	*dapagliflozin propanediol/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	XIGDUO XR	*dapagliflozin propanediol/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	XIGDUO XR	*dapagliflozin propanediol/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*torsemide*	*torsemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cilostazol*	*cilostazol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluoride,sodium fluoride*	*fluoride (sodium),sodium fluoride*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*tiagabine hcl*	*tiagabine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*chlorthalidone*	*chlorthalidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*vitamin d,vitamin d2*	*ergocalciferol (vitamin d2)*	ADD UM: FI1		MRx Maintenance
08/11/2022	JENTADUETO	*linagliptin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	JENTADUETO	*linagliptin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	JENTADUETO	*linagliptin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perindopril erbumine*	*perindopril erbumine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cholestyramine light*	*cholestyramine/aspartame*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydrochlorothiazide*	*hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nortriptyline hcl*	*nortriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*telmisartan-hydrochlorothiazid*	*telmisartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	NEUPRO	*rotigotine*	ADD UM: FI1		MRx Maintenance
08/11/2022	NEUPRO	*rotigotine*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	NEUPRO	*rotigotine*	ADD UM: FI1		MRx Maintenance
08/11/2022	NEUPRO	*rotigotine*	ADD UM: FI1		MRx Maintenance
08/11/2022	NEUPRO	*rotigotine*	ADD UM: FI1		MRx Maintenance
08/11/2022	NEUPRO	*rotigotine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*albuterol sulfate*	*albuterol sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-valsartan*	*amlodipine besylate/valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-valsartan*	*amlodipine besylate/valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-valsartan*	*amlodipine besylate/valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-valsartan*	*amlodipine besylate/valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*galantamine hbr*	*galantamine hbr*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluoxetine hcl*	*fluoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sotalol*	*sotalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NORA-BE	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ezetimibe*	*ezetimibe*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*minoxidil*	*minoxidil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*dutasteride*	*dutasteride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metformin hcl er*	*metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	BRILINTA	*ticagrelor*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine*	*olanzapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*digoxin*	*digoxin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*venlafaxine hcl*	*venlafaxine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levonorg-eth estrad eth estrad*	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*memantine hcl er*	*memantine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fenofibrate*	*fenofibrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fosinopril sodium*	*fosinopril sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acyclovir*	*acyclovir*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*thiothixene*	*thiothixene*	ADD UM: FI1		MRx Maintenance
08/11/2022	OSPHENA	*ospemifene*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	VIRT-PN PLUS	*multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha,prenatal vit with calcium no.68/iron fum/folic acid no.1/dha*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl,propranolol hcl er*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydrochlorothiazide*	*hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*memantine hcl er*	*memantine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*memantine hcl er*	*memantine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*memantine hcl er*	*memantine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bisoprolol fumarate-hctz,bisoprolol-hydrochlorothiazide*	*bisoprolol fumarate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desvenlafaxine succinate er*	*desvenlafaxine succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desvenlafaxine succinate er*	*desvenlafaxine succinate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*felbamate*	*felbamate*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZENPEP	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*simvastatin*	*simvastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	PIRMELLA	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cimetidine*	*cimetidine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paroxetine mesylate*	*paroxetine mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*indapamide*	*indapamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	MENEST	*estrogens,esterified*	ADD UM: FI1		MRx Maintenance
08/11/2022	*dipyridamole*	*dipyridamole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ziprasidone hcl*	*ziprasidone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	MINITRAN	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	SETLAKIN	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desmopressin acetate*	*desmopressin acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	THEO-24	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	OSCIMIN SR	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	OSCIMIN	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*divalproex sodium*	*divalproex sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*misoprostol*	*misoprostol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	AMETHIA	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*naproxen*	*naproxen*	ADD UM: FI1		MRx Maintenance
08/11/2022	BLISOVI FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	ONGLYZA	*saxagliptin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ONGLYZA	*saxagliptin hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil er,verapamil hcl*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	CREON	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*allopurinol*	*allopurinol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*labetalol hcl*	*labetalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ramipril*	*ramipril*	ADD UM: FI1		MRx Maintenance
08/11/2022	JANUMET	*sitagliptin phosphate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TREXALL	*methotrexate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levocarnitine*	*levocarnitine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*donepezil hcl*	*donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	EFFER-K	*potassium bicarbonate/citric acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	EFFER-K	*potassium bicarbonate/citric acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole dihydrochloride*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NIKKI	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	HYOSYNE	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	LINZESS	*linaclotide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*meloxicam*	*meloxicam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cimetidine*	*cimetidine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isosorbide dinitrate*	*isosorbide dinitrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*etodolac*	*etodolac*	ADD UM: FI1		MRx Maintenance
08/11/2022	*niacin,plain niacin*	*niacin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*chlorpromazine hcl*	*chlorpromazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*zonisamide*	*zonisamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	ORSYTHIA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sevelamer hcl*	*sevelamer hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*thioridazine hcl*	*thioridazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*etodolac*	*etodolac*	ADD UM: FI1		MRx Maintenance
08/11/2022	*letrozole*	*letrozole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*glycopyrrolate*	*glycopyrrolate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*thioridazine hcl*	*thioridazine hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isosorbide dinit-hydralazine*	*isosorbide dinitrate/hydralazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*felodipine er*	*felodipine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*minoxidil*	*minoxidil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pindolol*	*pindolol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paroxetine hcl*	*paroxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	RYTARY	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	RYTARY	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	RYTARY	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	RYTARY	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	*timolol maleate*	*timolol maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mesalamine*	*mesalamine*	ADD UM: FI1		MRx Maintenance
08/11/2022	PEGANONE	*ethotoin*	ADD UM: FI1		MRx Maintenance
08/11/2022	MINITRAN	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	KARIVA	*desogestrel-ethinyl estradiol/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	NAMZARIC	*memantine hcl/donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol tartrate*	*metoprolol tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	NAMZARIC	*memantine hcl/donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil er,verapamil hcl,verapamil sr*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	CELONTIN	*methsuximide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*meloxicam*	*meloxicam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*megestrol acetate*	*megestrol acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LARIN 24 FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*furosemide*	*furosemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	NORPACE CR	*disopyramide phosphate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole dihydrochloride*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rivastigmine*	*rivastigmine tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*triamterene*	*triamterene*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	PRETAB	*prenatal vits with calcium no.78/ferrous fumarate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	PNV 29-1	*prenatal vitamin with calcium no.76/iron,carbonyl/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fosinopril sodium*	*fosinopril sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*loxapine*	*loxapine succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LYZA	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acebutolol hcl*	*acebutolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LESSINA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amantadine*	*amantadine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*chlorpromazine hcl*	*chlorpromazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*progesterone*	*progesterone, micronized*	ADD UM: FI1		MRx Maintenance
08/11/2022	REXULTI	*brexpiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aripiprazole*	*aripiprazole*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*spironolactone*	*spironolactone*	ADD UM: FI1		MRx Maintenance
08/11/2022	REXULTI	*brexpiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	REXULTI	*brexpiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	REXULTI	*brexpiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lisinopril*	*lisinopril*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluphenazine hcl*	*fluphenazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: FI1		MRx Maintenance
08/11/2022	*theophylline anhydrous,theophylline er*	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	JANUMET	*sitagliptin phosphate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NECON	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*glycopyrrolate*	*glycopyrrolate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PHOSLYRA	*calcium acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alendronate sodium*	*alendronate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sucralfate*	*sucralfate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*quinapril-hydrochlorothiazide*	*quinapril hcl/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*enalapril maleate-hctz,enalapril-hydrochlorothiazide*	*enalapril maleate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*famotidine*	*famotidine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isosorbide mononitrate,isosorbide mononitrate er*	*isosorbide mononitrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	AMETHYST	*levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*naproxen*	*naproxen*	ADD UM: FI1		MRx Maintenance
08/11/2022	ENTRESTO	*sacubitril/valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	ENTRESTO	*sacubitril/valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	ENTRESTO	*sacubitril/valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-olmesartan*	*amlodipine besylate/olmesartan medoxomil*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*amlodipine-olmesartan*	*amlodipine besylate/olmesartan medoxomil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-olmesartan*	*amlodipine besylate/olmesartan medoxomil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-olmesartan*	*amlodipine besylate/olmesartan medoxomil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*enalapril maleate*	*enalapril maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine-fluoxetine hcl*	*olanzapine/fluoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine-fluoxetine hcl*	*olanzapine/fluoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine-fluoxetine hcl*	*olanzapine/fluoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine-fluoxetine hcl*	*olanzapine/fluoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil er,verapamil hcl*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SYNJARDY XR	*empagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SYNJARDY XR	*empagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	REXULTI	*brexpiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	REXULTI	*brexpiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*felodipine er*	*felodipine*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*escitalopram oxalate*	*escitalopram oxalate*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	KERENDIA	*finerenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	KERENDIA	*finerenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	SYNJARDY XR	*empagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SYNJARDY XR	*empagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVOXYL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lubiprostone*	*lubiprostone*	ADD UM: FI1		MRx Maintenance
08/11/2022	AMITIZA	*lubiprostone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sevelamer hcl*	*sevelamer hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levocetirizine dihydrochloride*	*levocetirizine dihydrochloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*losartan potassium*	*losartan potassium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*telmisartan*	*telmisartan*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*maprotiline hcl*	*maprotiline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*famciclovir*	*famciclovir*	ADD UM: FI1		MRx Maintenance
08/11/2022	*dicyclomine hcl*	*dicyclomine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norethindrone-e.estradiol-iron*	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*furosemide*	*furosemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVOXYL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*finasteride*	*finasteride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*imipramine pamoate*	*imipramine pamoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cimetidine*	*cimetidine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nitroglycerin patch*	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*losartan potassium*	*losartan potassium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TROKENDI XR	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	TROKENDI XR	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	TROKENDI XR	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	TROKENDI XR	*topiramate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*lisinopril*	*lisinopril*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tranylcypromine sulfate*	*tranylcypromine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	HYOSYNE	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	VRAYLAR	*cariprazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	VRAYLAR	*cariprazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	VRAYLAR	*cariprazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metaproterenol sulfate*	*metaproterenol sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	NITRO-DUR	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*low-ogestrel*	*norgestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	VRAYLAR	*cariprazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	JULEBER	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	SHAROBEL	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbamazepine er,carbamazepine xr*	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norethindrone-e.estradiol-iron*	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*rivastigmine*	*rivastigmine*	ADD UM: FI1		MRx Maintenance
08/11/2022	SYEDA	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	AURYXIA	*ferric citrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbamazepine er*	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	CREON	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	KELNOR 1-35	*ethynodiol diacetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lithium carbonate*	*lithium carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PRESTALIA	*perindopril arginine/amlodipine besylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PRESTALIA	*perindopril arginine/amlodipine besylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PRESTALIA	*perindopril arginine/amlodipine besylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	ROWEEPRA	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	ROWEEPRA	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nadolol*	*nadolol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol-norethindrone acetat*	*estradiol/norethindrone acetate*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*lovastatin*	*lovastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quinapril hcl*	*quinapril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluphenazine hcl*	*fluphenazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*zonisamide*	*zonisamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*zonisamide*	*zonisamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil hcl*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluoxetine hcl*	*fluoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isosorbide dinitrate*	*isosorbide dinitrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine er*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	JARDIANCE	*empagliflozin*	ADD UM: FI1		MRx Maintenance
08/11/2022	JARDIANCE	*empagliflozin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluvoxamine maleate*	*fluvoxamine maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ursodiol*	*ursodiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine-fluoxetine hcl*	*olanzapine/fluoxetine hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*nizatidine*	*nizatidine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*furosemide*	*furosemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	INVOKAMET	*canagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	INVOKAMET	*canagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	INVOKAMET	*canagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bupropion hcl*	*bupropion hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluoride,sodium fluoride*	*fluoride (sodium),sodium fluoride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rivastigmine*	*rivastigmine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rivastigmine*	*rivastigmine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*prazosin hcl*	*prazosin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lanthanum carbonate*	*lanthanum carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	MINITRAN	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sucralfate*	*sucralfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nebivolol hcl*	*nebivolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nebivolol hcl*	*nebivolol hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*nebivolol hcl*	*nebivolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tolterodine tartrate*	*tolterodine tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sotalol*	*sotalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ursodiol*	*ursodiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*albuterol sulfate*	*albuterol sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	WESTHROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	WESTHROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	WP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	WP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 12hr er,diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	WP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	WP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	WP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol succinate*	*metoprolol succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol-norethindrone acetat*	*estradiol/norethindrone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	WP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole dihydrochloride*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*spironolactone-hctz*	*spironolactone/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clozapine*	*clozapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	CLIMARA PRO	*estradiol/levonorgestrel*	ADD UM: FI1		MRx Maintenance
08/11/2022	PEXEVA	*paroxetine mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PEXEVA	*paroxetine mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PEXEVA	*paroxetine mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*icosapent ethyl*	*icosapent ethyl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-SPRINTEC	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	ELITE-OB	*multivitamin with minerals no.69/iron,carbonyl/folic acid*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*nadolol*	*nadolol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quinapril hcl*	*quinapril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*vilazodone hcl*	*vilazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*vilazodone hcl*	*vilazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*vilazodone hcl*	*vilazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*divalproex sodium*	*divalproex sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluphenazine hcl*	*fluphenazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levonorg-eth estrad eth estrad*	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rufinamide*	*rufinamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rufinamide*	*rufinamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	VESICARE LS	*solifenacin succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*irbesartan*	*irbesartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*thioridazine hcl*	*thioridazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREFEST	*estradiol/norgestimate*	ADD UM: FI1		MRx Maintenance
08/11/2022	TREXALL	*methotrexate sodium*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	SRONYX	*levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	DROXIA	*hydroxyurea*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine*	*olanzapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxepin hcl*	*doxepin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	PANCREAZE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sildenafil citrate*	*sildenafil citrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LYVISPAH	*baclofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 12hr er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LYVISPAH	*baclofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	LYVISPAH	*baclofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	LATUDA	*lurasidone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*children's ibuprofen,ibuprofen*	*ibuprofen*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*isosorbide dinitrate*	*isosorbide dinitrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*moexipril hcl*	*moexipril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quetiapine fumarate*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	MICROGESTIN	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	MICROGESTIN	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*imipramine pamoate*	*imipramine pamoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*divalproex sodium er*	*divalproex sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metolazone*	*metolazone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*disopyramide phosphate*	*disopyramide phosphate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metformin hcl*	*metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tolterodine tartrate er*	*tolterodine tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	VERQUVO	*vericiguat*	ADD UM: FI1		MRx Maintenance
08/11/2022	VERQUVO	*vericiguat*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	VERQUVO	*vericiguat*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbamazepine*	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	PLENITY	*carboxymethylcellulose/citric acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	PLENITY	*carboxymethylcellulose/citric acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ziprasidone hcl*	*ziprasidone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole hcl*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*theophylline anhydrous,theophylline er*	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	*calcitriol*	*calcitriol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*disopyramide phosphate*	*disopyramide phosphate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*celecoxib*	*celecoxib*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pyridostigmine bromide*	*pyridostigmine bromide*	ADD UM: FI1		MRx Maintenance
08/11/2022	DROXIA	*hydroxyurea*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amoxapine*	*amoxapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*haloperidol*	*haloperidol*	ADD UM: FI1		MRx Maintenance
08/11/2022	MYRBETRIQ	*mirabegron*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	JUNEL FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydralazine hcl*	*hydralazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	JUNEL FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propafenone hcl,propafenone hcl er*	*propafenone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aripiprazole odt*	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aripiprazole odt*	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine besylate-benazepril*	*amlodipine besylate/benazepril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREMPRO	*estrogens, conjugated/medroxyprogesterone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	GEMTESA	*vibegron*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propafenone hcl er*	*propafenone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propafenone hcl er*	*propafenone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*memantine hcl*	*memantine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*memantine hcl*	*memantine hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	TAYSOFY	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desipramine hcl*	*desipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*simvastatin*	*simvastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*timolol maleate*	*timolol maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*drospirenone-ethestra-levomef*	*drospirenone/ethinyl estradiol/levomefolate calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propafenone hcl*	*propafenone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	MENEST	*estrogens,esterified*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluphenazine hcl*	*fluphenazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metformin hcl*	*metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol-hydrochlorothiazide*	*metoprolol tartrate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ethynodiol-ethinyl estradiol*	*ethynodiol diacetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*benazepril hcl*	*benazepril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metformin hcl*	*metformin hcl*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*phenytoin sodium extended*	*phenytoin sodium extended*	ADD UM: FI1		MRx Maintenance
08/11/2022	MICROGESTIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clonidine hcl*	*clonidine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metformin hcl*	*metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	GELNIQUE	*oxybutynin chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valacyclovir*	*valacyclovir hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	CRYSELLE	*norgestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	KLOR-CON M10	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	KLOR-CON M20	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perindopril erbumine*	*perindopril erbumine*	ADD UM: FI1		MRx Maintenance
08/11/2022	IBU	*ibuprofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nitroglycerin patch*	*nitroglycerin*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*hydralazine hcl*	*hydralazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valsartan*	*valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	NITRO-BID	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atenolol*	*atenolol*	ADD UM: FI1		MRx Maintenance
08/11/2022	NEXTSTELLIS	*drospirenone/estetrol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rivastigmine*	*rivastigmine tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metformin hcl*	*metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydrocortisone*	*hydrocortisone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tadalafil*	*tadalafil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tadalafil*	*tadalafil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tadalafil*	*tadalafil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valsartan*	*valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*dicyclomine hcl*	*dicyclomine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydroxychloroquine sulfate*	*hydroxychloroquine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acebutolol hcl*	*acebutolol hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*norgestimate-ethinyl estradiol*	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*celecoxib*	*celecoxib*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole er*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	FOSAMAX PLUS D	*alendronate sodium/cholecalciferol (vitamin d3)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alendronate sodium*	*alendronate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	PERTZYE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	PERTZYE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*spironolactone*	*spironolactone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acetazolamide*	*acetazolamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	JUNEL	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium chloride*	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	KLOR-CON M15	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	JENCYCLA	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine besylate-benazepril*	*amlodipine besylate/benazepril hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*ramipril*	*ramipril*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quinidine gluconate*	*quinidine gluconate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluvoxamine maleate*	*fluvoxamine maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*prazosin hcl*	*prazosin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amiodarone hcl*	*amiodarone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	PACERONE	*amiodarone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVOXYL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*venlafaxine hcl*	*venlafaxine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	JUNEL	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nadolol*	*nadolol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydroxychloroquine sulfate*	*hydroxychloroquine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydroxychloroquine sulfate*	*hydroxychloroquine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydroxychloroquine sulfate*	*hydroxychloroquine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*prenatal-u*	*multivitamin combination no.51/ferrous fumarate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*duloxetine hcl*	*duloxetine hcl*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*levonorgestrel-eth estradiol*	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*buspirone hcl*	*buspirone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ENPRESSE	*levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRIVORA-28	*levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tamoxifen citrate*	*tamoxifen citrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*venlafaxine hcl*	*venlafaxine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ADLARITY	*donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ADLARITY	*donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*topiramate*	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desvenlafaxine succinate er*	*desvenlafaxine succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	MENEST	*estrogens,esterified*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alfuzosin hcl er*	*alfuzosin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DOLISHALE	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*calcitriol*	*calcitriol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*fosinopril sodium*	*fosinopril sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*topiramate*	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluphenazine hcl*	*fluphenazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa*	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alendronate sodium*	*alendronate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bisoprolol fumarate*	*bisoprolol fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*telmisartan*	*telmisartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cabergoline*	*cabergoline*	ADD UM: FI1		MRx Maintenance
08/11/2022	*probenecid-colchicine*	*colchicine/probenecid,probenecid/colchicine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbamazepine*	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ramipril*	*ramipril*	ADD UM: FI1		MRx Maintenance
08/11/2022	*anagrelide hcl*	*anagrelide hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil er pm*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZELAPAR	*selegiline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*escitalopram oxalate*	*escitalopram oxalate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*digoxin*	*digoxin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol-hydrochlorothiazide*	*metoprolol tartrate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*liothyronine sodium*	*liothyronine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	ENSKYCE	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*irbesartan-hydrochlorothiazide*	*irbesartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metolazone*	*metolazone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*telmisartan*	*telmisartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	LAYOLIS FE	*norethindrone-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risedronate sodium*	*risedronate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valproic acid*	*valproic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	GLYCATE	*glycopyrrolate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atenolol-chlorthalidone*	*atenolol/chlorthalidone*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*cholestyramine*	*cholestyramine (with sugar)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rosuvastatin calcium*	*rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rosuvastatin calcium*	*rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rosuvastatin calcium*	*rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rosuvastatin calcium*	*rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxepin hcl*	*doxepin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ALORA	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*megestrol acetate*	*megestrol acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*benazepril hcl*	*benazepril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cholestyramine*	*cholestyramine (with sugar)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cholestyramine light*	*cholestyramine/aspartame*	ADD UM: FI1		MRx Maintenance
08/11/2022	*escitalopram oxalate*	*escitalopram oxalate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fosinopril-hydrochlorothiazide*	*fosinopril sodium/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sertraline hcl*	*sertraline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*pilocarpine hcl*	*pilocarpine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LARIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LARIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fenofibrate*	*fenofibrate,micronized*	ADD UM: FI1		MRx Maintenance
08/11/2022	*buspirone hcl*	*buspirone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVOXYL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*topiramate*	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	GENERLAC	*lactulose*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIGOX	*digoxin*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIGOX	*digoxin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acarbose*	*acarbose*	ADD UM: FI1		MRx Maintenance
08/11/2022	ALORA	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atorvastatin calcium*	*atorvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lovastatin*	*lovastatin*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*leflunomide*	*leflunomide*	ADD UM: FI1		MRx Maintenance
08/11/2022	STALEVO 75	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	STALEVO 125	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine*	*olanzapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hyoscyamine sulfate*	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	ENULOSE	*lactulose*	ADD UM: FI1		MRx Maintenance
08/11/2022	*chlorpromazine hcl*	*chlorpromazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nifedipine,nifedipine er*	*nifedipine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa-entacapone*	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa-entacapone*	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	VELIVET	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	SOLTAMOX	*tamoxifen citrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	OCELLA	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole dihydrochloride*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*escitalopram oxalate*	*escitalopram oxalate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*theophylline*	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole er*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole er*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole er*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole hcl*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lovastatin*	*lovastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	PANCREAZE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*etodolac,etodolac er*	*etodolac*	ADD UM: FI1		MRx Maintenance
08/11/2022	*thiothixene*	*thiothixene*	ADD UM: FI1		MRx Maintenance
08/11/2022	LOESTRIN	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lactulose*	*lactulose*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metformin hcl er*	*metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rivastigmine*	*rivastigmine tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine odt*	*olanzapine*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	CAMRESE LO	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	AMETHIA LO	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trandolapril*	*trandolapril*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tadalafil*	*tadalafil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mirtazapine*	*mirtazapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol,estradiol (twice weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pimozide*	*pimozide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aliskiren*	*aliskiren hemifumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atenolol*	*atenolol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aliskiren*	*aliskiren hemifumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nifedipine er*	*nifedipine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pioglitazone hcl*	*pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*terazosin hcl*	*terazosin hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*bupropion hcl er,bupropion hcl sr*	*bupropion hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*venlafaxine hcl er*	*venlafaxine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lithium carbonate,lithium carbonate er*	*lithium carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	ISIBLOOM	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	JENTADUETO XR	*linagliptin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	JENTADUETO XR	*linagliptin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl,propranolol hcl er*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fenofibrate*	*fenofibrate nanocrystallized*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fenofibrate*	*fenofibrate nanocrystallized*	ADD UM: FI1		MRx Maintenance
08/11/2022	ANGELIQ	*drospirenone/estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	SPRINTEC	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desmopressin acetate*	*desmopressin acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*olanzapine*	*olanzapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*montelukast sodium*	*montelukast sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amoxapine*	*amoxapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	ESTROGEL	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trazodone hcl*	*trazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DRIZALMA SPRINKLE	*duloxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DRIZALMA SPRINKLE	*duloxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	MYNATAL	*prenatal vitamins with calcium/ferrous fumarate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	DRIZALMA SPRINKLE	*duloxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LYBALVI	*olanzapine/samidorphan malate*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZALVIT	*prenatal vitamins no.147/ferrous gluconate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*galantamine hbr*	*galantamine hbr*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quetiapine fumarate*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	PREMARIN	*estrogens, conjugated*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lisinopril*	*lisinopril*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valproic acid*	*valproic acid (as sodium salt) (valproate sodium)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*captopril-hydrochlorothiazide*	*captopril/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*azathioprine*	*azathioprine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*azathioprine*	*azathioprine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*haloperidol*	*haloperidol*	ADD UM: FI1		MRx Maintenance
08/11/2022	EVAMIST	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*felbamate*	*felbamate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*chlorpromazine hcl*	*chlorpromazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*selegiline hcl*	*selegiline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ASHLYNA	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	FLEQSUVY	*baclofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mexiletine hcl*	*mexiletine hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	CARDIZEM LA	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem 24hr er (la)*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRINAZ	*prenatal vitamins no.162/ferrous gluconate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*montelukast sodium*	*montelukast sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pravastatin sodium*	*pravastatin sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*disulfiram*	*disulfiram*	ADD UM: FI1		MRx Maintenance
08/11/2022	*silodosin*	*silodosin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*silodosin*	*silodosin*	ADD UM: FI1		MRx Maintenance
08/11/2022	TREXALL	*methotrexate sodium*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*acyclovir*	*acyclovir*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ziprasidone hcl*	*ziprasidone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levonorgestrel-eth estradiol*	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	CARTIA XT	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	RENA-VITE RX	*vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin,vitamin b complx no.3/folic acid/ascorbic acid/biotin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydrochlorothiazide*	*hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	RYBELSUS	*semaglutide*	ADD UM: FI1		MRx Maintenance
08/11/2022	RYBELSUS	*semaglutide*	ADD UM: FI1		MRx Maintenance
08/11/2022	MYFEMBREE	*relugolix/estradiol/norethindrone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trandolapril-verapamil,trandolapril-verapamil er*	*trandolapril/verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bupropion xl*	*bupropion hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*bupropion xl*	*bupropion hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*captopril-hydrochlorothiazide*	*captopril/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*oxybutynin chloride*	*oxybutynin chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREMPRO	*estrogens, conjugated/medroxyprogesterone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*methyldopa*	*methyldopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hyoscyamine sulfate*	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	THYQUIDITY	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sodium fluoride*	*fluoride (sodium),sodium fluoride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*dapsone*	*dapsone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*phenytoin*	*phenytoin*	ADD UM: FI1		MRx Maintenance
08/11/2022	MERZEE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	PREMARIN	*estrogens, conjugated*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVOXYL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREMARIN	*estrogens, conjugated*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREMARIN	*estrogens, conjugated*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREMARIN	*estrogens, conjugated*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil er,verapamil hcl*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LYLEQ	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem hcl*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levetiracetam er*	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	NYLIA	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-NYMYO	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pioglitazone hcl*	*pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*maprotiline hcl*	*maprotiline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium chloride*	*potassium chloride*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*norethindrone ac (lupaneta),norethindrone acetate*	*norethindrone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nefazodone hcl*	*nefazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREGENNA	*prenatal vitamins no.163/iron bis-glycinate/folate no.10*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diazoxide*	*diazoxide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sotalol af*	*sotalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sotalol af*	*sotalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	OZOBAX	*baclofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sotalol af*	*sotalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olmesartan medoxomil*	*olmesartan medoxomil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olmesartan medoxomil*	*olmesartan medoxomil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olmesartan medoxomil*	*olmesartan medoxomil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*digoxin*	*digoxin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levetiracetam er*	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine*	*lamotrigine*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*venlafaxine hcl er*	*venlafaxine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NORTREL	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxepin hcl*	*doxepin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	AZASAN	*azathioprine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol succinate*	*metoprolol succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	NITRO-DUR	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bumetanide*	*bumetanide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*miglitol*	*miglitol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*calcitriol*	*calcitriol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*oxybutynin chloride er*	*oxybutynin chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*candesartan cilexetil*	*candesartan cilexetil*	ADD UM: FI1		MRx Maintenance
08/11/2022	VIORELE	*desogestrel-ethinyl estradiol/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	MARLISSA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	PROVIDA OB	*prenatal vits no.65/iron fumarate,polysac complex/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*meloxicam*	*meloxicam*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*miglitol*	*miglitol*	ADD UM: FI1		MRx Maintenance
08/11/2022	PHILITH	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trihexyphenidyl hcl*	*trihexyphenidyl hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levetiracetam*	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carvedilol*	*carvedilol*	ADD UM: FI1		MRx Maintenance
08/11/2022	AVANDIA	*rosiglitazone maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levonorg-eth estrad eth estrad*	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valsartan*	*valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nebivolol hcl*	*nebivolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lithium carbonate,lithium carbonate er*	*lithium carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil hcl*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	POTABA	*potassium aminobenzoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	KRISTALOSE	*lactulose*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	HAILEY	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*zafirlukast*	*zafirlukast*	ADD UM: FI1		MRx Maintenance
08/11/2022	*theophylline*	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	*chlorpromazine hcl*	*chlorpromazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sulfasalazine*	*sulfasalazine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acetazolamide*	*acetazolamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risedronate sodium*	*risedronate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acyclovir*	*acyclovir*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amitriptyline hcl*	*amitriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	CHARLOTTE 24 FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tizanidine hcl*	*tizanidine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tizanidine hcl*	*tizanidine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ethosuximide*	*ethosuximide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alendronate sodium*	*alendronate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*colesevelam hcl*	*colesevelam hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*carbidopa-levodopa-entacapone*	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa-entacapone*	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa-entacapone*	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*topiramate*	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LOKELMA	*sodium zirconium cyclosilicate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LOKELMA	*sodium zirconium cyclosilicate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amiloride hcl-hctz,amiloride-hydrochlorothiazide*	*amiloride hcl/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	AUBRA EQ	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	CHATEAL EQ	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	STALEVO 150	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	LO LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	STALEVO 50	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	STALEVO 100	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	NORTREL	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	AMABELZ	*estradiol/norethindrone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	KRISTALOSE	*lactulose*	ADD UM: FI1		MRx Maintenance
08/11/2022	IBU	*ibuprofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	AMABELZ	*estradiol/norethindrone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nefazodone hcl*	*nefazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*oxcarbazepine*	*oxcarbazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	LARIN	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clozapine*	*clozapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sulfasalazine dr*	*sulfasalazine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tolterodine tartrate*	*tolterodine tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*molindone hcl*	*molindone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine*	*olanzapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*enalapril maleate*	*enalapril maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trimipramine maleate*	*trimipramine maleate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*pioglitazone hcl*	*pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*phenytoin sodium extended*	*phenytoin sodium extended*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine odt*	*olanzapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVOXYL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*methyldopa-hydrochlorothiazide*	*methyldopa/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZOVIA 1-35	*ethynodiol diacetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	NULEV	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cilostazol*	*cilostazol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	EXSERVAN	*riluzole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone odt*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone odt*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone odt*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norgestimate-ethinyl estradiol*	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norgestimate-ethinyl estradiol*	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*levetiracetam*	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone odt*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*febuxostat*	*febuxostat*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isosorbide dinitrate*	*isosorbide dinitrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	ARMOUR THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol succinate*	*metoprolol succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*febuxostat*	*febuxostat*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clopidogrel*	*clopidogrel bisulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	CORLANOR	*ivabradine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nizatidine*	*nizatidine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa-entacapone*	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	KLOR-CON 10	*potassium chloride*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*lamotrigine er*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine er*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine er*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine er*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desipramine hcl*	*desipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	NAMZARIC	*memantine hcl/donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SOAANZ	*torsemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	SOAANZ	*torsemide*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	NAMZARIC	*memantine hcl/donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	EDARBYCLOR	*azilsartan medoxomil/chlorthalidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	EDARBYCLOR	*azilsartan medoxomil/chlorthalidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	ELEPSIA XR	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	ELEPSIA XR	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*aripiprazole*	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desipramine hcl*	*desipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	IBSRELA	*tenapanor hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*azathioprine*	*azathioprine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*calcium acetate*	*calcium acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*oxcarbazepine*	*oxcarbazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	ALTAVERA	*levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZYFLO	*zileuton*	ADD UM: FI1		MRx Maintenance
08/11/2022	*dipyridamole*	*dipyridamole*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	PRENA1 TRUE	*prenatal vits no.105/iron amino acid chelate/folic acid/dha*	ADD UM: FI1		MRx Maintenance
08/11/2022	EMOQUETTE	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	TAZTIA XT	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TAZTIA XT	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TAZTIA XT	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TAZTIA XT	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*calcium acetate*	*calcium acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	TAZTIA XT	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIADYLT ER	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	AZURETTE	*desogestrel-ethinyl estradiol/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*leflunomide*	*leflunomide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perindopril erbumine*	*perindopril erbumine*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRULANCE	*plecanatide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol-hydrochlorothiazide*	*metoprolol tartrate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*fenofibric acid*	*fenofibric acid (choline)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fenofibric acid*	*fenofibric acid (choline)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydralazine hcl*	*hydralazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol-hydrochlorothiazid*	*propranolol hcl/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paroxetine hcl*	*paroxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LARISSIA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*oxybutynin chloride*	*oxybutynin chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olmesartan-hydrochlorothiazide*	*olmesartan medoxomil/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olmesartan-hydrochlorothiazide*	*olmesartan medoxomil/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olmesartan-hydrochlorothiazide*	*olmesartan medoxomil/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pravastatin sodium*	*pravastatin sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	QBRELIS	*lisinopril*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*estradiol (once weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valsartan*	*valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	*theophylline*	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	THEO-24	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	LATUDA	*lurasidone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol (once weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol (once weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atorvastatin calcium*	*atorvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	MARPLAN	*isocarboxazid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*colchicine*	*colchicine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lubiprostone*	*lubiprostone*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZAFEMY	*norelgestromin/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*topiramate*	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levetiracetam*	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*terazosin hcl*	*terazosin hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*candesartan-hydrochlorothiazid*	*candesartan cilexetil/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	CYCLOSET	*bromocriptine mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	KOMBIGLYZE XR	*saxagliptin hcl/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	KOMBIGLYZE XR	*saxagliptin hcl/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	KOMBIGLYZE XR	*saxagliptin hcl/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ranolazine er*	*ranolazine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nifedipine,nifedipine er*	*nifedipine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*venlafaxine hcl*	*venlafaxine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mirtazapine*	*mirtazapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norethin-eth estra-ferrous fum,norethindrone-ethin estradiol*	*norethindrone-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	NYMYO	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*celecoxib*	*celecoxib*	ADD UM: FI1		MRx Maintenance
08/11/2022	ICLEVIA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*mesalamine er*	*mesalamine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*losartan-hydrochlorothiazide*	*losartan potassium/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*gemfibrozil*	*gemfibrozil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pioglitazone-glimepiride*	*pioglitazone hcl/glimepiride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levocarnitine sf*	*levocarnitine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pioglitazone-glimepiride*	*pioglitazone hcl/glimepiride*	ADD UM: FI1		MRx Maintenance
08/11/2022	BRIELLYN	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propafenone hcl*	*propafenone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	MENEST	*estrogens,esterified*	ADD UM: FI1		MRx Maintenance
08/11/2022	CREON	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	CREON	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	CREON	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-LO-SPRINTEC	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVOXYL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	GLOPERBA	*colchicine*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*mesalamine dr*	*mesalamine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quetiapine fumarate er*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quetiapine fumarate er*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	CAZIANT	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bethanechol chloride*	*bethanechol chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*baclofen*	*baclofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*candesartan-hydrochlorothiazid*	*candesartan cilexetil/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cimetidine*	*cimetidine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*imipramine pamoate*	*imipramine pamoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	TWIRLA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atenolol-chlorthalidone*	*atenolol/chlorthalidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hyoscyamine sulfate*	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*famotidine*	*famotidine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quetiapine fumarate*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*quetiapine fumarate*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cevimeline hcl*	*cevimeline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	NP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	NP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tamsulosin hcl*	*tamsulosin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	MYRBETRIQ	*mirabegron*	ADD UM: FI1		MRx Maintenance
08/11/2022	MYRBETRIQ	*mirabegron*	ADD UM: FI1		MRx Maintenance
08/11/2022	*haloperidol*	*haloperidol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol,estradiol (twice weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norethindrone*	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*venlafaxine hcl er*	*venlafaxine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tolcapone*	*tolcapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*phenytoin*	*phenytoin*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	LINZESS	*linaclotide*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIGITEK	*digoxin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*etodolac,etodolac er*	*etodolac*	ADD UM: FI1		MRx Maintenance
08/11/2022	DROXIA	*hydroxyurea*	ADD UM: FI1		MRx Maintenance
08/11/2022	*theophylline*	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nefazodone hcl*	*nefazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*etodolac*	*etodolac*	ADD UM: FI1		MRx Maintenance
08/11/2022	ASPRUZYO SPRINKLE	*ranolazine*	ADD UM: FI1		MRx Maintenance
08/11/2022	EPRONTIA	*topiramate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nitroglycerin patch*	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium citrate er*	*potassium citrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	ASPRUZYO SPRINKLE	*ranolazine*	ADD UM: FI1		MRx Maintenance
08/11/2022	DILANTIN	*phenytoin sodium extended*	ADD UM: FI1		MRx Maintenance
08/11/2022	HAILEY FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*colesevelam hcl*	*colesevelam hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	EULEXIN	*flutamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*oxcarbazepine*	*oxcarbazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nortriptyline hcl*	*nortriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*haloperidol*	*haloperidol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*oxcarbazepine*	*oxcarbazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tranexamic acid*	*tranexamic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*betaxolol hcl*	*betaxolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ORIAHNN	*elagolix sodium/estradiol/norethindrone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*naproxen-esomeprazole mag*	*naproxen/esomeprazole magnesium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*naproxen-esomeprazole mag*	*naproxen/esomeprazole magnesium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lithium carbonate*	*lithium carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*raloxifene hcl*	*raloxifene hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa,carbidopa-levodopa er*	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isradipine*	*isradipine*	ADD UM: FI1		MRx Maintenance
08/11/2022	ED-SPAZ	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	KLOR-CON 8	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paliperidone er*	*paliperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paliperidone er*	*paliperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paliperidone er*	*paliperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*albuterol sulfate*	*albuterol sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*imipramine hcl*	*imipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	CONJUPRI	*levamlodipine maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	CONJUPRI	*levamlodipine maleate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*pilocarpine hcl*	*pilocarpine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*donepezil hcl*	*donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*labetalol hcl*	*labetalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIADYLT ER	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nortriptyline hcl*	*nortriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*citalopram hbr*	*citalopram hydrobromide*	ADD UM: FI1		MRx Maintenance
08/11/2022	VITAFOL GUMMIES	*prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa*	ADD UM: FI1		MRx Maintenance
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*loperamide*	*loperamide hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*candesartan cilexetil*	*candesartan cilexetil*	ADD UM: FI1		MRx Maintenance
08/11/2022	APTIOM	*eslicarbazepine acetate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	EDARBI	*azilsartan medoxomil*	ADD UM: FI1		MRx Maintenance
08/11/2022	APTIOM	*eslicarbazepine acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	APTIOM	*eslicarbazepine acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	APTIOM	*eslicarbazepine acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	EDARBI	*azilsartan medoxomil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quinapril-hydrochlorothiazide*	*quinapril hcl/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxazosin mesylate*	*doxazosin mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rasagiline mesylate*	*rasagiline mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rasagiline mesylate*	*rasagiline mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	GLYXAMBI	*empagliflozin/linagliptin*	ADD UM: FI1		MRx Maintenance
08/11/2022	GLYXAMBI	*empagliflozin/linagliptin*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	NIACOR	*niacin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rufinamide*	*rufinamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*flecainide acetate*	*flecainide acetate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	DHIVY	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lisinopril*	*lisinopril*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIADYLT ER	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*darifenacin er*	*darifenacin hydrobromide*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIADYLT ER	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIADYLT ER	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*darifenacin er*	*darifenacin hydrobromide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atorvastatin calcium*	*atorvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIADYLT ER	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SAVELLA	*milnacipran hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SAVELLA	*milnacipran hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SAVELLA	*milnacipran hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SAVELLA	*milnacipran hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	FANAPT	*iloperidone*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	FANAPT	*iloperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	FANAPT	*iloperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	FANAPT	*iloperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bicalutamide*	*bicalutamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	FANAPT	*iloperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	FANAPT	*iloperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	FANAPT	*iloperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	ALKINDI SPRINKLE	*hydrocortisone*	ADD UM: FI1		MRx Maintenance
08/11/2022	ALKINDI SPRINKLE	*hydrocortisone*	ADD UM: FI1		MRx Maintenance
08/11/2022	HAILEY FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	CAPLYTA	*lumateperone tosylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*torsemide*	*torsemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lithium carbonate*	*lithium carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*disulfiram*	*disulfiram*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*sertraline hcl*	*sertraline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	XIFAXAN	*rifaximin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*benazepril hcl*	*benazepril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NORLIQVA	*amlodipine besylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desipramine hcl*	*desipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desloratadine*	*desloratadine*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valsartan*	*valsartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	ARANELLE	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	PRENA1 PEARL	*prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	MINITRAN	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT-SOL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*torsemide*	*torsemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*theophylline anhydrous*	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quinapril hcl*	*quinapril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine besylate-benazepril*	*amlodipine besylate/benazepril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium chloride*	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mesalamine er*	*mesalamine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clozapine odt*	*clozapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	JASMIEL	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*clozapine odt*	*clozapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	THEO-24	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	BIJUVA	*estradiol/progesterone*	ADD UM: FI1		MRx Maintenance
08/11/2022	MOTEGRITY	*prucalopride succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	MOTEGRITY	*prucalopride succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	JINTELI	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	CARTIA XT	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine besylate-benazepril*	*amlodipine besylate/benazepril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluvoxamine maleate*	*fluvoxamine maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*maprotiline hcl*	*maprotiline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine besylate-benazepril*	*amlodipine besylate/benazepril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine besylate-benazepril*	*amlodipine besylate/benazepril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clomipramine hcl*	*clomipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ANGELIQ	*drospirenone/estradiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*carbamazepine er*	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbamazepine er*	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbamazepine er*	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIVIGEL	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levamlodipine maleate*	*levamlodipine maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxepin hcl*	*doxepin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desogestrel-ethinyl estradiol*	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fenofibric acid*	*fenofibric acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perphenazine*	*perphenazine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*eprosartan mesylate*	*eprosartan mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	JOLESSA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	OXYTROL	*oxybutynin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sevelamer carbonate*	*sevelamer carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	FIBRICOR	*fenofibric acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fenofibric acid*	*fenofibric acid*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*benztropine mesylate*	*benztropine mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*irbesartan-hydrochlorothiazide*	*irbesartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole er*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trandolapril*	*trandolapril*	ADD UM: FI1		MRx Maintenance
08/11/2022	FIBRICOR	*fenofibric acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa*	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levonorgestrel-eth estradiol*	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trimipramine maleate*	*trimipramine maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tiagabine hcl*	*tiagabine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hyoscyamine sulfate*	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*albuterol sulfate*	*albuterol sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amitriptyline hcl*	*amitriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	VESTURA	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	DRIZALMA SPRINKLE	*duloxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	JANUVIA	*sitagliptin phosphate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	JANUVIA	*sitagliptin phosphate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*triamterene-hctz,triamterene-hydrochlorothiazid*	*triamterene/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	JANUVIA	*sitagliptin phosphate*	ADD UM: FI1		MRx Maintenance
08/11/2022	FARXIGA	*dapagliflozin propanediol*	ADD UM: FI1		MRx Maintenance
08/11/2022	FARXIGA	*dapagliflozin propanediol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*haloperidol*	*haloperidol*	ADD UM: FI1		MRx Maintenance
08/11/2022	DUAVEE	*estrogens, conjugated/bazedoxifene acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lactulose*	*lactulose*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVOXYL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	ONGENTYS	*opicapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lisinopril-hctz,lisinopril-hydrochlorothiazide*	*lisinopril/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*terazosin hcl*	*terazosin hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	TYBLUME	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol (once weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine er*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norethin-eth estra-ferrous fum*	*norethindrone-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paroxetine hcl*	*paroxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ROWEEPRA	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxazosin mesylate*	*doxazosin mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paroxetine hcl*	*paroxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perphenazine*	*perphenazine*	ADD UM: FI1		MRx Maintenance
08/11/2022	ALKINDI SPRINKLE	*hydrocortisone*	ADD UM: FI1		MRx Maintenance
08/11/2022	ALKINDI SPRINKLE	*hydrocortisone*	ADD UM: FI1		MRx Maintenance
08/11/2022	PANCREAZE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	PANCREAZE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	PANCREAZE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	PANCREAZE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	FLUORITAB	*fluoride (sodium)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mesalamine*	*mesalamine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem hcl*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	VASCEPA	*icosapent ethyl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr cd,diltiazem 24hr er,diltiazem 24hr er (cd),diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	KLOR-CON	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trandolapril-verapamil,trandolapril-verapamil er*	*trandolapril/verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZARAH	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mirtazapine*	*mirtazapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydrochlorothiazide*	*hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cimetidine*	*cimetidine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-valsartan-hctz*	*amlodipine besylate/valsartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*amlodipine-valsartan-hctz*	*amlodipine besylate/valsartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-valsartan-hctz*	*amlodipine besylate/valsartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxepin hcl*	*doxepin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*loxapine*	*loxapine succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-valsartan-hctz*	*amlodipine besylate/valsartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine-valsartan-hctz*	*amlodipine besylate/valsartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levetiracetam*	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine odt*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine odt*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine odt*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZENPEP	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREMPHASE	*estrogens, conjugated/medroxyprogesterone acetate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*lamotrigine odt*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lisinopril-hctz,lisinopril-hydrochlorothiazide*	*lisinopril/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ziprasidone hcl*	*ziprasidone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIPENTUM	*olsalazine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	ERRIN	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clonidine hcl*	*clonidine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium chloride*	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*celecoxib*	*celecoxib*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valproic acid*	*valproic acid (as sodium salt) (valproate sodium)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*anagrelide hcl*	*anagrelide hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ibuprofen*	*ibuprofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amitriptyline hcl*	*amitriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	BALCOLTRA	*levonorgestrel/ethinyl estradiol/ferrous bisglycinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	GIANVI	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	KLOR-CON-EF	*potassium bicarbonate/citric acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	NEXLIZET	*bempedoic acid/ezetimibe*	ADD UM: FI1		MRx Maintenance
08/11/2022	AVIANE	*levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	GEMMILY	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amoxapine*	*amoxapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*galantamine hbr*	*galantamine hbr*	ADD UM: FI1		MRx Maintenance
08/11/2022	*buspirone hcl*	*buspirone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LIVALO	*pitavastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	NORTREL	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	LIVALO	*pitavastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydralazine hcl*	*hydralazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole hcl*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa*	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	VELPHORO	*sucroferric oxyhydroxide*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*carbidopa-levodopa*	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa*	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	SECUADO	*asenapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	SECUADO	*asenapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	SECUADO	*asenapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	LIVALO	*pitavastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ramipril*	*ramipril*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREVIFEM	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluoride,sodium fluoride*	*fluoride (sodium),sodium fluoride*	ADD UM: FI1		MRx Maintenance
08/11/2022	EFFER-K	*potassium bicarbonate/citric acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-PREVIFEM	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	VYFEMLA	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*terazosin hcl*	*terazosin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trazodone hcl*	*trazodone hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*levetiracetam*	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*misoprostol*	*misoprostol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil er,verapamil hcl,verapamil sr*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*haloperidol*	*haloperidol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*primidone*	*primidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	KATERZIA	*amlodipine benzoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*enalapril maleate*	*enalapril maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*furosemide*	*furosemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*dipyridamole*	*dipyridamole*	ADD UM: FI1		MRx Maintenance
08/11/2022	INVOKAMET XR	*canagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	INVOKAMET XR	*canagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	INVOKAMET XR	*canagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*allopurinol*	*allopurinol*	ADD UM: FI1		MRx Maintenance
08/11/2022	SOTYLIZE	*sotalol hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*citalopram hbr*	*citalopram hydrobromide*	ADD UM: FI1		MRx Maintenance
08/11/2022	INVOKAMET XR	*canagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbamazepine er,carbamazepine xr*	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trazodone hcl*	*trazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	VIOKACE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*baclofen*	*baclofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clomipramine hcl*	*clomipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine odt*	*olanzapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	BALZIVA	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	LUTERA	*levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acetazolamide er*	*acetazolamide*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*bisoprolol fumarate-hctz,bisoprolol-hydrochlorothiazide*	*bisoprolol fumarate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-LINYAH	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*simvastatin*	*simvastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	DOTTI	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	DOTTI	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	DOTTI	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	DOTTI	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quinapril hcl*	*quinapril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole er*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole er*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole er*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole er*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole er*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*felodipine er*	*felodipine*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	VIRT-C DHA	*mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa,prenatal vit no.16/iron fum,ps complex/folic acid/omega-3*	ADD UM: FI1		MRx Maintenance
08/11/2022	TARINA FE 1-20 EQ	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	CYRED EQ	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbamazepine*	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pentoxifylline*	*pentoxifylline*	ADD UM: FI1		MRx Maintenance
08/11/2022	PENTASA	*mesalamine*	ADD UM: FI1		MRx Maintenance
08/11/2022	DALIRESP	*roflumilast*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amitriptyline hcl*	*amitriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*methimazole*	*methimazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	THALITONE	*chlorthalidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*citalopram,citalopram hbr*	*citalopram hydrobromide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lactulose*	*lactulose*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isosorbide dinitrate*	*isosorbide dinitrate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*valproic acid*	*valproate sodium,valproic acid (as sodium salt) (valproate sodium)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levonorgestrel-eth estradiol*	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIGLUTIK	*riluzole*	ADD UM: FI1		MRx Maintenance
08/11/2022	VIOKACE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	CONSTULOSE	*lactulose*	ADD UM: FI1		MRx Maintenance
08/11/2022	COMBIPATCH	*estradiol/norethindrone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	WP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	WP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lanthanum carbonate*	*lanthanum carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*cholestyramine light*	*cholestyramine/aspartame*	ADD UM: FI1		MRx Maintenance
08/11/2022	KELNOR 1-50	*ethynodiol diacetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clonidine hcl*	*clonidine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	VIRT-NATE DHA	*prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*timolol maleate*	*timolol maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PIMTREA	*desogestrel-ethinyl estradiol/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*furosemide*	*furosemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	RECLIPSEN	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	TULANA	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxazosin mesylate*	*doxazosin mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pyridostigmine bromide*	*pyridostigmine bromide*	ADD UM: FI1		MRx Maintenance
08/11/2022	EZALLOR SPRINKLE	*rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	EZALLOR SPRINKLE	*rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZENPEP	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	EZALLOR SPRINKLE	*rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	EZALLOR SPRINKLE	*rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-LO-MARZIA	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	KAITLIB FE	*norethindrone-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-MILI	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*trospium chloride er*	*trospium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	KALLIGA	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ibandronate sodium*	*ibandronate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	HAILEY 24 FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREMPRO	*estrogens, conjugated/medroxyprogesterone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ergoloid mesylates*	*ergoloid mesylates*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole hcl*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nifedipine*	*nifedipine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*felbamate*	*felbamate*	ADD UM: FI1		MRx Maintenance
08/11/2022	MITIGARE	*colchicine*	ADD UM: FI1		MRx Maintenance
08/11/2022	STENDRA	*avanafil*	ADD UM: FI1		MRx Maintenance
08/11/2022	STENDRA	*avanafil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*dutasteride-tamsulosin*	*dutasteride/tamsulosin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*colchicine*	*colchicine*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*estradiol,estradiol (twice weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*galantamine hydrobromide*	*galantamine hbr*	ADD UM: FI1		MRx Maintenance
08/11/2022	*spironolactone*	*spironolactone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sevelamer carbonate*	*sevelamer carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium chloride*	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mercaptopurine*	*mercaptopurine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*captopril-hydrochlorothiazide*	*captopril/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	VP-PNV-DHA	*prenatal vitamins no.52/ferrous fumarate/folic acid/dha*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATAZIA	*estradiol valerate/dienogest*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydroxyurea*	*hydroxyurea*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paroxetine hcl*	*paroxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*imipramine pamoate*	*imipramine pamoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fludrocortisone acetate*	*fludrocortisone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isradipine*	*isradipine*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	EMSAM	*selegiline*	ADD UM: FI1		MRx Maintenance
08/11/2022	EMSAM	*selegiline*	ADD UM: FI1		MRx Maintenance
08/11/2022	EMSAM	*selegiline*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	CARDURA XL	*doxazosin mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	CARDURA XL	*doxazosin mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	NATURE-THROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	TARINA FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perphenazine*	*perphenazine*	ADD UM: FI1		MRx Maintenance
08/11/2022	ROWEEPRA XR	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*naproxen*	*naproxen*	ADD UM: FI1		MRx Maintenance
08/11/2022	ROWEEPRA XR	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZENPEP	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZENPEP	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*famciclovir*	*famciclovir*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	MILI	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*drospirenone-ethinyl estradiol*	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paliperidone er*	*paliperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*baclofen*	*baclofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alendronate sodium*	*alendronate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZENPEP	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*buspirone hcl*	*buspirone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium citrate,potassium citrate er*	*potassium citrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*riluzole*	*riluzole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ranolazine er*	*ranolazine*	ADD UM: FI1		MRx Maintenance
08/11/2022	STENDRA	*avanafil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isosorbide mononitrate,isosorbide mononitrate er*	*isosorbide mononitrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sotalol*	*sotalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mexiletine hcl*	*mexiletine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*benztropine mesylate*	*benztropine mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREVALITE	*cholestyramine/aspartame*	ADD UM: FI1		MRx Maintenance
08/11/2022	*buspirone hcl*	*buspirone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*naproxen*	*naproxen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atenolol*	*atenolol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clozapine odt*	*clozapine*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*propranolol hcl-hctz,propranolol-hydrochlorothiazid*	*propranolol hcl/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clozapine odt*	*clozapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lithium carbonate*	*lithium carbonate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nifedipine er*	*nifedipine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*g-levocarnitine,levocarnitine*	*levocarnitine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valganciclovir hcl*	*valganciclovir hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole hcl*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*liothyronine sodium*	*liothyronine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trospium chloride*	*trospium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*duloxetine hcl*	*duloxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*duloxetine hcl*	*duloxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*omega-3 acid ethyl esters*	*omega-3 acid ethyl esters*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acamprosate calcium*	*acamprosate calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	DEBLITANE	*norethindrone*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*duloxetine hcl*	*duloxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	XULANE	*norelgestromin/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol tartrate*	*metoprolol tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREPLUS	*prenatal vits with calcium no.72/ferrous fumarate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*probenecid*	*probenecid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acarbose*	*acarbose*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr cd,diltiazem 24hr er,diltiazem 24hr er (cd),diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*selegiline hcl*	*selegiline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bisoprolol fumarate*	*bisoprolol fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole er*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desipramine hcl*	*desipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amitriptyline hcl*	*amitriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole er*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*norethindrone-e.estradiol-iron*	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*triamterene-hctz,triamterene-hydrochlorothiazid*	*triamterene/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er (xr),diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	HEATHER	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mirtazapine*	*mirtazapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	SEGLUROMET	*ertugliflozin pidolate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mirtazapine*	*mirtazapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*divalproex sodium*	*divalproex sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	SEGLUROMET	*ertugliflozin pidolate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SEGLUROMET	*ertugliflozin pidolate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SEGLUROMET	*ertugliflozin pidolate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mirtazapine*	*mirtazapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	SORINE	*sotalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone*	*risperidone*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*pioglitazone-metformin*	*pioglitazone hcl/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pioglitazone-metformin*	*pioglitazone hcl/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	R-NATAL OB	*prenatal vitamins no.66/iron,carbonyl/folic acid/dha*	ADD UM: FI1		MRx Maintenance
08/11/2022	PIRMELLA	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-VYLIBRA LO	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carvedilol*	*carvedilol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZUMANDIMINE	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*mexiletine hcl*	*mexiletine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LO-ZUMANDIMINE	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	SYMAX DUOTAB	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*estradiol,estradiol (twice weekly)*	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er (xr),diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-LO-MILI	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine odt*	*olanzapine*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*trihexyphenidyl hcl*	*trihexyphenidyl hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIURIL	*chlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	AUROVELA FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atorvastatin calcium*	*atorvastatin calcium*	ADD UM: FI1		MRx Maintenance
08/11/2022	MYNATAL PLUS	*prenatal vitamins with calcium/ferrous fumarate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	ANTARA	*fenofibrate,micronized*	ADD UM: FI1		MRx Maintenance
08/11/2022	ANTARA	*fenofibrate,micronized*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium citrate,potassium citrate er*	*potassium citrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	MICROGESTIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	NP THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*folic acid*	*folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl,propranolol hcl er*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	PACERONE	*amiodarone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amiloride hcl*	*amiloride hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbamazepine*	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ezetimibe-simvastatin*	*ezetimibe/simvastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ezetimibe-simvastatin*	*ezetimibe/simvastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine besylate*	*amlodipine besylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PERTZYE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ezetimibe-simvastatin*	*ezetimibe/simvastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ezetimibe-simvastatin*	*ezetimibe/simvastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*dicyclomine hcl*	*dicyclomine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*oxybutynin chloride er*	*oxybutynin chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	CONTRAVE	*naltrexone hcl/bupropion hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DUZALLO	*lesinurad/allopurinol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	DUZALLO	*lesinurad/allopurinol*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZOVIA 1-35E	*ethynodiol diacetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	FEMYNOR	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isosorbide mononitrate,isosorbide mononitrate er*	*isosorbide mononitrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	ALORA	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*guanfacine hcl er*	*guanfacine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*guanfacine hcl er*	*guanfacine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIGITEK	*digoxin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole dihydrochloride*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil er pm*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*enalapril-hydrochlorothiazide*	*enalapril maleate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clozapine*	*clozapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olmesartan-amlodipine-hctz*	*olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*olmesartan-amlodipine-hctz*	*olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olmesartan-amlodipine-hctz*	*olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*solifenacin succinate*	*solifenacin succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*solifenacin succinate*	*solifenacin succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olmesartan-amlodipine-hctz*	*olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olmesartan-amlodipine-hctz*	*olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trifluoperazine hcl*	*trifluoperazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	PNV-OMEGA	*multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha*	ADD UM: FI1		MRx Maintenance
08/11/2022	*donepezil hcl*	*donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amitriptyline hcl*	*amitriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*imipramine hcl*	*imipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr er,diltiazem 24hr er (cd)*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nifedipine er*	*nifedipine*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*triamterene-hctz,triamterene-hydrochlorothiazid*	*triamterene/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine besylate*	*amlodipine besylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*torsemide*	*torsemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carbidopa-levodopa,carbidopa-levodopa er*	*carbidopa/levodopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ergocalciferol (vitamin d2),vitamin d2*	*ergocalciferol (vitamin d2)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium chloride*	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*hydrocortisone*	*hydrocortisone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nefazodone hcl*	*nefazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIVIGEL	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	STEGLUJAN	*ertugliflozin pidolate/sitagliptin phosphate*	ADD UM: FI1		MRx Maintenance
08/11/2022	STEGLUJAN	*ertugliflozin pidolate/sitagliptin phosphate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amantadine*	*amantadine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DOTTI	*estradiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*amiodarone hcl*	*amiodarone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*losartan potassium*	*losartan potassium*	ADD UM: FI1		MRx Maintenance
08/11/2022	VERSACLOZ	*clozapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quinapril-hydrochlorothiazide*	*quinapril hcl/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxepin hcl*	*doxepin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	FETZIMA	*levomilnacipran hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	FETZIMA	*levomilnacipran hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	FETZIMA	*levomilnacipran hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	FETZIMA	*levomilnacipran hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isosorbide mononitrate*	*isosorbide mononitrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paroxetine cr,paroxetine er,paroxetine hcl*	*paroxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levocetirizine dihydrochloride*	*levocetirizine dihydrochloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVORA-28	*levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*paroxetine cr,paroxetine er,paroxetine hcl*	*paroxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*paroxetine cr,paroxetine er,paroxetine hcl*	*paroxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	AYUNA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*guanfacine hcl er*	*guanfacine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*guanfacine hcl er*	*guanfacine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	AFIRMELLE	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*enalapril maleate*	*enalapril maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	PRENATABS RX	*prenatal vitamin with calcium no.76/iron,carbonyl/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	QTERN	*dapagliflozin propanediol/saxagliptin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LIPOFEN	*fenofibrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LIPOFEN	*fenofibrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desogestr-eth estrad eth estra*	*desogestrel-ethinyl estradiol/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clozapine odt*	*clozapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	SLYND	*drospirenone*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	SUBVENITE	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	SUBVENITE	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	LILLOW	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*acarbose*	*acarbose*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trihexyphenidyl hcl*	*trihexyphenidyl hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propylthiouracil*	*propylthiouracil*	ADD UM: FI1		MRx Maintenance
08/11/2022	SIMPESSE	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	SUBVENITE	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	SUBVENITE	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	FLOLIPID	*simvastatin*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZONTIVITY	*vorapaxar sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	MONO-LINYAH	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	STEGLATRO	*ertugliflozin pidolate*	ADD UM: FI1		MRx Maintenance
08/11/2022	STEGLATRO	*ertugliflozin pidolate*	ADD UM: FI1		MRx Maintenance
08/11/2022	SORINE	*sotalol hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	XIGDUO XR	*dapagliflozin propanediol/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	AMITIZA	*lubiprostone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol tartrate*	*metoprolol tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium chloride*	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*telmisartan-hydrochlorothiazid*	*telmisartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*haloperidol lactate*	*haloperidol lactate*	ADD UM: FI1		MRx Maintenance
08/11/2022	ELIXOPHYLLIN	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	BRILINTA	*ticagrelor*	ADD UM: FI1		MRx Maintenance
08/11/2022	VELTASSA	*patiromer calcium sorbitex*	ADD UM: FI1		MRx Maintenance
08/11/2022	VELTASSA	*patiromer calcium sorbitex*	ADD UM: FI1		MRx Maintenance
08/11/2022	VELTASSA	*patiromer calcium sorbitex*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nitroglycerin patch*	*nitroglycerin*	ADD UM: FI1		MRx Maintenance
08/11/2022	*chlorpromazine hcl*	*chlorpromazine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	VYLIBRA	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-VYLIBRA	*norgestimate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*methotrexate*	*methotrexate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TILIA FE	*norethindrone a-e estradiol/ferrous fumarate,norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	NORTREL	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	FORFIVO XL	*bupropion hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bupropion xl*	*bupropion hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*calcium acetate*	*calcium acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	MICROGESTIN 24 FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol succinate*	*metoprolol succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ethosuximide*	*ethosuximide*	ADD UM: FI1		MRx Maintenance
08/11/2022	DILT-XR	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DILT-XR	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DILT-XR	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	TRINATE	*prenatal vits with calcium no.73/ferrous fumarate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*irbesartan*	*irbesartan*	ADD UM: FI1		MRx Maintenance
08/11/2022	SIMLIYA	*desogestrel-ethinyl estradiol/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	SYNJARDY	*empagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SYNJARDY	*empagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SYNJARDY	*empagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluoxetine hcl*	*fluoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 24hr cd,diltiazem 24hr er,diltiazem 24hr er (cd),diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	SYNJARDY	*empagliflozin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	PERTZYE	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*moexipril hcl*	*moexipril hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amoxapine*	*amoxapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	NYLIA	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*valganciclovir hcl*	*valganciclovir hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	AUROVELA	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lisinopril*	*lisinopril*	ADD UM: FI1		MRx Maintenance
08/11/2022	ARMOUR THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVO-T	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*labetalol hcl*	*labetalol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*montelukast sodium*	*montelukast sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*perphenazine*	*perphenazine*	ADD UM: FI1		MRx Maintenance
08/11/2022	KURVELO	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*isosorbide mononitrate*	*isosorbide mononitrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*flavoxate hcl*	*flavoxate hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ursodiol*	*ursodiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*theophylline anhydrous*	*theophylline anhydrous*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ethynodiol-ethinyl estradiol*	*ethynodiol diacetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trandolapril-verapamil,trandolapril-verapamil er*	*trandolapril/verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tiagabine hcl*	*tiagabine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atomoxetine hcl*	*atomoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*atomoxetine hcl*	*atomoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	MENOSTAR	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*loxapine*	*loxapine succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	SPRITAM	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	SPRITAM	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	SPRITAM	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	SPRITAM	*levetiracetam*	ADD UM: FI1		MRx Maintenance
08/11/2022	*megestrol acetate*	*megestrol acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levetiracetam*	*levetiracetam*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*quinidine sulfate*	*quinidine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	THRIVITE RX	*prenatal vitamin with calcium no.76/iron,carbonyl/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*thiothixene*	*thiothixene*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bethanechol chloride*	*bethanechol chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	PRENA1 CHEW	*prenatal vitamins combination no.42/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	BEKYREE	*desogestrel-ethinyl estradiol/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole hcl*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIVIGEL	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIVIGEL	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	DIVIGEL	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	BINOSTO	*alendronate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	EUTHYROX	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amlodipine besylate*	*amlodipine besylate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*prenatal low iron*	*prenatal vits with calcium #74/ferrous fumarate/folic acid,prenatal vits with calcium no.74/ferrous fumarate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levonorgestrel-eth estradiol*	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	BLISOVI 24 FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trandolapril-verapamil,trandolapril-verapamil er*	*trandolapril/verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bisoprolol fumarate-hctz,bisoprolol-hydrochlorothiazide*	*bisoprolol fumarate/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxepin hcl*	*doxepin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*fluoxetine hcl*	*fluoxetine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alogliptin*	*alogliptin benzoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*olanzapine*	*olanzapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	AUBRA	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alogliptin-pioglitazone*	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alogliptin-pioglitazone*	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*alogliptin-pioglitazone*	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alogliptin-pioglitazone*	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alogliptin-pioglitazone*	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LUDENT FLUORIDE	*fluoride (sodium),sodium fluoride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alogliptin-metformin*	*alogliptin benzoate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alogliptin*	*alogliptin benzoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alogliptin*	*alogliptin benzoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LUDENT FLUORIDE	*fluoride (sodium),sodium fluoride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alogliptin-metformin*	*alogliptin benzoate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LUDENT FLUORIDE	*fluoride (sodium),sodium fluoride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ibuprofen*	*ibuprofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*alogliptin-pioglitazone*	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	KAZANO	*alogliptin benzoate/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	KAZANO	*alogliptin benzoate/metformin hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	OSENI	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NESINA	*alogliptin benzoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	NESINA	*alogliptin benzoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	OSENI	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	NESINA	*alogliptin benzoate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	OSENI	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	OSENI	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	OSENI	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	OSENI	*alogliptin benzoate/pioglitazone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	CYRED	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*phenytoin sodium extended*	*phenytoin sodium extended*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levoxyl*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	SOAANZ	*torsemide*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREMPRO	*estrogens, conjugated/medroxyprogesterone acetate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	DAYSEE	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*donepezil hcl odt*	*donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*donepezil hcl odt*	*donepezil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium chloride*	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*desipramine hcl*	*desipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tolterodine tartrate er*	*tolterodine tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bethanechol chloride*	*bethanechol chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	ELINEST	*norgestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*flecainide acetate*	*flecainide acetate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*hyoscyamine sulfate,hyoscyamine sulfate er,hyoscyamine sulfate sr*	*hyoscyamine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lisinopril-hctz,lisinopril-hydrochlorothiazide*	*lisinopril/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nefazodone hcl*	*nefazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ZENPEP	*lipase/protease/amylase*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lamotrigine*	*lamotrigine*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVONEST	*levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	WERA	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	AUROVELA 24 FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*doxazosin mesylate*	*doxazosin mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trazodone hcl*	*trazodone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*methyldopa*	*methyldopa*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*chlorthalidone*	*chlorthalidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*guanfacine hcl*	*guanfacine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*enalapril maleate*	*enalapril maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	TIROSINT	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	STALEVO 200	*carbidopa/levodopa/entacapone*	ADD UM: FI1		MRx Maintenance
08/11/2022	ORILISSA	*elagolix sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bupropion hcl er,bupropion hcl sr*	*bupropion hcl*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*propafenone hcl*	*propafenone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	DASETTA	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	DASETTA	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*baclofen*	*baclofen*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pramipexole dihydrochloride*	*pramipexole di-hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pravastatin sodium*	*pravastatin sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	VOLNEA	*desogestrel-ethinyl estradiol/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil hcl*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRIJARDY XR	*empagliflozin/linagliptin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRIJARDY XR	*empagliflozin/linagliptin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRIJARDY XR	*empagliflozin/linagliptin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRIJARDY XR	*empagliflozin/linagliptin/metformin hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LATUDA	*lurasidone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	CYCLAFEM	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	CYCLAFEM	*norethindrone-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	JAIMIESS	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	LOJAIMIESS	*levonorgestrel/ethinyl estradiol and ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	LATUDA	*lurasidone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trandolapril*	*trandolapril*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem hcl*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	ABILIFY MYCITE	*aripiprazole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone odt*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clomipramine hcl*	*clomipramine hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*memantine hcl*	*memantine hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	APRI	*desogestrel-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	NORPACE CR	*disopyramide phosphate*	ADD UM: FI1		MRx Maintenance
08/11/2022	AUROVELA FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*potassium chloride*	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	*benztropine mesylate*	*benztropine mesylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol tartrate*	*metoprolol tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*drospirenone-ethinyl estradiol*	*ethinyl estradiol/drospirenone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*metoprolol tartrate*	*metoprolol tartrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*phenelzine sulfate*	*phenelzine sulfate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sildenafil citrate*	*sildenafil citrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LEVOXYL	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*citalopram hbr*	*citalopram hydrobromide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*flutamide*	*flutamide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quetiapine fumarate*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*candesartan cilexetil*	*candesartan cilexetil*	ADD UM: FI1		MRx Maintenance
08/11/2022	*glycopyrrolate*	*glycopyrrolate*	ADD UM: FI1		MRx Maintenance
08/11/2022	CARTIA XT	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LYBALVI	*olanzapine/samidorphan malate*	ADD UM: FI1		MRx Maintenance
08/11/2022	LYBALVI	*olanzapine/samidorphan malate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem hcl*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LYBALVI	*olanzapine/samidorphan malate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*risperidone odt*	*risperidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*primidone*	*primidone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*nifedipine er,nifedipine xl*	*nifedipine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*miglitol*	*miglitol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*verapamil er,verapamil sr*	*verapamil hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*anastrozole*	*anastrozole*	ADD UM: FI1		MRx Maintenance
08/11/2022	*protriptyline hcl*	*protriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*valacyclovir*	*valacyclovir hcl*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*etodolac*	*etodolac*	ADD UM: FI1		MRx Maintenance
08/11/2022	AUROVELA	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*tadalafil*	*tadalafil*	ADD UM: FI1		MRx Maintenance
08/11/2022	LINZESS	*linaclotide*	ADD UM: FI1		MRx Maintenance
08/11/2022	PREVALITE	*cholestyramine/aspartame*	ADD UM: FI1		MRx Maintenance
08/11/2022	TREXALL	*methotrexate sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*protriptyline hcl*	*protriptyline hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ELESTRIN	*estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	*propranolol hcl,propranolol hcl er*	*propranolol hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quetiapine fumarate er*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quetiapine fumarate er*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quetiapine fumarate er*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	INCASSIA	*norethindrone*	ADD UM: FI1		MRx Maintenance
08/11/2022	*quetiapine fumarate*	*quetiapine fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*carvedilol*	*carvedilol*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	NEWGEN	*prenatal vitamin no.86/iron bis-glycinate/folic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	KAPSPARGO SPRINKLE	*metoprolol succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	COMBIPATCH	*estradiol/norethindrone acetate*	ADD UM: FI1		MRx Maintenance
08/11/2022	KAPSPARGO SPRINKLE	*metoprolol succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	KAPSPARGO SPRINKLE	*metoprolol succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levocarnitine*	*levocarnitine (with sugar)*	ADD UM: FI1		MRx Maintenance
08/11/2022	KAPSPARGO SPRINKLE	*metoprolol succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*unithroid*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	QULIPTA	*atogepant*	ADD UM: FI1		MRx Maintenance
08/11/2022	QULIPTA	*atogepant*	ADD UM: FI1		MRx Maintenance
08/11/2022	QULIPTA	*atogepant*	ADD UM: FI1		MRx Maintenance
08/11/2022	*clozapine*	*clozapine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*bupropion hcl*	*bupropion hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	ARMOUR THYROID	*thyroid,pork*	ADD UM: FI1		MRx Maintenance
08/11/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	ADD UM: FI1		MRx Maintenance

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*potassium chloride*	*potassium chloride*	ADD UM: FI1		MRx Maintenance
08/11/2022	NEXLETOL	*bempedoic acid*	ADD UM: FI1		MRx Maintenance
08/11/2022	*pindolol*	*pindolol*	ADD UM: FI1		MRx Maintenance
08/11/2022	CHATEAL	*levonorgestrel-ethinyl estradiol,levonorgestrel/ethinyl estradiol*	ADD UM: FI1		MRx Maintenance
08/11/2022	FOSAMAX PLUS D	*alendronate sodium/cholecalciferol (vitamin d3)*	ADD UM: FI1		MRx Maintenance
08/11/2022	*captopril-hydrochlorothiazide*	*captopril/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	TRI-LEGEST FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*telmisartan-amlodipine*	*telmisartan/amlodipine besylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	EQUETRO	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	EQUETRO	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*telmisartan-amlodipine*	*telmisartan/amlodipine besylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*telmisartan-amlodipine*	*telmisartan/amlodipine besylate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*telmisartan-amlodipine*	*telmisartan/amlodipine besylate*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2022	*fosinopril-hydrochlorothiazide*	*fosinopril sodium/hydrochlorothiazide*	ADD UM: FI1		MRx Maintenance
08/11/2022	*loxapine*	*loxapine succinate*	ADD UM: FI1		MRx Maintenance
08/11/2022	EPITOL	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*amiodarone hcl*	*amiodarone hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	EQUETRO	*carbamazepine*	ADD UM: FI1		MRx Maintenance
08/11/2022	*diltiazem 12hr er,diltiazem er*	*diltiazem hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	*trimipramine maleate*	*trimipramine maleate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*progesterone*	*progesterone, micronized,progesterone,micronized*	ADD UM: FI1		MRx Maintenance
08/11/2022	*sildenafil citrate*	*sildenafil citrate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*lisinopril*	*lisinopril*	ADD UM: FI1		MRx Maintenance
08/11/2022	*ropinirole hcl*	*ropinirole hcl*	ADD UM: FI1		MRx Maintenance
08/11/2022	LOESTRIN FE	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	ADD UM: FI1		MRx Maintenance
08/11/2022	*levothyroxine sodium*	*levothyroxine sodium*	ADD UM: FI1		MRx Maintenance
08/11/2022	*famciclovir*	*famciclovir*	ADD UM: FI1		MRx Maintenance

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/13/2022	GOLD BOND EXTRA STRENGTH	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	NATRAPEL	*icaridin*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	CUTTER ALL FAMILY	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	CUTTER SKINSATIONS	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	REPEL	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	OFF DEEP WOODS	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	SAWYER CONTROLLED RELEASE	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	SAWYER CONTROLLED RELEASE	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	MAXI-DEET	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	MAXI-DEET	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	MAXI-DEET	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	MAXI-DEET	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	CUTTER ALL FAMILY	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	DOSOKAP	*cholecalciferol (vit d3)/vitamin k2*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/13/2022	UNISOM PM PAIN	*acetaminophen/diphenhydramine hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	ICY HOT	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	ROLAIDS ADV ANTACID-ANTIGAS	*calcium carbonate/magnesium hydroxide/simethicone*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	ROLAIDS ADV ANTACID-ANTIGAS	*calcium carbonate/magnesium hydroxide/simethicone*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	CURAD PETROLEUM JELLY	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	CURAD PETROLEUM JELLY	*petrolatum,white*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	CLAIRVEE	*l. acidophilus/l. rhamnosus/levomefolate sodium/lactoferrin*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	REVAREE	*hyaluronate sodium*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	RELIZEN	*pollen extracts*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	SERENOL	*chromium picolinate/royal jelly/pollen extracts*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	RELIZEN	*pollen extracts*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/13/2022	SERENOL	*chromium picolinate/royal jelly/pollen extracts*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/13/2022	*magnesium*	*magnesium citrate, magnesium oxide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/13/2022	*miconazole nitrate*	*miconazole nitrate*	REMOVE FROM FORMULARY		Non-Formulary
08/13/2022	*vitamin b-12*	*mecobalamin*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
08/15/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
08/15/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	REMOVE FROM FORMULARY		Non-Formulary
08/15/2022	SIMILAC 360 TOTAL CARE	*infant formula with iron/docosahexaenoic acid/arachidonic ac*	ADD UM: DRUGCLASS		Metabolic Infant Formula
08/15/2022	INDOCIN	*indomethacin*	CHANGE UM: MAXQTYPERDAY	6 per day	40.0 per day
08/16/2022	RELIZEN	*pollen extracts*	REMOVE UM: DRUGCLASS	Nutritional Diet Supplement	
08/16/2022	SIGNIFOR	*pasireotide diaspartate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
08/16/2022	SIGNIFOR	*pasireotide diaspartate*	ADD UM: PANAME		PA Applies
08/16/2022	SIGNIFOR	*pasireotide diaspartate*	ADD UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2022	SIGNIFOR	*pasireotide diaspartate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
08/16/2022	SIGNIFOR	*pasireotide diaspartate*	ADD UM: PANAME		PA Applies
08/16/2022	SIGNIFOR	*pasireotide diaspartate*	ADD UM: SPECIALTY		Specialty Drug
08/16/2022	SIGNIFOR	*pasireotide diaspartate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
08/16/2022	SIGNIFOR	*pasireotide diaspartate*	ADD UM: PANAME		PA Applies
08/16/2022	SIGNIFOR	*pasireotide diaspartate*	ADD UM: SPECIALTY		Specialty Drug
08/16/2022	XYBIOTIC	*l. acidophilus/bacillus coagulans/folic acid/inulin*	REMOVE FROM FORMULARY		Non-Formulary
08/16/2022	XYBIOTIC	*l. acidophilus/bacillus coagulans/folic acid/inulin*	ADD UM: COV		Non Formulary
08/16/2022	XYBIOTIC	*l. acidophilus/bacillus coagulans/folic acid/inulin*	ADD UM: NFDA		Non-FDA Approved
08/16/2022	SAROXIA	*tretinoin/niacinamide*	REMOVE FROM FORMULARY		Non-Formulary
08/16/2022	SAROXIA	*tretinoin/niacinamide*	ADD UM: DRUGCLASS		Acne
08/16/2022	SAROXIA	*tretinoin/niacinamide*	ADD UM: COV		Non Formulary
08/16/2022	SAROXIA	*tretinoin/niacinamide*	ADD UM: NFDA		Non-FDA Approved
08/16/2022	*epinephrine*	*epinephrine*	ADD TO FORMULARY		Generics
08/16/2022	*epinephrine*	*epinephrine*	ADD UM: MED		Medical Drug
08/16/2022	CALQUENCE	*acalabrutinib maleate*	ADD TO FORMULARY		Non-Preferred Brands
08/16/2022	CALQUENCE	*acalabrutinib maleate*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	CALQUENCE	*acalabrutinib maleate*	ADD UM: AGE		At least 18 yrs old

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08/16/2022	CALQUENCE	*acalabrutinib maleate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
08/16/2022	CALQUENCE	*acalabrutinib maleate*	ADD UM: PANAME		PA Applies
08/16/2022	CALQUENCE	*acalabrutinib maleate*	ADD UM: SPECIALTY		Specialty Drug
08/16/2022	*piroxicam*	*piroxicam*	REMOVE UM: AGE	Up to 75 yrs old	
08/16/2022	*piroxicam*	*piroxicam*	REMOVE UM: AGE	Up to 75 yrs old	
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		8.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		4.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/16/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD UM: MAXQTYPERDAY		2.0 per day
08/17/2022	SEGLUROMET	*ertugliflozin pidolate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	JARDIANCE	*empagliflozin*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	JARDIANCE	*empagliflozin*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	STEGLATRO	*ertugliflozin pidolate*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	STEGLATRO	*ertugliflozin pidolate*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	SEGLUROMET	*ertugliflozin pidolate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	SEGLUROMET	*ertugliflozin pidolate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	SEGLUROMET	*ertugliflozin pidolate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	XIGDUO XR	*dapagliflozin propanediol/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	INVOKAMET	*canagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	INVOKAMET	*canagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	TRIJARDY XR	*empagliflozin/linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	TRIJARDY XR	*empagliflozin/linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/17/2022	INVOKAMET	*canagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	TRIJARDY XR	*empagliflozin/linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	TRIJARDY XR	*empagliflozin/linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	FARXIGA	*dapagliflozin propanediol*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	FARXIGA	*dapagliflozin propanediol*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	TRADJENTA	*linagliptin*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	XIGDUO XR	*dapagliflozin propanediol/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	SYNJARDY XR	*empagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	SYNJARDY	*empagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	XIGDUO XR	*dapagliflozin propanediol/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	SYNJARDY XR	*empagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	SYNJARDY	*empagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	XIGDUO XR	*dapagliflozin propanediol/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	SYNJARDY	*empagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	XIGDUO XR	*dapagliflozin propanediol/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/17/2022	SYNJARDY	*empagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	INVOKAMET XR	*canagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	INVOKAMET XR	*canagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	INVOKAMET XR	*canagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	INVOKANA	*canagliflozin*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	INVOKANA	*canagliflozin*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	ONGLYZA	*saxagliptin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	ONGLYZA	*saxagliptin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	INVOKAMET XR	*canagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	JANUVIA	*sitagliptin phosphate*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	JANUVIA	*sitagliptin phosphate*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	RYBELSUS	*semaglutide*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	RYBELSUS	*semaglutide*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	SYNJARDY XR	*empagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	JANUVIA	*sitagliptin phosphate*	REMOVE UM: FI1	MRx Maintenance	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/17/2022	SYNJARDY XR	*empagliflozin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
08/17/2022	*testosterone enanthate*	*testosterone enanthate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*haloperidol decanoate*	*haloperidol decanoate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*hydroxocobalamin*	*hydroxocobalamin*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*olanzapine*	*olanzapine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*cyanocobalamin injection*	*cyanocobalamin (vitamin b-12)*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	GEODON	*ziprasidone mesylate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*testosterone cypionate*	*testosterone cypionate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*heparin sodium*	*heparin sodium,porcine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	PREMARIN	*estrogens, conjugated*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*sodium citrate*	*sodium citrate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ATROPEN	*atropine sulfate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ATROPEN	*atropine sulfate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	DEPO-ESTRADIOL	*estradiol cypionate*	REMOVE UM: DRUGCLASS	Injectables	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/17/2022	HALDOL DECANOATE 50	*haloperidol decanoate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*buprenorphine hcl*	*buprenorphine hcl*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*haloperidol decanoate,haloperidol decanoate 100*	*haloperidol decanoate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	RISPERDAL CONSTA	*risperidone microspheres*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	RISPERDAL CONSTA	*risperidone microspheres*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	BICILLIN L-A	*penicillin g benzathine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*progesterone*	*progesterone*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*morphine sulfate-0.9% nacl*	*morphine sulfate in 0.9 % sodium chloride*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	BICILLIN C-R	*penicillin g benzathine/penicillin g procaine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	INVEGA TRINZA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	INVEGA TRINZA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	BICILLIN L-A	*penicillin g benzathine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	INVEGA TRINZA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	RISPERDAL CONSTA	*risperidone microspheres*	REMOVE UM: DRUGCLASS	Injectables	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/17/2022	INVEGA TRINZA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	RISPERDAL CONSTA	*risperidone microspheres*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*prochlorperazine edisylate*	*prochlorperazine edisylate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*ziprasidone mesylate*	*ziprasidone mesylate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*estradiol valerate*	*estradiol valerate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*naloxone hcl*	*naloxone hcl*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*estradiol valerate*	*estradiol valerate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	INVEGA HAFYERA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	INVEGA HAFYERA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	BICILLIN C-R	*penicillin g benzathine/penicillin g procaine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ABILIFY MAINTENA	*aripiprazole*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ABILIFY MAINTENA	*aripiprazole*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	BICILLIN L-A	*penicillin g benzathine*	REMOVE UM: DRUGCLASS	Injectables	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/17/2022	AQUASOL A	*vitamin a palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	DEMEROL	*meperidine hcl/pf*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	INVEGA SUSTENNA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	INVEGA SUSTENNA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	INVEGA SUSTENNA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*naloxone hcl*	*naloxone hcl*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*penicillin g procaine*	*penicillin g procaine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*penicillin g procaine*	*penicillin g procaine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	INVEGA SUSTENNA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*pralidoxime chloride*	*pralidoxime chloride*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	INVEGA SUSTENNA	*paliperidone palmitate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*naloxone,naloxone hcl*	*naloxone hcl*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*haloperidol lactate*	*haloperidol lactate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ABILIFY MAINTENA	*aripiprazole*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ABILIFY MAINTENA	*aripiprazole*	REMOVE UM: DRUGCLASS	Injectables	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/17/2022	B-12 COMPLIANCE	*cyanocobalamin (vitamin b-12)*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	DUODOTE	*pralidoxime chloride/atropine sulfate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ZYPREXA RELPREVV	*olanzapine pamoate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ZYPREXA RELPREVV	*olanzapine pamoate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ZYPREXA RELPREVV	*olanzapine pamoate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	TESTONE CIK	*testosterone cypionate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	HALDOL DECANOATE 100	*haloperidol decanoate*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	*ketorolac tromethamine*	*ketorolac tromethamine*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ZEGALOGUE SYRINGE	*dasiglucagon hcl*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	ZEGALOGUE AUTOINJECTOR	*dasiglucagon hcl*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	GVOKE	*glucagon*	REMOVE UM: DRUGCLASS	Excluded Products	
08/17/2022	GLUCAGON EMERGENCY KIT	*glucagon*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	GLUCAGON EMERGENCY KIT	*glucagon hcl*	REMOVE UM: DRUGCLASS	Injectables	
08/17/2022	GVOKE	*glucagon*	ADD UM: DRUGCLASS		Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/17/2022	GVOKE	*glucagon*	ADD UM: DRUGCLASS		Excluded Products
08/20/2022	*pilot covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
08/20/2022	*pilot covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
08/20/2022	*pilot covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
08/20/2022	*kids melatonin*	*melatonin*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	*l-tryptophan*	*tryptophan*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	BULLFROG MOSQUITO COAST	*aminoprop ethy/oxybenzone/octinoxate/ octocrylene/octyl salic*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	REPEL SPORTSMEN	*diethyltoluamide*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	RISTELA	*citrulline hcl/arginine hcl/pine bark xt/rose hips xt*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	ENSURE PLUS HIGH PROTEIN	*lactose-reduced food*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	ENSURE PLUS HIGH PROTEIN	*lactose-reduced food*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	ENSURE PLUS HIGH PROTEIN	*lactose-reduced food*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	ENSURE PLUS HIGH PROTEIN	*lactose-reduced food*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	IG 26 PLUS DF	*egg/larch*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	LEPTIN MANAGER	*glycosaminoglycans,mixed/a scorbic acid*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/20/2022	QH-ABSORB	*ubiquinol*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	*glutathione reduced*	*glutathione*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	RISTELA	*citrulline hcl/arginine hcl/pine bark xt/rose hips xt*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/20/2022	ENSURE PLUS HIGH PROTEIN	*lactose-reduced food*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/20/2022	ENSURE PLUS HIGH PROTEIN	*lactose-reduced food*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/20/2022	ENSURE PLUS HIGH PROTEIN	*lactose-reduced food*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/20/2022	ENSURE PLUS HIGH PROTEIN	*lactose-reduced food*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/20/2022	IG 26 PLUS DF	*egg/larch*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/20/2022	LEPTIN MANAGER	*glycosaminoglycans,mixed/a scorbic acid*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/20/2022	QH-ABSORB	*ubiquinol*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/20/2022	*glutathione reduced*	*glutathione*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/20/2022	XYMOBOLX	*amino acids*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	XYMOBOLX	*amino acids*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/20/2022	FEM DOPHILUS	*lactobacillus reuteri/lactobacillus rhamnosus gg*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	*indomethacin*	*indomethacin*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/20/2022	*indomethacin*	*indomethacin*	ADD UM: COV		FDA Moratorium
08/20/2022	*pirfenidone*	*pirfenidone*	REMOVE FROM FORMULARY		Non-Formulary
08/20/2022	*pirfenidone*	*pirfenidone*	ADD UM: COV		FDA Moratorium
08/20/2022	*pirfenidone*	*pirfenidone*	ADD UM: SPECIALTY		Specialty Drug
08/20/2022	*pirfenidone*	*pirfenidone*	ADD UM: PS		Preferred Specialty
08/22/2022	*cefazolin sodium*	*cefazolin sodium*	ADD TO FORMULARY	Non-Formulary	Generics
08/22/2022	*cefazolin sodium*	*cefazolin sodium*	ADD UM: MED		Medical Drug
08/22/2022	*gabapentin*	*gabapentin*	ADD TO FORMULARY	Non-Formulary	Generics
08/22/2022	*gabapentin*	*gabapentin*	ADD UM: MAXQTYPERDAY		9.0 per day
08/23/2022	*omnipod 5 g6 pods (gen 5)*	*insulin pump cartridge, subcut automated dosing, bluetooth*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
08/23/2022	*omnipod 5 g6 pods (gen 5)*	*insulin pump cartridge, subcut automated dosing, bluetooth*	ADD UM: MAXQTYPERDAY		1.0 per day
08/23/2022	*omnipod 5 g6 pods (gen 5)*	*insulin pump cartridge, subcut automated dosing, bluetooth*	REMOVE UM: COV	Non Formulary	
08/23/2022	*omnipod 5 g6 intro kit (gen 5)*	*insulin pump cartridge,automated dosing,bt with controller*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
08/23/2022	*omnipod 5 g6 intro kit (gen 5)*	*insulin pump cartridge,automated dosing,bt with controller*	ADD UM: QUANTITY		max 1 per 365 days
08/23/2022	*omnipod 5 g6 intro kit (gen 5)*	*insulin pump cartridge,automated dosing,bt with controller*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2022	*omnipod dash pods (gen 4)*	*insulin pump cartridge,continuous subcut infusion,bluetooth*	ADD UM: QUANTITY		10 / 30 days
08/23/2022	*omnipod dash pods (gen 4)*	*insulin pump cartridge,continuous subcut infusion,bluetooth*	REMOVE UM: MAXQTYPERDAY	1 per day	
08/23/2022	*omnipod 5 g6 pods (gen 5)*	*insulin pump cartridge, subcut automated dosing, bluetooth*	ADD UM: QUANTITY		10 / 30 days
08/23/2022	*omnipod 5 g6 pods (gen 5)*	*insulin pump cartridge, subcut automated dosing, bluetooth*	REMOVE UM: MAXQTYPERDAY	1.0 per day	
08/23/2022	GLYTACTIN SWIRL 15-15	*nutritional therapy for pku no.64*	ADD TO FORMULARY		Non-Preferred Brands
08/23/2022	GLYTACTIN SWIRL 15-15	*nutritional therapy for pku no.64*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: COV		Non Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: NFDA		Non-FDA Approved
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: COV		Non Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: NFDA		Non-FDA Approved
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: COV		Non Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: NFDA		Non-FDA Approved
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: COV		Non Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: NFDA		Non-FDA Approved
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: COV		Non Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: NFDA		Non-FDA Approved
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: COV		Non Formulary
08/23/2022	*medtronic ext infusion set*	*infusion set for insulin pump*	ADD UM: NFDA		Non-FDA Approved
08/23/2022	XACIATO	*clindamycin phosphate*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	XACIATO	*clindamycin phosphate*	ADD UM: COV		FDA Moratorium
08/23/2022	XACIATO	*clindamycin phosphate*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	XACIATO	*clindamycin phosphate*	ADD UM: COV		FDA Moratorium
08/23/2022	*fluorodopa f-18*	*fluorodopa f-18*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2022	*fluorodopa f-18*	*fluorodopa f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics
08/23/2022	*fluorodopa f-18*	*fluorodopa f-18*	ADD UM: COV		Non Formulary
08/23/2022	*fluorodopa f-18*	*fluorodopa f-18*	ADD UM: MED		Medical Drug
08/23/2022	*fluorodopa f-18*	*fluorodopa f-18*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	*fluorodopa f-18*	*fluorodopa f-18*	ADD UM: DRUGCLASS		X-ray Diagnostics
08/23/2022	*fluorodopa f-18*	*fluorodopa f-18*	ADD UM: COV		Non Formulary
08/23/2022	*fluorodopa f-18*	*fluorodopa f-18*	ADD UM: MED		Medical Drug
08/23/2022	JAVYGTOR	*sapropterin dihydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: COV		FDA Moratorium
08/23/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
08/23/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: PS		Preferred Specialty
08/23/2022	JAVYGTOR	*sapropterin dihydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: COV		FDA Moratorium
08/23/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
08/23/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: PS		Preferred Specialty
08/23/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	ADD UM: COV		Non Formulary
08/23/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	ADD UM: NFDA		Non-FDA Approved
08/23/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/23/2022	*fentanyl-bupivacaine-0.9% nacl*	*fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf*	REMOVE FROM FORMULARY		Non-Formulary
08/23/2022	*fentanyl-bupivacaine-0.9% nacl*	*fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf*	ADD UM: COV		Non Formulary
08/23/2022	*fentanyl-bupivacaine-0.9% nacl*	*fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf*	ADD UM: NFDA		Non-FDA Approved
08/23/2022	*fentanyl-bupivacaine-0.9% nacl*	*fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf*	ADD UM: MED		Medical Drug
08/23/2022	MILLIPRED	*prednisolone*	CHANGE TIER	Generics	Non-Preferred Brands
08/27/2022	*dhea micronized*	*prasterone (dhea)*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	ICY HOT MAX	*lidocaine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	ROLAIDS ADV ANTACID-ANTIGAS	*calcium carbonate/magnesium hydroxide/simethicone*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	*nebulizer*	*nebulizer*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	*pure comfort spacer with mask*	*inhaler,assist device with large mask*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	*nebulizer*	*nebulizer*	ADD UM: DRUGCLASS		Respiratory Devices
08/27/2022	CULTURELLE KIDS PROBIO-FIBER	*lactobacillus rhamnosus gg/fiber*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/27/2022	ALKA-SELTZER HEARTBURN-GAS	*calcium carbonate/simethicone*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	*pro health mini talk bp monitr*	*blood pressure test kit-medium*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	*pro health mini talk bp monitr*	*blood pressure test kit-medium*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
08/27/2022	LIDOZO	*lidocaine*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	*pure comfort spacer with mask*	*inhaler,assist device with large mask*	ADD UM: DRUGCLASS		Respiratory Devices
08/27/2022	*methylfolate*	*methyltetrahydrofolate glucosamine*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	*k2 liquid*	*vitamin k2*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	RESVERATIN PLUS	*resveratrol/quercetin/pterostilbene*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	RESVERATIN PLUS	*resveratrol/quercetin/pterostilbene*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/27/2022	*arginine*	*arginine hcl*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	*arginine*	*arginine hcl*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/27/2022	COQMAX UBIQUINOL	*ubiquinol*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	*lactoferrin*	*lactoferrin*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	COQMAX UBIQUINOL	*ubiquinol*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/27/2022	*prevail underpad*	*underpads*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/27/2022	*lactoferrin*	*lactoferrin*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
08/27/2022	*genabio covid-19 rapid at-home*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
08/27/2022	*genabio covid-19 rapid at-home*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
08/27/2022	*genabio covid-19 rapid at-home*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
08/27/2022	*genabio covid-19 rapid at-home*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
08/27/2022	*genabio covid-19 rapid at-home*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
08/27/2022	*genabio covid-19 rapid at-home*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
08/27/2022	RYALTRIS	*olopatadine hcl/mometasone furoate*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	RYALTRIS	*olopatadine hcl/mometasone furoate*	ADD UM: COV		FDA Moratorium
08/27/2022	CYTALUX	*pafolacianine sodium*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	CYTALUX	*pafolacianine sodium*	ADD UM: COV		FDA Moratorium
08/27/2022	CYTALUX	*pafolacianine sodium*	ADD UM: MED		Medical Drug
08/27/2022	ZYNTEGLO	*betibeglogene autotemcel*	REMOVE FROM FORMULARY		Non-Formulary
08/27/2022	ZYNTEGLO	*betibeglogene autotemcel*	ADD UM: COV		FDA Moratorium
08/27/2022	ZYNTEGLO	*betibeglogene autotemcel*	ADD UM: SPECIALTY		Specialty Drug
08/27/2022	ZYNTEGLO	*betibeglogene autotemcel*	ADD UM: MED		Medical Drug
08/27/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/27/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	ADD UM: COV		Non Formulary
08/27/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	ADD UM: NFDA		Non-FDA Approved
08/27/2022	*ketamine hcl-nacl*	*ketamine hcl in sodium chloride, iso-osmotic*	ADD UM: MED		Medical Drug
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*indocyanine green*	*indocyanine green*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	*indocyanine green*	*indocyanine green*	ADD UM: COV		Non Formulary
08/30/2022	*indocyanine green*	*indocyanine green*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	NEURACEQ	*florbetaben f-18*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	NEURACEQ	*florbetaben f-18*	ADD UM: COV		Non Formulary
08/30/2022	NEURACEQ	*florbetaben f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ISOVUE-250	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-250	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-250	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-370	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-250	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-250	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-250	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-250	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-250	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-250	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	JEANATOPE	*albumin, iodinated i-125*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	JEANATOPE	*albumin, iodinated i-125*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	JEANATOPE	*albumin, iodinated i-125*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	JEANATOPE	*albumin, iodinated i-125*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	JEANATOPE	*albumin, iodinated i-125*	ADD UM: COV		Non Formulary
08/30/2022	JEANATOPE	*albumin, iodinated i-125*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	NEUROLITE	*kit for prep tc-99m/bicisate di-hcl*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	NEUROLITE	*kit for prep tc-99m/bicisate di-hcl*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-370	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-300	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	E-Z-PAQUE	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	E-Z-PAQUE	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	E-Z-PAQUE	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	E-Z-PAQUE	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	AMYVID	*florbetapir f-18*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	AMYVID	*florbetapir f-18*	ADD UM: COV		Non Formulary
08/30/2022	AMYVID	*florbetapir f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-300	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-370	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-370	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*indocyanine green*	*indocyanine green*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	*indocyanine green*	*indocyanine green*	ADD UM: COV		Non Formulary
08/30/2022	*indocyanine green*	*indocyanine green*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-370	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	MYOVIEW	*kit for the preparation of tc-99m/tetrofosmin*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-300	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-370	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*sodium fluoride f-18*	*sodium fluoride f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*gallium citrate ga-67*	*gallium-67 citrate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRATAG RBC	*kit for prep tc-99m-labeled red blood cells*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-250	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ISOVUE-250	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-250	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*gallium citrate ga-67*	*gallium-67 citrate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	MD-76 R	*diatrizoate meglumine/diatrizoate sodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	MD-76 R	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: COV		Non Formulary
08/30/2022	MD-76 R	*diatrizoate meglumine/diatrizoate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CERIANNA	*fluoroestradiol f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	MEGATOPE	*albumin, iodinated i-131*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	MEGATOPE	*albumin, iodinated i-131*	ADD UM: COV		Non Formulary
08/30/2022	MEGATOPE	*albumin, iodinated i-131*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	MD-76 R	*diatrizoate meglumine/diatrizoate sodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	MD-76 R	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: COV		Non Formulary
08/30/2022	MD-76 R	*diatrizoate meglumine/diatrizoate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GASTROGRAFIN	*diatrizoate meglumine/diatrizoate sodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GASTROGRAFIN	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: COV		Non Formulary
08/30/2022	GASTROGRAFIN	*diatrizoate meglumine/diatrizoate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GASTROGRAFIN	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: MED		Medical Drug
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	NEURACEQ	*florbetaben f-18*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	NEURACEQ	*florbetaben f-18*	ADD UM: COV		Non Formulary
08/30/2022	NEURACEQ	*florbetaben f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*gallium ga-68 psma-11*	*gallium ga-68 gozetotide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	SINOGRAFIN	*iodipamide meglumine/diatrizoate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	SINOGRAFIN	*iodipamide meglumine/diatrizoate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	SINOGRAFIN	*iodipamide meglumine/diatrizoate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	MD-76 R	*diatrizoate meglumine/diatrizoate sodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	MD-76 R	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: COV		Non Formulary
08/30/2022	MD-76 R	*diatrizoate meglumine/diatrizoate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*isosulfan blue*	*isosulfan blue*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	MYOVIEW	*kit for the preparation of tc-99m/tetrofosmin*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*isosulfan blue*	*isosulfan blue*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CERETEC	*kit for prep tc-99m/exametazime*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CERETEC	*kit for prep tc-99m/exametazime*	ADD UM: COV		Non Formulary
08/30/2022	CERETEC	*kit for prep tc-99m/exametazime*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	DRAXIMAGE MAA	*kit for prep of tc-99m/albumin human,aggregated*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	DATSCAN	*ioflupane i 123*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	DATSCAN	*ioflupane i 123*	ADD UM: COV		Non Formulary
08/30/2022	DATSCAN	*ioflupane i 123*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CHOLETEC	*kit for prep tc-99m/mebrofenin*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	SITZMARKS	*radiopaque pvc markers/barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	SITZMARKS	*radiopaque pvc markers/barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	SITZMARKS	*radiopaque pvc markers/barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	SITZMARKS	*radiopaque pvc markers/barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	SITZMARKS	*radiopaque pvc markers/barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	SITZMARKS	*radiopaque pvc markers/barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	SITZMARKS	*radiopaque pvc markers/barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	SITZMARKS	*radiopaque pvc markers/barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-300	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CYSTOGRAFIN	*diatrizoate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CYSTOGRAFIN	*diatrizoate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CYSTOGRAFIN	*diatrizoate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*xenon xe-133*	*xenon 133 in carbon dioxide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CERETEC	*kit for prep tc-99m/exametazime*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CERETEC	*kit for prep tc-99m/exametazime*	ADD UM: COV		Non Formulary
08/30/2022	CERETEC	*kit for prep tc-99m/exametazime*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*xenon xe-133*	*xenon 133 in carbon dioxide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CYSTOGRAFIN	*diatrizoate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CYSTOGRAFIN	*diatrizoate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CYSTOGRAFIN	*diatrizoate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	LUMASON	*sulfur hexafluoride microspheres*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GASTROGRAFIN	*diatrizoate meglumine/diatrizoate sodium*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GASTROGRAFIN	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: COV		Non Formulary
08/30/2022	GASTROGRAFIN	*diatrizoate meglumine/diatrizoate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GASTROGRAFIN	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: MED		Medical Drug
08/30/2022	VANILLA SILQ	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	VANILLA SILQ	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-300	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	LUMASON	*sulfur hexafluoride microspheres*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*fluorodopa f-18*	*fluorodopa f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	E-Z DISK	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	E-Z DISK	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-300	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-300	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-300	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-370	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-370	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	TECHNESCAN HDP	*kit for the preparation of tc-99m/sodium oxidronate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	TECHNESCAN HDP	*kit for the preparation of tc-99m/sodium oxidronate*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	TECHNESCAN HDP	*kit for the preparation of tc-99m/sodium oxidronate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*xenon xe-133*	*xenon 133 in carbon dioxide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*xenon xe-133*	*xenon 133 in carbon dioxide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VISIPAQUE	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	VISIPAQUE	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OCTREOSCAN	*indium-111 chloride/pentetreotide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OCTREOSCAN	*indium-111 chloride/pentetreotide*	ADD UM: COV		Non Formulary
08/30/2022	OCTREOSCAN	*indium-111 chloride/pentetreotide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	TECHNELITE TC-99M GENERATOR	*sodium pertechnetate tc-99m*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*ammonia n-13*	*ammonia n-13*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CARDIOLITE	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-200	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-200	*iopamidol*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	ISOVUE-200	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-M 200	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-M 200	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-M 200	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	ADD UM: COV		Non Formulary
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	ADD UM: COV		Non Formulary
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	DRAXIMAGE MDP-25	*kit for preparation of tc-99m/medronate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 300	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	LUMASON	*sulfur hexafluoride microspheres*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-M 200	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-M 200	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-M 200	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	LUMASON	*sulfur hexafluoride microspheres*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VIZAMYL	*flutemetamol f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CYSTOGRAFIN-DILUTE	*diatrizoate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CYSTOGRAFIN-DILUTE	*diatrizoate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CYSTOGRAFIN-DILUTE	*diatrizoate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 300	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*ammonia n-13*	*ammonia n-13*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	LYMPHAZURIN	*isosulfan blue*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*ammonia n-13*	*ammonia n-13*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 300	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 300	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*indium in-111 oxyquinoline*	*indium in-111 oxyquinoline*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	*indium in-111 oxyquinoline*	*indium in-111 oxyquinoline*	ADD UM: COV		Non Formulary
08/30/2022	*indium in-111 oxyquinoline*	*indium in-111 oxyquinoline*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VIZAMYL	*flutemetamol f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 300	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	ADD UM: COV		Non Formulary
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*ammonia n-13*	*ammonia n-13*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*isosulfan blue*	*isosulfan blue*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*isosulfan blue*	*isosulfan blue*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*iodixanol*	*iodixanol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	*iodixanol*	*iodixanol*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*iodixanol*	*iodixanol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	TECHNELITE TC-99M GENERATOR	*sodium pertechnetate tc-99m*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*ammonia n-13*	*ammonia n-13*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*ammonia n-13*	*ammonia n-13*	ADD UM: MED		Medical Drug
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 350	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 350	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: MED		Medical Drug
08/30/2022	*fluorodopa f-18*	*fluorodopa f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 300	*ioversol*	ADD UM: COV		Non Formulary

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08/30/2022	OPTIRAY 300	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ROTOP-DMSA	*kit for the preparation of tc-99m/succimer*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CYSTO-CONRAY II	*iothalamate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CYSTO-CONRAY II	*iothalamate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CYSTO-CONRAY II	*iothalamate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*indium in-111 chloride*	*indium-111 chloride*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	DRAXIMAGE DTPA	*kit for the preparation of tc-99m/pentetic acid*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	DRAXIMAGE DTPA	*kit for the preparation of tc-99m/pentetic acid*	ADD UM: COV		Non Formulary
08/30/2022	DRAXIMAGE DTPA	*kit for the preparation of tc-99m/pentetic acid*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	DRAXIMAGE DTPA	*kit for the preparation of tc-99m/pentetic acid*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	DRAXIMAGE DTPA	*kit for the preparation of tc-99m/pentetic acid*	ADD UM: COV		Non Formulary
08/30/2022	DRAXIMAGE DTPA	*kit for the preparation of tc-99m/pentetic acid*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GASTROMARK	*ferumoxsil*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GASTROMARK	*ferumoxsil*	ADD UM: COV		Non Formulary

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08/30/2022	GASTROMARK	*ferumoxsil*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GASTROMARK	*ferumoxsil*	ADD UM: MED		Medical Drug
08/30/2022	TAUVID	*flortaucipir f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	DETECTNET	*copper cu-64 dotatate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*gallium citrate ga-67*	*gallium-67 citrate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*gallium citrate ga-67*	*gallium-67 citrate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OXILAN-350	*ioxilan*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OXILAN-350	*ioxilan*	ADD UM: COV		Non Formulary
08/30/2022	OXILAN-350	*ioxilan*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OXILAN-350	*ioxilan*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OXILAN-350	*ioxilan*	ADD UM: COV		Non Formulary
08/30/2022	OXILAN-350	*ioxilan*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OXILAN-350	*ioxilan*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

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08/30/2022	OXILAN-350	*ioxilan*	ADD UM: COV		Non Formulary
08/30/2022	OXILAN-350	*ioxilan*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OXILAN-350	*ioxilan*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OXILAN-350	*ioxilan*	ADD UM: COV		Non Formulary
08/30/2022	OXILAN-350	*ioxilan*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	TAUVID	*flortaucipir f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*isosulfan blue*	*isosulfan blue*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 300	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 300	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*isosulfan blue*	*isosulfan blue*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*isosulfan blue*	*isosulfan blue*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 240	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 240	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CYSTO-CONRAY II	*iothalamate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CYSTO-CONRAY II	*iothalamate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CYSTO-CONRAY II	*iothalamate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	DRAXIMAGE DTPA	*kit for the preparation of tc-99m/pentetic acid*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	DRAXIMAGE DTPA	*kit for the preparation of tc-99m/pentetic acid*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	DRAXIMAGE DTPA	*kit for the preparation of tc-99m/pentetic acid*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: COV		Non Formulary
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: MED		Medical Drug
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: COV		Non Formulary

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08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: MED		Medical Drug
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: COV		Non Formulary
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	MD-GASTROVIEW	*diatrizoate meglumine/diatrizoate sodium*	ADD UM: MED		Medical Drug
08/30/2022	ISOVUE-M 300	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-M 300	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-M 300	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRA-TECHNEKOW V4	*sodium pertechnetate tc-99m*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

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08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CONRAY-43	*iothalamate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CONRAY-43	*iothalamate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CONRAY-43	*iothalamate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OPTIRAY 320	*ioversol*	ADD UM: COV		Non Formulary
08/30/2022	OPTIRAY 320	*ioversol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OMNIPAQUE	*iohexol*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	OMNIPAQUE	*iohexol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ISOVUE-200	*iopamidol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ISOVUE-200	*iopamidol*	ADD UM: COV		Non Formulary
08/30/2022	ISOVUE-200	*iopamidol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	TECHNESCAN MAG3	*kit for prep tc-99m/mertiatide (betiatide)*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	OCTREOSCAN	*indium-111 chloride/pentetreotide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	OCTREOSCAN	*indium-111 chloride/pentetreotide*	ADD UM: COV		Non Formulary
08/30/2022	OCTREOSCAN	*indium-111 chloride/pentetreotide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CONRAY	*iothalamate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	LIPIODOL	*ethiodized oil*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	CONRAY-30	*iothalamate meglumine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	CONRAY-30	*iothalamate meglumine*	ADD UM: COV		Non Formulary
08/30/2022	CONRAY-30	*iothalamate meglumine*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

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08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR NECTAR	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VARIBAR NECTAR	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	VARIBAR NECTAR	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR NECTAR	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary

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08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	NEULUMEX	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	NEULUMEX	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*indocyanine green*	*indocyanine green*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	*indocyanine green*	*indocyanine green*	ADD UM: COV		Non Formulary
08/30/2022	*indocyanine green*	*indocyanine green*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ENTERO VU	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ENTERO VU	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*ammonia n-13*	*ammonia n-13*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*ammonia n-13*	*ammonia n-13*	ADD UM: MED		Medical Drug
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*sodium fluoride f-18*	*sodium fluoride f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	NEULUMEX	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	NEULUMEX	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	LIQUID POLIBAR PLUS	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	LIQUID POLIBAR PLUS	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	INDIUM IN-111 DTPA	*pentetate indium disodium in-111*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	INDIUM IN-111 DTPA	*pentetate indium disodium in-111*	ADD UM: COV		Non Formulary
08/30/2022	INDIUM IN-111 DTPA	*pentetate indium disodium in-111*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	IC GREEN	*indocyanine green*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	IC GREEN	*indocyanine green*	ADD UM: COV		Non Formulary
08/30/2022	IC GREEN	*indocyanine green*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR NECTAR	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VARIBAR NECTAR	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	VARIBAR NECTAR	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR NECTAR	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	LIQUID E-Z PAQUE	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	LIQUID E-Z PAQUE	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: COV		Non Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	TAGITOL	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	TAGITOL	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	TAGITOL	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	TAGITOL	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	ENTERO VU	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ENTERO VU	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	ADD UM: COV		Non Formulary
08/30/2022	*thallous chloride tl-201*	*thallous chloride tl-201*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	POLIBAR ACB	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	POLIBAR ACB	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*sodium fluoride f-18*	*sodium fluoride f-18*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*tc99m mebrofenin prep*	*kit for prep tc-99m/mebrofenin*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*tc99m mebrofenin prep*	*kit for prep tc-99m/mebrofenin*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR HONEY	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR HONEY	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	LIQUID E-Z PAQUE	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	LIQUID E-Z PAQUE	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	LIQUID E-Z PAQUE	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	LIQUID E-Z PAQUE	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*tc99m mertiatide prep*	*kit for prep tc-99m/mertiatide (betiatide)*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	LIQUID E-Z PAQUE	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	LIQUID E-Z PAQUE	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	E-Z-PAQUE	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	E-Z-PAQUE	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	E-Z-PAQUE	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	E-Z-PAQUE	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	LIQUID POLIBAR PLUS	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	LIQUID POLIBAR PLUS	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*tc99m sulfur colloid prep*	*kit for prep tc 99m/sodium thiosulfate*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*tc99m sulfur colloid prep*	*kit for prep tc 99m/sodium thiosulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	E-Z-PAQUE	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	E-Z-PAQUE	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR THIN HONEY	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR THIN HONEY	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	DMSA	*kit for the preparation of tc-99m/succimer*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	DMSA	*kit for the preparation of tc-99m/succimer*	ADD UM: COV		Non Formulary
08/30/2022	DMSA	*kit for the preparation of tc-99m/succimer*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*indocyanine green*	*indocyanine green*	REMOVE FROM FORMULARY	Generics	Non-Formulary
08/30/2022	*indocyanine green*	*indocyanine green*	ADD UM: COV		Non Formulary
08/30/2022	*indocyanine green*	*indocyanine green*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	E-Z-PASTE	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	E-Z-PASTE	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	VARIBAR THIN LIQUID	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR THIN LIQUID	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*tc99m pyrophosphate prep*	*kit for the preparation of tc-99m/sodium pyrophosphate*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*tc99m pyrophosphate prep*	*kit for the preparation of tc-99m/sodium pyrophosphate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*tc99m pyrophosphate prep*	*kit for the preparation of tc-99m/sodium pyrophosphate*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*tc99m pyrophosphate prep*	*kit for the preparation of tc-99m/sodium pyrophosphate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*gallium ga-68 dotatoc*	*gallium ga-68 dotatoc*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	IC GREEN	*indocyanine green*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	IC GREEN	*indocyanine green*	ADD UM: COV		Non Formulary
08/30/2022	IC GREEN	*indocyanine green*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	E-Z-HD	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	E-Z-HD	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	E-Z-HD	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	E-Z-HD	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	ADREVIEW	*iobenguane sulfate i-123*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ADREVIEW	*iobenguane sulfate i-123*	ADD UM: COV		Non Formulary
08/30/2022	ADREVIEW	*iobenguane sulfate i-123*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	GADAVIST	*gadobutrol*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	GADAVIST	*gadobutrol*	ADD UM: COV		Non Formulary
08/30/2022	GADAVIST	*gadobutrol*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*tc99m medronate prep*	*kit for preparation of tc-99m/medronate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	*tc99m medronate prep*	*kit for preparation of tc-99m/medronate sodium*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	INDICLOR	*indium-111 chloride*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*gallium ga-68 psma-11*	*gallium ga-68 gozetotide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	*tc99m sestamibi prep*	*kit for prep tc 99m/sestamibi combination no.1*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR PUDDING	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	VARIBAR PUDDING	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	VARIBAR PUDDING	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	VARIBAR PUDDING	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	ULTRAVIST	*iopromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	ULTRAVIST	*iopromide*	ADD UM: COV		Non Formulary
08/30/2022	ULTRAVIST	*iopromide*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: COV		Non Formulary
08/30/2022	READI-CAT 2	*barium sulfate*	REMOVE UM: DRUGCLASS	X-ray Diagnostics	
08/30/2022	READI-CAT 2	*barium sulfate*	ADD UM: MED		Medical Drug
08/30/2022	JUSTRIGHT 5000	*fluoride (sodium)*	ADD TO FORMULARY		Generics
08/30/2022	JUSTRIGHT 5000	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
08/30/2022	JUSTRIGHT 5000	*fluoride (sodium)*	ADD TO FORMULARY		Generics
08/30/2022	JUSTRIGHT 5000	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
08/30/2022	JUSTRIGHT 5000	*fluoride (sodium)*	ADD TO FORMULARY		Generics
08/30/2022	JUSTRIGHT 5000	*fluoride (sodium)*	ADD UM: DRUGCLASS		Fluoride Preps
08/30/2022	*endeavorrx*	*digital therapeutics,cognit. behavioral therapy for adhd*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*endeavorrx*	*digital therapeutics,cognit. behavioral therapy for adhd*	ADD UM: COV		FDA Moratorium
08/30/2022	*reset-o (oud)(non-monetary cm)*	*digital therapeutics,cognit. behavioral therapy for oud*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*reset-o (oud)(non-monetary cm)*	*digital therapeutics,cognit. behavioral therapy for oud*	ADD UM: COV		FDA Moratorium
08/30/2022	*reset-o (oud)*	*digital therapeutics,cognit. behavioral therapy for oud*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*reset-o (oud)*	*digital therapeutics,cognit. behavioral therapy for oud*	ADD UM: COV		FDA Moratorium
08/30/2022	*mahana ibs*	*digital therapeutics,cognit. behavioral therapy for ibs*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*mahana ibs*	*digital therapeutics,cognit. behavioral therapy for ibs*	ADD UM: COV		FDA Moratorium
08/30/2022	*reset (sud)*	*digital therapeutics,cognit. behavioral therapy for sud*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*reset (sud)*	*digital therapeutics,cognit. behavioral therapy for sud*	ADD UM: COV		FDA Moratorium
08/30/2022	*somryst*	*digital therapeutics,cognit. behavioral therapy for insomnia*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*somryst*	*digital therapeutics,cognit. behavioral therapy for insomnia*	ADD UM: COV		FDA Moratorium
08/30/2022	*reset-o (oud)*	*digital therapeutics,cognit. behavioral therapy for oud*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*reset-o (oud)*	*digital therapeutics,cognit. behavioral therapy for oud*	ADD UM: COV		FDA Moratorium
08/30/2022	*reset (sud)*	*digital therapeutics,cognit. behavioral therapy for sud*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*reset (sud)*	*digital therapeutics,cognit. behavioral therapy for sud*	ADD UM: COV		FDA Moratorium
08/30/2022	*reset (sud) (non-monetary cm)*	*digital therapeutics,cognit. behavioral therapy for sud*	REMOVE FROM FORMULARY		Non-Formulary
08/30/2022	*reset (sud) (non-monetary cm)*	*digital therapeutics,cognit. behavioral therapy for sud*	ADD UM: COV		FDA Moratorium
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD TO FORMULARY	Non-Formulary	Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: MAXQTYPERDAY		2.0 per day
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: PR		Preventive Medication
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD TO FORMULARY	Non-Formulary	Generics
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: MAXQTYPERDAY		2.0 per day
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: PR		Preventive Medication
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD TO FORMULARY	Non-Formulary	Generics
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: MAXQTYPERDAY		2.0 per day
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: PR		Preventive Medication
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD TO FORMULARY	Non-Formulary	Generics
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: MAXQTYPERDAY		2.0 per day
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: PR		Preventive Medication

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD TO FORMULARY	Non-Formulary	Generics
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: MAXQTYPERDAY		2.0 per day
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	ADD UM: PR		Preventive Medication
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	CHANGE UM: MAXQTYPERDAY	2.0 per day	1.0 per day
08/30/2022	*valsartan-hydrochlorothiazide*	*valsartan/hydrochlorothiazide*	CHANGE UM: MAXQTYPERDAY	2.0 per day	1.0 per day
08/31/2022	MODERNA COVID BIV BOOSTR(UNAP)	*covid-19 vaccine, bivalent, mrna/preservative free*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
08/31/2022	MODERNA COVID BIV BOOSTR(UNAP)	*covid-19 vaccine, bivalent, mrna/preservative free*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
08/31/2022	MODERNA COVID BIV BOOSTR(UNAP)	*covid-19 vaccine, bivalent, mrna/preservative free*	REMOVE UM: COV	FDA Moratorium	
08/31/2022	OCREVUS	*ocrelizumab*	ADD UM: MAXQTYPERDAY		0.72 per day
08/31/2022	MODERNA COVID BIVAL (6Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD TO FORMULARY		Preferred Brands
08/31/2022	MODERNA COVID BIVAL (6Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/31/2022	MODERNA COVID BIVAL (6Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS

Alliant Precision Formulary 2022 Updates

September, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/02/2022	*safetyglide insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
09/02/2022	*safetyglide insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
09/02/2022	*safetyglide insulin syringe*	*syringe with needle, insulin, safety, 0.5 ml*	ADD UM: PR		Preventive Medication
09/02/2022	*alpha lipoic acid*	*alpha lipoic acid*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	*fish oil*	*omega-3 fatty acids/docosahexaenoic acid/epa/fish oil*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	OVEGA-3	*omega-3 fatty acids/docosahexaenoic acid/epa*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	ROBITUSSIN COUGH-SORE THROAT	*acetaminophen/dextromethorphan hbr*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	ELDERBERRY IMMUNE HEALTH	*ascorbic acid/zinc citrate/elderberry fruit*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	QUERCETIN COMPLEX	*ascorbic acid/quercetin/bioflavonoids, citrus*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	I5	*amino acids/protein hydrolysate*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	I5	*amino acids/protein hydrolysate*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	*5-htp*	*5-hydroxytryptophan (5-htp)*	REMOVE FROM FORMULARY		Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/02/2022	*glutathione reduced*	*glutathione*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	QUERCETIN COMPLEX	*ascorbic acid/quercetin/bioflavonoids, citrus*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/02/2022	ELDERBERRY IMMUNE HEALTH	*ascorbic acid/zinc citrate/elderberry fruit*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/02/2022	I5	*amino acids/protein hydrolysate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/02/2022	I5	*amino acids/protein hydrolysate*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/02/2022	*5-htp*	*5-hydroxytryptophan (5-htp)*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/02/2022	*glutathione reduced*	*glutathione*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/02/2022	ACTIVNUTRIENTS	*multivitamin-minerals no.98/ferric glycinate/m-hydrofolate*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	*infant vitamin a-c-d*	*vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	*infant vitamin a-c-d*	*vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/02/2022	ONELAX SENNA	*sennosides*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	*quercetin*	*quercetin*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	CLEAR EYES ONCE DAILY ALLERGY	*olopatadine hcl*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/02/2022	CHLORAPREP CLEAR	*chlorhexidine gluconate/isopropyl alcohol*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	CULTURELLE PROBIOTIC-PREBIOTIC	*bacillus coagulans/bacillus subtilis/inulin/ascorbic acid*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	CULTURELLE WOMEN'S WELLNESS	*lactobacillus crispatus/l. gasseri/l. jensenii/l. rhamnosus*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	AZO COMPLETE FEMININE BALANCE	*lactobacillus crispatus/l. gasseri/l. jensenii/l. rhamnosus*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	JARRO-DOPHILUS PLUS FOS	*lactobacillus no.33/bifido animalis,longum/fos/inulin*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	JARRO-DOPHILUS EPS	*lactobac no.19/bifidobac breve,longum/lactoc lactis/p. acidi*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	JARRO-DOPHILUS EPS	*lactobac no.19/bifidobac breve,longum/lactoc lactis/p. acidi*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/02/2022	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/02/2022	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/02/2022	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: COV		FDA Moratorium
09/02/2022	CARDIOPLEGIA WARM INDUCT 4:1	*cardioplegic solution no.33 (warm induction 4:1)*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	CARDIOPLEGIA WARM INDUCT 4:1	*cardioplegic solution no.33 (warm induction 4:1)*	ADD UM: COV		Non Formulary
09/02/2022	CARDIOPLEGIA WARM INDUCT 4:1	*cardioplegic solution no.33 (warm induction 4:1)*	ADD UM: NFDA		Non-FDA Approved
09/02/2022	CARDIOPLEGIA WARM INDUCT 4:1	*cardioplegic solution no.33 (warm induction 4:1)*	ADD UM: MED		Medical Drug
09/02/2022	PHEBURANE	*sodium phenylbutyrate*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	PHEBURANE	*sodium phenylbutyrate*	ADD UM: COV		FDA Moratorium
09/02/2022	PHEBURANE	*sodium phenylbutyrate*	ADD UM: SPECIALTY		Specialty Drug
09/02/2022	DORYX MPC	*doxycycline hyclate*	REMOVE FROM FORMULARY		Non-Formulary
09/02/2022	DORYX MPC	*doxycycline hyclate*	ADD UM: DRUGCLASS		Acne
09/02/2022	DORYX MPC	*doxycycline hyclate*	ADD UM: COV		FDA Moratorium
09/02/2022	IMBRUVICA	*ibrutinib*	ADD TO FORMULARY		Non-Preferred Brands
09/02/2022	IMBRUVICA	*ibrutinib*	ADD UM: MAXQTYPERDAY		6.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/02/2022	IMBRUVICA	*ibrutinib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
09/02/2022	IMBRUVICA	*ibrutinib*	ADD UM: SPECIALTY		Specialty Drug
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD TO FORMULARY		Preferred Brands
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD TO FORMULARY		Preferred Brands
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/06/2022	MODERNA COVID BIVAL (6Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD TO FORMULARY		Preferred Brands
09/06/2022	MODERNA COVID BIVAL (6Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/06/2022	MODERNA COVID BIVAL (6Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2022	MODERNA COVID BIVAL (6Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD TO FORMULARY		Preferred Brands
09/06/2022	MODERNA COVID BIVAL (6Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/06/2022	MODERNA COVID BIVAL (6Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD TO FORMULARY		Preferred Brands
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD TO FORMULARY		Preferred Brands
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/06/2022	PFIZER COVID BIVAL (12Y UP)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
09/06/2022	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD TO FORMULARY		Non-Preferred Brands
09/06/2022	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: DRUGCLASS		Antineoplastics/Chemo

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2022	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: MED		Medical Drug
09/06/2022	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD TO FORMULARY		Non-Preferred Brands
09/06/2022	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
09/06/2022	*diluent for carmustine*	*diluent for carmustine (ethanol)*	ADD UM: MED		Medical Drug
09/06/2022	DELFLEX WITH 2.5% DEXTROSE	*peritoneal dialysis no.21 with 2.5 % dextrose,peritoneal dialysis no.7 with dextrose 2.5%,peritoneal dialysis solution no.7 with 2.5 % dextrose*	CHANGE TIER		Non-Preferred Brands
09/06/2022	DELFLEX WITH 2.5% DEXTROSE	*peritoneal dialysis no.21 with 2.5 % dextrose,peritoneal dialysis no.7 with dextrose 2.5%,peritoneal dialysis solution no.7 with 2.5 % dextrose*	CHANGE UM: MED		Medical Drug
09/06/2022	*ketamine hcl*	*ketamine hcl*	REMOVE FROM FORMULARY		Non-Formulary
09/06/2022	*ketamine hcl*	*ketamine hcl*	REMOVE FROM FORMULARY		Non-Formulary
09/06/2022	*ketamine hcl*	*ketamine hcl*	ADD UM: COV		Non Formulary
09/06/2022	*ketamine hcl*	*ketamine hcl*	ADD UM: NFDA		Non-FDA Approved
09/06/2022	*ketamine hcl*	*ketamine hcl*	ADD UM: MED		Medical Drug
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	OXYCONTIN	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	*oxycodone hcl er*	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		2.0 per day
09/06/2022	CINQAIR	*reslizumab*	ADD UM: MAXQTYPERDAY		1.43 per day
09/09/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/09/2022	FYAVOLV	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	
09/09/2022	JINTELI	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	
09/09/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	
09/09/2022	*norethindron-ethinyl estradiol*	*norethindrone acetate-ethinyl estradiol*	REMOVE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2022	*bitter-bloc ws powder conc*	*bitter mask flavor combination no.3*	ADD TO FORMULARY		Non-Preferred Brands
09/10/2022	*bitter-bloc ws powder conc*	*bitter mask flavor combination no.3*	ADD TO FORMULARY		Non-Preferred Brands
09/10/2022	*bitter-bloc ws powder conc*	*bitter mask flavor combination no.3*	ADD TO FORMULARY		Non-Preferred Brands
09/10/2022	*wild cherry flavor*	*wild cherry flavor*	ADD TO FORMULARY		Non-Preferred Brands
09/10/2022	*infant-toddler multivitamin*	*pediatric multivitamin no.212*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*infant-toddler multivit-iron*	*pediatric multivitamin no.207/ferrous sulfate*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*infant-toddler multivitamin*	*pediatric multivitamin no.212*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/10/2022	*infant-toddler multivit-iron*	*pediatric multivitamin no.207/ferrous sulfate*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/10/2022	ROLAIDS ULTRA STRENGTH	*calcium carbonate/magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	ROLAIDS ULTRA STRENGTH	*calcium carbonate/magnesium hydroxide*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	CULTURELLE DIGESTIVE	*lactobacillus rhamnosus gg/inulin*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	JARRO-DOPHILUS ALLERGEN FREE	*l.acidoph,paracasei,plantarum,rhamn-b.animalis,breve*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	JARRO-DOPHILUS WOMEN	*lactobacillus crispatus/l. gasseri/l. jensenii/l. rhamnosus*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2022	JARRO-DOPHILUS WOMEN	*lactobacillus crispatus/l. gasseri/l. jensenii/l. rhamnosus*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	JARRO-DOPHILUS KIDS	*l.acidophilus,plantarum/b.animalis,breve/fos/inulin*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	SLEEP CALM	*melatonin/theanine/lemon balm/chamomile flower/lavender*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	KIDS SLEEP IMMUNE HEALTH	*melatonin/ascorbic acid/vitamin d3/zinc citrate/elderberry*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	PAIN RELIEF	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	BIOFREEZE	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*krill oil*	*krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*mct oil*	*medium chain triglycerides*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	IOSAT	*potassium iodide*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*5-htp*	*5-hydroxytryptophan (5-htp)*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*5-htp*	*5-hydroxytryptophan (5-htp)*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/10/2022	XCELLENT E	*vitamin e/vitamin e mixed/tocotrienol*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*methyl b-12*	*mecobalamin*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2022	*methyl b-12*	*mecobalamin*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/10/2022	*melatonin*	*melatonin*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*cranberry*	*cranberry fruit concentrate*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*sky safety pen needle*	*pen needle, diabetic, safety*	ADD TO FORMULARY		Preferred Brands
09/10/2022	*sky safety pen needle*	*pen needle, diabetic, safety*	ADD UM: DRUGCLASS		Diabetic - Insulin Syringes
09/10/2022	*sky safety pen needle*	*pen needle, diabetic, safety*	ADD UM: PR		Preventive Medication
09/10/2022	SKLICE	*ivermectin*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*insulin degludec*	*insulin degludec*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*insulin degludec pen (u-100)*	*insulin degludec*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	*insulin degludec pen (u-200)*	*insulin degludec*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	ZONISADE	*zonisamide*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	ZONISADE	*zonisamide*	ADD UM: COV		FDA Moratorium
09/10/2022	XENPOZYME	*olipudase alfa-rpcp*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	XENPOZYME	*olipudase alfa-rpcp*	ADD UM: COV		FDA Moratorium
09/10/2022	XENPOZYME	*olipudase alfa-rpcp*	ADD UM: SPECIALTY		Specialty Drug
09/10/2022	XENPOZYME	*olipudase alfa-rpcp*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/10/2022	SPEVIGO	*spesolimab-sbzo*	REMOVE FROM FORMULARY		Non-Formulary
09/10/2022	SPEVIGO	*spesolimab-sbzo*	ADD UM: COV		FDA Moratorium
09/10/2022	SPEVIGO	*spesolimab-sbzo*	ADD UM: SPECIALTY		Specialty Drug
09/10/2022	SPEVIGO	*spesolimab-sbzo*	ADD UM: MED		Medical Drug
09/12/2022	*insulin degludec*	*insulin degludec*	ADD UM: COV		FDA Moratorium
09/12/2022	*insulin degludec pen (u-100)*	*insulin degludec*	ADD UM: COV		FDA Moratorium
09/12/2022	*insulin degludec pen (u-200)*	*insulin degludec*	ADD UM: COV		FDA Moratorium
09/13/2022	*insulin degludec pen (u-200)*	*insulin degludec*	ADD UM: DRUGCLASS		Diabetic - Insulin
09/13/2022	*insulin degludec*	*insulin degludec*	ADD UM: DRUGCLASS		Diabetic - Insulin
09/13/2022	*insulin degludec pen (u-100)*	*insulin degludec*	ADD UM: DRUGCLASS		Diabetic - Insulin
09/13/2022	REVLIMID	*lenalidomide*	REMOVE UM: B4G	Brand For Generic	
09/13/2022	REVLIMID	*lenalidomide*	REMOVE UM: B4G	Brand For Generic	
09/13/2022	REVLIMID	*lenalidomide*	REMOVE UM: B4G	Brand For Generic	
09/13/2022	REVLIMID	*lenalidomide*	REMOVE UM: B4G	Brand For Generic	
09/13/2022	REVLIMID	*lenalidomide*	REMOVE UM: B4G	Brand For Generic	
09/13/2022	REVLIMID	*lenalidomide*	REMOVE UM: B4G	Brand For Generic	
09/13/2022	REVLIMID	*lenalidomide*	REMOVE UM: B4G	Brand For Generic	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2022	REVLIMID	*lenalidomide*	REMOVE UM: B4G	Brand For Generic	
09/13/2022	REVLIMID	*lenalidomide*	REMOVE UM: B4G	Brand For Generic	
09/13/2022	CNJ-016 (NATIONAL STOCKPILE)	*vaccinia immune globulin human*	REMOVE FROM FORMULARY		Non-Formulary
09/13/2022	CNJ-016 (NATIONAL STOCKPILE)	*vaccinia immune globulin human*	ADD UM: DRUGCLASS		Immune Serums
09/13/2022	CNJ-016 (NATIONAL STOCKPILE)	*vaccinia immune globulin human*	ADD UM: COV		Non Formulary
09/13/2022	CNJ-016 (NATIONAL STOCKPILE)	*vaccinia immune globulin human*	ADD UM: MED		Medical Drug
09/13/2022	CNJ-016 (NATIONAL STOCKPILE)	*vaccinia immune globulin human*	REMOVE FROM FORMULARY		Non-Formulary
09/13/2022	CNJ-016 (NATIONAL STOCKPILE)	*vaccinia immune globulin human*	ADD UM: DRUGCLASS		Immune Serums
09/13/2022	CNJ-016 (NATIONAL STOCKPILE)	*vaccinia immune globulin human*	ADD UM: COV		Non Formulary
09/13/2022	CNJ-016 (NATIONAL STOCKPILE)	*vaccinia immune globulin human*	ADD UM: MED		Medical Drug
09/13/2022	DILUENT FOR ZILRETTA	*diluent for triamcinolone acetonide er (carboxymethyl)*	ADD TO FORMULARY		Non-Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2022	DILUENT FOR ZILRETTA	*diluent for triamcinolone acetonide er (carboxymethyl)*	ADD UM: SPECIALTY		Specialty Drug
09/13/2022	DILUENT FOR ZILRETTA	*diluent for triamcinolone acetonide er (carboxymethyl)*	ADD UM: MED		Medical Drug
09/13/2022	DILUENT FOR ZILRETTA	*diluent for triamcinolone acetonide er (carboxymethyl)*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
09/13/2022	TRESIBA FLEXTOUCH U-200	*insulin degludec*	ADD UM: B4G		Brand For Generic
09/13/2022	TRESIBA FLEXTOUCH U-200	*insulin degludec*	ADD UM: B4G		Brand For Generic
09/13/2022	TRESIBA FLEXTOUCH U-100	*insulin degludec*	ADD UM: B4G		Brand For Generic
09/13/2022	TRESIBA	*insulin degludec*	ADD UM: B4G		Brand For Generic
09/13/2022	TRESIBA FLEXTOUCH U-100	*insulin degludec*	ADD UM: B4G		Brand For Generic
09/13/2022	*bortezomib*	*bortezomib*	REMOVE FROM FORMULARY		Non-Formulary
09/13/2022	*bortezomib*	*bortezomib*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
09/13/2022	*bortezomib*	*bortezomib*	ADD UM: COV		FDA Moratorium
09/13/2022	*bortezomib*	*bortezomib*	ADD UM: SPECIALTY		Specialty Drug
09/13/2022	*bortezomib*	*bortezomib*	ADD UM: MED		Medical Drug
09/13/2022	*lenalidomide*	*lenalidomide*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2022	*lenalidomide*	*lenalidomide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
09/13/2022	*lenalidomide*	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
09/13/2022	*lenalidomide*	*lenalidomide*	ADD UM: PS		Preferred Specialty
09/13/2022	*lenalidomide*	*lenalidomide*	ADD TO FORMULARY		Generics
09/13/2022	*lenalidomide*	*lenalidomide*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
09/13/2022	*lenalidomide*	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
09/13/2022	*lenalidomide*	*lenalidomide*	ADD UM: PS		Preferred Specialty
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD TO FORMULARY		Generics
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD UM: MED		Medical Drug
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD TO FORMULARY		Generics
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD UM: MED		Medical Drug
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD TO FORMULARY		Generics
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD UM: MED		Medical Drug
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD TO FORMULARY		Generics
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD UM: MED		Medical Drug
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD TO FORMULARY		Generics

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD UM: MED		Medical Drug
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD TO FORMULARY		Generics
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD UM: MED		Medical Drug
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD TO FORMULARY		Generics
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD UM: MED		Medical Drug
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD TO FORMULARY		Generics
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD UM: MED		Medical Drug
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD TO FORMULARY		Generics
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD UM: MED		Medical Drug
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD TO FORMULARY		Generics
09/13/2022	*gadoterate meglumine*	*gadoterate meglumine*	ADD UM: MED		Medical Drug
09/13/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD TO FORMULARY		Generics
09/13/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
09/13/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: PS		Preferred Specialty
09/13/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: PANAME		PA Applies
09/13/2022	TRESIBA	*insulin degludec*	REMOVE UM: B4G	Brand For Generic	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2022	TRESIBA FLEXTOUCH U-100	*insulin degludec*	REMOVE UM: B4G	Brand For Generic	
09/13/2022	TRESIBA FLEXTOUCH U-200	*insulin degludec*	REMOVE UM: B4G	Brand For Generic	
09/13/2022	*folic acid*	*folic acid*	REMOVE UM: QPBU	HCRPREVA | HCR Standard Rx & OTC	
09/13/2022	PROVENGE	*sipuleucel-t/lactated ringers solution*	REMOVE UM: DRUGCLASS	Antineoplastics/Chemo	
09/13/2022	PEDIA IRON	*ferrous sulfate*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/13/2022	PEDIATRIC FE-VITE	*ferrous sulfate*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
09/13/2022	FLULAVAL QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLULAVAL QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	AFLURIA QUAD 2021-22 (6-35MO)	*influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	AFLURIA QUAD 2021-22 (6-35MO)	*influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	AFLURIA QUAD 2021-22 (3YR UP)	*influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2022	AFLURIA QUAD 2021-22 (3YR UP)	*influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	AFLURIA QUAD 2020-2021	*influenza virus vaccine quadrivalent 2020-21 (6 mos and up)*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	AFLURIA QUAD 2020-2021	*influenza virus vaccine quadrivalent 2020-21 (6 mos and up)*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	AFLURIA QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	AFLURIA QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUZONE HIGH-DOSE QUAD 2021-22	*influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUZONE HIGH-DOSE QUAD 2021-22	*influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2022	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUZONE QUAD 2021-2022	*influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUBLOK QUAD 2021-2022	*influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUBLOK QUAD 2021-2022	*influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUARIX QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUARIX QUAD 2021-2022	*influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	TAYSOFY	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	CHANGE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2022	TAYSOFY	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	CHANGE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
09/13/2022	TAYSOFY	*norethindrone acetate-ethinyl estradiol/ferrous fumarate*	CHANGE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
09/13/2022	NYLIA	*norethindrone-ethinyl estradiol*	CHANGE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
09/13/2022	NYLIA	*norethindrone-ethinyl estradiol*	CHANGE UM: CUSTOM	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2022	FLUMIST QUAD 2020-2021	*influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs)*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUMIST QUAD 2020-2021	*influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs)*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUMIST QUAD 2021-2022	*influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUMIST QUAD 2021-2022	*influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUAD 2020-2021	*influenza vaccine tvs 2020-21 (65 yr up)/adjuvant mf59c.1/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUAD 2020-2021	*influenza vaccine tvs 2020-21 (65 yr up)/adjuvant mf59c.1/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUAD QUAD 2021-2022	*influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUAD QUAD 2021-2022	*influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUCELVAX QUAD 2021-2022	*flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUCELVAX QUAD 2021-2022	*flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUCELVAX QUAD 2020-2021	*flu vaccine quadriv 2020-2021(4 years and older)cell derived*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2022	FLUCELVAX QUAD 2020-2021	*flu vaccine quadriv 2020-2021(4 years and older)cell derived*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUCELVAX QUAD 2021-2022	*flu vaccine quadriv 2021-2022(6 month and older)cell derived*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/13/2022	FLUCELVAX QUAD 2021-2022	*flu vaccine quadriv 2021-2022(6 month and older)cell derived*	CHANGE UM: CUSTOM	HCR: Age edits may apply. One fill per year.	HCR: Age edits may apply. One fill per year.
09/19/2022	GLYTACTIN BETTERMILK 15-15	*nutritional therapy for pku no.64*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/19/2022	ACTIDOSE-AQUA	*activated charcoal*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	*theanine*	*theanine*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	UP4 PROBIOTICS MEN'S	*lactobac no.21/bifidobac no.7/vit c/vit d3/vit b6/vit b12*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	CULTURELLE ADVANCED REGULARITY	*lactobacillus paracasei/lactobacillus rhamnosus*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	RELAXIA DAY CALM	*theanine/5-hydroxytryptophan (5-htp)/lemon balm leaf extract*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	ZINC BALANCE	*zinc methionine sulfate/copper gluconate*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	BOUDREAUXS RASH KICKING	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	BONEUP	*calcium/vit d3/magnesium oxide/vit c/vit k2/minerals*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/19/2022	ULTRA BONEUP	*calcium/vit d3/magnesium oxide/collagen/vit c/vit k2/mineral*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	BEYOND BONE BROTH	*calcium/chondroitin sulf a/collagen,hydro/glycosamin oglycans*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	MK-7	*vitamin k2*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	MK-7	*vitamin k2*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	MK-7	*vitamin k2*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	BEYOND BONE BROTH	*calcium/chondroitin sulf a/collagen,hydro/glycosamin oglycans*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/19/2022	*acai berry*	*acai berry extract*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	*l-carnitine*	*levocarnitine*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	SOTYKTU	*deucravacitinib*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	SOTYKTU	*deucravacitinib*	ADD UM: COV		FDA Moratorium
09/19/2022	SOTYKTU	*deucravacitinib*	ADD UM: SPECIALTY		Specialty Drug
09/19/2022	*extended reservoir*	*insulin pump syringe, 3 ml*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	*extended reservoir*	*insulin pump syringe, 3 ml*	ADD UM: DRUGCLASS		Miscellaneous Medical Supplies
09/19/2022	*extended reservoir*	*insulin pump syringe, 3 ml*	ADD UM: COV		Non Formulary
09/19/2022	*icosapent ethyl*	*icosapent ethyl*	REMOVE FROM FORMULARY		Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/19/2022	*icosapent ethyl*	*icosapent ethyl*	ADD UM: COV		FDA Moratorium
09/19/2022	*levamlodipine maleate*	*levamlodipine maleate*	REMOVE FROM FORMULARY		Non-Formulary
09/19/2022	*levamlodipine maleate*	*levamlodipine maleate*	ADD UM: COV		FDA Moratorium
09/20/2022	*bitter-bloc pure*	*bitter mask flavoring*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*capsoral*	*capsule compounding base no.250*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*capsoral*	*capsule compounding base no.250*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*truclear stevia plus*	*sweetleaf (stevia rebaudiana, extract)*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*bitter-bloc pure*	*bitter mask flavoring*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*techna 20 sf troche base*	*troche base no.235*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*bitter-bloc ws-os liquid conc*	*bitter mask flavoring*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*bitter-bloc ws-os liquid conc*	*bitter mask flavoring*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*techna 20 sf troche base*	*troche base no.235*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*truclear stevia plus*	*sweetleaf (stevia rebaudiana, extract)*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*capsoral*	*capsule compounding base no.250*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*truclear stevia plus*	*sweetleaf (stevia rebaudiana, extract)*	ADD TO FORMULARY		Non-Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2022	*capsoral*	*capsule compounding base no.250*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*bitter-bloc ws-os liquid conc*	*bitter mask flavoring*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*bitter-bloc pure*	*bitter mask flavoring*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*bitter-bloc pure*	*bitter mask flavoring*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	*nextol sf candy base*	*lollipop base no.232*	ADD TO FORMULARY		Non-Preferred Brands
09/20/2022	CENTRUM MEN	*multivits with calcium and minerals/iron/folic acid/lycopene*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	CENTRUM MEN	*multivits with calcium and minerals/iron/folic acid/lycopene*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/20/2022	CENTRUM MEN	*multivits with calcium and minerals/iron/folic acid/lycopene*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	CENTRUM MEN	*multivits with calcium and minerals/iron/folic acid/lycopene*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/20/2022	QH-ABSORB	*ubiquinol*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	QH-ABSORB	*ubiquinol*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/20/2022	QH-ABSORB	*ubiquinol*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	QH-ABSORB	*ubiquinol*	CHANGE UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2022	*l-glutamine*	*glutamine*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*pterostilbene*	*pterostilbene*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*bitter melon extract*	*bitter melon extract*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*l-glutamine*	*glutamine*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*taurine*	*taurine*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*bilberry-grapeskin*	*bilberry fruit extract/grape skin extract*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*pantethine*	*pantethine*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*l-carnosine*	*carnosine*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*methyl b-12*	*mecobalamin*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*methyl b-12*	*mecobalamin*	CHANGE UM: DRUGCLASS		Vitamins (Not Prenatal)
09/20/2022	*astaxanthin*	*astaxanthin*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*astaxanthin*	*astaxanthin*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/20/2022	KIDS SLEEP CALM	*melatonin/theanine/lemon balm/chamomile flower/lavender*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	RELAX NIGHT CALM	*melatonin/5-hydroxytryptophan/theanine/ lemon balm leaf xt*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2022	UNISOM SIMPLE SLUMBERS	*melatonin/passion flower/lemon balm*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	UNISOM SIMPLE SLUMBERS	*melatonin/passion flower/lemon balm*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	UNISOM SIMPLE SLUMBERS	*melatonin/passion flower/lemon balm*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	SLEEP IMMUNE HEALTH	*melatonin/ascorbic acid/vitamin d3/zinc citrate/elderberry*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	CULTURELLE KIDS PRO-MV-LUTEIN	*pediatric multivitamin no.210/bacillus subtilis/lutein*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	CULTURELLE KIDS PRO-MV-LUTEIN	*pediatric multivitamin no.210/bacillus subtilis/lutein*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/20/2022	*covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD TO FORMULARY		Preferred Brands
09/20/2022	*covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD UM: QUANTITY		8 / 30 days
09/20/2022	*covid-19 at-home test*	*covid-19 antigen immunoassay test*	ADD UM: DRUGCLASS		OTC COVID-19 TESTS
09/20/2022	CULTURELLE ADVANCED REGULARITY	*lactobacillus paracasei/lactobacillus rhamnosus*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/20/2022	*acetyl l-carnitine*	*acetylcarnitine*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*acetyl l-carnitine*	*acetylcarnitine*	ADD UM: DRUGCLASS		Nutritional Diet Supplement

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2022	BONEUP	*calcium/vit d3/magnesium oxide/vit c/vit k2/minerals*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/20/2022	ULTRA BONEUP	*calcium/vit d3/magnesium oxide/collagen/vit c/vit k2/mineral*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
09/20/2022	*timolol maleate*	*timolol maleate,timolol maleate/pf*	CHANGE TIER		Generics
09/20/2022	*timolol maleate*	*timolol maleate,timolol maleate/pf*	CHANGE UM: MAXQTYPERDAY		2.0 per day
09/20/2022	*xenon xe-133*	*xenon 133 in air*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: COV		Non Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: MED		Medical Drug
09/20/2022	*xenon xe-133*	*xenon 133 in air*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: COV		Non Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: MED		Medical Drug
09/20/2022	*xenon xe-133*	*xenon 133 in air*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: COV		Non Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: MED		Medical Drug
09/20/2022	*xenon xe-133*	*xenon 133 in air*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: COV		Non Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: MED		Medical Drug
09/20/2022	*xenon xe-133*	*xenon 133 in air*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: MED		Medical Drug
09/20/2022	*xenon xe-133*	*xenon 133 in air*	REMOVE FROM FORMULARY		Non-Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: COV		Non Formulary
09/20/2022	*xenon xe-133*	*xenon 133 in air*	ADD UM: MED		Medical Drug
09/20/2022	SELECT-OB	*prenatal vitamin no.13/iron polysaccharides/folate comb no.1*	ADD UM: GENDER		Female
09/20/2022	TRISTART DHA	*prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha*	ADD UM: GENDER		Female
09/20/2022	PNV TABS 20-1	*prenatal vitamins no.163/iron bis-glycinate/folate no.10*	ADD UM: GENDER		Female
09/20/2022	NEONATAL-DHA	*prenatal vit no.175/iron fum/folic acid/dha/schiz. algal oil*	ADD UM: GENDER		Female
09/20/2022	DERMACINRX PRETRATE	*prenatal vitamins no.170/ferrous fumarate/folic acid*	ADD UM: GENDER		Female
09/20/2022	AZESCO	*prenatal vitamins no.147/ferrous gluconate/folic acid*	ADD UM: GENDER		Female
09/20/2022	DERMACINRX PRENATRYL	*prenatal vitamins no.170/ferrous fumarate/folic acid*	ADD UM: GENDER		Female
09/20/2022	WESNATE DHA	*prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3*	ADD UM: GENDER		Female
09/20/2022	PREGENNA	*prenatal vitamins no.163/iron bis-glycinate/folate no.10*	ADD UM: GENDER		Female

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/20/2022	WESTGEL DHA	*prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha*	ADD UM: GENDER		Female
09/20/2022	VITAFOL NANO	*prenatal vitamins no.75/ferrous fumarate/folate comb. no.1*	ADD UM: GENDER		Female
09/20/2022	PRIMACARE	*prenatal vits no.118/iron asparto glycinate/folate no.6/dha*	ADD UM: GENDER		Female
09/20/2022	NEONATAL PLUS	*prenatal vitamins no.154/ferrous fumarate/folic acid*	ADD UM: GENDER		Female
09/20/2022	AZESCHEW	*prenatal vitamins no.165/ferrous fumarate/folic acid*	ADD UM: GENDER		Female
09/20/2022	PRENATE PIXIE	*prenatal vitamins no.85/iron asparto glycin/folate no.1/dha*	ADD UM: GENDER		Female
09/20/2022	ZALVIT	*prenatal vitamins no.147/ferrous gluconate/folic acid*	ADD UM: GENDER		Female
09/20/2022	*prenatal plus vitamin-mineral*	*prenatal vitamins no.180/ferrous fumarate/folic acid*	ADD UM: GENDER		Female
09/20/2022	VITAFOL FE PLUS	*prenatal vits no.102/iron polysacch/folate no.1/dha*	ADD UM: GENDER		Female
09/20/2022	DERMACINRX PRENATRIX	*prenatal vitamins no.170/ferrous fumarate/folic acid*	ADD UM: GENDER		Female
09/20/2022	NEONATAL COMPLETE	*prenatal vitamins no.175/ferrous fumarate/folic acid*	ADD UM: GENDER		Female

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/21/2022	VASCEPA	*icosapent ethyl*	ADD UM: B4G		Brand For Generic
09/21/2022	BLUDIGO	*indigotindisulfonate sodium*	REMOVE FROM FORMULARY		Non-Formulary
09/21/2022	BLUDIGO	*indigotindisulfonate sodium*	ADD UM: COV		Non Formulary
09/21/2022	BLUDIGO	*indigotindisulfonate sodium*	ADD UM: MED		Medical Drug
09/21/2022	BLUDIGO	*indigotindisulfonate sodium*	REMOVE FROM FORMULARY		Non-Formulary
09/21/2022	BLUDIGO	*indigotindisulfonate sodium*	ADD UM: COV		Non Formulary
09/21/2022	BLUDIGO	*indigotindisulfonate sodium*	ADD UM: MED		Medical Drug
09/21/2022	ORKAMBI	*lumacaftor/ivacaftor*	ADD TO FORMULARY		Non-Preferred Brands
09/21/2022	ORKAMBI	*lumacaftor/ivacaftor*	ADD UM: MAXQTYPERDAY		2.0 per day
09/21/2022	ORKAMBI	*lumacaftor/ivacaftor*	ADD UM: PANAME		PA Applies
09/21/2022	ORKAMBI	*lumacaftor/ivacaftor*	ADD UM: SPECIALTY		Specialty Drug
09/21/2022	*tazarotene*	*tazarotene*	REMOVE FROM FORMULARY		Non-Formulary
09/21/2022	*tazarotene*	*tazarotene*	ADD UM: COV		FDA Moratorium
09/21/2022	*tazarotene*	*tazarotene*	REMOVE FROM FORMULARY		Non-Formulary
09/21/2022	*tazarotene*	*tazarotene*	ADD UM: COV		FDA Moratorium
09/21/2022	*tazarotene*	*tazarotene*	REMOVE FROM FORMULARY		Non-Formulary
09/21/2022	*tazarotene*	*tazarotene*	ADD UM: COV		FDA Moratorium
09/21/2022	*tazarotene*	*tazarotene*	REMOVE FROM FORMULARY		Non-Formulary
09/21/2022	*tazarotene*	*tazarotene*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/21/2022	*levamlodipine maleate*	*levamlodipine maleate*	ADD UM: FI1		MRx Maintenance
09/21/2022	CHANTIX	*varenicline tartrate*	REMOVE UM: QPBU	HCRSMOKEB | HCR Rx Smoking Cessation	
09/21/2022	CHANTIX	*varenicline tartrate*	REMOVE UM: QPBU	HCRSMOKEB | HCR Rx Smoking Cessation	
09/21/2022	CHANTIX	*varenicline tartrate*	REMOVE UM: QPBU	HCRSMOKEB | HCR Rx Smoking Cessation	
09/21/2022	CHANTIX	*varenicline tartrate*	REMOVE UM: QPBU	HCRSMOKEB | HCR Rx Smoking Cessation	
09/22/2022	CHANTIX	*varenicline tartrate*	REMOVE UM: CUSTOM	HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.	
09/22/2022	CHANTIX	*varenicline tartrate*	REMOVE UM: CUSTOM	HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.	
09/22/2022	CHANTIX	*varenicline tartrate*	REMOVE UM: CUSTOM	HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/22/2022	CHANTIX	*varenicline tartrate*	REMOVE UM: CUSTOM	HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.	
09/22/2022	GLYTACTIN BETTERMILK 15-15	*nutritional therapy for pku no.64*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
09/24/2022	*witepsol h15*	*glycerides c12-18*	ADD TO FORMULARY		Non-Preferred Brands
09/24/2022	*witepsol h15*	*glycerides c12-18*	ADD TO FORMULARY		Non-Preferred Brands
09/24/2022	*witepsol h15*	*glycerides c12-18*	ADD TO FORMULARY		Non-Preferred Brands
09/24/2022	*witepsol h15*	*glycerides c12-18*	ADD TO FORMULARY		Non-Preferred Brands
09/24/2022	*techna 20 unsweet troche base*	*troche base no.248*	ADD TO FORMULARY		Non-Preferred Brands
09/24/2022	*techna 20 unsweet troche base*	*troche base no.248*	ADD TO FORMULARY		Non-Preferred Brands
09/24/2022	PROBIZEN	*lactobacillus acidophilus/bifidobacterium animalis*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	JARRO-DOPHILUS BABY	*lactobacillus casei/l. rhamnosus/bifido no.4/gos*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	JARRO-DOPHILUS EPS	*lactobac no.19/bifidobac breve,longum/lactoc lactis/p. acidi*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/24/2022	JARRO-DOPHILUS EPS	*lactobac no.19/bifidobac breve,longum/lactoc lactis/p. acidi*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	JARRO-DOPHILUS WOMEN	*lactobacillus crispatus/l. gasseri/l. jensenii/l. rhamnosus*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	JARRO-DOPHILUS WOMEN	*lactobacillus crispatus/l. gasseri/l. jensenii/l. rhamnosus*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	JARRO-DOPHILUS EPS	*lactobac no.19/bifidobac breve,longum/lactoc lactis/p. acidi*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	PROBIOTIC-IMMUNE	*bacillus coagulans,subtilis/vitamin c/vit d3/zinc gluconate*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	BONEUP	*calcium/vit d3/magnesium oxide/ascorbate cal/vit k2/minerals*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	BONEUP	*calcium/vit d3/magnesium oxide/ascorbate cal/vit k2/minerals*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	BONEUP	*calcium/vit d3/magnesium oxide/ascorbate cal/vit k2/minerals*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	*biotin*	*biotin*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	DENOVO PLUS B12	*methyltetrahydrofolate calcium/mecobalamin*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	KONSYL DAILY PSYLLIUM FIBER	*psyllium husk (with sugar)*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/24/2022	*citrus bergamot*	*bergamot extract*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	*citrus bergamot*	*bergamot extract*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	*n-acetyl glucosamine*	*acetylglucosamine*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	SLEEP OPTIMIZER	*melatonin/gaba/tryptophan/valerian root/hops/lemon balm*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	*pro comfort spacer with mask*	*inhaler,assist device with small mask*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	*pro comfort spacer with mask*	*inhaler,assist device with small mask*	ADD UM: DRUGCLASS		Respiratory Devices
09/24/2022	*alpha lipoic acid*	*alpha lipoic acid*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	*easy trak ii*	*blood-glucose meter*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	*easy trak ii*	*blood-glucose meter*	ADD UM: DRUGCLASS		Excluded Products
09/24/2022	*easy trak ii*	*blood-glucose meter*	ADD UM: PR		Preventive Medication
09/24/2022	SKYSONA	*elivaldogene autotemcel*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	SKYSONA	*elivaldogene autotemcel*	ADD UM: COV		FDA Moratorium
09/24/2022	SKYSONA	*elivaldogene autotemcel*	ADD UM: SPECIALTY		Specialty Drug
09/24/2022	*regulora ibs*	*digital therapeutics,cognit. behavioral therapy for ibs*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	*regulora ibs*	*digital therapeutics,cognit. behavioral therapy for ibs*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/24/2022	*ephedrine sulfate-0.9% nacl*	*ephedrine sulfate in 0.9 % sodium chloride*	REMOVE FROM FORMULARY		Non-Formulary
09/24/2022	*ephedrine sulfate-0.9% nacl*	*ephedrine sulfate in 0.9 % sodium chloride*	ADD UM: COV		Non Formulary
09/24/2022	*ephedrine sulfate-0.9% nacl*	*ephedrine sulfate in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
09/24/2022	*ephedrine sulfate-0.9% nacl*	*ephedrine sulfate in 0.9 % sodium chloride*	ADD UM: MED		Medical Drug
09/26/2022	GABA SOOTHE	*gamma-aminobutyric acid/theanine/ashwagandha extract*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2022	GABA SOOTHE	*gamma-aminobutyric acid/theanine/ashwagandha extract*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/26/2022	*inositol*	*inositol*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2022	*inositol*	*inositol*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/26/2022	SELENIUM SYNERGY	*vit e acid succ/b2/methylselenocysteine/broccoli seed xt*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2022	SELENIUM SYNERGY	*vit e acid succ/b2/methylselenocysteine/broccoli seed xt*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/26/2022	CALMING DAY	*magnesium carbonate,glycinate/pot bicarb/theanine/taur/inos*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2022	CALMING DAY	*magnesium carbonate,glycinate/pot bicarb/theanine/taur/inos*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/26/2022	QH-ABSORB PLUS PQQ	*ubiquinol/pyrroloquinoline quinone disodium*	REMOVE FROM FORMULARY		Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/26/2022	QH-ABSORB PLUS PQQ	*ubiquinol/pyrroloquinoline quinone disodium*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/26/2022	*dim plus cdg*	*calcium glucarate/diindolylmethane*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2022	*dim plus cdg*	*calcium glucarate/diindolylmethane*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/26/2022	QH-ABSORB PLUS PQQ	*ubiquinol/pyrroloquinoline quinone disodium*	REMOVE FROM FORMULARY		Non-Formulary
09/26/2022	QH-ABSORB PLUS PQQ	*ubiquinol/pyrroloquinoline quinone disodium*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
09/26/2022	NUCALA	*mepolizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	XOLAIR	*omalizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	XOLAIR	*omalizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	XOLAIR	*omalizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	NUCALA	*mepolizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	CINQAIR	*reslizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT PEN	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	CINQAIR	*reslizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	XOLAIR	*omalizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	TEZSPIRE	*tezepelumab-ekko*	ADD UM: DRUGCLASS		Autoimmune Drugs

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/26/2022	FASENRA PEN	*benralizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	NUCALA	*mepolizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT SYRINGE	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	XOLAIR	*omalizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	FASENRA	*benralizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT SYRINGE	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	NUCALA	*mepolizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT SYRINGE	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	NUCALA	*mepolizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	FASENRA	*benralizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT SYRINGE	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT SYRINGE	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT PEN	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT PEN	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT PEN	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/26/2022	DUPIXENT PEN	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT PEN	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT PEN	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT PEN	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT SYRINGE	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT SYRINGE	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	DUPIXENT SYRINGE	*dupilumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/26/2022	FASENRA PEN	*benralizumab*	ADD UM: DRUGCLASS		Autoimmune Drugs
09/27/2022	IMBRUVICA	*ibrutinib*	ADD UM: PANAME		PA Applies
09/27/2022	*lenalidomide*	*lenalidomide*	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2022	*lenalidomide*	*lenalidomide*	ADD UM: PANAME		PA Applies
09/27/2022	*lenalidomide*	*lenalidomide*	ADD UM: MAXQTYPERDAY		1.0 per day
09/27/2022	*lenalidomide*	*lenalidomide*	ADD UM: PANAME		PA Applies
09/27/2022	CIMERLI	*ranibizumab-eqrn*	REMOVE FROM FORMULARY		Non-Formulary
09/27/2022	CIMERLI	*ranibizumab-eqrn*	ADD UM: COV		FDA Moratorium
09/27/2022	CIMERLI	*ranibizumab-eqrn*	ADD UM: SPECIALTY		Specialty Drug
09/27/2022	CIMERLI	*ranibizumab-eqrn*	ADD UM: MED		Medical Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/27/2022	CIMERLI	*ranibizumab-eqrn*	REMOVE FROM FORMULARY		Non-Formulary
09/27/2022	CIMERLI	*ranibizumab-eqrn*	ADD UM: COV		FDA Moratorium
09/27/2022	CIMERLI	*ranibizumab-eqrn*	ADD UM: SPECIALTY		Specialty Drug
09/27/2022	CIMERLI	*ranibizumab-eqrn*	ADD UM: MED		Medical Drug
09/27/2022	TADLIQ	*tadalafil*	REMOVE FROM FORMULARY		Non-Formulary
09/27/2022	TADLIQ	*tadalafil*	ADD UM: COV		FDA Moratorium
09/27/2022	TADLIQ	*tadalafil*	ADD UM: SPECIALTY		Specialty Drug
09/27/2022	*orlistat*	*orlistat*	REMOVE FROM FORMULARY		Non-Formulary
09/27/2022	*orlistat*	*orlistat*	ADD UM: DRUGCLASS		Anti-Obesity
09/27/2022	*orlistat*	*orlistat*	ADD UM: COV		FDA Moratorium
09/27/2022	*clonidine hcl er*	*clonidine hcl*	ADD TO FORMULARY		Non-Preferred Brands
09/27/2022	*clonidine hcl er*	*clonidine hcl*	ADD UM: MAXQTYPERDAY		3.0 per day
09/28/2022	*pimecrolimus*	*pimecrolimus*	REMOVE UM: STEP	ST applies	
09/28/2022	ELEPSIA XR	*levetiracetam*	REMOVE UM: STEP	ST applies	
09/28/2022	ELEPSIA XR	*levetiracetam*	REMOVE UM: STEP	ST applies	
09/28/2022	TOSYMRA	*sumatriptan*	REMOVE UM: STEP	ST applies	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	KLOR-CON M15	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	KLOR-CON M15	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	KLOR-CON M15	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*yohimbine hcl*	*yohimbine hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*loperamide*	*loperamide hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*loperamide*	*loperamide hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	STENDRA	*avanafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*loperamide*	*loperamide hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*loperamide*	*loperamide hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	EFFER-K	*potassium bicarbonate/citric acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	EFFER-K	*potassium bicarbonate/citric acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	STENDRA	*avanafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	PLENITY	*carboxymethylcellulose/citric acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	PLENITY	*carboxymethylcellulose/citric acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	PLENITY	*carboxymethylcellulose/citric acid*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	KLOR-CON M15	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	KLOR-CON M15	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	EFFER-K	*potassium bicarbonate/citric acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	LOKELMA	*sodium zirconium cyclosilicate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tranexamic acid*	*tranexamic acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	EFFER-K	*potassium bicarbonate/citric acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	STENDRA	*avanafil*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	STENDRA	*avanafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	STENDRA	*avanafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	LOKELMA	*sodium zirconium cyclosilicate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	LOKELMA	*sodium zirconium cyclosilicate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tranexamic acid*	*tranexamic acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*tranexamic acid*	*tranexamic acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tranexamic acid*	*tranexamic acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	EFFER-K	*potassium bicarbonate/citric acid*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*loperamide*	*loperamide hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*loperamide*	*loperamide hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*loperamide*	*loperamide hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	LOKELMA	*sodium zirconium cyclosilicate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	LOKELMA	*sodium zirconium cyclosilicate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	EFFER-K	*potassium bicarbonate/citric acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	LOKELMA	*sodium zirconium cyclosilicate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*loperamide*	*loperamide hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*loperamide*	*loperamide hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valganciclovir hcl*	*valganciclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine odt*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*colchicine*	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*loperamide*	*loperamide hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tranexamic acid*	*tranexamic acid*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	KLOR-CON M15	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	CONTRAVE	*naltrexone hcl/bupropion hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*dapsone*	*dapsone*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*acyclovir*	*acyclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*sildenafil citrate*	*sildenafil citrate*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*famciclovir*	*famciclovir*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*tadalafil*	*tadalafil*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	*valacyclovir*	*valacyclovir hcl*	REMOVE UM: FI1	MRx Maintenance	
09/29/2022	ILUMYA	*tildrakizumab-asmn*	ADD UM: MAXQTYPERDAY		0.072 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/29/2022	*infliximab*	*infliximab*	ADD UM: QUANTITY		10 / 30 days
09/29/2022	LEMTRADA	*alemtuzumab*	ADD UM: QUANTITY		6 / 365 days
09/29/2022	AVONEX	*interferon beta-1a*	ADD UM: MAXQTYPERDAY		0.072 per day
09/29/2022	AVONEX PEN	*interferon beta-1a*	ADD UM: MAXQTYPERDAY		0.072 per day
09/30/2022	*milk of magnesia*	*magnesium hydroxide*	REMOVE UM: QUANTITY	300 / day	
09/30/2022	*chloral hydrate*	*chloral hydrate*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chloral hydrate*	*chloral hydrate*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chloral hydrate*	*chloral hydrate*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chloral hydrate*	*chloral hydrate*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chloral hydrate*	*chloral hydrate*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chloral hydrate*	*chloral hydrate*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chloral hydrate*	*chloral hydrate*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chloral hydrate*	*chloral hydrate*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	
09/30/2022	*chorionic gonadotropin*	*chorionic gonadotropin, human*	REMOVE UM: PANAME	PA Applies	

Alliant Precision Formulary 2022 Updates

October, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	REMOVE UM: PANAME	PA Applies	
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	REMOVE UM: PANAME	PA Applies	
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	REMOVE UM: PANAME	PA Applies	
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	LYBALVI	*olanzapine/samidorphan malate*	REMOVE UM: PANAME	PA Applies	
10/01/2022	LYMEPAK	*doxycycline hyclate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	LYMEPAK	*doxycycline hyclate*	ADD UM: DRUGCLASS		Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	LYMEPAK	*doxycycline hyclate*	REMOVE UM: STEP	ST applies	
10/01/2022	*sertraline hcl*	*sertraline hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	*sertraline hcl*	*sertraline hcl*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*sertraline hcl*	*sertraline hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	*sertraline hcl*	*sertraline hcl*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*cyclophosphamide*	*cyclophosphamide*	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2022	*cyclophosphamide*	*cyclophosphamide*	CHANGE TIER	Generics	Non-Preferred Brands
10/01/2022	PROGRAF	*tacrolimus*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
10/01/2022	PROGRAF	*tacrolimus*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
10/01/2022	PROGRAF	*tacrolimus*	CHANGE TIER	Preferred Brands	Non-Preferred Brands
10/01/2022	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	VIMPAT	*lacosamide*	ADD UM: COV		Non Formulary
10/01/2022	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	VIMPAT	*lacosamide*	ADD UM: COV		Non Formulary
10/01/2022	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	VIMPAT	*lacosamide*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	VIMPAT	*lacosamide*	ADD UM: COV		Non Formulary
10/01/2022	QULIPTA	*atogepant*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	QULIPTA	*atogepant*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	QULIPTA	*atogepant*	REMOVE UM: PANAME	PA Applies	
10/01/2022	QULIPTA	*atogepant*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	QULIPTA	*atogepant*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	QULIPTA	*atogepant*	REMOVE UM: PANAME	PA Applies	
10/01/2022	QULIPTA	*atogepant*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	QULIPTA	*atogepant*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	QULIPTA	*atogepant*	REMOVE UM: PANAME	PA Applies	
10/01/2022	VUITY	*pilocarpine hcl*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	VUITY	*pilocarpine hcl*	REMOVE UM: COV	Non Formulary	
10/01/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
10/01/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	REMOVE UM: COV	Non Formulary	
10/01/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
10/01/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
10/01/2022	MULTI-VIT-FLOR	*pediatric multivitamin no.205 with sodium fluoride*	REMOVE UM: COV	Non Formulary	
10/01/2022	EPRONTIA	*topiramate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	EPRONTIA	*topiramate*	ADD UM: DRUGCLASS		Fertility Drugs
10/01/2022	EPRONTIA	*topiramate*	REMOVE UM: PANAME	PA Applies	
10/01/2022	FOLAMED DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products
10/01/2022	FOLAMED DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	REMOVE UM: COV	Non Formulary	
10/01/2022	TRUDHESA	*dihydroergotamine mesylate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	TRUDHESA	*dihydroergotamine mesylate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	TRUDHESA	*dihydroergotamine mesylate*	REMOVE UM: PANAME	PA Applies	
10/01/2022	IGALMI	*dexmedetomidine hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	IGALMI	*dexmedetomidine hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*levamlodipine maleate*	*levamlodipine maleate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*levamlodipine maleate*	*levamlodipine maleate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*levamlodipine maleate*	*levamlodipine maleate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*sumatriptan succ-naproxen sod*	*sumatriptan succinate/naproxen sodium*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: MAXQTYPERDAY		60.0 per day
10/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	ADD UM: AGE		At least 18 yrs old
10/01/2022	*oxycodone-acetaminophen*	*oxycodone hcl/acetaminophen*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	BYDUREON BCISE	*exenatide microspheres*	ADD UM: PANAME		PA Applies
10/01/2022	BYDUREON PEN	*exenatide microspheres*	ADD UM: PANAME		PA Applies
10/01/2022	RYBELSUS	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	TRULICITY	*dulaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	TRULICITY	*dulaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	RYBELSUS	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	BYETTA	*exenatide*	ADD UM: PANAME		PA Applies
10/01/2022	RYBELSUS	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	OZEMPIC	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	TRULICITY	*dulaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	TRULICITY	*dulaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	RYBELSUS	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	RYBELSUS	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	RYBELSUS	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	BYDUREON BCISE	*exenatide microspheres*	ADD UM: PANAME		PA Applies
10/01/2022	TRULICITY	*dulaglutide*	ADD UM: PANAME		PA Applies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	OZEMPIC	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	BYDUREON PEN	*exenatide microspheres*	ADD UM: PANAME		PA Applies
10/01/2022	VICTOZA 2-PAK	*liraglutide*	ADD UM: PANAME		PA Applies
10/01/2022	TRULICITY	*dulaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	RYBELSUS	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	BYETTA	*exenatide*	ADD UM: PANAME		PA Applies
10/01/2022	TRULICITY	*dulaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	RYBELSUS	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	VICTOZA 3-PAK	*liraglutide*	ADD UM: PANAME		PA Applies
10/01/2022	BYDUREON BCISE	*exenatide microspheres*	ADD UM: PANAME		PA Applies
10/01/2022	RYBELSUS	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	OZEMPIC	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	OZEMPIC	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	OZEMPIC	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	TRULICITY	*dulaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	OZEMPIC	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	OZEMPIC	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	OZEMPIC	*semaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	TRULICITY	*dulaglutide*	ADD UM: PANAME		PA Applies
10/01/2022	*contour next gen*	*blood-glucose meter*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	*contour next gen*	*blood-glucose meter*	ADD UM: PANAME		PA Applies
10/01/2022	*contour next gen*	*blood-glucose meter*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*onetouch solutions complete*	*blood-glucose meter*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	*onetouch solutions complete*	*blood-glucose meter*	ADD UM: PANAME		PA Applies
10/01/2022	*onetouch solutions complete*	*blood-glucose meter*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*onetouch solutions fit*	*blood-glucose meter*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	*onetouch solutions fit*	*blood-glucose meter*	ADD UM: PANAME		PA Applies
10/01/2022	*onetouch solutions fit*	*blood-glucose meter*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*contour next gen*	*blood-glucose meter*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	*contour next gen*	*blood-glucose meter*	ADD UM: PANAME		PA Applies
10/01/2022	*contour next gen*	*blood-glucose meter*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*onetouch solutions complete*	*blood-glucose meter*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	*onetouch solutions complete*	*blood-glucose meter*	CHANGE UM: DRUGCLASS	Diabetic - Glucometers	Excluded Products
10/01/2022	*onetouch solutions complete*	*blood-glucose meter*	REMOVE UM: PANAME	PA Applies	
10/01/2022	*onetouch solutions fit*	*blood-glucose meter*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*onetouch solutions fit*	*blood-glucose meter*	CHANGE UM: DRUGCLASS	Diabetic - Glucometers	Excluded Products
10/01/2022	*onetouch solutions fit*	*blood-glucose meter*	REMOVE UM: PANAME	PA Applies	
10/01/2022	*contour next gen*	*blood-glucose meter*	REMOVE UM: PANAME	PA Applies	
10/01/2022	*contour next gen*	*blood-glucose meter*	REMOVE UM: PANAME	PA Applies	
10/01/2022	*insulin glargine*	*insulin glargine,human recombinant analog*	ADD UM: QUANTITY		90 days
10/01/2022	*insulin glargine*	*insulin glargine,human recombinant analog*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*insulin glargine*	*insulin glargine,human recombinant analog*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*insulin glargine*	*insulin glargine,human recombinant analog*	ADD UM: SDS		Extended Specialty Day Supply
10/01/2022	*insulin glargine*	*insulin glargine,human recombinant analog*	ADD UM: PR		Preventive Medication
10/01/2022	*insulin glargine solostar*	*insulin glargine,human recombinant analog*	ADD UM: QUANTITY		90 days
10/01/2022	*insulin glargine solostar*	*insulin glargine,human recombinant analog*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*insulin glargine solostar*	*insulin glargine,human recombinant analog*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*insulin glargine solostar*	*insulin glargine,human recombinant analog*	ADD UM: SDS		Extended Specialty Day Supply
10/01/2022	*insulin glargine solostar*	*insulin glargine,human recombinant analog*	ADD UM: PR		Preventive Medication
10/01/2022	*eversense e3 smart transmitter*	*blood-glucose transmitter*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*eversense e3 smart transmitter*	*blood-glucose transmitter*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*eversense e3 sensor-hldr*	*glucose sensor,implantable,continuous/dexamethasone acetate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*eversense e3 sensor-hldr*	*glucose sensor,implantable,continuous/dexamethasone acetate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MULTI-MAC	*prenatal vitamin no.181/ferrous fumarate/folate*	CHANGE UM: DRUGCLASS	Prenatal Vitamins	Excluded Products
10/01/2022	MULTI-MAC	*prenatal vitamin no.181/ferrous fumarate/folate*	REMOVE UM: COV	Non Formulary	
10/01/2022	ELYXYB	*celecoxib*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	ELYXYB	*celecoxib*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	ELYXYB	*celecoxib*	REMOVE UM: PANAME	PA Applies	
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: MAXQTYPERDAY		0.767 per day
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: PR		Preventive Medication
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: MAXQTYPERDAY		0.8 per day
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: DRUGCLASS		Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: PR		Preventive Medication
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: MAXQTYPERDAY		0.8 per day
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*fluticasone propionate hfa*	*fluticasone propionate*	ADD UM: PR		Preventive Medication
10/01/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	ADD UM: PR		Preventive Medication
10/01/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*fluticasone-vilanterol*	*fluticasone furoate/vilanterol trifenatate*	ADD UM: PR		Preventive Medication
10/01/2022	FOLAGENT DHA	*multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil*	CHANGE UM: DRUGCLASS	Vitamins (Not Prenatal)	Excluded Products

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	FOLAGENT DHA	*multivit-min 96/iron,carbonyl/folic/omega -3/dha/epa/fish oil*	REMOVE UM: COV	Non Formulary	
10/01/2022	DHIVY	*carbidopa/levodopa*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	DHIVY	*carbidopa/levodopa*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*freestyle libre 3 sensor*	*blood-glucose sensor*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
10/01/2022	*freestyle libre 3 sensor*	*blood-glucose sensor*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	NEEVODHA	*multivit no.37/iron/l-mefolate calc./algal oil/soy lecithin*	CHANGE UM: DRUGCLASS	Prenatal Vitamins	Excluded Products
10/01/2022	NEEVODHA	*multivit no.37/iron/l-mefolate calc./algal oil/soy lecithin*	REMOVE UM: COV	Non Formulary	
10/01/2022	NORGESIC	*orphenadrine citrate/aspirin/caffeine*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	NORGESIC	*orphenadrine citrate/aspirin/caffeine*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	ZIPHEX	*prenatal vitamins no.147/ferrous gluconate/folic acid*	CHANGE UM: DRUGCLASS	Prenatal Vitamins	Excluded Products
10/01/2022	ZIPHEX	*prenatal vitamins no.147/ferrous gluconate/folic acid*	REMOVE UM: COV	Non Formulary	
10/01/2022	OLUMIANT	*baricitinib*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	OLUMIANT	*baricitinib*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	OLUMIANT	*baricitinib*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	DARTISLA	*glycopyrrolate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	DARTISLA	*glycopyrrolate*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	SOAANZ	*torsemide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	SOAANZ	*torsemide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	SOAANZ	*torsemide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	SOAANZ	*torsemide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	SOAANZ	*torsemide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	SOAANZ	*torsemide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	*onetouch solutions refill*	*lancets with blood glucose test strips*	CHANGE UM: DRUGCLASS	Diabetic - Blood Sugar Diagnostics	Excluded Products
10/01/2022	*onetouch solutions refill*	*lancets with blood glucose test strips*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	TARGRETIN	*bexarotene*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	PHOSPHO-TRIN K500	*potassium phosphate,monobasic*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	PHOSPHO-TRIN K500	*potassium phosphate,monobasic*	ADD UM: NFDA		Non-FDA Approved
10/01/2022	ADLARITY	*donepezil hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	ADLARITY	*donepezil hcl*	ADD UM: AGE		At least 40 yrs old

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	ADLARITY	*donepezil hcl*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	ADLARITY	*donepezil hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	ADLARITY	*donepezil hcl*	ADD UM: AGE		At least 40 yrs old
10/01/2022	ADLARITY	*donepezil hcl*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	ALYMSYS	*bevacizumab-maly*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	ALYMSYS	*bevacizumab-maly*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	ANZEMET	*dolasetron mesylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	ANZEMET	*dolasetron mesylate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2022	ANZEMET	*dolasetron mesylate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*bexarotene*	*bexarotene*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*bexarotene*	*bexarotene*	ADD UM: PANAME		PA Applies
10/01/2022	*bexarotene*	*bexarotene*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*bexarotene*	*bexarotene*	ADD UM: PS		Preferred Specialty
10/01/2022	*bortezomib*	*bortezomib*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*bortezomib*	*bortezomib*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	BYOOVIZ	*ranibizumab-nuna*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	CAMCEVI	*leuprolide mesylate*	ADD UM: DRUGCLASS		Antineoplastics/Chemo
10/01/2022	CAMCEVI	*leuprolide mesylate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	CAMZYOS	*mavacamten*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	CAMZYOS	*mavacamten*	ADD UM: MAXQTYPERDAY		1.0 per day

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	CAMZYOS	*mavacamten*	ADD UM: PANAME		PA Applies
10/01/2022	CAMZYOS	*mavacamten*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	CAMZYOS	*mavacamten*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	CAMZYOS	*mavacamten*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	CAMZYOS	*mavacamten*	ADD UM: PANAME		PA Applies
10/01/2022	CAMZYOS	*mavacamten*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	CAMZYOS	*mavacamten*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	CAMZYOS	*mavacamten*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	CAMZYOS	*mavacamten*	ADD UM: PANAME		PA Applies
10/01/2022	CAMZYOS	*mavacamten*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	CAMZYOS	*mavacamten*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	CAMZYOS	*mavacamten*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	CAMZYOS	*mavacamten*	ADD UM: PANAME		PA Applies
10/01/2022	CAMZYOS	*mavacamten*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	EPSOLAY	*benzoyl peroxide*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	EPSOLAY	*benzoyl peroxide*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*freestyle libre 3 sensor*	*blood-glucose sensor*	ADD UM: AGE		At least 4 yrs old
10/01/2022	*ketamine hcl-0.9% nacl*	*ketamine hcl in 0.9 % sodium chloride*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*ketamine hcl-0.9% nacl*	*ketamine hcl in 0.9 % sodium chloride*	ADD UM: NFDA		Non-FDA Approved
10/01/2022	*lacosamide*	*lacosamide*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*lacosamide*	*lacosamide*	ADD UM: MAXQTYPERDAY		50.0 per day
10/01/2022	*lacosamide*	*lacosamide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	LYVISPAH	*baclofen*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	LYVISPAH	*baclofen*	ADD UM: PANAME		PA Applies
10/01/2022	LYVISPAH	*baclofen*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	LYVISPAH	*baclofen*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	LYVISPAH	*baclofen*	ADD UM: PANAME		PA Applies
10/01/2022	LYVISPAH	*baclofen*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	LYVISPAH	*baclofen*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	LYVISPAH	*baclofen*	ADD UM: PANAME		PA Applies
10/01/2022	LYVISPAH	*baclofen*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*mesalamine er*	*mesalamine*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*mesalamine er*	*mesalamine*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*pemetrexed*	*pemetrexed*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed*	*pemetrexed*	CHANGE UM: COV	FDA Moratorium	Non Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed*	*pemetrexed*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed*	*pemetrexed*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed*	*pemetrexed*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed*	*pemetrexed*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*pemetrexed disodium*	*pemetrexed disodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	NUCALA	*mepolizumab*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	NUCALA	*mepolizumab*	ADD UM: MAXQTYPERDAY		0.015 per day
10/01/2022	NUCALA	*mepolizumab*	ADD UM: PANAME		PA Applies
10/01/2022	NUCALA	*mepolizumab*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	NUCALA	*mepolizumab*	ADD UM: PS		Preferred Specialty
10/01/2022	PRIORIX	*measles, mumps, and rubella vaccine live/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	PRIORIX	*measles, mumps, and rubella vaccine live/pf*	ADD UM: DRUGCLASS		Immunization/Vaccines
10/01/2022	PRIORIX	*measles, mumps, and rubella vaccine live/pf*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	RADICAVA ORS	*edaravone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	RADICAVA ORS	*edaravone*	ADD UM: MAXQTYPERDAY		1.25 per day
10/01/2022	RADICAVA ORS	*edaravone*	ADD UM: PANAME		PA Applies
10/01/2022	RADICAVA ORS	*edaravone*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	RADICAVA ORS	*edaravone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	RADICAVA ORS	*edaravone*	ADD UM: MAXQTYPERDAY		1.8 per day
10/01/2022	RADICAVA ORS	*edaravone*	ADD UM: PANAME		PA Applies
10/01/2022	RADICAVA ORS	*edaravone*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	ROXYBOND	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		8.0 per day
10/01/2022	ROXYBOND	*oxycodone hcl*	ADD UM: AGE		At least 18 yrs old
10/01/2022	ROXYBOND	*oxycodone hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	ROXYBOND	*oxycodone hcl*	ADD UM: MVB		Minimal Value Brand
10/01/2022	ROXYBOND	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		8.0 per day
10/01/2022	ROXYBOND	*oxycodone hcl*	ADD UM: AGE		At least 18 yrs old
10/01/2022	ROXYBOND	*oxycodone hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	ROXYBOND	*oxycodone hcl*	ADD UM: MVB		Minimal Value Brand
10/01/2022	ROXYBOND	*oxycodone hcl*	ADD UM: MAXQTYPERDAY		8.0 per day
10/01/2022	ROXYBOND	*oxycodone hcl*	ADD UM: AGE		At least 18 yrs old
10/01/2022	ROXYBOND	*oxycodone hcl*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	ROXYBOND	*oxycodone hcl*	ADD UM: MVB		Minimal Value Brand
10/01/2022	TYVASO DPI	*treprostinil*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: PANAME		PA Applies
10/01/2022	TYVASO DPI	*treprostinil*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	TYVASO DPI	*treprostinil*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: PANAME		PA Applies
10/01/2022	TYVASO DPI	*treprostinil*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	TYVASO DPI	*treprostinil*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: PANAME		PA Applies
10/01/2022	TYVASO DPI	*treprostinil*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	TYVASO DPI	*treprostinil*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: PANAME		PA Applies
10/01/2022	TYVASO DPI	*treprostinil*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	TYVASO DPI	*treprostinil*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: MAXQTYPERDAY		7.0 per day
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: PANAME		PA Applies
10/01/2022	TYVASO DPI	*treprostinil*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	TYVASO DPI	*treprostinil*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: MAXQTYPERDAY		8.0 per day
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: PANAME		PA Applies
10/01/2022	TYVASO DPI	*treprostinil*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	TYVASO DPI	*treprostinil*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: MAXQTYPERDAY		9.0 per day
10/01/2022	TYVASO DPI	*treprostinil*	ADD UM: PANAME		PA Applies
10/01/2022	TYVASO DPI	*treprostinil*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*valsartan*	*valsartan*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*valsartan*	*valsartan*	ADD UM: AGE		Up to 16 yrs old
10/01/2022	*valsartan*	*valsartan*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*valsartan*	*valsartan*	ADD UM: PR		Preventive Medication
10/01/2022	*vilazodone hcl*	*vilazodone hcl*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*vilazodone hcl*	*vilazodone hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*vilazodone hcl*	*vilazodone hcl*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*vilazodone hcl*	*vilazodone hcl*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*vilazodone hcl*	*vilazodone hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*vilazodone hcl*	*vilazodone hcl*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*vilazodone hcl*	*vilazodone hcl*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*vilazodone hcl*	*vilazodone hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*vilazodone hcl*	*vilazodone hcl*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	VOQUEZNA TRIPLE PAK	*vonoprazan fumarate/amoxicillin trihydrate/clarithromycin*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	VOQUEZNA TRIPLE PAK	*vonoprazan fumarate/amoxicillin trihydrate/clarithromycin*	ADD UM: MAXQTYPERDAY		8.0 per day
10/01/2022	VOQUEZNA TRIPLE PAK	*vonoprazan fumarate/amoxicillin trihydrate/clarithromycin*	ADD UM: PANAME		PA Applies
10/01/2022	VOQUEZNA TRIPLE PAK	*vonoprazan fumarate/amoxicillin trihydrate/clarithromycin*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	VOQUEZNA DUAL PAK	*vonoprazan fumarate/amoxicillin trihydrate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	VOQUEZNA DUAL PAK	*vonoprazan fumarate/amoxicillin trihydrate*	ADD UM: MAXQTYPERDAY		8.0 per day
10/01/2022	VOQUEZNA DUAL PAK	*vonoprazan fumarate/amoxicillin trihydrate*	ADD UM: PANAME		PA Applies
10/01/2022	VOQUEZNA DUAL PAK	*vonoprazan fumarate/amoxicillin trihydrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	VTAMA	*tapinarof*	ADD UM: MAXQTYPERDAY		60.0 per day
10/01/2022	VTAMA	*tapinarof*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	ZTALMY	*ganaxolone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	ZTALMY	*ganaxolone*	ADD UM: MAXQTYPERDAY		36.0 per day
10/01/2022	ZTALMY	*ganaxolone*	ADD UM: PANAME		PA Applies
10/01/2022	ZTALMY	*ganaxolone*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*metformin hcl*	*metformin hcl*	ADD TO FORMULARY	Non-Formulary	Generics

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*metformin hcl*	*metformin hcl*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*metformin hcl*	*metformin hcl*	ADD UM: MVG		MINIMAL VALUE GENERIC
10/01/2022	*metformin hcl*	*metformin hcl*	ADD UM: HCG		High Cost Generic
10/01/2022	*metformin hcl*	*metformin hcl*	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2022	NORGESIC	*orphenadrine citrate/aspirin/caffeine*	ADD UM: MVG		MINIMAL VALUE GENERIC
10/01/2022	NORGESIC	*orphenadrine citrate/aspirin/caffeine*	ADD UM: HCG		High Cost Generic
10/01/2022	NORLIQVA	*amlodipine besylate*	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2022	NORLIQVA	*amlodipine besylate*	ADD UM: AGE		Up to 18 yrs old
10/01/2022	NORLIQVA	*amlodipine besylate*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	DYANAVEL XR	*amphetamine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	DYANAVEL XR	*amphetamine*	ADD UM: STEP		ST applies
10/01/2022	DYANAVEL XR	*amphetamine*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	DYANAVEL XR	*amphetamine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	DYANAVEL XR	*amphetamine*	ADD UM: STEP		ST applies
10/01/2022	DYANAVEL XR	*amphetamine*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	DYANAVEL XR	*amphetamine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	DYANAVEL XR	*amphetamine*	ADD UM: STEP		ST applies
10/01/2022	DYANAVEL XR	*amphetamine*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	DYANAVEL XR	*amphetamine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	DYANAVEL XR	*amphetamine*	ADD UM: STEP		ST applies
10/01/2022	DYANAVEL XR	*amphetamine*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	DYANAVEL XR	*amphetamine*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	DYANAVEL XR	*amphetamine*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	DYANAVEL XR	*amphetamine*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	DYANAVEL XR	*amphetamine*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*diclofenac sodium*	*diclofenac sodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*sod sulf-potass sulf-mag sulf*	*sodium sulfate/potassium sulfate/magnesium sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	*sod sulf-potass sulf-mag sulf*	*sodium sulfate/potassium sulfate/magnesium sulfate*	ADD UM: STEP		ST applies
10/01/2022	*sod sulf-potass sulf-mag sulf*	*sodium sulfate/potassium sulfate/magnesium sulfate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	AMVUTTRA	*vutrisiran sodium*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	SANOFI COVID BOOSTER-AG COMPNT	*covid-19 vaccine, recombinant antigen (sanofi)/pf*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	*isosorbide dinit-hydralazine*	*isosorbide dinitrate/hydralazine hcl*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2022	*fora v10-v12-d10-d20*	*lancets with blood glucose test strips*	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2022	*onetouch solutions refill*	*lancets with blood glucose test strips*	ADD UM: MAXQTYPERDAY		10.0 per day

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*pogo automatic test cartridge*	*lancets with blood glucose test strips*	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2022	*gojji lancet-glucose test strp*	*lancets with blood glucose test strips*	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2022	*gojji lancet-glucose test strp*	*lancets with blood glucose test strips*	ADD UM: MAXQTYPERDAY		10.0 per day
10/01/2022	VIMPAT	*lacosamide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: COV	Non Formulary	
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	VIMPAT	*lacosamide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: COV	Non Formulary	
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	VIMPAT	*lacosamide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: COV	Non Formulary	
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	VIMPAT	*lacosamide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: COV	Non Formulary	
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	VIMPAT	*lacosamide*	CHANGE UM: DRUGCLASS	Injectables	Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	VIMPAT	*lacosamide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: COV	Non Formulary	
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	VIMPAT	*lacosamide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: COV	Non Formulary	
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	VIMPAT	*lacosamide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: COV	Non Formulary	
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	VIMPAT	*lacosamide*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: COV	Non Formulary	
10/01/2022	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	MOUNJARO	*tirzepatide*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: MAXQTYPERDAY		0.08 per day
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PANAME		PA Applies
10/01/2022	MOUNJARO	*tirzepatide*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	MOUNJARO	*tirzepatide*	ADD UM: PR		Preventive Medication
10/01/2022	QULIPTA	*atogepant*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	QULIPTA	*atogepant*	ADD UM: PANAME		PA Applies
10/01/2022	QULIPTA	*atogepant*	REMOVE UM: DRUGCLASS	Excluded Products	
10/01/2022	QULIPTA	*atogepant*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	QULIPTA	*atogepant*	ADD UM: PANAME		PA Applies
10/01/2022	QULIPTA	*atogepant*	REMOVE UM: DRUGCLASS	Excluded Products	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	QULIPTA	*atogepant*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/01/2022	QULIPTA	*atogepant*	ADD UM: PANAME		PA Applies
10/01/2022	QULIPTA	*atogepant*	REMOVE UM: DRUGCLASS	Excluded Products	
10/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
10/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	ADD UM: STEP		ST applies
10/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
10/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	ADD UM: STEP		ST applies
10/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	CHANGE UM: DRUGCLASS	Excluded Products	ADD Drugs
10/01/2022	AZSTARYS	*serdexmethylphenidate chloride/dexmethylphenidate hcl*	ADD UM: STEP		ST applies

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	SEGLENTIS	*tramadol hcl/celecoxib*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	SEGLENTIS	*tramadol hcl/celecoxib*	REMOVE UM: COV	Non Formulary	
10/01/2022	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
10/01/2022	TOVIAZ	*fesoterodine fumarate*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	TOVIAZ	*fesoterodine fumarate*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	EPRONTIA	*topiramate*	CHANGE UM: DRUGCLASS	Fertility Drugs	Excluded Products
10/01/2022	TEMBEXA	*brincidofovir*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	TEMBEXA	*brincidofovir*	CHANGE UM: COV	FDA Moratorium	Non Formulary
10/01/2022	CLOMID	*clomiphene citrate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	CLOMID	*clomiphene citrate*	ADD UM: GENDER		Female
10/01/2022	CLOMID	*clomiphene citrate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2022	*dabigatran etexilate*	*dabigatran etexilate mesylate*	REMOVE UM: COV	FDA Moratorium	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*fesoterodine fumarate er*	*fesoterodine fumarate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*indomethacin*	*indomethacin*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*indomethacin*	*indomethacin*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2022	*indomethacin*	*indomethacin*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
10/01/2022	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	ASPRUZYO SPRINKLE	*ranolazine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	ASPRUZYO SPRINKLE	*ranolazine*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2022	ASPRUZYO SPRINKLE	*ranolazine*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	ASPRUZYO SPRINKLE	*ranolazine*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	ASPRUZYO SPRINKLE	*ranolazine*	ADD UM: MAXQTYPERDAY		2.0 per day
10/01/2022	ASPRUZYO SPRINKLE	*ranolazine*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*meloxicam*	*meloxicam*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	*meloxicam*	*meloxicam*	ADD UM: MAXQTYPERDAY		5.0 per day
10/01/2022	*meloxicam*	*meloxicam*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*venlafaxine besylate er*	*venlafaxine besylate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	*venlafaxine besylate er*	*venlafaxine besylate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*venlafaxine besylate er*	*venlafaxine besylate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*venlafaxine besylate er*	*venlafaxine besylate*	ADD UM: MVG		MINIMAL VALUE GENERIC
10/01/2022	*venlafaxine besylate er*	*venlafaxine besylate*	ADD UM: HCG		High Cost Generic
10/01/2022	VIVJOA	*oteseconazole*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	VIVJOA	*oteseconazole*	ADD UM: QUANTITY		21 / fill

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	VIVJOA	*oteseconazole*	ADD UM: PANAME		PA Applies
10/01/2022	VIVJOA	*oteseconazole*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	TASCENSO ODT	*fingolimod lauryl sulfate*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	TASCENSO ODT	*fingolimod lauryl sulfate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	TASCENSO ODT	*fingolimod lauryl sulfate*	ADD UM: PANAME		PA Applies
10/01/2022	TASCENSO ODT	*fingolimod lauryl sulfate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*pirfenidone*	*pirfenidone*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	*pirfenidone*	*pirfenidone*	ADD UM: MAXQTYPERDAY		3.0 per day
10/01/2022	*pirfenidone*	*pirfenidone*	ADD UM: PANAME		PA Applies
10/01/2022	*pirfenidone*	*pirfenidone*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*pirfenidone*	*pirfenidone*	CHANGE TIER	Non-Preferred Brands	Generics
10/01/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: PANAME		PA Applies
10/01/2022	JAVYGTOR	*sapropterin dihydrochloride*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*methylphenidate*	*methylphenidate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: STEP		ST applies
10/01/2022	*methylphenidate*	*methylphenidate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*methylphenidate*	*methylphenidate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: MAXQTYPERDAY		1.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: STEP		ST applies
10/01/2022	*methylphenidate*	*methylphenidate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*methylphenidate*	*methylphenidate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: STEP		ST applies
10/01/2022	*methylphenidate*	*methylphenidate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*methylphenidate*	*methylphenidate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: STEP		ST applies
10/01/2022	*methylphenidate*	*methylphenidate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*methylphenidate*	*methylphenidate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: STEP		ST applies
10/01/2022	*methylphenidate*	*methylphenidate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*methylphenidate*	*methylphenidate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: STEP		ST applies
10/01/2022	*methylphenidate*	*methylphenidate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	*methylphenidate*	*methylphenidate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: STEP		ST applies
10/01/2022	*methylphenidate*	*methylphenidate*	REMOVE UM: COV	FDA Moratorium	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	*methylphenidate*	*methylphenidate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	*methylphenidate*	*methylphenidate*	ADD UM: STEP		ST applies
10/01/2022	*methylphenidate*	*methylphenidate*	REMOVE UM: COV	FDA Moratorium	
10/01/2022	TWYNEO	*tretinoin/benzoyl peroxide*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/01/2022	TWYNEO	*tretinoin/benzoyl peroxide*	REMOVE UM: COV	Non Formulary	
10/01/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD TO FORMULARY	Non-Formulary	Generics
10/01/2022	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: PANAME		PA Applies
10/01/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: CUSTOM	Generic for Clindagel	
10/01/2022	*clindamycin phosphate*	*clindamycin phosphate*	REMOVE UM: DRUGCLASS	Excluded Products	
10/01/2022	VIVJOA	*oteseconazole*	CHANGE UM: QUANTITY	21 / fill	20 / 365 days
10/01/2022	CORDRAN	*flurandrenolide*	CHANGE UM: MAXQTYPERDAY	2 per day	4.0 per day
10/01/2022	CORDRAN	*flurandrenolide*	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2022	*flurandrenolide*	*flurandrenolide*	CHANGE UM: MAXQTYPERDAY	2 per day	4.0 per day
10/01/2022	*flurandrenolide*	*flurandrenolide*	ADD UM: MAXQTYPERDAY		4.0 per day
10/01/2022	NOLIX	*flurandrenolide*	CHANGE UM: MAXQTYPERDAY	8 per day	4.0 per day
10/01/2022	*sod sulf-potass sulf-mag sulf*	*sodium sulfate/potassium sulfate/magnesium sulfate*	REMOVE UM: STEP	ST applies	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	DYANAVEL XR	*amphetamine*	CHANGE TIER		Non-Preferred Brands
10/01/2022	DYANAVEL XR	*amphetamine*	CHANGE UM: DRUGCLASS		ADD Drugs
10/01/2022	FLEQSUVY	*baclofen*	ADD UM: DRUGCLASS		Excluded Products
10/01/2022	FLEQSUVY	*baclofen*	REMOVE UM: COV	Non Formulary	
10/01/2022	*polyoxyl 40 hydrog castor oil*	*polyoxyl 40 hydrogenated castor oil*	ADD TO FORMULARY		Non-Preferred Brands
10/01/2022	*techna nat sf troche base g2*	*troche base no.252*	ADD TO FORMULARY		Non-Preferred Brands
10/01/2022	*orapenn sd sweetened*	*liquid base no.249*	ADD TO FORMULARY		Non-Preferred Brands
10/01/2022	*orapenn sd sweetened*	*liquid base no.249*	ADD TO FORMULARY		Non-Preferred Brands
10/01/2022	*milk thistle*	*milk thistle*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	*evening primrose*	*evening primrose oil*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	*resveratrol*	*resveratrol/ascorbic acid (vitamin c)*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	*fingolimod*	*fingolimod hcl*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	*fingolimod*	*fingolimod hcl*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	*dhea*	*prasterone (dhea)*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	SECURA EXTRA PROTECTIVE	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	SECURA EXTRA PROTECTIVE	*zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	*citicoline*	*citicoline*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	*citicoline*	*citicoline*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	L-ARGININE MEN'S HEALTH	*arginine/cyanocobalamin/folic acid/vit b6*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	L-ARGININE MEN'S HEALTH	*arginine/cyanocobalamin/folic acid/vit b6*	ADD UM: DRUGCLASS		Nutritional Diet Supplement
10/01/2022	K-RIGHT	*cholecalciferol (vit d3)/vitamin k1/mk4/mk7*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	K-RIGHT	*cholecalciferol (vit d3)/vitamin k1/mk4/mk7*	ADD UM: DRUGCLASS		Vitamins (Not Prenatal)
10/01/2022	FAMIL-E	*vitamin e/vitamin e mixed/tocotrienol*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	CULTURELLE KIDS 4 IN 1 IMMUNE	*l. rhamnosus/ascorbic acid/vitamin d3/zinc oxide/elderberry*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	YUM-YUM DOPHILUS	*l.acidophilus,plantarum/b.animalis,breve/fos/inulin*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	*3 am melatonin*	*melatonin/theanine*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	*3 am melatonin*	*melatonin/theanine*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	ALPHA LIPOIC SUSTAIN-BIOTIN	*alpha lipoic acid/biotin*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	ALPHA LIPOIC SUSTAIN-BIOTIN	*alpha lipoic acid/biotin*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2022	ICY HOT	*menthol*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	AUVELITY	*dextromethorphan hbr/bupropion hcl*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	AUVELITY	*dextromethorphan hbr/bupropion hcl*	ADD UM: COV		FDA Moratorium
10/01/2022	FYLNETRA	*pegfilgrastim-pbbk*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	FYLNETRA	*pegfilgrastim-pbbk*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents
10/01/2022	FYLNETRA	*pegfilgrastim-pbbk*	ADD UM: COV		FDA Moratorium
10/01/2022	FYLNETRA	*pegfilgrastim-pbbk*	ADD UM: SPECIALTY		Specialty Drug
10/01/2022	PEDMARK	*sodium thiosulfate*	ADD UM: COV		FDA Moratorium
10/01/2022	PEDMARK	*sodium thiosulfate*	ADD UM: SPECIALTY		Specialty Drug
10/01/2022	PEDMARK	*sodium thiosulfate*	ADD UM: MED		Medical Drug
10/01/2022	PEDMARK	*sodium thiosulfate*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	ZONTIVITY	*vorapaxar sulfate*	REMOVE FROM FORMULARY		Non-Formulary
10/01/2022	ZONTIVITY	*vorapaxar sulfate*	ADD UM: MAXQTYPERDAY		1.0 per day
10/01/2022	ZONTIVITY	*vorapaxar sulfate*	ADD UM: COV		FDA Moratorium
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*morphine sulfate*	*morphine sulfate*	REMOVE UM: PANAME	PA Applies	
10/03/2022	*fingolimod*	*fingolimod hcl*	ADD UM: COV		FDA Moratorium
10/04/2022	PROVOCHOLIN E	*methacholine chloride*	REMOVE FROM FORMULARY		Non-Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: COV		Non Formulary
10/04/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: MED		Medical Drug
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	DIVIGEL	*estradiol*	ADD UM: B4G		Brand For Generic
10/04/2022	*estradiol*	*estradiol*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2022	*estradiol*	*estradiol*	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2022	*estradiol*	*estradiol*	ADD UM: GENDER		Female
10/04/2022	*estradiol*	*estradiol*	ADD UM: COV		FDA Moratorium
10/04/2022	*estradiol*	*estradiol*	REMOVE FROM FORMULARY		Non-Formulary
10/04/2022	*estradiol*	*estradiol*	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2022	*estradiol*	*estradiol*	ADD UM: GENDER		Female
10/04/2022	*estradiol*	*estradiol*	ADD UM: COV		FDA Moratorium
10/04/2022	*estradiol*	*estradiol*	REMOVE FROM FORMULARY		Non-Formulary
10/04/2022	*estradiol*	*estradiol*	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2022	*estradiol*	*estradiol*	ADD UM: GENDER		Female
10/04/2022	*estradiol*	*estradiol*	ADD UM: COV		FDA Moratorium
10/04/2022	*estradiol*	*estradiol*	REMOVE FROM FORMULARY		Non-Formulary
10/04/2022	*estradiol*	*estradiol*	ADD UM: MAXQTYPERDAY		1.0 per day
10/04/2022	*estradiol*	*estradiol*	ADD UM: GENDER		Female
10/04/2022	*estradiol*	*estradiol*	ADD UM: COV		FDA Moratorium
10/04/2022	*estradiol*	*estradiol*	REMOVE FROM FORMULARY		Non-Formulary
10/04/2022	*estradiol*	*estradiol*	ADD UM: MAXQTYPERDAY		1.25 per day
10/04/2022	*estradiol*	*estradiol*	ADD UM: GENDER		Female
10/04/2022	*estradiol*	*estradiol*	ADD UM: COV		FDA Moratorium

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/04/2022	GILENYA	*fingolimod hcl*	ADD UM: B4G		Brand For Generic
10/04/2022	DUTOPROL	*metoprolol succinate/hydrochlorothiazide*	REMOVE UM: B4G	Brand For Generic	
10/04/2022	DUTOPROL	*metoprolol succinate/hydrochlorothiazide*	REMOVE UM: B4G	Brand For Generic	
10/04/2022	DUTOPROL	*metoprolol succinate/hydrochlorothiazide*	REMOVE UM: B4G	Brand For Generic	
10/04/2022	COMIRNATY	*covid-19 vac mrna,tris(pfizer)/pf*	REMOVE UM: B4G	Brand For Generic	
10/04/2022	COMIRNATY	*covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	REMOVE UM: B4G	Brand For Generic	
10/04/2022	GLYTACTIN BETTERMILK 5-5	*nutritional therapy for pku no.64*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
10/05/2022	JENTADUETO XR	*linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JENTADUETO XR	*linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	GLYXAMBI	*empagliflozin/linagliptin*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JENTADUETO XR	*linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	GLYXAMBI	*empagliflozin/linagliptin*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/05/2022	JENTADUETO	*linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	GLYXAMBI	*empagliflozin/linagliptin*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JENTADUETO	*linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JENTADUETO	*linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	GLYXAMBI	*empagliflozin/linagliptin*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JENTADUETO	*linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JENTADUETO	*linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/05/2022	GLYXAMBI	*empagliflozin/linagliptin*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JENTADUETO XR	*linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	GLYXAMBI	*empagliflozin/linagliptin*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JANUMET XR	*sitagliptin phosphate/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	GLYXAMBI	*empagliflozin/linagliptin*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	GLYXAMBI	*empagliflozin/linagliptin*	REMOVE UM: FI1	MRx Maintenance	
10/05/2022	JENTADUETO	*linagliptin/metformin hcl*	REMOVE UM: FI1	MRx Maintenance	
10/06/2022	*fingolimod*	*fingolimod hcl*	ADD UM: SPECIALTY		Specialty Drug
10/08/2022	*methyl b-12*	*mecobalamin*	REMOVE FROM FORMULARY		Non-Formulary
10/08/2022	*lidocaine pain relief-menthol*	*lidocaine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/08/2022	DYNARUB	*methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
10/08/2022	DYNARUB	*methyl salicylate/menthol*	REMOVE FROM FORMULARY		Non-Formulary
10/08/2022	ZYLOTROL	*lidocaine/menthol*	REMOVE FROM FORMULARY		Non-Formulary
10/08/2022	ZYLOTROL	*lidocaine hcl/menthol*	REMOVE FROM FORMULARY		Non-Formulary
10/08/2022	MAXIMUM STRENGTH COLD-FLU	*phenylephrine hcl/dextromethorphan hbr/acetaminophen/guaifen*	REMOVE FROM FORMULARY		Non-Formulary
10/08/2022	ROLVEDON	*eflapegrastim-xnst*	REMOVE FROM FORMULARY		Non-Formulary
10/08/2022	ROLVEDON	*eflapegrastim-xnst*	ADD UM: DRUGCLASS		CSF/Hematopoietic Agents
10/08/2022	ROLVEDON	*eflapegrastim-xnst*	ADD UM: COV		FDA Moratorium
10/08/2022	ROLVEDON	*eflapegrastim-xnst*	ADD UM: SPECIALTY		Specialty Drug
10/08/2022	*methocarbamol*	*methocarbamol*	ADD TO FORMULARY		Generics
10/11/2022	RELYVRIO	*sodium phenylbutyrate/taurursodiol*	REMOVE FROM FORMULARY		Non-Formulary
10/11/2022	RELYVRIO	*sodium phenylbutyrate/taurursodiol*	ADD UM: COV		FDA Moratorium
10/11/2022	RELYVRIO	*sodium phenylbutyrate/taurursodiol*	ADD UM: SPECIALTY		Specialty Drug
10/11/2022	RELYVRIO	*sodium phenylbutyrate/taurursodiol*	REMOVE FROM FORMULARY		Non-Formulary
10/11/2022	RELYVRIO	*sodium phenylbutyrate/taurursodiol*	ADD UM: COV		FDA Moratorium
10/11/2022	RELYVRIO	*sodium phenylbutyrate/taurursodiol*	ADD UM: SPECIALTY		Specialty Drug

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/11/2022	*omniflex diaphragm*	*diaphragms, wide seal*	REMOVE FROM FORMULARY		Non-Formulary
10/11/2022	*omniflex diaphragm*	*diaphragms, wide seal*	ADD UM: DRUGCLASS		Contraceptives - Diaphragms/Cervical
10/11/2022	*omniflex diaphragm*	*diaphragms, wide seal*	ADD UM: COV		FDA Moratorium
10/11/2022	KOGENATE FS	*antihemophilic factor (fviii) recombinant,full length*	CHANGE TIER		Non-Preferred Brands
10/11/2022	KOGENATE FS	*antihemophilic factor (fviii) recombinant,full length*	CHANGE UM: DRUGCLASS		Blood/Blood Products
10/11/2022	KOGENATE FS	*antihemophilic factor (fviii) recombinant,full length*	CHANGE UM: PANAME		PA Applies
10/11/2022	KOGENATE FS	*antihemophilic factor (fviii) recombinant,full length*	CHANGE UM: SPECIALTY		Specialty Drug
10/14/2022	KLOR-CON-EF	*potassium bicarbonate/citric acid*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	MITIGARE	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*clozapine*	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	EFFER-K	*potassium bicarbonate/citric acid*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/14/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	K-TAB ER	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	KLOR-CON M10	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*famotidine*	*famotidine*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	KLOR-CON M20	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	KLOR-CON 8	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	VERSACLOZ	*clozapine*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	GLOPERBA	*colchicine*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	KLOR-CON	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*cimetidine*	*cimetidine*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/14/2022	KLOR-CON 10	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/14/2022	*potassium chloride*	*potassium chloride*	REMOVE UM: FI1	MRx Maintenance	
10/15/2022	ALL DAY ALLERGY	*cetirizine hcl*	ADD TO FORMULARY	Non-Formulary	Tier 0
10/15/2022	MINREX	*minerals/potassium glycinate/betaine hydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
10/15/2022	TERLIVAZ	*terlipressin acetate*	REMOVE FROM FORMULARY		Non-Formulary
10/15/2022	TERLIVAZ	*terlipressin acetate*	ADD UM: COV		FDA Moratorium
10/15/2022	TERLIVAZ	*terlipressin acetate*	ADD UM: MED		Medical Drug
10/15/2022	*luminopia*	*digital therapeutics,amblyopia*	REMOVE FROM FORMULARY		Non-Formulary
10/15/2022	*luminopia*	*digital therapeutics,amblyopia*	ADD UM: COV		Non Formulary
10/17/2022	ALL DAY ALLERGY	*cetirizine hcl*	ADD UM: MAXQTYPERDAY		1.0 per day
10/17/2022	GILPHEX TR	*guaifenesin/phenylephrine hcl*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2022	CALASOOTHE	*menthol/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2022	CALASOOTHE	*menthol/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2022	CALASOOTHE	*menthol/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2022	CALASOOTHE	*menthol/zinc oxide*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/17/2022	*lactase enzyme*	*lactase*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2022	CAPSIMIDE	*capsaicin*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2022	*lactase enzyme*	*lactase*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2022	*lactase enzyme*	*lactase*	REMOVE FROM FORMULARY		Non-Formulary
10/17/2022	*lactase enzyme*	*lactase*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	FUROSCIX	*furosemide*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	FUROSCIX	*furosemide*	ADD UM: COV		FDA Moratorium
10/18/2022	FUROSCIX	*furosemide*	ADD UM: SPECIALTY		Specialty Drug
10/18/2022	KYZATREX	*testosterone undecanoate*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	KYZATREX	*testosterone undecanoate*	ADD UM: COV		FDA Moratorium
10/18/2022	KYZATREX	*testosterone undecanoate*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	KYZATREX	*testosterone undecanoate*	ADD UM: COV		FDA Moratorium
10/18/2022	KYZATREX	*testosterone undecanoate*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	KYZATREX	*testosterone undecanoate*	ADD UM: COV		FDA Moratorium
10/18/2022	KYZATREX	*testosterone undecanoate*	ADD UM: DRUGCLASS		Anabolic Steroids
10/18/2022	KYZATREX	*testosterone undecanoate*	ADD UM: DRUGCLASS		Anabolic Steroids
10/18/2022	KYZATREX	*testosterone undecanoate*	ADD UM: DRUGCLASS		Anabolic Steroids
10/18/2022	KYZATREX	*testosterone undecanoate*	REMOVE UM: DRUGCLASS	Anabolic Steroids	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2022	KYZATREX	*testosterone undecanoate*	REMOVE UM: DRUGCLASS	Anabolic Steroids	
10/18/2022	KYZATREX	*testosterone undecanoate*	REMOVE UM: DRUGCLASS	Anabolic Steroids	
10/18/2022	*lidocaine hcl*	*lidocaine hcl in sodium chloride, iso-osmotic/pf*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	*lidocaine hcl*	*lidocaine hcl in sodium chloride, iso-osmotic/pf*	ADD UM: COV		Non Formulary
10/18/2022	*lidocaine hcl*	*lidocaine hcl in sodium chloride, iso-osmotic/pf*	ADD UM: NFDA		Non-FDA Approved
10/18/2022	*lidocaine hcl*	*lidocaine hcl in sodium chloride, iso-osmotic/pf*	ADD UM: MED		Medical Drug
10/18/2022	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: COV		Non Formulary
10/18/2022	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: NFDA		Non-FDA Approved
10/18/2022	*cefazolin sodium-sterile water*	*cefazolin sodium/water for injection,sterile*	ADD UM: MED		Medical Drug
10/18/2022	JAVYGTOR	*sapropterin dihydrochloride*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: COV		FDA Moratorium
10/18/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: SPECIALTY		Specialty Drug
10/18/2022	JAVYGTOR	*sapropterin dihydrochloride*	ADD UM: PS		Preferred Specialty
10/18/2022	PROVOCHOLINE	*methacholine chloride*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: COV		Non Formulary

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: MED		Medical Drug
10/18/2022	PROVOCHOLINE	*methacholine chloride*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: COV		Non Formulary
10/18/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: MED		Medical Drug
10/18/2022	PROVOCHOLINE	*methacholine chloride*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: COV		Non Formulary
10/18/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: MED		Medical Drug
10/18/2022	PROVOCHOLINE	*methacholine chloride*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: COV		Non Formulary
10/18/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: MED		Medical Drug
10/18/2022	PROVOCHOLINE	*methacholine chloride*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: COV		Non Formulary
10/18/2022	PROVOCHOLINE	*methacholine chloride*	ADD UM: MED		Medical Drug
10/18/2022	ZILRETTA	*triamcinolone acetonide*	REMOVE FROM FORMULARY		Non-Formulary
10/18/2022	ZILRETTA	*triamcinolone acetonide*	CHANGE UM: COV		Non Formulary
10/18/2022	ZILRETTA	*triamcinolone acetonide*	CHANGE UM: SPECIALTY		Specialty Drug

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/18/2022	ZILRETTA	*triamcinolone acetonide*	CHANGE UM: MED		Medical Drug
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/21/2022	DORYX MPC	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		2.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		3.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		3.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		3.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		3.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		4.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		4.0 per day

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		4.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		4.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		4.0 per day
10/21/2022	DORYX	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		4.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		4.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		4.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		6.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		6.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		6.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		6.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		6.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		6.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		6.0 per day
10/21/2022	DORYX	*doxycycline hyclate*	ADD UM: MAXQTYPERDAY		6.0 per day
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: QUANTITY		7/ rx

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: QUANTITY		7/ rx
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: QUANTITY		7/ rx
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: QUANTITY		7/ rx
10/21/2022	*doxycycline hyclate*	*doxycycline hyclate*	ADD UM: QUANTITY		7/ rx
10/22/2022	*versapenn*	*gel base no.259*	ADD TO FORMULARY		Non-Preferred Brands
10/22/2022	*procap*	*capsule compounding base no.260*	ADD TO FORMULARY		Non-Preferred Brands
10/22/2022	*procap*	*capsule compounding base no.260*	ADD TO FORMULARY		Non-Preferred Brands
10/22/2022	*procap*	*capsule compounding base no.260*	ADD TO FORMULARY		Non-Preferred Brands
10/22/2022	*procap*	*capsule compounding base no.260*	ADD TO FORMULARY		Non-Preferred Brands
10/22/2022	*procap*	*capsule compounding base no.260*	ADD TO FORMULARY		Non-Preferred Brands
10/22/2022	*disperserx*	*xylitol/poloxalene*	ADD TO FORMULARY		Non-Preferred Brands
10/22/2022	*disperserx*	*xylitol/poloxalene*	ADD TO FORMULARY		Non-Preferred Brands
10/22/2022	BIOTIN PLUS	*biotin/lutein*	REMOVE FROM FORMULARY		Non-Formulary
10/22/2022	*dhea*	*prasterone (dhea)*	REMOVE FROM FORMULARY		Non-Formulary
10/22/2022	*dhea*	*prasterone (dhea)*	REMOVE FROM FORMULARY		Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/22/2022	HYDRAGUARD-D	*dimethicone*	REMOVE FROM FORMULARY		Non-Formulary
10/22/2022	*curcumin phytosome*	*curcumin-phosphatidylcholine complex*	REMOVE FROM FORMULARY		Non-Formulary
10/22/2022	*curcumin phytosome*	*curcumin-phosphatidylcholine complex*	REMOVE FROM FORMULARY		Non-Formulary
10/22/2022	VAGINAL ITCH RELIEF	*benzocaine/benzalkonium chloride/aloe vera/vitamin e*	REMOVE FROM FORMULARY		Non-Formulary
10/22/2022	URO-SP	*methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	REMOVE FROM FORMULARY		Non-Formulary
10/22/2022	URO-SP	*methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	ADD UM: COV		Non Formulary
10/22/2022	URO-SP	*methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	ADD UM: NFDA		Non-FDA Approved
10/24/2022	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
10/24/2022	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	ADD UM: QPBU		HCRPREVA | HCR Standard Rx & OTC
10/24/2022	PFIZER COVID BIVAL (5-11YR)EUA	*covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	REMOVE UM: COV	FDA Moratorium	
10/25/2022	CETROTIDE	*cetrorelix acetate*	ADD UM: B4G		Brand For Generic

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Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/25/2022	*allopurinol*	*allopurinol*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2022	*allopurinol*	*allopurinol*	ADD UM: COV		FDA Moratorium
10/25/2022	*cetrorelix acetate*	*cetrorelix acetate*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2022	*cetrorelix acetate*	*cetrorelix acetate*	ADD UM: DRUGCLASS		Fertility Drugs
10/25/2022	*cetrorelix acetate*	*cetrorelix acetate*	ADD UM: COV		FDA Moratorium
10/25/2022	*cetrorelix acetate*	*cetrorelix acetate*	ADD UM: SPECIALTY		Specialty Drug
10/25/2022	*cetrorelix acetate*	*cetrorelix acetate*	ADD UM: GENDER		Female
10/25/2022	*roflumilast*	*roflumilast*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2022	*roflumilast*	*roflumilast*	ADD UM: COV		FDA Moratorium
10/25/2022	*salicylic acid*	*salicylic acid*	REMOVE FROM FORMULARY		Non-Formulary
10/25/2022	*salicylic acid*	*salicylic acid*	ADD UM: COV		Non Formulary
10/25/2022	*salicylic acid*	*salicylic acid*	ADD UM: NFDA		Non-FDA Approved
10/25/2022	FRAGMIN	*dalteparin sodium,porcine*	ADD TO FORMULARY		Non-Preferred Brands
10/25/2022	FRAGMIN	*dalteparin sodium,porcine*	ADD UM: SPECIALTY		Specialty Drug
10/31/2022	LORZONE	*chlorzoxazone*	CHANGE TIER	Non-Preferred Brands	Generics
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/31/2022	DEPO-PROVERA	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	DEPO-PROVERA	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	DEPO-SUBQ PROVERA 104	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	*medroxyprogesterone acetate*	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply
10/31/2022	DEPO-PROVERA	*medroxyprogesterone acetate*	ADD UM: SDS		Extended Specialty Day Supply

Alliant Precision Formulary 2022 Updates

December, 2022

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2022	TREMFYA	*guselkumab*	CHANGE UM: MAXQTYPERDAY	0.04 per day	0.02 per day

Alliant Precision Formulary 2022 Updates

January, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	COMBIGAN	*brimonidine tartrate/timolol maleate*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2023	COMBIGAN	*brimonidine tartrate/timolol maleate*	ADD UM: COV		Non Formulary
01/01/2023	COMBIGAN	*brimonidine tartrate/timolol maleate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	OPZELURA	*ruxolitinib phosphate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	OPZELURA	*ruxolitinib phosphate*	ADD UM: COV		Non Formulary
01/01/2023	OPZELURA	*ruxolitinib phosphate*	REMOVE UM: PANAME	PA Applies	
01/01/2023	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	VIMPAT	*lacosamide*	ADD UM: COV		Non Formulary
01/01/2023	VIMPAT	*lacosamide*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	VIMPAT	*lacosamide*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	VIMPAT	*lacosamide*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	VIMPAT	*lacosamide*	REMOVE UM: COV	Non Formulary	
01/01/2023	ACZONE	*dapsone*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ACZONE	*dapsone*	CHANGE UM: DRUGCLASS	Acne	Excluded Products
01/01/2023	ACZONE	*dapsone*	REMOVE UM: PANAME	PA Applies	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	ENBREL SURECLICK	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL SURECLICK	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL MINI	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL SURECLICK	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	ENBREL	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL MINI	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL SURECLICK	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL MINI	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	ENBREL MINI	*etanercept*	ADD UM: PS		Preferred Specialty
01/01/2023	PENTASA	*mesalamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	PENTASA	*mesalamine*	ADD UM: COV		Non Formulary
01/01/2023	PENTASA	*mesalamine*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	AURYXIA	*ferric citrate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	AURYXIA	*ferric citrate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	MOXEZA	*moxifloxacin hcl*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2023	MOXEZA	*moxifloxacin hcl*	ADD UM: COV		Non Formulary
01/01/2023	VIIBRYD	*vilazodone hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	VIIBRYD	*vilazodone hcl*	ADD UM: COV		Non Formulary
01/01/2023	VIIBRYD	*vilazodone hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	VIIBRYD	*vilazodone hcl*	ADD UM: COV		Non Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	VIIBRYD	*vilazodone hcl*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	VIIBRYD	*vilazodone hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	VIIBRYD	*vilazodone hcl*	ADD UM: COV		Non Formulary
01/01/2023	VIIBRYD	*vilazodone hcl*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	VIIBRYD	*vilazodone hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	VIIBRYD	*vilazodone hcl*	ADD UM: COV		Non Formulary
01/01/2023	VIIBRYD	*vilazodone hcl*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	KERYDIN	*tavaborole*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	ENSTILAR	*calcipotriene/betamethasone dipropionate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ENSTILAR	*calcipotriene/betamethasone dipropionate*	ADD UM: COV		Non Formulary
01/01/2023	SEGLENTIS	*tramadol hcl/celecoxib*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	SEGLENTIS	*tramadol hcl/celecoxib*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	BUTRANS	*buprenorphine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	BUTRANS	*buprenorphine*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	BUTRANS	*buprenorphine*	REMOVE UM: PANAME	PA Applies	
01/01/2023	ADZENYS ER	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ADZENYS ER	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ADZENYS XR-ODT	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ADZENYS XR-ODT	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ADZENYS XR-ODT	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ADZENYS XR-ODT	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ADZENYS XR-ODT	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ADZENYS XR-ODT	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	DYANAVEL XR	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	DAYTRANA	*methylphenidate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	COTEMPLA XR-ODT	*methylphenidate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	COTEMPLA XR-ODT	*methylphenidate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	QUILLIVANT XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	QUILLIVANT XR	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	QUILLICHEW ER	*methylphenidate hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	QUILLICHEW ER	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	QUILLICHEW ER	*methylphenidate hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	QUILLICHEW ER	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	QUILLIVANT XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	QUILLIVANT XR	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	QUILLICHEW ER	*methylphenidate hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	QUILLICHEW ER	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	DAYTRANA	*methylphenidate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	COTEMPLA XR-ODT	*methylphenidate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	COTEMPLA XR-ODT	*methylphenidate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	DAYTRANA	*methylphenidate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	QUILLIVANT XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	QUILLIVANT XR	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	COTEMPLA XR-ODT	*methylphenidate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	COTEMPLA XR-ODT	*methylphenidate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	QUILLIVANT XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	QUILLIVANT XR	*methylphenidate hcl*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	DAYTRANA	*methylphenidate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	DAYTRANA	*methylphenidate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	DAYTRANA	*methylphenidate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	DAYTRANA	*methylphenidate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	DAYTRANA	*methylphenidate*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	ZENZEDI	*dextroamphetamine sulfate*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	XIFAXAN	*rifaximin*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	XIFAXAN	*rifaximin*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	XIFAXAN	*rifaximin*	REMOVE UM: PANAME	PA Applies	
01/01/2023	XIFAXAN	*rifaximin*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	XIFAXAN	*rifaximin*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	XIFAXAN	*rifaximin*	REMOVE UM: PANAME	PA Applies	

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	XIFAXAN	*rifaximin*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	XIFAXAN	*rifaximin*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	XIFAXAN	*rifaximin*	REMOVE UM: PANAME	PA Applies	
01/01/2023	COMBIGAN	*brimonidine tartrate/timolol maleate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	COMBIGAN	*brimonidine tartrate/timolol maleate*	REMOVE UM: COV	Non Formulary	
01/01/2023	COMBIGAN	*brimonidine tartrate/timolol maleate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	COMBIGAN	*brimonidine tartrate/timolol maleate*	REMOVE UM: COV	Non Formulary	
01/01/2023	COMBIGAN	*brimonidine tartrate/timolol maleate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	COMBIGAN	*brimonidine tartrate/timolol maleate*	REMOVE UM: COV	Non Formulary	
01/01/2023	TOVIAZ	*fesoterodine fumarate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	TOVIAZ	*fesoterodine fumarate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	TOVIAZ	*fesoterodine fumarate*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	TOVIAZ	*fesoterodine fumarate*	ADD UM: DRUGCLASS		Diabetic - Urine Test Strips
01/01/2023	TOVIAZ	*fesoterodine fumarate*	CHANGE UM: DRUGCLASS	Diabetic - Urine Test Strips	Excluded Products
01/01/2023	FLEQSUVY	*baclofen*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	FLEQSUVY	*baclofen*	REMOVE UM: COV	Non Formulary	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	SANTYL	*collagenase clostridium histolyticum*	ADD UM: MAXQTYPERDAY		3.0 per day
01/01/2023	SANTYL	*collagenase clostridium histolyticum*	ADD UM: PANAME		PA Applies
01/01/2023	SANTYL	*collagenase clostridium histolyticum*	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2023	SANTYL	*collagenase clostridium histolyticum*	ADD UM: PANAME		PA Applies
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: DRUGCLASS	Excluded Products	
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: B4G		Brand For Generic
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: DRUGCLASS	Excluded Products	
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	ADD UM: B4G		Brand For Generic
01/01/2023	PRADAXA	*dabigatran etexilate mesylate*	REMOVE UM: DRUGCLASS	Excluded Products	
01/01/2023	*citalopram hbr*	*citalopram hydrobromide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	*citalopram hbr*	*citalopram hydrobromide*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	IBSRELA	*tenapanor hcl*	ADD UM: DRUGCLASS		Excluded Products

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	IBSRELA	*tenapanor hcl*	REMOVE UM: COV	Non Formulary	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*estradiol (once weekly)*	*estradiol*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*estradiol (once weekly)*	*estradiol*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	VASHE WOUND THERAPY	*sodium chloride irrigating solution/hypochlorous acid*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
01/01/2023	VASHE WOUND THERAPY	*sodium chloride irrigating solution/hypochlorous acid*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	VASHE WOUND THERAPY	*sodium chloride irrigating solution/hypochlorous acid*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
01/01/2023	VASHE WOUND THERAPY	*sodium chloride irrigating solution/hypochlorous acid*	REMOVE UM: HCG	HIGH COST GENERIC	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	VASHE WOUND THERAPY	*sodium chloride irrigating solution/hypochlorous acid*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
01/01/2023	VASHE WOUND THERAPY	*sodium chloride irrigating solution/hypochlorous acid*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*morphine sulfate*	*morphine sulfate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*benztropine mesylate*	*benztropine mesylate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*benztropine mesylate*	*benztropine mesylate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*famotidine*	*famotidine in sodium chloride, iso-osmotic/pf*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
01/01/2023	*famotidine*	*famotidine in sodium chloride, iso-osmotic/pf*	REMOVE UM: HCG	High Cost Generic	
01/01/2023	*desmopressin acetate*	*desmopressin acetate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*desmopressin acetate*	*desmopressin acetate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*desmopressin acetate*	*desmopressin acetate*	REMOVE UM: HCG	HIGH COST GENERIC	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*desmopressin acetate*	*desmopressin acetate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*morphine sulfate*	*morphine sulfate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*benztropine mesylate*	*benztropine mesylate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*benztropine mesylate*	*benztropine mesylate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*estradiol (once weekly)*	*estradiol*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*desmopressin acetate*	*desmopressin acetate*	REMOVE UM: HCG	High Cost Generic	
01/01/2023	*morphine sulfate*	*morphine sulfate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*morphine sulfate*	*morphine sulfate*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*desmopressin acetate*	*desmopressin acetate*	REMOVE UM: HCG	High Cost Generic	

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	GAVILYTE-N	*sodium chloride/sodium bicarbonate/potassium chloride/peg*	REMOVE UM: MVG	MINIMAL VALUE GENERIC	
01/01/2023	GAVILYTE-N	*sodium chloride/sodium bicarbonate/potassium chloride/peg*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*desmopressin acetate*	*desmopressin acetate*	REMOVE UM: HCG	High Cost Generic	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*estradiol (once weekly)*	*estradiol*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*oxycodone hcl*	*oxycodone hcl*	REMOVE UM: HCG	HIGH COST GENERIC	
01/01/2023	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: MVG		MINIMAL VALUE GENERIC
01/01/2023	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: HCG		High Cost Generic
01/01/2023	*colchicine*	*colchicine*	ADD UM: MVG		MINIMAL VALUE GENERIC
01/01/2023	*colchicine*	*colchicine*	ADD UM: HCG		High Cost Generic

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: MVG		MINIMAL VALUE GENERIC
01/01/2023	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: HCG		High Cost Generic
01/01/2023	*colchicine*	*colchicine*	ADD UM: MVG		MINIMAL VALUE GENERIC
01/01/2023	*colchicine*	*colchicine*	ADD UM: HCG		High Cost Generic
01/01/2023	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: MVG		MINIMAL VALUE GENERIC
01/01/2023	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: HCG		High Cost Generic
01/01/2023	*colchicine*	*colchicine*	ADD UM: MVG		MINIMAL VALUE GENERIC
01/01/2023	*colchicine*	*colchicine*	ADD UM: HCG		High Cost Generic
01/01/2023	*colchicine*	*colchicine*	ADD UM: MVG		MINIMAL VALUE GENERIC
01/01/2023	*colchicine*	*colchicine*	ADD UM: HCG		High Cost Generic
01/01/2023	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: MVG		MINIMAL VALUE GENERIC
01/01/2023	*rosuvastatin-ezetimibe*	*ezetimibe/rosuvastatin calcium*	ADD UM: HCG		High Cost Generic
01/01/2023	*methylphenidate hcl*	*methylphenidate hcl*	ADD UM: MAXQTYPERDAY		3.0 per day
01/01/2023	*lansoprazol-amoxicil-clarithro*	*lansoprazole/amoxicillin trihydrate/clarithromycin*	ADD UM: HCG		High Cost Generic
01/01/2023	*lansoprazol-amoxicil-clarithro*	*lansoprazole/amoxicillin trihydrate/clarithromycin*	ADD UM: HCG		High Cost Generic

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*lansoprazol-amoxicil-clarithro*	*lansoprazole/amoxicillin trihydrate/clarithromycin*	ADD UM: HCG		High Cost Generic
01/01/2023	DORAL	*quazepam*	ADD UM: MVB		Minimal Value Brand
01/01/2023	SEGLENTIS	*tramadol hcl/celecoxib*	ADD UM: MVB		Minimal Value Brand
01/01/2023	EXELON	*rivastigmine*	ADD UM: SBA		Select Brand Alternative
01/01/2023	CYCLOGYL	*cyclopentolate hcl*	ADD UM: SBA		Select Brand Alternative
01/01/2023	CYCLOGYL	*cyclopentolate hcl*	ADD UM: SBA		Select Brand Alternative
01/01/2023	ADIPEX-P	*phentermine hcl*	ADD UM: SBA		Select Brand Alternative
01/01/2023	AVAR LS	*sulfacetamide sodium/sulfur*	ADD UM: SBA		Select Brand Alternative
01/01/2023	EXELON	*rivastigmine*	ADD UM: SBA		Select Brand Alternative
01/01/2023	CYCLOGYL	*cyclopentolate hcl*	ADD UM: SBA		Select Brand Alternative
01/01/2023	RENVELA	*sevelamer carbonate*	ADD UM: SBA		Select Brand Alternative
01/01/2023	EXELON	*rivastigmine*	ADD UM: SBA		Select Brand Alternative
01/01/2023	RENVELA	*sevelamer carbonate*	ADD UM: SBA		Select Brand Alternative
01/01/2023	EXELON	*rivastigmine*	ADD UM: SBA		Select Brand Alternative
01/01/2023	RENVELA	*sevelamer carbonate*	ADD UM: SBA		Select Brand Alternative

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	CYCLOGYL	*cyclopentolate hcl*	ADD UM: SBA		Select Brand Alternative
01/01/2023	ROBINUL FORTE	*glycopyrrolate*	ADD UM: SBA		Select Brand Alternative
01/01/2023	MYAMBUTOL	*ethambutol hcl*	ADD UM: SBA		Select Brand Alternative
01/01/2023	ZYMAXID	*gatifloxacin*	ADD UM: SBA		Select Brand Alternative
01/01/2023	RENVELA	*sevelamer carbonate*	ADD UM: SBA		Select Brand Alternative
01/01/2023	MONUROL	*fosfomycin tromethamine*	ADD UM: SBA		Select Brand Alternative
01/01/2023	EXELON	*rivastigmine*	ADD UM: SBA		Select Brand Alternative
01/01/2023	RENVELA	*sevelamer carbonate*	ADD UM: SBA		Select Brand Alternative
01/01/2023	CYCLOGYL	*cyclopentolate hcl*	ADD UM: SBA		Select Brand Alternative
01/01/2023	MYAMBUTOL	*ethambutol hcl*	ADD UM: SBA		Select Brand Alternative
01/01/2023	CYCLOGYL	*cyclopentolate hcl*	ADD UM: SBA		Select Brand Alternative
01/01/2023	MONUROL	*fosfomycin tromethamine*	ADD UM: SBA		Select Brand Alternative
01/01/2023	ROBINUL	*glycopyrrolate*	ADD UM: SBA		Select Brand Alternative
01/01/2023	EXELON	*rivastigmine*	ADD UM: SBA		Select Brand Alternative
01/01/2023	CARAFATE	*sucralfate*	ADD UM: SBA		Select Brand Alternative

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	DEXILANT	*dexlansoprazole*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2023	DEXILANT	*dexlansoprazole*	ADD UM: COV		Non Formulary
01/01/2023	DEXILANT	*dexlansoprazole*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	DEXILANT	*dexlansoprazole*	REMOVE FROM FORMULARY	Preferred Brands	Non-Formulary
01/01/2023	DEXILANT	*dexlansoprazole*	ADD UM: COV		Non Formulary
01/01/2023	DEXILANT	*dexlansoprazole*	REMOVE UM: B4G	Brand For Generic	
01/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	ADD TO FORMULARY	Non-Formulary	Generics
01/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: STEP		ST applies
01/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE UM: DRUGCLASS	Excluded Products	
01/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	ADD TO FORMULARY	Non-Formulary	Generics
01/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	ADD UM: STEP		ST applies
01/01/2023	*dexlansoprazole dr*	*dexlansoprazole*	REMOVE UM: DRUGCLASS	Excluded Products	
01/01/2023	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	DYANAVEL XR	*amphetamine*	CHANGE UM: DRUGCLASS	ADD Drugs	Excluded Products
01/01/2023	*insulin degludec*	*insulin degludec*	ADD UM: QUANTITY		90 days
01/01/2023	*insulin degludec*	*insulin degludec*	CHANGE UM: DRUGCLASS	Diabetic - Insulin	Excluded Products

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*insulin degludec*	*insulin degludec*	REMOVE UM: COV	FDA Moratorium	
01/01/2023	*insulin degludec*	*insulin degludec*	ADD UM: SDS		Extended Specialty Day Supply
01/01/2023	*insulin degludec*	*insulin degludec*	ADD UM: PR		Preventive Medication
01/01/2023	*insulin degludec pen (u-100)*	*insulin degludec*	ADD UM: QUANTITY		90 days
01/01/2023	*insulin degludec pen (u-100)*	*insulin degludec*	CHANGE UM: DRUGCLASS	Diabetic - Insulin	Excluded Products
01/01/2023	*insulin degludec pen (u-100)*	*insulin degludec*	REMOVE UM: COV	FDA Moratorium	
01/01/2023	*insulin degludec pen (u-100)*	*insulin degludec*	ADD UM: SDS		Extended Specialty Day Supply
01/01/2023	*insulin degludec pen (u-100)*	*insulin degludec*	ADD UM: PR		Preventive Medication
01/01/2023	*insulin degludec pen (u-200)*	*insulin degludec*	ADD UM: QUANTITY		90 days
01/01/2023	*insulin degludec pen (u-200)*	*insulin degludec*	CHANGE UM: DRUGCLASS	Diabetic - Insulin	Excluded Products
01/01/2023	*insulin degludec pen (u-200)*	*insulin degludec*	REMOVE UM: COV	FDA Moratorium	
01/01/2023	*insulin degludec pen (u-200)*	*insulin degludec*	ADD UM: SDS		Extended Specialty Day Supply
01/01/2023	*insulin degludec pen (u-200)*	*insulin degludec*	ADD UM: PR		Preventive Medication
01/01/2023	DEXILANT	*dexlansoprazole*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	DEXILANT	*dexlansoprazole*	REMOVE UM: COV	Non Formulary	

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Alliant Precision Formulary 2022 Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	DEXILANT	*dexlansoprazole*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	DEXILANT	*dexlansoprazole*	REMOVE UM: COV	Non Formulary	
01/01/2023	DORYX MPC	*doxycycline hyclate*	CHANGE UM: DRUGCLASS	Acne	Excluded Products
01/01/2023	DORYX MPC	*doxycycline hyclate*	REMOVE UM: COV	FDA Moratorium	
01/01/2023	*levamlodipine maleate*	*levamlodipine maleate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	*levamlodipine maleate*	*levamlodipine maleate*	REMOVE UM: COV	FDA Moratorium	
01/01/2023	QUVIVIQ	*daridorexant hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	QUVIVIQ	*daridorexant hcl*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	QUVIVIQ	*daridorexant hcl*	REMOVE UM: PANAME	PA Applies	
01/01/2023	QUVIVIQ	*daridorexant hcl*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
01/01/2023	QUVIVIQ	*daridorexant hcl*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	QUVIVIQ	*daridorexant hcl*	REMOVE UM: PANAME	PA Applies	
01/01/2023	TLANDO	*testosterone undecanoate*	ADD UM: DRUGCLASS		Excluded Products
01/01/2023	TLANDO	*testosterone undecanoate*	REMOVE UM: COV	Non Formulary	
01/01/2023	GLEEVEC	*imatinib mesylate*	ADD UM: SBA		Select Brand Alternative

Alliant Precision Formulary 2022 Updates

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	FINACEA	*azelaic acid*	REMOVE UM: B4G	Brand For Generic	
04/01/2023	*calcipotriene*	*calcipotriene*	ADD UM: MVG		MINIMAL VALUE GENERIC
04/01/2023	*calcipotriene*	*calcipotriene*	ADD UM: HCG		High Cost Generic
04/01/2023	SSKI	*potassium iodide*	REMOVE FROM FORMULARY	Non-Preferred Brands	Non-Formulary
04/01/2023	SSKI	*potassium iodide*	ADD UM: COV		Non Formulary
04/01/2023	SSKI	*potassium iodide*	REMOVE UM: B4G	Brand For Generic	