

**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
Value Formulary

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
clind/benz gel 1.2-3.75 (Brand: Onexton®)	G	No Change (New Generic)		No Change	No Change	10/02/23
amphet/dextr cap er 12.5mg, 25mg, 50mg, 37.5mg (Brand: Mydayis™)	G + QL (1 cap per day)	No Change (New Generic)		No Change	No Change	10/16/23
yargesa cap 100mg (Brand: Zavesca®)	G/SP* + PA	No Change (New Generic)		No Change	No Change	10/16/23
pazopanib tab 200mg (Brand: Votrient®)	G/SP* + PA	No Change (New Generic)		No Change	No Change	10/23/23
spironolactone sus 25mg/5ml (Brand: Carospir® Sus)	G	No Change (New Generic)		No Change	No Change	11/06/23
mesalamine cap 500mg er (Brand: Pentasa®)	G	No Change (New Generic)		No Change	No Change	12/11/23
halobetasol AER 0.05% (Brand: Lexette®)	G	No Change (New Generic)		No Change	No Change	12/18/23
podofilox gel 0.5% (Brand: Condylox®)	G	No Change (New Generic)		No Change	No Change	12/18/23
cetrotirelix kit 0.25mg (Brand: Cetrotide® Kit)	G/SP*	No Change (New Generic)		No Change	No Change	12/25/23
dextroamphetamine tab 2.5mg, 7.5mg (Brand: Zenzedi®)	G + QL (3 tabs per day)	No Change (New Generic)		No Change	No Change	12/25/23
baclofen sol 10mg/5ml (Brand: Ozobax® DS)	NF	No Change (New Authorized Generic)	Generic baclofen tablets	No Change	No Change	10/30/23

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(continued)

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(7/24 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Fluticasone AER 50mcg, 100mcg, 250mcg <b>(Brand: Flovent® Diskus® AER)</b>	NF	No Change (New Authorized Generic)	Two of the following: <b>Arnuity Ellipta®</b> and <b>Pulmicort Flexhaler®</b>		No Change	10/30/23
Teriparatide inj 20mcg <b>(Brand: Forteo®)</b>	NF/SP*	No Change (New Authorized Generic)		No Change	No Change	11/24/23
Oxaprozin cap 300mg <b>(Brand: Coxanto™)</b>	NF	No Change (New Authorized Generic)		No Change	No Change	12/25/23
<b>Hyrimoz® Inj</b> 40/0.8ml	NF/SP*	No Change (New Drug)		No Change	No Change	10/02/23
<b>Pokonza™ Pow</b> 10meq	NF	No Change (New Drug)	Generic potassium chloride (tablets, solution, capsules, packets, crystals, etc...)	No Change	No Change	10/02/23
<b>Motpoly XR™ Cap</b> 100mg, 150mg, 200mg	NF	No Change (New Drug)	Three generic anticonvulsants OR continuation of therapy with <b>Motpoly XR™</b>	No Change	No Change	10/09/23
trientine cap 500mg	G/SP* + PA	No Change (New Drug)	<b>Depen®</b>	No Change	No Change	10/09/23
<b>Kalydeco® Gra</b> 5.8mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/16/23
glipizide tab 2.5mg	LCG	No Change (New Drug)		No Change	No Change	10/23/23
<b>Ozobax® DS Sol</b> 10mg/5ml	NF	No Change (New Drug)	Generic baclofen tablets	No Change	No Change	10/30/23
<b>Abrilada™ Inj</b> 20/0.4ml, 40/0.8ml	NF/SP*	No Change (New Drug)		No Change	No Change	10/30/23
<b>Altuviii® Inj</b> 750iu	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/06/23

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(continued)

(7/24 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Inpefa® Tab 400mg</b>	NF	No Change (New Drug)	Minimum 3-months trial of <b>Jardiance®</b> AND minimum 3- months trial of <b>Farxiga®</b>	No Change	No Change	11/13/23
<b>Voquezna® Tab 10mg</b>	NF + QL (1 tab per day)	No Change (New Drug)		No Change	No Change	11/13/23
<b>Xphozah® Tab 20mg, 30mg</b>	NF/SP*	No Change (New Drug)	Minimum 30-day supply of two of the following: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCL, <b>Velphoro®</b>	No Change	No Change	11/13/23
<b>Rozlytrek® Pak 50mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/13/23
<b>Fruzaqla™ Cap 1mg, 5mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/20/23
<b>Cabtreo™ Gel</b>	NF	No Change (New Drug)	<b>Epiduo® Forte</b>	No Change	No Change	11/27/23
<b>Truqap™ Tab 160mg, 200mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/27/23
<b>Yuflyma® Kit 80/0.8ml</b>	NF/SP*	No Change (New Drug)		No Change	No Change	11/27/23
<b>Yuflyma® CD/UC/HS Starter</b>	NF/SP*	No Change (New Drug)		No Change	No Change	11/27/23
<b>Augtyro™ Cap 40mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/04/23
<b>Jylamvo® Sol 2mg/ml</b>	NPD + PA	No Change (New Drug)	Generic methotrexate tablets	No Change	No Change	12/04/23
<b>Ogsiveo™ Tab 50mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/04/23
<b>Xalkori® Cap 20mg, 50mg, 150mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/04/23

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(continued)

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<b>Bijuva® Cap 0.5-100mg</b>	NF	No Change (New Drug)		No Change	No Change	12/11/23
<b>Coxanto™ Cap 300mg</b>	NF	No Change (New Drug)	3 generic prescription strength NSAIDS (e.g., ibuprofen, naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)	No Change	No Change	12/11/23
<b>Veve® Dro 0.1%</b>	NF	No Change (New Drug)	Both of the following: <b>Restasis Multidose®</b> and <b>Xiidra®</b>	No Change	No Change	12/18/23
<b>Iwilfin™ Tab 192mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/25/23
<b>Zituvio™ Tab 25mg, 50mg, 100mg</b>	NF	No Change (New Drug)	Two of the following: <b>Januvia®</b> or <b>Janumet®</b> AND <b>Tradjenta®</b> or <b>Jentadueto®</b>	No Change	No Change	12/25/23
<b>Zoryve® Mis 0.3%</b>	NF	No Change (New Drug)	Minimum duration of a 4-weeks of two of the following: (1) Corticosteroids (e.g., betamethasone, clobetasol); (2) Antifungals (e.g., ciclopirox, ketoconazole); (3) calcineurin inhibitors (e.g., tacrolimus)	No Change	No Change	12/25/23
<b>Dapagliflozin Pro-Metformin ER Tablet 24 Hour 10-1000mg, 5-1000mg</b>	NF	No Change (New Drug)	Minimum of 3-months trial with One of the following: <b>Jardiance®</b> , <b>Synjardy® [XR]</b> , <b>Glyxambi®</b> or <b>Trijardy® XR</b> AND minimum of 3-months trial with One of the following: <b>Farxiga®</b> or <b>Xigduo® XR</b>		No Change	01/08/24

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(continued)

(7/24 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Dapagliflozin Propanediol Tablet 5mg, 10mg	NF	No Change (New Drug)	Minimum of 3-months trial with One of the following: <b>Jardiance®</b> , <b>Synjardy® [XR]</b> , <b>Glyxambi®</b> or <b>Trijardy® XR</b> AND minimum of 3-months trial with One of the following: <b>Farxiga®</b> or <b>Xigduo® XR</b>		No Change	01/08/24
Entyvio® Inj 108mg/0.68ml	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	07/01/24
Velsipity® Tab 2mg	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	07/01/24
Bimzelx® Inj 160mg/ml	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	07/01/24
Omvoh™ Inj 100mg/ml	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	07/01/24
Opvee® Solution 2.7mg/0.1ml Nasal	NF + QL (6 per 30 days)	NPD + QL (6 per 30 days)		Brand Addition	No Change	07/01/24
Rocklatan® Solution 0.02-0.005% Ophthalmic	NF	NPD		Brand Addition	No Change	07/01/24
Xaciato™ Gel 2% Vaginal	NF	NPD		Brand Addition	No Change	07/01/24
Cequa® Solution 0.09% Ophthalmic	NF	NPD + PA		Brand Addition	No Change	07/01/24
Suflave™ Solution Reconstituted 178.7gm	NF + QL (4 per 365 days)	NPD + QL (4 per 365 days)		Brand Addition	No Change	07/01/24
Miebo® Solution 1.338gm/ml Ophthalmic	NF	PB		Brand Addition	No Change	07/01/24
Amjevita™ Inj 20/0.2ml, 40/0.4ml, 80/0.8ml	NF/SP*	PB/SP* + PA		Brand Addition	No Change	07/01/24
Fabhalta® Cap 200mg	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	07/01/24
Skytrofa® Cartridge Subcutaneous	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	07/01/24
Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml	NF/SP*	PB/SP* + PA		Brand Addition	No Change	07/01/24

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<b>Adalimumab-Adbm Psoriasis/Uveitis Starter</b>	NF/SP*	PB/SP* + PA		Brand Addition	No Change	07/01/24
<b>Adalimumab-Adbm Crohns/UC/HS Starter</b>	NF/SP*	PB/SP* + PA		Brand Addition	No Change	07/01/24
<b>(Hikma) Sodium Oxybate Solution 500mg/ml</b>	NF/SP* + QL (18ml per day)	NPD/SP* + QL + PA (18ml per day)		Brand Addition	No Change	07/01/24
<b>Lumryz™ Packet</b>	NF/SP* + QL (1 packet per day)	NPD/SP* + QL + PA (1 packet per day)		Brand Addition	No Change	07/01/24
<b>Opfolda™ Cap 65mg</b>	NF/SP*	NPD/SP*		Brand Addition	PA Removal	07/01/24
<b>Omnipod® Go Kit</b>	NPD	PB		Brand Downtier	No Change	07/01/24
<b>Adipex-P® Tab 37.5mg</b>	NPD + PA	NPD		No Change	PA Removal	07/01/24
<b>Lomaira™ Tab 8mg</b>	NPD + PA	NPD		No Change	PA Removal	07/01/24
phentermine HCL capsule 15mg, 30mg, 37.5mg	LCG + PA	LCG		No Change	PA Removal	07/01/24
phentermine HCL tablet 37.5mg	LCG + PA	LCG		No Change	PA Removal	07/01/24
<b>Hemangeol® Solution 4.28mg/ml</b>	NF	NPD + PA		Brand Addition	PA Addition	07/01/24
<b>Likmez™ Sus 500/5ml</b>	NF	NPD + PA	Generic metronidazole	Brand Addition	PA Addition	07/01/24
colchicine cap 0.6mg	G	G + PA	colchicine tablets	No Change	PA Addition	07/01/24
cyanocobalam spr 500mcg	G	G + PA		No Change	PA Addition	07/01/24
<b>Sancuso® Patch 3.1mg/24HR</b>	NPD	NPD + PA	One of the following: generic granisetron, generic ondansetron, aprepitant	No Change	PA Addition	07/01/24
sodium phenylbutyrate powder 3gm/tsp	G/SP*	G/SP* + PA		No Change	PA Addition	07/01/24
sodium phenylbutyrate tab 500mg	G/SP*	G/SP* + PA		No Change	PA Addition	07/01/24
<b>Pegasys® Solution 180mcg/ml</b>	NPD/SP*	NPD/SP* + PA		No Change	PA Addition	07/01/24

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Ibrance® Tablet/Capsule	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	07/01/24
Verzenio® Tab	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	07/01/24
Humatrope® Cartridge Injection	NPD/SP* + PA	NF/SP*		Brand Deletion	No Change	07/01/24
Solosec® Packet 2gm	NPD + PA	NF		Brand Deletion	No Change	07/01/24
Votrient® Tab 200mg	NPD/SP* + PA	NF/SP*		Brand Deletion	No Change	07/01/24
Imbruvica®	NPD/SP* + PA	NF/SP*		Brand Deletion	No Change	07/01/24
Onexton® Gel 1.2-3.75	NPD	NF	2 generic, topical antibiotic or topical antibiotic combination products	Brand Deletion	No Change	07/01/24
Alphagan® P Solution 0.1% Ophthalmic	PB	NF	Minimum of 30-day trial with the generic equivalent of the requested brand	Brand Deletion	No Change	07/01/24
Invokana® Tab	NPD + PA	NF		Brand Deletion	No Change	07/01/24
Invokamet® Tab	NPD + PA	NF		Brand Deletion	No Change	07/01/24
Invokamet® XR Tab	NPD + PA	NF		Brand Deletion	No Change	07/01/24
Nascobal® Spr 500mcg	NPD + PA	NF		Brand Deletion	No Change	07/01/24
Cetrotide® Kit 0.25mg	NPD/SP	NF		Brand Deletion	No Change	07/01/24
Emgality®	NPD + PA	NF		Brand Deletion	No Change	07/01/24
Livalo®	NPD + PA	NF		Brand Deletion	PA Removal	07/01/24
(Amneal) Sodium Oxybate Solution 500mg/ml	NF/SP*+ QL (18ml per day)	Excluded		Brand Deletion	No Change	07/01/24
Ravicti® Liquid 1.1gm/ml	NPD/SP* + PA	NF/SP*		Brand Deletion	No Change	07/01/24
Firvanq® Sol 25mg/ml, 50mg/ml	NPD + AL (Max Age 12)	NF + AL (Max Age 12)		Brand Deletion	No Change	07/01/24
Indocin® Sup 50mg	NPD	NF		Brand Deletion	No Change	07/01/24
Retin-A Micro® Gel 0.08%	NPD + PA + AL (Max Age 25)	NF + AL (Max Age 25)		Brand Deletion	No Change	07/01/24

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(continued)

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<b>Drug Name</b>	<b>Current (tier and edit)</b>	<b>New Tier and Edit</b>	<b>Formulary Alternatives</b>	<b>Tier Change</b>	<b>Edit Change</b>	<b>Effective Date</b>
<b>Voquezna® Tab 20mg</b>	NF + QL (1 tab per day)	NF + QL (2 tabs per day)		No Change	QL Update	07/01/24
<b>Akeega™ Tab 50/500mg, 100/500mg</b>	NPD/SP* + PA	NPD/SP* + PA + QL (2 tabs per day)		No Change	QL Addition	07/01/24
<b>Cresemba® Cap 74.5mg</b>	NPD + PA	NPD + PA + QL (170 caps per 30 days)		No Change	QL Addition	07/01/24
<b>Ojjaara™ Tab 100mg, 150mg, 200mg</b>	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	07/01/24

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**Abbreviation Key**

<b>G</b>	Generic
<b>LCG</b>	Low Cost Generic. Benefit may vary; not all plans provide this incentive.
<b>ACA</b>	Affordable Care Act preventative drugs
<b>PB</b>	Preferred Brand
<b>NPD</b>	Non-Preferred Drug
<b>SP</b>	Specialty Drug. Specialty Tier cost-share will apply for those benefits that have a prescription drug specialty tier.
<b>NF</b>	Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request.
<b>PA</b>	Prior Authorization is required.
<b>MME</b>	Morphine Milligram Equivalent
<b>D/S</b>	Days Supply Limit
<b>QL</b>	Quantity Limit
<b>AL</b>	Age Limit
<b>Generic Addition</b>	A generic drug that recently became available in the marketplace
<b>Generic Downtier</b>	This generic drug will be covered at the appropriate preferred drug level of cost-sharing.
<b>Generic Uptier</b>	This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing.
<b>Authorized Generic Addition</b>	An authorized generic drug that recently became available in the marketplace
<b>Authorized Generic Uptier</b>	Authorized generics are brand drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand name drug company, or another company with the brand company's permission. Unlike a standard generic drug, the authorized generic is not approved by the Food and Drug Administration (FDA) abbreviated new drug application process (ANDA). This authorized generic drug will be covered at a higher level of cost-sharing similar to other brand name drugs.
<b>Brand Downtier</b>	These brand drugs were added to the formulary as of the date indicated and are covered at the appropriate preferred brand formulary level of cost-sharing.
<b>Brand Uptier</b>	These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing.
<b>Brand Addition</b>	Coverage was added to this drug.
<b>Brand/Authorized Generic/ Generic Deletion</b>	Coverage was removed from this drug. Formulary alternatives are available.