



PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select Drug Program®

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
diclofenac pow 50mg (Brand: Cambia®)	G	No Change (New Generic)		Generic Addition	No Change	01/02/23
tasimelteon cap 20mg (Brand: Hetlioz®)	G/SP* + PA + QL (1 cap per day)	No Change (New Generic)		Generic Addition	No Change	01/09/23
topiramate cap er 25mg, 50mg, 100mg (Brand: Trokendi XR®)	G	No Change (New Generic)		Generic Addition	No Change	01/09/23
brimonidine gel 0.33% (Brand: Mirvaso®)	G	No Change (New Generic)		Generic Addition	No Change	01/09/23
pirfenidone cap 267mg (Brand: Esbriet®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	01/16/23
dichlorphenamide tab 50mg (Brand: Keveyis®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	01/23/23
lurasidone tab 20mg, 40mg, 60mg, 80mg, 120mg (Brand: Latuda®)	G	No Change (New Generic)		Generic Addition	No Change	01/30/23
dexlansoprazole DR cap 30mg (Brand: Dexilant® DR)	G + PA + QL (2 caps per day)	No Change (New Generic)		Generic Addition	No Change	01/30/23
lamotrigine ODT kit 25/50mg, 50/100mg (Brand: Lamictal® ODT KIT)	G	No Change (New Generic)		Generic Addition	No Change	02/27/23
teriflunomide tab 7mg, 14mg (Brand: Aubagio®)	G/SP*	No Change (New Generic)		Generic Addition	No Change	03/13/23
bismth/metr/cap tetracy (Brand: Pylera®)	G	No Change (New Generic)		Generic Addition	No Change	03/13/23

*= for Specialty plans

(continued)

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(10/23 version)

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diltiazem tab 120mg ER (Brand: Cardizem®LA)	G	No Change (New Generic)		Generic Addition	No Change	03/20/23
ciprofloxacin sus 250/5ml (Brand: Cipro® (5%) Susp)	G	No Change (New Generic)		Generic Addition	No Change	03/27/23
prednisolone tab 5mg (Brand: Millipred®)	G	No Change (New Generic)		Generic Addition	No Change	03/27/23
minocycline er tab 105mg, 135mg (Brand: Minolira®)	G	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	01/02/23
fluticasone/salmeterol AER 45-21mcg, 115-21mcg, 230-21mcg (Brand: Advair® HFA)	NPD + PA	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	06/08/23
Cortisone tab 25mg	NPD	No Change		No Change	No Change	02/06/23
Oxbryta® Tab 300mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/02/23
Sunlenca® Tab 300mg	NPD	No Change (New Drug)		No Change	No Change	01/02/23
Turalio® Cap 125mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/09/23
Xaciato™ Gel 2%	NPD + PA	No Change (New Drug)	ONE of the following: generic metronidazole gel or generic clindamycin cream	No Change	No Change	01/09/23
Oxybutynin Sol 5mg/5ml	NPD + PA	No Change (New Drug)	generic alternatives (e.g., solifenacin, oxybutynin tabs/ tab ER/syrup, tolterodine, etc.)	No Change	No Change	01/16/23
Jaypirca™ Tab 50mg, 100mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/06/23
Orserdu™ Tab 86mg, 345mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/06/23

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Pradaxa® Pak	NPD + PA	No Change (New Drug)	One of the following: Eliquis® , Xarelto® , Pradaxa® capsules	No Change	No Change	02/20/23
Takhzyro® Inj 150mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/20/23
Tezspire® Inj 210mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/20/23
Rebinyn® Inj 3000unit	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/20/23
Erleada® Tab 240mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/27/23
Filspari™ Tab 200mg, 400mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/27/23
Orenitram™ Tab Month 1, Month 2, Month 3	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/06/23
Clenpiq® Sol	NPD	No Change (New Drug)		No Change	No Change	03/06/23
Konvomep™Sus 2-84/MI	NPD + PA	No Change (New Drug)		No Change	No Change	03/06/23
oxybutynin tab 2.5mg	G	No Change (New Drug)		No Change	No Change	03/06/23
Lumakras® Tab 320mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/13/23
Rezvoglar™ Inj 100ut/ml	NPD + PA + QL (2ml per day)	No Change (New Drug)		No Change	No Change	03/13/23
Altuviio™ Inj	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/13/23
Atorvaliq® Sus 20mg/5ml	NPD + PA	No Change (New Drug)	generic HMG CoA reductase inhibitors (e.g., simvastatin, atorvastatin, rosuvastatin, pravastatin, etc.)	No Change	No Change	03/13/23

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(continued)

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Skyclarys™ Cap 50mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/20/23
Daybue™ Sol 200mg/MI	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/27/23
lubiprostone cap 8mcg, 24mcg	G + PA	G		No Change	PA Removal	10/01/23

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Abbreviation Key

G	Generic
LCG	Low Cost Generic. Benefit may vary; not all plans provide this incentive.
ACA	Affordable Care Act preventative drugs
PB	Preferred Brand
NPD	Non-Preferred Drug
SP	Specialty Drug. Specialty Tier cost-share will apply for those benefits that have a prescription drug specialty tier.
PA	Prior Authorization is required.
MME	Morphine Milligram Equivalent
D/S	Days Supply Limit
QL	Quantity Limit
AL	Age Limit
Generic Addition	A generic drug that recently became available in the marketplace
Generic Downtier	This generic drug will be covered at the appropriate preferred drug level of cost-sharing.
Generic Uptier	This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing.
Authorized Generic Addition	An authorized generic drug that recently became available in the marketplace
Authorized Generic Uptier	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.
Brand Downtier	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.
Brand Uptier	These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing.
Brand Addition	Coverage was added to this drug.
Brand/Authorized Generic/ Generic Deletion	Coverage was removed from this drug. Formulary alternatives are available.