



**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
**Select Drug Program®**  
**October 1, 2021 Updates**

<b>Drug Name</b>	<b>Current (tier and edit)</b>	<b>As of 10/01/21 (tier and edit)</b>	<b>Formulary Alternatives</b>	<b>Tier Change</b>	<b>Edit Change</b>	<b>Effective Date</b>
glucagon kit <b>(Brand: Glucagon®)</b>	G	No Change (New Generic)		Generic Addition	No Change	01/04/21
emtricitabine-tenofovir df 100-150mg, 133-200mg, 167-250mg tab <b>(Brand: Truvada®)</b>	G	No Change (New Generic)		Generic Addition	No Change	01/25/21
imiquimod cre 3.75% <b>(Brand: Zyclara™)</b>	G	No Change (New Generic)		Generic Addition	No Change	02/08/21
loteprednol gel etabonate <b>(Brand: Lotemax™)</b>	G	No Change (New Generic)		Generic Addition	No Change	02/22/21
droxidopa 100mg, 200mg, 300mg cap <b>(Brand: Northera™)</b>	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	03/01/21
hydrocodone ER 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg tab <b>(Brand: Hysingla™ ER)</b>	G + PA + QL + MME (1 per day)	No Change (New Generic)		Generic Addition	No Change	03/08/21
brinzolamide sus 1% <b>(Brand: Azopt®)</b>	G	No Change (New Generic)		Generic Addition	No Change	03/15/21
oxycod/aceta sol 10/300mg <b>(Brand: Prolate®)</b>	NPD + PA + QL + D/S (30ml per day; max 5 D/S)	No Change (New Generic)	generic oxycodone/ acetaminophen	No Change	No Change	01/04/21
lubiprostone 8mcg, 24mcg cap <b>(Brand: Amitiza®)</b>	NPD + PA	No Change (New Authorized Generic)	lactulose solution and one of the following: Linzess® or Symproic®	Authorized Generic Addition	No Change	01/11/21

\*= for Specialty plans

Drug Name	Current (tier and edit)	As of 10/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
naproxen sod 750mg ER tab <b>(Brand: Naprelan® CR)</b>	NPD + PA	No Change (New Authorized Generic)	generic prescription strength NSAIDs (e.g. ibuprofen, naproxen, diclofenac, celecoxib, meloxicam, etc)	Authorized Generic Addition	No Change	01/11/21
zolmitriptan spr 2.5mg, 5mg <b>(Brand: Zomig®)</b>	NPD + PA + QL + AL (9 per 30 days; Min Age 12)	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	01/25/21
cyclophosphamide 25mg, 50mg tab <b>(Brand: Obsolete)</b>	NPD	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	03/22/21
tazarotene aer 0.1% <b>(Brand: Fabior®)</b>	NPD + PA + AL (Max Age 25)	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	03/29/21
<b>Cataflam® 50mg Tab</b>	NPD + PA	No Change (New Drug)	generic prescription strength NSAIDs (e.g. ibuprofen, naproxen, diclofenac, celecoxib, meloxicam, etc)	No Change	No Change	01/25/21
<b>Accutane® 10mg, 20mg, 30mg, 40mg Cap</b>	G	No Change (New Drug)		No Change	No Change	02/01/21
<b>Zafemy™ 150/35 Dis</b>	ACA + QL (3 per 28 days)	No Change (New Drug)		No Change	No Change	03/08/21
<b>Xolair® Inj 75/0.5, 150mg/ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/01/21
<b>Prolate® Sol 10/300mg</b>	NPD + PA + QL + 5D/S + MME (30ml per day)	No Change (New Drug)	generic oxycodone/ acetaminophen	No Change	No Change	01/04/21
<b>Reltone™ 200mg, 400mg Cap</b>	NPD + PA	No Change (New Drug)	generic ursodiol capsules	No Change	No Change	01/04/21
<b>Zokinvy® 50mg, 75mg Cap</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/11/21
<b>Gemtesa® 75mg Tab</b>	NPD + PA	No Change (New Drug)	Myrbetriq and two generic alternatives	No Change	No Change	01/18/21

\*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 10/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Iclusig® 10mg, 30mg Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/25/21
Klisyri™ oin 1%	NPD + PA	No Change (New Drug)		No Change	No Change	01/25/21
Pregen DHA Cap	NPD + PA	No Change (New Drug)	generic prenatal vitamins (various)	No Change	No Change	02/01/21
Bronchitol® 40mg Cap	NPD + PA	No Change (New Drug)		No Change	No Change	02/08/21
Plegridy® Inj	PB/SP* + QL (1ml per 28 days)	No Change (New Drug)		No Change	No Change	02/08/21
Tristart™ Free Cap	NPD + PA	No Change (New Drug)	generic prenatal vitamins (various)	No Change	No Change	02/08/21
Tepmetko® 225mg Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/15/21
Ukoniq™ 200mg Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/15/21
Xeljanz® 1mg/ml Sol	PB/SP* + PA	No Change (New Drug)		No Change	No Change	02/15/21
Xtandi® 40mg, 80mg Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/08/21
Hetlioz® LQ 4mg/ml Sus	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/08/21
Nulibry™ 9.5mg Inj	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/08/21
Pogo Automatic® test cartridge	NPD + PA + QL (200 per 30 days)	No Change (New Drug)	OneTouch®	No Change	No Change	03/22/21
Pogo Automatic® mis monitor	PB + PA + QL (2 per 365 days)	No Change (New Drug)	OneTouch®	No Change	No Change	03/22/21

\*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 10/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Ponvory™ 20mg Tab/Starter</b>	NPD/SP* + PA	No Change (New Drug)	2 of the following generics: Avonex®, Betaseron®, glatiramer (Copaxone®, Glatopa®), Plegridy®, Vumerity®, Bafiertam™, dimethyl fumarate, Kesimpta® or continuation of therapy with requested drug	No Change	No Change	03/29/21
<b>Emgality® (300 MG Dose) Solution Prefilled Syringe 100MG/ML Subcutaneous</b>	PB + QL (6 per 180 days)	PB + QL (9 per 180 days)		No Change	QL Update	10/01/21
<b>Pregnyl® Solution Reconstituted 10000 UNIT Intramuscular</b>	PB/SP*	G/SP*		Brand Downtier	No Change	10/01/21

\*= for Specialty plans

**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>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.