



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 |
|---|------------------------------------|----------------------------|-----------------------------------|--------------------|--------------------|---------------------------|
| 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)

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(10/23 version)

| Drug Name | Current (tier and edit) | New Tier and Edit | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|--|----------------------------|--|---|--------------------------------|-------------|-------------------|
| 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) | NF | 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% | NF | 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 | NF | 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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(continued)

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(10/23 version)

| Drug Name | Current (tier and edit) | New Tier and Edit | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|---|----------------------------|-------------------------|---|----------------|-------------|-------------------|
| Pradaxa® Pak | NF | 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 | NF/SP* | 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 |
| 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 |
| 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 100out/ml | NF + 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 |
| Filspari™ Tab 200mg, 400mg | NF/SP* | NPD/SP* + PA | | Brand Addition | No Change | 10/01/23 |
| Skyclarys™ Cap 50mg | NF/SP* | NPD/SP* + PA | | Brand Addition | No Change | 10/01/23 |
| Daybue™ Sol 200mg/ML | NF/SP* | NPD/SP* + PA | | Brand Addition | No Change | 10/01/23 |
| lubiprostone cap 8mcg, 24mcg | G + PA | G | | No Change | PA Removal | 10/01/23 |

*= for Specialty plans

Abbreviation Key

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|---|--|
| 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. |
| NF | Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request. |
| 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. |