



**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
**Value Formulary**  
**April 1, 2023 Updates**

<b>Drug Name</b>	<b>Current (tier and edit)</b>	<b>As of 04/01/23 (tier and edit)</b>	<b>Formulary Alternatives</b>	<b>Tier Change</b>	<b>Edit Change</b>	<b>Effective Date</b>
fesoterodine tab 4mg, 8mg ER <b>(Brand: Toviaz™)</b>	G	No Change (New Generic)		Generic Addition	No Change	07/04/22
dabigatran cap 75mg, 150mg <b>(Brand: Pradaxa®)</b>	G	No Change (New Generic)		Generic Addition	No Change	07/04/22
methylphenid pad 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr <b>(Brand: Daytrana®)</b>	G + QL (1 per day)	No Change (New Generic)		Generic Addition	No Change	07/04/22
lenalidomide cap 2.5mg, 20mg <b>(Brand: Revlimid®)</b>	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	09/12/22
sodium/potas sol magnesium <b>(Brand: Suprep® Bowel Sol Prep Kit)</b>	G	No Change (New Generic)		Generic Addition	No Change	09/12/22
icosapent cap 0.5gm <b>(Brand: Vascepa®)</b>	G	No Change (New Generic)		Generic Addition	No Change	09/19/22
timolol mal sol 0.25% OP <b>(Brand: Timoptic®)</b>	G	No Change (New Generic)		Generic Addition	No Change	09/19/22
tazarotene gel 0.05%, 0.1% <b>(Brand: Tazorac®)</b>	G + AL (Max Age 25)	No Change (New Generic)		Generic Addition	No Change	09/26/22
meloxicam sus 7.5/5ml <b>(Brand: Mobic®)</b>	NPD + PA	No Change (New Authorized Generic)	generic prescription strength NSAIDS (e.g., ibuprofen, naproxen, diclofenac, celecoxib, meloxicam tablet, etc.)	Authorized Generic Addition	No Change	07/04/22
clonidine ER tab 0.17mg <b>(Brand: Nexiclon™ XR)</b>	NF	No Change (New Authorized Generic)	BOTH of the following generics: clonidine tablets and clonidine patches	Authorized Generic Addition	No Change	09/26/22

\*= for Specialty plans

Drug Name	Current (tier and edit)	As of 04/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
orlistat cap 120mg (Brand: Xenical®)	NPD + PA	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	09/26/22
Javygtor™ Tab 100mg	NF/SP*	No Change		No Change	No Change	09/12/22
Javygtor™ Pak 100mg	NF/SP*	No Change		No Change	No Change	08/22/22
Degludec Fle Inj 100U, 200U	NF + QL (2ml per day)	No Change		No Change	No Change	09/19/22
Insulin Degl Inj 100u	NF + QL (2ml per day)	No Change		No Change	No Change	09/19/22
Aspruzyo Sprinkle™ Gra	NF	No Change (New Drug)		No Change	No Change	07/04/22
Dyanavel® XR Chw 5mg, 10mg, 15mg, 20mg	NF + QL (1 tab per day)	No Change (New Drug)	generic ADHD stimulants (e.g., methylphenidate, amphetamines, etc.)	No Change	No Change	07/18/22
Venlafaxine Tab 112.5mg	NF	No Change (New Drug)	generic antidepressants (e.g., citalopram tablet, venlafaxine hydrochloride extended-release tablet/capsule, bupropion, sertraline tablet, etc.)	No Change	No Change	07/25/22
Caplyta® Cap 10.5mg, 21mg	NF	No Change (New Drug)	generic antipsychotic agents (e.g., aripiprazole, paliperidone, quetiapine, risperidone, etc.) OR continuation of therapy with requested medication	No Change	No Change	08/01/22

\*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 04/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Tascenso ODT™ Tab 0.25mg</b>	NF/SP*	No Change (New Drug)	2 of the following: <b>Avonex®</b> , <b>Betaseron®</b> , glatiramer ( <b>Copaxone®</b> , <b>Glatopa®</b> ), <b>Plegridy®</b> , <b>Vumerity®</b> , <b>Bafiertam®</b> , dimethyl fumarate, <b>Kesimpta®</b> OR continuation of therapy with the requested agent	No Change	No Change	08/01/22
quetiapine tab 150mg	LCG	No Change (New Drug)		No Change	No Change	08/08/22
<b>Zoryve™ Cre 0.3%</b>	NF	No Change (New Drug)	All of the following: (1) calcipotriene AND (2) one of the following: <b>Taclonex®</b> ointment, <b>Taclonex®</b> suspension, calcipotriene-betamethasone ointment, calcipotriene-beta- methasone suspension, <b>Enstilar®</b> AND (3) <b>Wynzora®</b>	No Change	No Change	08/08/22
<b>Calquence® Tab 100mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/15/22
<b>pirfenidone tab 534mg</b>	G/SP* + PA	No Change (New Drug)		No Change	No Change	08/22/22
<b>Doryx® MPC Tab 60mg</b>	NF	No Change (New Drug)	generic alternatives (e.g., doxycycline, minocycline, tetracycline)	No Change	No Change	08/29/22
<b>Ryaltris® Spray 665-25</b>	NF	No Change (New Drug)		No Change	No Change	08/29/22
<b>Pheburane® Mis 483/Gm</b>	NF/SP*	No Change (New Drug)	generic sodium phenylbutyrate tablet	No Change	No Change	09/05/22
<b>Orkambi® Gra 75-94mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/12/22

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Drug Name	Current (tier and edit)	As of 04/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Zonisade™ Sus 100mg/5ml</b>	NF	No Change (New Drug)	generic zonisamide	No Change	No Change	09/12/22
<b>Imbruvica® Sus 70mg/ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/19/22
<b>Tadliq® Sus 20mg/5ml</b>	NF/SP*	No Change (New Drug)		No Change	No Change	09/19/22
<b>Kyzatrex™ Cap 100mg, 150mg, 200mg</b>	NF	No Change (New Drug)		No Change	No Change	09/26/22
phenazopyrid tab 100mg, 200mg	Excluded	G		No Change	No Change	04/01/23
<b>Pyridium® Tab 100mg, 200mg</b>	Excluded	NF		Generic Addition	No Change	04/01/23
<b>Nitro-Time® CR Cap 2.5mg, 6.5mg, 9mg</b>	Excluded	NF		Brand Addition	No Change	04/01/23
salsalate tab 500mg, 750mg	Excluded	G		Brand Addition	No Change	04/01/23
armodafinil tab 50mg, 150mg, 200mg, 250mg	G + PA	G		Generic Addition	PA Removal	04/01/23
modafinil tab 100mg, 200mg	G + PA	G		No Change	PA Removal	04/01/23
buprenorphine HCl tab sublingual 2mg	G + QL + D/S (4 tabs per day; 180 cumulative days' supply per 365 days)	G + QL (4 tabs per day)		No Change	DS Limit Removal	04/01/23
buprenorphine HCl tab sublingual 8mg	G + QL + D/S (3 tabs per day; 180 cumulative days' supply per 365 days)	G + QL (3 tabs per day)		No Change	DS Limit Removal	04/01/23
buprenorphine HCl-naloxone HCl film 12-3mg sublingual	G + QL + D/S (2 films per day; 180 cumulative days' supply per 365 days)	G + QL (2 films per day)		No Change	DS Limit Removal	04/01/23
buprenorphine HCl-naloxone HCl film 2-0.5mg, 4-1mg sublingual	G + QL + D/S (4 films per day; 180 cumulative days' supply per 365 days)	G + QL (4 films per day)		No Change	DS Limit Removal	04/01/23

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Drug Name	Current (tier and edit)	As of 04/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
buprenorphine HCl-naloxone HCl film 8-2mg sublingual	G + QL + D/S (3 films per day; 180 cumulative days' supply per 365 days)	G + QL (3 films per day)		No Change	DS Limit Removal	04/01/23
buprenorphine HCl-naloxone HCl tablet sublingual 2-0.5mg	G + QL + D/S (4 tabs per day; 180 cumulative days' supply per 365 days)	G + QL (4 tabs per day)		No Change	DS Limit Removal	04/01/23
buprenorphine HCl-naloxone HCl tablet sublingual 8-2mg	G + QL + D/S (3 tabs per day; 180 cumulative days' supply per 365 days)	G + QL (3 tabs per day)		No Change	DS Limit Removal	04/01/23
<b>Suboxone® Film 12-3mg Sublingual</b>	NF + QL + D/S (2 films per day; 180 cumulative days' supply per 365 days)	NF + QL (2 films per day)		No Change	DS Limit Removal	04/01/23
<b>Suboxone® Film 8-2mg Sublingual</b>	NF + QL + D/S (3 films per day; 180 cumulative days' supply per 365 days)	NF + QL (3 films per day)		No Change	DS Limit Removal	04/01/23
<b>Suboxone® Film 2-0.5mg, 4/1mg Sublingual</b>	NF + QL + D/S (4 films per day; 180 cumulative days' supply per 365 days)	NF + QL (4 films per day)		No Change	DS Limit Removal	04/01/23
<b>Zubsolv® Tablet Sublingual 0.7-0.18mg, 5.7-1.4mg</b>	PB + QL + D/S (3 tabs per day; 180 cumulative days' supply per 365 days)	PB + QL (3 tabs per day)		No Change	DS Limit Removal	04/01/23
<b>Zubsolv® Tablet Sublingual 1.4-0.36mg, 2.9-0.71mg</b>	PB + QL + D/S (4 tabs per day; 180 cumulative days' supply per 365 days)	PB + QL (4 tabs per day)		No Change	DS Limit Removal	04/01/23

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Drug Name	Current (tier and edit)	As of 04/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Zubsolv® Tablet Sublingual 11.4-2.9mg</b>	PB + QL + D/S (1 tab per day; 180 cumulative days' supply per 365 days)	PB + QL (1 tab per day)		No Change	DS Limit Removal	04/01/23
<b>Zubsolv® Tablet Sublingual 8.6-2.1mg</b>	PB + QL + D/S (2 tabs per day; 180 cumulative days' supply per 365 days)	PB + QL (2 tabs per day)		No Change	DS Limit Removal	04/01/23
<b>Bunavail® Film 2.1-0.3mg Buccal</b>	NF + QL + D/S (4 films per day; 180 cumulative days' supply per 365 days)	NF + QL (4 films per day)		No Change	DS Limit Removal	04/01/23
<b>Bunavail® Film 4.2-0.7mg Buccal</b>	NF + QL + D/S (3 films per day; 180 cumulative days' supply per 365 days)	NF + QL (3 films per day)		No Change	DS Limit Removal	04/01/23
<b>Bunavail® Film 6.3-1mg Buccal</b>	NF + QL + D/S (1 film per day; 180 cumulative days' supply per 365 days)	NPD + QL (1 film per day)		No Change	DS Limit Removal	04/01/23
<b>Hypersal® Nebulization Solution 3.5% Inhalation</b>	NF	NPD		Brand Addition	No Change	04/01/23
<b>Hyftor™ Gel 0.2%</b>	NF	NPD + PA		Brand Addition	No Change	04/01/23
<b>Sotyktu™ Tab 6mg</b>	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/23
<b>Relyvrio™ Pak 3-1gm</b>	NF	NPD + PA		Brand Addition	No Change	04/01/23

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Drug Name	Current (tier and edit)	As of 04/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Entadfi™ Cap 5-5mg</b>	NF	NF + D/S (182 days per 365 days)	One of the following generics (alfuzosin, doxazosin, tamsulosin, terazosin, silodosin) AND ONE of the following: 5-alpha-reductase inhibitor (i.e., finasteride 5mg, dutasteride) OR Phosphodiesterase type 5 inhibitor (i.e., tadalafil 2.5mg, 5mg)	No Change	DS Limit Addition	04/01/23
<b>Bydureon BCise® Auto-injector 2MG/0.85ML Subcutaneous</b>	PB	PB + PA		No Change	PA Addition	04/01/23
<b>Byetta® Pen Solution Pen-Injector Subcutaneous</b>	PB	PB + PA		No Change	PA Addition	04/01/23
<b>Mounjaro® Solution Pen-Injector Subcutaneous</b>	PB	PB + PA		No Change	PA Addition	04/01/23
<b>Ozempic® Solution Pen-Injector Subcutaneous</b>	PB	PB + PA		No Change	PA Addition	04/01/23
<b>Rybelsus® Tab</b>	PB	PB + PA		No Change	PA Addition	04/01/23
<b>Trulicity® Solution Pen-Injector Subcutaneous</b>	PB	PB + PA		No Change	PA Addition	04/01/23
<b>Victoza® Solution Pen-Injector Subcutaneous</b>	PB	PB + PA		No Change	PA Addition	04/01/23

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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.