



**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
baclofen sus 25mg/5ml <b>(Brand: Fleqsuvy®)</b>	G + PA + QL (16ml per day)	No Change (New Generic)		No Change	No Change	07/03/23
vancomycin sol 25mg/ml <b>(Brand: Firvanq®)</b>	G + AL (Max Age 12)	No Change (New Generic)		No Change	No Change	07/31/23
indomethacin sup 50mg <b>(Brand: Indocin®)</b>	G	No Change (New Generic)		No Change	No Change	08/07/23
saxagliptin tab 2.5mg, 5mg <b>(Brand: Onglyza™)</b>	G	No Change (New Generic)		No Change	No Change	08/07/23
saxa/metfor tab 2.5-1000mg, 5-1000mg, 5-500mg <b>(Brand: Kombiglyze™ XR)</b>	G	No Change (New Generic)		No Change	No Change	08/14/23
tiotrop brom cap 18mcg <b>(Brand: Spiriva® HandiHaler®)</b>	NF	No Change (New Generic)	<b>Spiriva®</b>	No Change	No Change	08/21/23
joyeaux tab 0.1-20 <b>(Brand: Balcoltra®)</b>	G	No Change (New Generic)		No Change	No Change	08/28/23
lisdexamfetamine chw <b>(Brand: Vyvanse® Chew)</b>	G + QL (1 tab per day)	No Change (New Generic)		No Change	No Change	09/04/23
lisdexamfetamine cap <b>(Brand: Vyvanse® Cap)</b>	G + QL (1 cap per day)	No Change (New Generic)		No Change	No Change	09/04/23
tretinoin gel 0.08% <b>(Brand: Retin-A Micro® Gel)</b>	G + AL (Max Age 25)	No Change (New Generic)		No Change	No Change	09/04/23
brimonidine sol 0.1% <b>(Brand: Alphagan® P)</b>	G	No Change (New Generic)		No Change	No Change	09/11/23

\*= for Specialty plans

*(continued)*

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(4/24 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
bexagliflozn tab 20mg <b>(Brand: Brenzavvy®)</b>	NF	No Change (New Authorized Generic)		No Change	No Change	11/06/23
<b>Talzenna® Cap 0.1MG, 0.35MG</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/03/23
<b>Yuflyma® 2syr Kit 40/0.4ml</b>	NF/SP*	No Change (New Drug)		No Change	No Change	08/07/23
<b>Suflave™ Sol</b>	NF + QL (4 per 365 days)	No Change (New Drug)	<b>Suprep® or Glenpiq®</b>	No Change	No Change	07/10/23
<b>Austedo® XR Tab Titr Kit</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/17/23
<b>Brenzavvy™ Tab 20mg</b>	NF	No Change (New Drug)	One of the following: <b>Jardiance®, Synjardy® [XR], Glyxambi® or Trijardy® XR</b> AND One of the following: <b>Farxiga® or Xigduo® XR</b>	No Change	No Change	07/24/23
<b>Vanflyta® Tab 17.7mg, 26.5mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/31/23
<b>Cosentyx® Inj 300/2ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/07/23
<b>Ngenla™ Inj 24/1.2ml, 60/1.2ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/07/23
<b>Opvee® Spray 2.7/0.1</b>	NF + QL (6 units per 30 days)	No Change (New Drug)		No Change	No Change	08/21/23
<b>Airsupra™ AER 90-80mcg</b>	NF	No Change (New Drug)	Both of the following: one inhaled corticosteroid (ICS) with albuterol AND minimum 30-day supply of brand <b>Symbicort®</b>	No Change	No Change	08/28/23

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(continued)

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(4/24 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
nitrofurantoin susp 50mg/5ml	G + AL (Max Age 12)	No Change (New Drug)		No Change	No Change	09/04/23
<b>Breo™ Ellipta® Inh 50-25mcg</b>	PB	No Change (New Drug)		No Change	No Change	09/04/23
<b>Akeega™</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/18/23
<b>Ojjaara™</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/25/23
<b>Abrilada™ Inj 20/0.4ml, 40/0.8ml</b>	NF/SP* + PA	No Change (New Drug)		No Change	No Change	10/30/23
<b>Zepbound™ Inj</b>	NPD + PA	No Change (New Drug)		No Change	No Change	11/06/23
<b>Breyna™ Aer 80/4.5, 160/4.5</b>	NF	No Change	TWO of the following: <b>Breo™ Ellipta®, Symbicort® or Advair® HFA</b>	No Change	No Change	07/31/23
vancomycin sol 50mg/ml	G + AL (Max Age 12)	No Change		No Change	No Change	08/14/23
<b>Iyuzeh™ Dro 0.005%</b>	NF	No Change	ONE of the following generics: latanoprost, bimatoprost, travoprost AND <b>Lumigan®</b>	No Change	No Change	08/21/23
<b>Adalimumab® Kit 40/0.8ml</b>	NF/SP*	No Change (New Drug)		No Change	No Change	09/25/23
<b>Adalimumab®-Adbm Psoriasis/Uveitis Starter</b>	NF/SP*	No Change (New Drug)		No Change	No Change	09/25/23
<b>Adalimumab® Kit 10/0.2ml, 20/0.4ml, 40/0.8ml</b>	NF/SP*	No Change (New Drug)		No Change	No Change	09/25/23
<b>Adalimumab®-Adbm Crohns/Uc/Hs Starter</b>	NF/SP*	No Change (New Drug)		No Change	No Change	09/25/23
<b>Litfulo™ Cap 50mg</b>	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/24
<b>Sohonos® Cap</b>	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/24

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(continued)

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(4/24 version)

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<b>Lodoco® Tab 0.5mg</b>	NF	NPD + PA		Brand Addition	No Change	04/01/24
<b>Jesduvroq Tab</b>	NF	NPD + PA		Brand Addition	No Change	04/01/24
<b>Zurzuvae™ Cap 20mg, 25mg</b>	NF	NPD + QL (2 caps per day; D/S 14 days per 365 days)		Brand Addition	QL Addition	04/01/24
<b>Zurzuvae™ Cap 30mg</b>	NF	NPD + QL (1 cap per day; D/S 14 days per 365 days)		Brand Addition	QL Addition	04/01/24
<b>Flovent® HFA Aerosol 44mcg/ACT, 110mcg/ACT, 220mcg/ACT Inhalation</b>	PB	NF* (Bypass NF exception for members 5 years of age and under)		Brand Deletion	No Change	01/01/24
<b>Fluticasone propionate HFA aerosol 44mcg/ACT, 110mcg/ACT, 220mcg/ACT Inhalation</b>	NF	NF* (Bypass NF exception for members 5 years of age and under)		No Change	No Change	01/01/24

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(4/24 version)

**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.