



PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select Drug Program
January 1, 2021 Updates

Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
calcip/betam suspension (Brand: Taclonex®)	G	No Change (New Generic)		Generic Addition	No Change	05/18/20
tolvaptan tab 30mg (Brand: Samsca®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	05/25/20
desonide gel 0.05% (Brand: Desonate®)	G	No Change (New Generic)		Generic Addition	No Change	06/15/20
orph/asa/caf tab (Brand: Norgesic™ Forte)	G	No Change (New Generic)		Generic Addition	No Change	06/22/20
emtricitabine-tenofovir disoproxil fumarate 200-300mg tab (Brand: Truvada®)	G/ACA + QL (1 per day)	No Change (New Generic)		Generic Addition	No Change	10/02/20
methylphenidate cap ER 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg (Brand: Aptensio XR™)	NPD + PA + QL (1 per day)	No Change (New Authorized Generic)	generic methylphenidate	No Change	No Change	05/11/20
insulin lisp inj 100/ml (Brand: Humalog® KwikPen™)	NPD + PA + QL (2ml per day)	No Change (New Authorized Generic)	Novolin® or Novolog®	No Change	No Change	05/25/20
insulin lisp inj 100/ml (Brand: Humalog® Inj)	NPD + PA + QL (2ml per day)	No Change (New Authorized Generic)	Novolin® or Novolog®	No Change	No Change	05/25/20
Nymalize® Solution	NPD	No Change (New Drug)		No Change	No Change	05/04/20
Osmolex™ ER Tab	NPD	No Change (New Drug)		No Change	No Change	05/04/20

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Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Halog® Solution 0.1%	NPD + PA	No Change (New Drug)	3 prescription strength, generic topical steroids	No Change	No Change	05/11/20
Bynfezia Pen™ Inj 2500mcg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/11/20
Retevmo™ Cap 40mg, 80mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/18/20
Tabrecta™ Tab 150mg, 200mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/18/20
Sovaldi® Pak 200mg	NPD/SP* + PA + QL (2 per day)	No Change (New Drug)		No Change	No Change	05/18/20
Sovaldi® Pak 150mg	NPD/SP* + PA + QL (1 per day)	No Change (New Drug)		No Change	No Change	05/25/20
Harvoni® Pak 45-200mg	PB/SP* + PA + QL (2 per day)	No Change (New Drug)		No Change	No Change	05/25/20
Harvoni® Pak 33.75-150mg	PB/SP* + PA + QL (1 per day)	No Change (New Drug)		No Change	No Change	05/25/20
Jynarque® Tab 15mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/25/20
Jynarque® Pak 30-15mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/25/20
Qinlock™ Tab 50mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/25/20
Zeposia® Cap .92mg	NPD/SP* + PA	No Change (New Drug)	Avonex®, Betaseron®, glatiramer (Copaxone®, Glatopa®), Tecfidera™, Plegridy™, Vumerity®, Bafiertam™ OR continuation of therapy with the requested agent	No Change	No Change	06/01/20

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Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Zeposia® Cap Starter kit	NPD/SP* + PA	No Change (New Drug)	Avonex®, Betaseron®, glatiramer (Copaxone®, Glatopa®), Tecfidera™, Plegridy™, Vumerity®, Bafiertam™ OR continuation of therapy with the requested agent	No Change	No Change	06/01/20
Zeposia® 7day Cap Starter pack	NPD/SP* + PA	No Change (New Drug)	Avonex®, Betaseron®, glatiramer (Copaxone®, Glatopa®), Tecfidera™, Plegridy™, Vumerity®, Bafiertam™ OR continuation of therapy with the requested agent	No Change	No Change	06/01/20
Oriahnn™ Cap	NPD + PA	No Change (New Drug)		No Change	No Change	06/08/20
Kynmobi™ Mis	NPD/SP* + PA	NPD/SP* + PA + QL (5 per day)		No Change	QL Addition	06/15/20
Kynmobi™ Kit Titration	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/29/20
Zilxi™ Aer 1.5%	NPD + PA	No Change (New Drug)	Soolantra®	No Change	No Change	06/15/20
Lyumjev™ Inj	NPD + PA + QL (2ml per day)	No Change (New Drug)	Novolin® or Novolog®	No Change	No Change	06/22/20
Lyumjev™ KwikPen™ Inj	NPD + PA + QL (2ml per day)	No Change (New Drug)	Novolin® or Novolog®	No Change	No Change	06/22/20
Tivicay® PD Tab 5mg	NPD	No Change (New Drug)		No Change	No Change	06/22/20
Dupixent® Inj 300/2ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	06/22/20
Xpovio® Pak	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/29/20

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Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Fintepla® Sol 2.2mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/06/20
Twirla™ Dis 120-30	NPD + QL (3 per 28 days)	No Change (New Drug)		No Change	No Change	07/06/20
Citranatal Essence™	NPD + PA	No Change (New Drug)	3 generic prenatal vitamins (various)	No Change	No Change	07/13/20
Ferprx 2-Day Tab 1000mg	NPD + PA	No Change (New Drug)		No Change	No Change	07/13/20
Rukobia ER Tab 60mg	NPD + PA	No Change (New Drug)		No Change	No Change	07/13/20
Sirturo® Tab 20mg	NPD + PA	No Change (New Drug)		No Change	No Change	07/13/20
bpm-pse-dm liquid 2-30-10	G	No Change (New Drug)		No Change	No Change	07/13/20
Dojolvi™ liquid 100%	NPD + PA	No Change (New Drug)		No Change	No Change	07/20/20
Mycapssa® Cap 20mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/20/20
Ortikos™ ER Cap 6mg, 9mg	NPD	NPD + PA	budesonide cap 3mg DR	No Change	PA Addition	01/01/21
Enbrel® Inj 25mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/20/20
Fasenra® Inj 30mg/ml	Excluded	PB/SP* + PA		Brand Addition	No Change	01/01/21
Nucala® Inj 100mg	Excluded	PB/SP* + PA		Brand Addition	No Change	01/01/21
alendronate sodium 10mg tab	G	LCG		Generic Downtier	No Change	01/01/21
alendronate sodium 35mg and 70mg tab	G + QL (4 per 28 days)	LCG + QL (4 per 28 days)		Generic Downtier	No Change	01/01/21
alprazolam tab	G + AL (Min Age 18)	LCG + AL (Min Age 18)		Generic Downtier	No Change	01/01/21
amlodipine besylate tab	G	LCG		Generic Downtier	No Change	01/01/21
benzonatate cap	G	LCG		Generic Downtier	No Change	01/01/21

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Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
carvedilol tab	G	LCG		Generic Downtier	No Change	01/01/21
ciprofloxacin hcl tab	G	LCG		Generic Downtier	No Change	01/01/21
citalopram hydrobromide tab	G	LCG		Generic Downtier	No Change	01/01/21
cyclobenzaprine hcl tab	G	LCG		Generic Downtier	No Change	01/01/21
D3-50 1.25mg (50000 UT) cap	G	LCG		Generic Downtier	No Change	01/01/21
decara 1.25mg (50000 UT) cap	G	LCG		Generic Downtier	No Change	01/01/21
donepezil hcl tab	G + AL (Min Age 50)	LCG + AL (Min Age 50)		Generic Downtier	No Change	01/01/21
escitalopram oxalate tab	G	LCG		Generic Downtier	No Change	01/01/21
fluoxetine hcl cap	G	LCG		Generic Downtier	No Change	01/01/21
levofloxacin tab	G	LCG		Generic Downtier	No Change	01/01/21
losartan potassium tab	G	LCG		Generic Downtier	No Change	01/01/21
meloxicam tab	G	LCG		Generic Downtier	No Change	01/01/21
metformin hcl tab	G	LCG		Generic Downtier	No Change	01/01/21
metronidazole tab	G	LCG		Generic Downtier	No Change	01/01/21
montelukast sodium tab	G	LCG		Generic Downtier	No Change	01/01/21
MVC-fluoride chew tab	G	LCG		Generic Downtier	No Change	01/01/21
naproxen tab	G	LCG		Generic Downtier	No Change	01/01/21
ondansetron hcl tab 4mg and 8mg	G	LCG		Generic Downtier	No Change	01/01/21
optimal-D 1.25mg (50000 UT) cap	G	LCG		Generic Downtier	No Change	01/01/21
oxybutynin chloride syrup	G	LCG		Generic Downtier	No Change	01/01/21
risperidone tab	G	LCG		Generic Downtier	No Change	01/01/21
sertraline hcl tab	G	LCG		Generic Downtier	No Change	01/01/21
sildenafil citrate 25mg, 50mg, 100mg tab	G + QL (8 per 30 days)	LCG + QL (8 per 30 days)		Generic Downtier	No Change	01/01/21
simvastatin tab	G	LCG		Generic Downtier	No Change	01/01/21
sodium fluoride chew tab 2.2 (1 F)	G	LCG		Generic Downtier	No Change	01/01/21
sulfamethoxazole-trimethoprim tab	G	LCG		Generic Downtier	No Change	01/01/21

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Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
tramadol hcl 50mg tab	G + QL + AL (8 per day; Min Age 12)	LCG + QL + AL (8 per day; Min Age 12)		Generic Downtier	No Change	01/01/21
vitamin D3 1.25mg (50000 UT) cap	G	LCG		Generic Downtier	No Change	01/01/21
zidovudine syrup 50mg/5ml	G	LCG		Generic Downtier	No Change	01/01/21
zolpidem tartrate 5mg tab	G + QL (1 per day)	LCG + QL (1 per day)		Generic Downtier	No Change	01/01/21
zolpidem tartrate 10mg tab	G + PA + QL (1 per day)	LCG + PA + QL (1 per day)		Generic Downtier	No Change	01/01/21
Nexlizet® Tab 180/10mg	NPD + PA	PB + PA		Brand Downtier	No Change	01/01/21
Nexleto® 180mg tab	NPD + PA	PB + PA		Brand Downtier	No Change	01/01/21
Nurtec™ ODT 75mg	NPD + PA + QL+ AL (15 per 30 days, Max Age 18)	PB + PA + QL+ AL (15 per 30 days, Max Age 18)		Brand Downtier	No Change	01/01/21
Ubrelvy™ Tab 50mg, 100mg	NPD + PA + QL+ AL (16 per 30 days, Max Age 18)	PB + PA + QL+ AL (16 per 30 days, Max Age 18)		Brand Downtier	No Change	01/01/21
Striverdi® Respimat® 2.5mcg/act Inhalation	NPD	PB		Brand Downtier	No Change	01/01/21
OmniPod® Starter KIT	NPD	PB		Brand Downtier	No Change	01/01/21
OmniPod® Dash System	NPD	PB		Brand Downtier	No Change	01/01/21
OmniPod® Dash 5 Pack	NPD	PB		Brand Downtier	No Change	01/01/21
OmniPod® 5 Pack	NPD	PB		Brand Downtier	No Change	01/01/21
Bafiertam DR 95mg Cap	NPD/SP* + PA	PB		Brand Downtier	PA Removal	01/01/21
Vumerity® (Starter) DR 231mg Cap	NPD/SP* + PA	PB		Brand Downtier	PA Removal	01/01/21
Vumerity® DR 231mg Cap	NPD/SP* + PA	PB		Brand Downtier	PA Removal	01/01/21
Colchicine 0.6mg Tab	NPD + PA	G		Generic Downtier	PA Removal	01/01/21
Colchicine 0.6mg Cap	NPD + PA	NPD		No Change	PA Removal	01/01/21

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Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Onexton® Gel 1.2-3.75%	NPD + PA	NPD		No Change	PA Removal	01/01/21
Actimmune® Solution 2000000 UNIT/0.5ml Subcutaneous	NPD/SP*	NPD/SP* + PA		No Change	PA Addition	01/01/21
Iressa® 250mg Tab	NPD/SP*	NPD/SP* + PA		No Change	PA Addition	01/01/21
tretinoin 10mg cap	G/SP*	G/SP* + PA		No Change	PA Addition	01/01/21
Fiasp® Flextouch®, Penfill, Solution	NPD + QL (2ml per day)	NPD + PA + QL (2ml per day)	Novolin® or Novolog®	No Change	PA Addition	01/01/21
Kuvan® Packet/Tab	NPD/SP*	NPD/SP* + PA		No Change	PA Addition	01/01/21
Somavert® Subcutaneous Solution Reconstituted	NPD/SP*	NPD/SP* + PA		No Change	PA Addition	01/01/21
Methitest™ 10mg Tab	NPD	NPD + PA		No Change	PA Addition	01/01/21
Clovique™ 250mg Cap	G/SP*	G/SP* + PA	Depen®	No Change	PA Addition	01/01/21
trientine hcl 250mg cap	G/SP*	G/SP* + PA	Depen®	No Change	PA Addition	01/01/21
Apokyn® Subcutaneous Solution Cartridge 30mg/3ml	NPD/SP*	NPD/SP* + PA		No Change	PA Addition	01/01/21
Sucraid® Solution	NPD/SP*	NPD/SP* + PA		No Change	PA Addition	01/01/21
Golytely® Solution Reconstituted 227.1 GM	NPD	NPD + PA	PEG 3350 oral solution	No Change	PA Addition	01/01/21
Golytely® Solution Reconstituted 236 GM	NPD + QL (2 per 365 days)	NPD + PA + QL (2 per 365 days)	PEG 3350 oral solution	No Change	PA Addition	01/01/21
MoviPrep® Solution Reconstituted	NPD	NPD + PA	Suprep® or Clenpiq®	No Change	PA Addition	01/01/21
Nulytely® Lemon-Lime Solution Reconstituted	NPD + QL (2 per 365 days)	NPD + QL + PA (2 per 365 days)	PEG 3350 oral solution	No Change	PA Addition	01/01/21
Nulytely® with Flavor Packs Solution Reconstituted	NPD + QL (2 per 365 days)	NPD + QL + PA (2 per 365 days)	PEG 3350 oral solution	No Change	PA Addition	01/01/21
OsmoPrep® Tab	NPD	NPD + PA	Suprep® or Clenpiq®	No Change	PA Addition	01/01/21
Plenvu® Solution Reconstituted	NPD	NPD + PA	Suprep® or Clenpiq®	No Change	PA Addition	01/01/21
Fabior® Foam 0.1%	NPD + AL (Max Age 25)	NPD + AL + PA (Max Age 25)	tazarotene	No Change	PA Addition	01/01/21

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Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Pepcid Suspension 40mg/5ml	NPD	NPD + PA		No Change	PA Addition	01/01/21
Pepcid 20mg, 40mg tab	NPD	NPD + PA		No Change	PA Addition	01/01/21
Tazorac® Cream 0.1%	NPD + AL (Max Age 25)	NPD + AL + PA (Max Age 25)	tazarotene	No Change	PA Addition	01/01/21
Entocort® EC DR Particles 3mg Cap	NPD	NPD + PA	generic oral budesonide	No Change	PA Addition	01/01/21
esomeprazole granules	G + QL (1 per day)	G + QL + PA (1 per day)		No Change	PA Addition	01/01/21
Uceris® ER 24-Hour 9mg Tab	NPD	NPD + PA	generic oral budesonide	No Change	PA Addition	01/01/21
Zerviate™ drops	NPD	NPD + PA		No Change	PA Addition	01/01/21
zileuton ER 12-hour 600mg tab	G	G + PA		No Change	PA Addition	01/01/21
Doryx® DR 200mg Tab	NPD + PA	NPD + PA + QL + D/S (1 per day, up to 7 days)		No Change	QL and D/S Addition	01/01/21
Isturisa® 5mg tab	NPD/SP* + PA	NPD/SP* + PA + QL (2 per day)		No Change	QL Addition	01/01/21
Isturisa® 1mg tab	NPD/SP* + PA	NPD/SP* + PA + QL (8 per day)		No Change	QL Addition	01/01/21
Isturisa® 10mg tab	NPD/SP* + PA	NPD/SP* + PA + QL (6 per day)		No Change	QL Addition	01/01/21
Impavido® 50mg cap	NPD + QL (3 per day)	NPD + D/S (84 per 28 days)		No Change	QL Removal/ D/S Addition	01/01/21
Naproxen-Esomeprazole DR Tab 375-20mg, 500-20 mg	G + PA	NPD + PA		Generic Uptier	No Change	01/01/21
acetic acid sol 2% otic	LCG	G		Generic Uptier	No Change	01/01/21
ak-poly-bac ointment ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
allopurinol tab	LCG	G		Generic Uptier	No Change	01/01/21
amiloride-hydrochlorothiazide tab	LCG	G		Generic Uptier	No Change	01/01/21
amiloride tab	LCG	G		Generic Uptier	No Change	01/01/21
amitriptyline	LCG	G		Generic Uptier	No Change	01/01/21
amoxicillin chewable tab	LCG	G		Generic Uptier	No Change	01/01/21

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Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
amoxicillin suspension	LCG	G		Generic Uptier	No Change	01/01/21
azithromycin powder 1gm pak	LCG	G		Generic Uptier	No Change	01/01/21
azithromycin suspension	LCG	G		Generic Uptier	No Change	01/01/21
bacitracin-polymyxin b ointment ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
benztropine mesylate tab	LCG	G		Generic Uptier	No Change	01/01/21
besser 0.05% lotion	LCG	G		Generic Uptier	No Change	01/01/21
bisoprolol fumarate tab	LCG	G		Generic Uptier	No Change	01/01/21
carisoprodol tab	LCG	G		Generic Uptier	No Change	01/01/21
cephalexin 250mg, 500mg tab	LCG	G		Generic Uptier	No Change	01/01/21
cephalexin suspension	LCG	G		Generic Uptier	No Change	01/01/21
chlorthalidone tab	LCG	G		Generic Uptier	No Change	01/01/21
ciprofloxacin hcl ophthalmic solution	LCG	G		Generic Uptier	No Change	01/01/21
clonazepam tablet dispersible	LCG	G		Generic Uptier	No Change	01/01/21
codeine sulfate 15mg, 30mg tab	LCG + QL + D/S + MME + AL (12 per day; 5D/S max; Min Age 12)	G+ QL + D/S + MME + AL (12 per day; 5D/S max; Min Age 12)		Generic Uptier	No Change	01/01/21
codeine sulfate 60mg tab	LCG + QL + D/S + MME + AL (6 per day; 5D/S max, Min Age 12)	G + QL + D/S + MME + AL (6 per day; 5D/S max, Min Age 12)		Generic Uptier	No Change	01/01/21
colchicine-probenecid tab	LCG	G		Generic Uptier	No Change	01/01/21
cromolyn sodium ophthalmic solution	LCG	G		Generic Uptier	No Change	01/01/21
cyclopentolate hcl ophthalmic solution	LCG	G		Generic Uptier	No Change	01/01/21
cyproheptadine hcl tab/syrup	LCG	G		Generic Uptier	No Change	01/01/21
diazepam concentrate 5mg/ml	LCG	G		Generic Uptier	No Change	01/01/21

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Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
diazepam intensol concentrate 5mg/ml	LCG	G		Generic Uptier	No Change	01/01/21
diazepam oral solution	LCG	G		Generic Uptier	No Change	01/01/21
diclofenac sodium 0.1% ophthalmic solution	LCG	G		Generic Uptier	No Change	01/01/21
dicyclomine hcl 10mg cap	LCG	G		Generic Uptier	No Change	01/01/21
dicyclomine hcl 10mg/5ml solution	LCG	G		Generic Uptier	No Change	01/01/21
dicyclomine hcl tablet 20mg	LCG	G		Generic Uptier	No Change	01/01/21
digitek tab	LCG	G		Generic Uptier	No Change	01/01/21
digox tab	LCG	G		Generic Uptier	No Change	01/01/21
digoxin tab/solution	LCG	G		Generic Uptier	No Change	01/01/21
diltiazem hcl er beads 24-hour cap	LCG	G		Generic Uptier	No Change	01/01/21
doxazosin mesylate tab	LCG	G		Generic Uptier	No Change	01/01/21
doxepin hcl cap	LCG	G		Generic Uptier	No Change	01/01/21
doxepin hcl concentrate solution	LCG	G		Generic Uptier	No Change	01/01/21
enalapril-hydrochlorothiazide tab	LCG	G		Generic Uptier	No Change	01/01/21
erythromycin 5mg/gm ophthalmic ointment	LCG	G		Generic Uptier	No Change	01/01/21
euthyrox tab	LCG	G		Generic Uptier	No Change	01/01/21
fluconazole suspension reconstituted oral	LCG	G		Generic Uptier	No Change	01/01/21
fluconazole tab	LCG	G		Generic Uptier	No Change	01/01/21
fludrocortisone acetate tab	LCG	G		Generic Uptier	No Change	01/01/21
fluticasone propionate cream/lotion/ointment	LCG	G		Generic Uptier	No Change	01/01/21
fosinopril sodium tab	LCG	G		Generic Uptier	No Change	01/01/21
fosinopril sodium-hctz tab	LCG	G		Generic Uptier	No Change	01/01/21

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(continued)

Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
furosemide solution 10mg/ml	LCG	G		Generic Uptier	No Change	01/01/21
gentak ophthalmic ointment 0.3%	LCG	G		Generic Uptier	No Change	01/01/21
glimepiride tab	LCG	G		Generic Uptier	No Change	01/01/21
glipizide er 24-hour tab	LCG	G		Generic Uptier	No Change	01/01/21
glipizide tab	LCG	G		Generic Uptier	No Change	01/01/21
glipizide xl 24-hour tab	LCG	G		Generic Uptier	No Change	01/01/21
glyburide micronized tab	LCG	G		Generic Uptier	No Change	01/01/21
glyburide tab	LCG	G		Generic Uptier	No Change	01/01/21
haloperidol lactate concentrate oral	LCG	G		Generic Uptier	No Change	01/01/21
haloperidol tab	LCG	G		Generic Uptier	No Change	01/01/21
homatropaire ophthalmic solution 5%	LCG	G		Generic Uptier	No Change	01/01/21
hydralazine hcl tab	LCG	G		Generic Uptier	No Change	01/01/21
hydrocod polst-cpm polst ER suspension 10-8mg/5ml	LCG + QL + D/S + MME + AL (10ml per day; 5D/S; Min Age 18)	G+ QL + D/S + MME + AL (10ml per day; 5D/S; Min Age 18)		Generic Uptier	No Change	01/01/21
hydrocodone-homatropine syrup 5-1.5mg/5ml	LCG + QL + D/S + MME + AL (30ml per day; 5D/S; Min Age 18)	G + QL + D/S + MME + AL (30ml per day; 5D/S; Min Age 18)		Generic Uptier	No Change	01/01/21
hydrocodone-homatropine 5-1.5mg tab	LCG + QL + D/S + MME + AL (6 per day, 5D/S; Min Age 18)	G+ QL + D/S + MME + AL (6 per day, 5D/S; Min Age 18)		Generic Uptier	No Change	01/01/21
hydrocortisone tab/lotion	LCG	G		Generic Uptier	No Change	01/01/21
hydromet syrup 5-1.5mg/5ml	LCG + QL + D/S + MME + AL (30ml per day; 5D/S; Min Age 18)	G + QL + D/S + MME + AL (30ml per day; 5D/S; Min Age 18)		Generic Uptier	No Change	01/01/21

*= for Specialty plans

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Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
hydroxyzine syrup 10mg/5ml	LCG	G		Generic Uptier	No Change	01/01/21
indapamide tab	LCG	G		Generic Uptier	No Change	01/01/21
indomethacin cap	LCG	G		Generic Uptier	No Change	01/01/21
indomethacin ER cap	LCG	G		Generic Uptier	No Change	01/01/21
isoniazid syrup 50mg/5ml	LCG	G		Generic Uptier	No Change	01/01/21
isosorbide mononitrate ER 24-hour tab	LCG	G		Generic Uptier	No Change	01/01/21
isosorbide mononitrate tab	LCG	G		Generic Uptier	No Change	01/01/21
jantoven tab	LCG	G		Generic Uptier	No Change	01/01/21
ketoconazole tab	LCG	G		Generic Uptier	No Change	01/01/21
ketorolac tromethamine tab	LCG	G		Generic Uptier	No Change	01/01/21
kionex suspension oral	LCG	G		Generic Uptier	No Change	01/01/21
levo-t tab	LCG	G		Generic Uptier	No Change	01/01/21
levobunolol ophthalmic solution 0.5%	LCG	G		Generic Uptier	No Change	01/01/21
levothyroxine sodium tab	LCG	G		Generic Uptier	No Change	01/01/21
levoxyl tab	LCG	G		Generic Uptier	No Change	01/01/21
lithium carbonate ER tab	LCG	G		Generic Uptier	No Change	01/01/21
lithium carbonate tab	LCG	G		Generic Uptier	No Change	01/01/21
loperamide hcl cap	LCG	G		Generic Uptier	No Change	01/01/21
lorazepam concentrate 2mg/ml	LCG + AL (Min Age 12)	G + AL (Min Age 12)		Generic Uptier	No Change	01/01/21
lorazepam intensol concentrate 2mg/ml	LCG + AL (Min Age 12)	G + AL (Min Age 12)		Generic Uptier	No Change	01/01/21
methimazole tab	LCG	G		Generic Uptier	No Change	01/01/21
methocarbamol tab	LCG	G		Generic Uptier	No Change	01/01/21
methyldopa tab	LCG	G		Generic Uptier	No Change	01/01/21
methylprednisolone tab/therapy pack	LCG	G		Generic Uptier	No Change	01/01/21

*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
metoclopramide 5mg, 10mg ODT tab	LCG	G		Generic Uptier	No Change	01/01/21
metoclopramide hcl solution	LCG	G		Generic Uptier	No Change	01/01/21
metoprolol succinate ER 24-hour tab	LCG	G		Generic Uptier	No Change	01/01/21
metoprolol-hydrochlorothiazide tab	LCG	G		Generic Uptier	No Change	01/01/21
minitran patch 24-hour transdermal	LCG	G		Generic Uptier	No Change	01/01/21
minoxidil tab	LCG	G		Generic Uptier	No Change	01/01/21
moexipril hcl tab	LCG	G		Generic Uptier	No Change	01/01/21
mometasone furoate ointment/cream/solution	LCG	G		Generic Uptier	No Change	01/01/21
nebusal nebulization solution 3% inhalation	LCG	G		Generic Uptier	No Change	01/01/21
neomycin sulfate tab	LCG	G		Generic Uptier	No Change	01/01/21
neomycin-bacitracin zn-polymyx ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
neomycin-polymyxin-dexameth ointment ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
neomycin-polymyxin-dexameth suspension ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
neo-polycin ointment ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
nitrofurantoin monohydrate macro cap	LCG	G		Generic Uptier	No Change	01/01/21
nitroglycerin patch 24-hour transdermal	LCG	G		Generic Uptier	No Change	01/01/21
nitroglycerin sol spray translingual	LCG	G		Generic Uptier	No Change	01/01/21
nitroglycerin sublingual tab	LCG	G		Generic Uptier	No Change	01/01/21
Nitro-Time CR cap	LCG	G		Generic Uptier	No Change	01/01/21

*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
nyamyc powder	LCG	G		Generic Uptier	No Change	01/01/21
nystatin cream/ointment/powder	LCG	G		Generic Uptier	No Change	01/01/21
nystop powder	LCG	G		Generic Uptier	No Change	01/01/21
ofloxacin sol ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
penicillin vk solution 125mg/5ml, 250mg/5ml	LCG	G		Generic Uptier	No Change	01/01/21
phenytoin infatabs chew tab	LCG	G		Generic Uptier	No Change	01/01/21
phenytoin suspension oral	LCG	G		Generic Uptier	No Change	01/01/21
phenytoin chew tab	LCG	G		Generic Uptier	No Change	01/01/21
phospha 250 neutral tab	LCG	G		Generic Uptier	No Change	01/01/21
phosphorous tab	LCG	G		Generic Uptier	No Change	01/01/21
polycin ointment ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
polymyxin b-trimethoprim solution ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
prednisolone sodium phosphate dispersible tab	LCG	G		Generic Uptier	No Change	01/01/21
prednisolone sodium phosphate solution	LCG	G		Generic Uptier	No Change	01/01/21
prednisone concentrate solution 5mg/ml	LCG	G		Generic Uptier	No Change	01/01/21
prednisone therapy pack tab	LCG	G		Generic Uptier	No Change	01/01/21
primidone tab	LCG	G		Generic Uptier	No Change	01/01/21
prochlorperazine maleate tab	LCG	G		Generic Uptier	No Change	01/01/21
promethazine hcl supp	LCG	G		Generic Uptier	No Change	01/01/21
promethegan supp	LCG	G		Generic Uptier	No Change	01/01/21
propranolol hcl ER cap 24-hour	LCG	G		Generic Uptier	No Change	01/01/21
propranolol hcl tab	LCG	G		Generic Uptier	No Change	01/01/21
propranolol solution 20mg/5ml, 40mg/5ml	LCG	G		Generic Uptier	No Change	01/01/21

*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
propylthiouracil tab	LCG	G		Generic Uptier	No Change	01/01/21
pulmosal nebulization solution	LCG	G		Generic Uptier	No Change	01/01/21
quinapril hcl tab	LCG	G		Generic Uptier	No Change	01/01/21
quinapril-hydrochlorothiazide tab	LCG	G		Generic Uptier	No Change	01/01/21
selenium sulfide lotion/shampoo	LCG	G		Generic Uptier	No Change	01/01/21
silver sulfadiazine cream	LCG	G		Generic Uptier	No Change	01/01/21
sodium chloride nebulization solution	LCG	G		Generic Uptier	No Change	01/01/21
sodium polystyrene sulfonate powder	LCG	G		Generic Uptier	No Change	01/01/21
sodium polystyrene sulfonate suspension oral	LCG	G		Generic Uptier	No Change	01/01/21
sodium polystyrene sulfonate suspension rectal	LCG	G		Generic Uptier	No Change	01/01/21
spironolactone tab	LCG	G		Generic Uptier	No Change	01/01/21
spironolactone-hctz tab	LCG	G		Generic Uptier	No Change	01/01/21
SPS suspension	LCG	G		Generic Uptier	No Change	01/01/21
SSD cream	LCG	G		Generic Uptier	No Change	01/01/21
sulfasalazine tab	LCG	G		Generic Uptier	No Change	01/01/21
sulfasalazine tablet DR	LCG	G		Generic Uptier	No Change	01/01/21
taztia XT cap ER 24-hour	LCG	G		Generic Uptier	No Change	01/01/21
temazepam cap	LCG + QL + AL (1 per day; Min Age 18)	G + QL + AL (1 per day; Min Age 18)		Generic Uptier	No Change	01/01/21
thioridazine hcl tab	LCG	G		Generic Uptier	No Change	01/01/21
tiadylt ER cap 24-hour	LCG	G		Generic Uptier	No Change	01/01/21
timolol maleate tab	LCG	G		Generic Uptier	No Change	01/01/21
tobramycin solution ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
torse mide tab	LCG	G		Generic Uptier	No Change	01/01/21

*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
tramadol-acetaminophen tab	LCG + QL + AL (8 per day; Min Age 12)	G + QL + AL (8 per day; Min Age 12)		Generic Uptier	No Change	01/01/21
trandolapril tab	LCG	G		Generic Uptier	No Change	01/01/21
trazodone hcl tab	LCG	G		Generic Uptier	No Change	01/01/21
triamcinolone acetonide aerosol solution	LCG	G		Generic Uptier	No Change	01/01/21
triamcinolone acetonide cream/ lotion/ointment	LCG	G		Generic Uptier	No Change	01/01/21
triamterene-HCTZ cap/tab	LCG	G		Generic Uptier	No Change	01/01/21
trihexyphenidyl hcl solution	LCG	G		Generic Uptier	No Change	01/01/21
trihexyphenidyl hcl tab	LCG	G		Generic Uptier	No Change	01/01/21
trimethoprim tab	LCG	G		Generic Uptier	No Change	01/01/21
tropicamide solution 0.5%, 1% ophthalmic	LCG	G		Generic Uptier	No Change	01/01/21
trymine CG liquid 225-7.5mg/5ml	LCG + QL + D/S + AL (45ml per day, 5DS, Min Age 18)	G + QL + D/S + AL (45ml per day, 5DS, Min Age 18)		Generic Uptier	No Change	01/01/21
unithroid tab	LCG	G		Generic Uptier	No Change	01/01/21
virt-phos 250 neutral tab	LCG	G		Generic Uptier	No Change	01/01/21
warfarin sodium tab	LCG	G		Generic Uptier	No Change	01/01/21
Doxycycline Hyclate 50mg Tab	G	NPD + PA	generic doxycycline, minocycline, tetracycline	Generic Uptier	No Change	01/01/21
Doxycycline Hyclate 75mg, 150mg Tab	G	NPD + AL (Max Age 17)		Generic Uptier	Age Limit Addition	01/01/21
Doxycycline Hyclate DR 75mg, 150mg Tab	G	NPD + AL (Max Age 17)		Generic Uptier	Age Limit Addition	01/01/21
Doxycycline Hyclate DR 200mg Tab	G	NPD + QL (1 per day, up to 7 days)		Generic Uptier	QL Addition	01/01/21
Doxycycline Hyclate DR 50mg, 100mg Tab	G	NPD		Generic Uptier	No Change	01/01/21

*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Doxycycline Monohydrate 75mg, 150mg Cap	G	NPD + AL (Max Age 17)		Generic Uptier	Age Limit Addition	01/01/21
Doxycycline Monohydrate 150mg Tab	G	NPD + AL (Max Age 17)		Generic Uptier	Age Limit Addition	01/01/21
ketoprofen 25mg cap	G	NPD + PA		Generic Uptier	PA Addition	01/01/21
Mondoxyne NL 75mg Cap	G	NPD + AL (Max Age 17)		Generic Uptier	Age Limit Addition	01/01/21
Colcrys® 0.6mg Tab	PB	NPD + PA	colchicine tablet	Brand Uptier	PA Addition	01/01/21
Tazorac® Cream 0.05%	PB + AL (Max Age 25)	NPD + AL + PA (Max Age 25)	tazarotene	Brand Uptier	PA Addition	01/01/21
Tazorac® Gel 0.05%, 0.1%	PB + AL (Max Age 25)	NPD + AL + PA (Max Age 25)	tazarotene	Brand Uptier	PA Addition	01/01/21
Carafate® Suspension 1gm/10ml	PB	NPD		Brand Uptier	No Change	01/01/21
Verelan® ER Cap	G	NPD		Generic Uptier	No Change	01/01/21
Verelan® PM ER Cap	G	NPD		Generic Uptier	No Change	01/01/21
butalbital-acetaminophen 25-325mg tab	G + QL + D/S (6 per day, 5 D/S)	NPD + QL + D/S + PA (6 per day, 5D/S)		Generic Uptier	PA Addition	01/01/21
Rhopressa® Ophthalmic Solution 0.02%	PB	NPD		Brand Uptier	No Change	01/01/21
Blephamide® S.O.P. Ophthalmic Ointment 10-0.2%	PB	NPD		Brand Uptier	No Change	01/01/21
Suboxone® Film 12-3mg	PB + QL + D/S (2 per day, 180 days per 365 days)	NPD + QL + D/S (2 per day, 180 days per 365 days)	Generic available	Brand Uptier	No Change	01/01/21
Suboxone® Film 2-0.5mg, 4-1mg	PB + QL + D/S (4 per day, 180 days per 365 days)	NPD + QL + D/S (4 per day, 180 days per 365 days)	Generic available	Brand Uptier	No Change	01/01/21
Suboxone® Film 8-2mg	PB + QL + D/S (3 per day, 180 days per 365 days)	NPD + QL + D/S (3 per day, 180 days per 365 days)	Generic available	Brand Uptier	No Change	01/01/21

*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 01/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Truvada® 200-300mg Tab	PB/ACA + QL (1 per day)	NPD + QL (1 per day)	Generic available	Brand Uptier	No Change	01/01/21
ProAir® HFA 108 (90 Base) mcg/ act	PB + QL (2 per 30 days)	NPD + QL (2 per 30 days)	Generic available	Brand Uptier	No Change	01/01/21
Epiduo® Forte Gel 0.3-2.5%	PB + AL (Max Age 25)	NPD + AL (Max Age 25)		Brand Uptier	No Change	01/01/21
metformin hcl solution 500mg/5ml	G	G + AL (Max Age 12)		No Change	Age Limit Addition	01/01/21
Riomet® Solution 500mg/5ml	NPD	NPD + AL (Max Age 12)		No Change	Age Limit Addition	01/01/21
Acticlate® Tab	NPD + PA	NPD + PA + AL (Max Age 18)		No Change	Age Limit Addition	01/01/21
Arazlo™ Lotion 0.045%	NPD	NPD + AL (Max Age 25)		No Change	Age Limit Addition	01/01/21
Ximino® ER Cap	NPD + PA	NPD + PA + D/S (84 days in 180 days)	generic doxycycline, minocycline, tetracycline	No Change	D/S Addition	01/01/21
Minocycline HCL ER Cap	NPD + PA	NPD + PA + D/S (84 days in 180 days)	generic doxycycline, minocycline, tetracycline	No Change	D/S Addition	01/01/21
Aveed® Intramuscular Solution 750mg/3ml	NPD + PA	Excluded		Brand Deletion		01/01/21
Depo® Testosterone Intramuscular Solution 100mg/ml, 200mg/ml	NPD + PA	Excluded		Brand Deletion		01/01/21
testosterone cypionate solution intramuscular 100mg/ml, 200mg/ml	G + PA	Excluded		Generic Deletion		01/01/21
testosterone cypionate solution injection 200mg/ml	G + PA	Excluded		Generic Deletion		01/01/21
methotrexate sodium solution injection 50mg/2ml	G + PA	Excluded		Generic Deletion		01/01/21

*= for Specialty plans

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.