

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



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

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

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(continued)

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

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(continued)

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|--|---|-----------------------------------|---------------------------|------------------|---------------------|-------------------|
| <b>Zonisade™ Sus<br/>100mg/5ml</b>                               | NF  | No Change<br>(New Drug)           | generic zonisamide        | No Change        | No Change           | 09/12/22          |
| <b>Imbruvica® Sus<br/>70mg/ml</b>                                | NPD/SP* + PA  | No Change<br>(New Drug)           |                           | No Change        | No Change           | 09/19/22          |
| <b>Tadliq® Sus<br/>20mg/5ml</b>                                  | NF/SP*  | No Change<br>(New Drug)           |                           | No Change        | No Change           | 09/19/22          |
| <b>Kyzatrex™ Cap<br/>100mg, 150mg, 200mg</b>                     | NF  | No Change<br>(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<br/>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<br>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<br>2mg                          | G + QL + D/S<br>(4 tabs per day;<br>180 cumulative days'<br>supply per 365 days)  | G + QL<br>(4 tabs per day)        |                           | No Change        | DS Limit<br>Removal | 04/01/23          |
| buprenorphine HCl tab sublingual<br>8mg                          | G + QL + D/S<br>(3 tabs per day;<br>180 cumulative days'<br>supply per 365 days)  | G + QL<br>(3 tabs per day)        |                           | No Change        | DS Limit<br>Removal | 04/01/23          |
| buprenorphine HCl-naloxone HCl film<br>12-3mg sublingual         | G + QL + D/S<br>(2 films per day;<br>180 cumulative days'<br>supply per 365 days) | G + QL<br>(2 films per day)       |                           | No Change        | DS Limit<br>Removal | 04/01/23          |
| buprenorphine HCl-naloxone HCl<br>film 2-0.5mg, 4-1mg sublingual | G + QL + D/S<br>(4 films per day;<br>180 cumulative days'<br>supply per 365 days) | G + QL<br>(4 films per day)       |                           | No Change        | DS Limit<br>Removal | 04/01/23          |

\*= for Specialty plans

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|--|--|-----------------------------------|---------------------------|-------------|---------------------|-------------------|
| buprenorphine HCl-naloxone HCl<br>film 8-2mg sublingual      | G + QL + D/S<br>(3 films per day;<br>180 cumulative days'<br>supply per 365 days)  | G + QL<br>(3 films per day)       |                           | No Change   | DS Limit<br>Removal | 04/01/23          |
| buprenorphine HCl-naloxone HCl<br>tablet sublingual 2-0.5mg  | G + QL + D/S<br>(4 tabs per day;<br>180 cumulative days'<br>supply per 365 days)   | G + QL<br>(4 tabs per day)        |                           | No Change   | DS Limit<br>Removal | 04/01/23          |
| buprenorphine HCl-naloxone HCl<br>tablet sublingual 8-2mg    | G + QL + D/S<br>(3 tabs per day;<br>180 cumulative days'<br>supply per 365 days)   | G + QL<br>(3 tabs per day)        |                           | No Change   | DS Limit<br>Removal | 04/01/23          |
| <b>Suboxone® Film 12-3mg<br/>Sublingual</b>                  | NF + QL + D/S<br>(2 films per day;<br>180 cumulative days'<br>supply per 365 days) | NF + QL<br>(2 films per day)      |                           | No Change   | DS Limit<br>Removal | 04/01/23          |
| <b>Suboxone® Film 8-2mg<br/>Sublingual</b>                   | NF + QL + D/S<br>(3 films per day;<br>180 cumulative days'<br>supply per 365 days) | NF + QL<br>(3 films per day)      |                           | No Change   | DS Limit<br>Removal | 04/01/23          |
| <b>Suboxone® Film 2-0.5mg, 4/1mg<br/>Sublingual</b>          | NF + QL + D/S<br>(4 films per day;<br>180 cumulative days'<br>supply per 365 days) | NF + QL<br>(4 films per day)      |                           | No Change   | DS Limit<br>Removal | 04/01/23          |
| <b>Zubsolv® Tablet Sublingual<br/>0.7-0.18mg, 5.7-1.4mg</b>  | PB + QL + D/S<br>(3 tabs per day;<br>180 cumulative days'<br>supply per 365 days)  | PB + QL<br>(3 tabs per day)       |                           | No Change   | DS Limit<br>Removal | 04/01/23          |
| <b>Zubsolv® Tablet Sublingual<br/>1.4-0.36mg, 2.9-0.71mg</b> | PB + QL + D/S<br>(4 tabs per day;<br>180 cumulative days'<br>supply per 365 days)  | PB + QL<br>(4 tabs per day)       |                           | No Change   | DS Limit<br>Removal | 04/01/23          |

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(continued)

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|--|--|---|-----------------------------------|--------------------|---------------------|---------------------------|
| <b>Zubsolv® Tablet Sublingual<br/>11.4-2.9mg</b>           | PB + QL + D/S<br>(1 tab per day;<br>180 cumulative days'<br>supply per 365 days)   | PB + QL<br>(1 tab per day)                |                                   | No Change          | DS Limit<br>Removal | 04/01/23                  |
| <b>Zubsolv® Tablet Sublingual<br/>8.6-2.1mg</b>            | PB + QL + D/S<br>(2 tabs per day;<br>180 cumulative days'<br>supply per 365 days)  | PB + QL<br>(2 tabs per day)               |                                   | No Change          | DS Limit<br>Removal | 04/01/23                  |
| <b>Bunavail® Film 2.1-0.3mg<br/>Buccal</b>                 | NF + QL + D/S<br>(4 films per day;<br>180 cumulative days'<br>supply per 365 days) | NF + QL<br>(4 films per day)              |                                   | No Change          | DS Limit<br>Removal | 04/01/23                  |
| <b>Bunavail® Film 4.2-0.7mg<br/>Buccal</b>                 | NF + QL + D/S<br>(3 films per day;<br>180 cumulative days'<br>supply per 365 days) | NF + QL<br>(3 films per day)              |                                   | No Change          | DS Limit<br>Removal | 04/01/23                  |
| <b>Bunavail® Film 6.3-1mg<br/>Buccal</b>                   | NF + QL + D/S<br>(1 film per day;<br>180 cumulative days'<br>supply per 365 days)  | NPD + QL<br>(1 film per day)              |                                   | No Change          | DS Limit<br>Removal | 04/01/23                  |
| <b>Hypersal® Nebulization Solution<br/>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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(continued)

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|--|----------------------------|--|---|-------------|----------------------|-------------------|
| <b>Entadfi™ Cap 5-5mg</b>  | NF                         | NF + D/S<br>(182 days<br>per 365 days) | One of the following generics<br>(alfuzosin, doxazosin,<br>tamsulosin, terazosin,<br>silodosin) AND ONE of the<br>following: 5-alpha-reductase<br>inhibitor (i.e., finasteride 5mg,<br>dutasteride) OR<br>Phosphodiesterase type 5<br>inhibitor (i.e., tadalafil<br>2.5mg, 5mg) | No Change   | DS Limit<br>Addition | 04/01/23          |
| <b>Bydureon BCise® Auto-injector<br/>2MG/0.85ML Subcutaneous</b> | PB                         | PB + PA                                |   | No Change   | PA Addition          | 04/01/23          |
| <b>Byetta® Pen Solution<br/>Pen-Injector Subcutaneous</b>        | PB                         | PB + PA                                |   | No Change   | PA Addition          | 04/01/23          |
| <b>Mounjaro® Solution Pen-Injector<br/>Subcutaneous</b>          | PB                         | PB + PA                                |   | No Change   | PA Addition          | 04/01/23          |
| <b>Ozempic® Solution Pen-Injector<br/>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<br/>Subcutaneous</b>         | PB                         | PB + PA                                |   | No Change   | PA Addition          | 04/01/23          |
| <b>Victoza® Solution Pen-Injector<br/>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/<br/>Generic Deletion</b> | Coverage was removed from this drug. Formulary alternatives are available.   |