

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select Drug Program®
January 1, 2023 Updates

Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
isosorbide dinitrate-hydralazine tab 20-37.5mg (Brand: Bidil®)	G	No Change (New Generic)		Generic Addition	No Change	04/18/22
brimo/timolol sol 0.2/0.5% (Brand: Combigan®)	G	No Change (New Generic)		Generic Addition	No Change	04/25/22
varenicline pak 0.5x1mg (Brand: Not Available)	G/ACA	No Change (New Generic)		Generic Addition	No Change	04/25/22
potassium iodide sol 1gm/ml (Brand: SSKI®)	G	No Change (New Generic)		Generic Addition	No Change	05/02/22
pirfenidone tab 267mg, 801mg (Brand: Esbriet®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	05/09/22
diclofenac sol 2% (Brand: Pennsaid®)	G + PA	No Change (New Generic)		Generic Addition	No Change	05/16/22
mesalamine cap 500mg ER (Brand: Pentasa®CR)	G	No Change (New Generic)		Generic Addition	No Change	05/23/22
lacosamide sol 10mg/ml (Brand: Vimpat®)	G	No Change (New Generic)		Generic Addition	No Change	05/30/22
bexarotene gel 1% (Brand: Targretin®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	05/30/22
sorafenib tab 200mg (Brand: Nexavar®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	06/06/22
vilazodone tab 10mg, 20mg, 40mg (Brand: Viibryd®)	G	No Change (New Generic)		Generic Addition	No Change	06/06/22

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
levamlodipin tab 2.5mg, 5mg (Brand: Conjupri®)	NPD + PA	No Change (New Authorized Generic)	Generic calcium channel blockers (e.g., amlodipine, diltiazem, nifedipine, verapamil, etc)	Authorized Generic Addition	No Change	05/09/22
fluticasone/vilanterol inh 100-25, 200-25 (Brand: Breo® Ellipta®)	NPD + PA	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	05/30/22
fluticasone HFA AER 44mcg, 120mcg, 220mcg (Brand: Flovent® HFA)	NPD + PA	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	05/30/22
Oxycodone/Acetaminophen Sol 5/325mg	NPD + PA + MME + QL + D/S (60ml per day; max 5 D/S)	No Change	Generic oxycodone/APAP tablet	No Change	No Change	05/09/22
Insulin Glar Sol 100u/ml	NPD + PA + QL (2ml per day)	No Change		No Change	No Change	05/16/22
Insulin Glar Inj 100u/ml	NPD + PA + QL (2ml per day)	No Change		No Change	No Change	05/16/22
Ziphex® Tab 13-1mg	Excluded	No Change		No Change	No Change	05/16/22
Norgesic® Tab	NPD + PA	No Change	Generic skeletal muscle relaxants (e.g., carisoprodol, tizanidine, cyclobenzaprine, chlorzoxazone 500mg, etc)	No Change	No Change	05/23/22
Roxybond™ Tab 15mg, 30mg	NPD + PA + QL + D/S + MME (6 tabs per day; max 5 D/S)	No Change	Generic opioid analgesics or documentation of a history of or a potential for drug abuse for individual or a member of the individual's household	No Change	No Change	05/30/22
Javygtor™ Pak 100mg	NPD/SP* + PA	No Change		No Change	No Change	08/22/22
Ozempic® Inj 8mg/3ml	PB	No Change (New Drug)		No Change	No Change	04/04/22
Tlando™ Cap 112.5mg	NPD + PA	No Change (New Drug)		No Change	No Change	04/11/22

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Triumeq® PD Tab	PB	No Change (New Drug)		No Change	No Change	04/11/22
Quviviq™ Tab 25mg, 50mg	NPD + PA + QL (1 tab per day)	No Change (New Drug)	Belsomra® and Two of the following: eszopiclone, zaleplon, zolpidem	No Change	No Change	04/18/22
Vijoice® Tab 50mg, 125mg	NPD/SP* + PA + QL (1 tab per day)	No Change (New Drug)		No Change	No Change	04/18/22
Vtama® Cream 1%	NPD + PA	No Change (New Drug)	ALL of the following: (1) calcipotriene AND (2) one of the following: Taclonex® ointment, Taclonex®suspension, calcipotriene betamethasone ointment, calcipotriene- betamethaone suspension, Enstilar® AND (3) Wyzora®	No Change	No Change	05/02/22
Epsolay® Cream 5%	NPD + PA	No Change (New Drug)	Soolantra®	No Change	No Change	05/16/22
Lyvispah™ Gra 5mg, 10mg, 20mg	NPD + PA	No Change (New Drug)	Generic baclofen tablet	No Change	No Change	05/23/22
Radicava Ors® Sus 105/5ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/23/22
Metformin Tab 625mg	NPD + PA	No Change (New Drug)	ONE of the following: metformin IR 500mg, 850mg, 1000mg	No Change	No Change	05/23/22
Roxybond™ Tab 5mg	NPD + PA + QL + D/S + MME (12 tabs per day; max 5 D/S)	No Change (New Drug)	Generic opioid analgesics or documentation of a history of or a potential for drug abuse for individual or a member of the individual's household	No Change	No Change	05/30/22
Voquezna™ Pak Dual Pak	NPD	No Change (New Drug)		No Change	No Change	05/30/22
Voquezna™ Pak Triple Pak	NPD	No Change (New Drug)		No Change	No Change	05/30/22

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Nucala® Inj 40mg/0.4ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	06/06/22
Tyvaso® DPI POW	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/13/22
Olumiant® Tab 4mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/20/22
Ztalmy® Sus 50mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/20/22
Adbry™ Solution Prefilled Syringe 150mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/23
Cibinqo™ Tab 50mg, 100mg, 200mg	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/23
Endometrin® Insert 100mg Vaginal	NPD	PB		Brand Downtier	No Change	01/01/23
Enbrel® Mini Solution Cartridge 50mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/23
Enbrel® Solution 25mg/0.5ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/23
Enbrel® Solution Prefilled Syringe 25mg/0.5ml, 50mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/23
Enbrel® Sureclick® Solution Auto-Injector 50mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/23
Ovidrel® Injectable 250mcg/0.5ml	NPD/SP*	PB/SP*		Brand Downtier	No Change	01/01/23
Qulipta™ Tab 10mg, 30mg, 60mg	NPD + PA + QL (1 tab per day)	PB + PA + QL (1 tab per day)		Brand Downtier	No Change	01/01/23
Ibrance® Caps/Tabs 75mg, 100mg, 125mg	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/23
Verzenio® Tab 50mg, 100mg, 150mg, 200mg	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/23
Dexcom G6 Receiver Device	NPD + PA + QL (2 receivers per 365 days)	PB + PA + QL (2 receivers per 365 days)		Brand Downtier	No Change	01/01/23

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Dexcom G6 Sensor	NPD + PA + QL (4 sensors per 28 days)	PB + PA + QL (4 sensors per 28 days)		Brand Downtier	No Change	01/01/23
Dexcom G6 Transmitter	NPD + PA + QL (4 transmitters per 365 days)	PB + PA + QL (4 transmitters per 365 days)		Brand Downtier	No Change	01/01/23
Skyrizi® Inj 150mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/23
Humulin® R U-500 (Concentrated) Solution 500unit/ml	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/23
Humulin® R U-500 Kwikpen® Solution Pen-Injector 500unit/ml	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/23
Contour Next Test Strip In Vitro	NPD + PA + QL (200 strips per 30 days)	PB + QL (200 strips per 30 days)		Brand Downtier	PA Removal	01/01/23
Contour Test Strip In Vitro	NPD + PA + QL (200 strips per 30 days)	PB + QL (200 strips per 30 days)		Brand Downtier	PA Removal	01/01/23
Mounjaro™ Inj	NPD + PA	PB		Brand Downtier	PA Removal	01/01/23
cefadroxil cap 500mg	G	LCG		Generic Downtier	No Change	01/01/23
cyproheptadine hcl tab 4mg	G	LCG		Generic Downtier	No Change	01/01/23
donepezil HCL tab 5mg, 10mg, 23mg	G + AL (Min Age 50)	LCG + AL (Min Age 50)		Generic Downtier	No Change	01/01/23
fluconazole tablet 50mg, 100mg, 150mg, 200mg	G	LCG		Generic Downtier	No Change	01/01/23
gentamicin sulfate solution 0.3% ophthalmic	G	LCG		Generic Downtier	No Change	01/01/23
guaifenesin-codeine solution 100-10mg/5ml	G + AL + QL + MME + D/S (Min Age 18; 60ml per day; max 5 D/S)	LCG + AL + QL + MME + D/S (Min Age 18; 60ml per day; max 5 D/S)		Generic Downtier	No Change	01/01/23

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
hydralazine hcl tablet 10mg, 25mg, 50mg, 100mg	G	LCG		Generic Downtier	No Change	01/01/23
hydrocodone-acetaminophen solution 2.5-108mg/5ml, 5-217mg/10ml, 7.5-325mg/15ml	G + QL + MME + D/S (90ml per day; max 5 D/S)	LCG + QL + MME + D/S (90ml per day; max 5 D/S)		Generic Downtier	No Change	01/01/23
hydrocodone-acetaminophen tablet 10-300mg, 10-325mg	G + QL + MME + D/S (6 tabs per day; max 5 D/S)	LCG + QL + MME + D/S (6 tabs per day; max 5 D/S)		Generic Downtier	No Change	01/01/23
hydrocodone-acetaminophen tablet 5-300mg, 5-325mg, 7.5-300mg, 7.5-325mg	G + QL + MME + D/S (12 tabs per day; max 5 D/S)	LCG + QL + MME + D/S (12 tabs per day; max 5 D/S)		Generic Downtier	No Change	01/01/23
hydroxyzine HCL syrup 10mg/5ml	G	LCG		Generic Downtier	No Change	01/01/23
hyoscyamine sulfate SL tab 0.125mg	G	LCG		Generic Downtier	No Change	01/01/23
levofloxacin tab 250mg, 500mg, 750mg	G	LCG		Generic Downtier	No Change	01/01/23
loratab elixir 10-300mg/15ml	G + QL + MME (90ml per day)	LCG + QL + MME (90ml per day)		Generic Downtier	No Change	01/01/23
methadone HCL solution 10mg/5ml	G + PA + QL (30ml per day)	LCG + PA + QL (30ml per day)		Generic Downtier	No Change	01/01/23
methadone HCL solution 5mg/5ml	G + PA + QL (60ml per day)	LCG + PA + QL (60ml per day)		Generic Downtier	No Change	01/01/23
methocarbamol tab 500mg, 750mg	G	LCG		Generic Downtier	No Change	01/01/23
mometasone furoate ointment 0.1%	G	LCG		Generic Downtier	No Change	01/01/23
nitrofurantoin monohyd macro cap 100mg	G	LCG		Generic Downtier	No Change	01/01/23

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
nystatin suspension 100000 unit/ml mouth/throat	G	LCG		Generic Downtier	No Change	01/01/23
nystatin-triamcinolone ointment 100000-0.1 unit/gm-%	G	LCG		Generic Downtier	No Change	01/01/23
olanzapine tab 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	G	LCG		Generic Downtier	No Change	01/01/23
oscimin tab 0.125mg sublingual	G	LCG		Generic Downtier	No Change	01/01/23
oxybutynin chloride syrup 5mg/5ml	G	LCG		Generic Downtier	No Change	01/01/23
penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml	G	LCG		Generic Downtier	No Change	01/01/23
phentermine HCL cap 15mg, 30mg, 37.5mg	G + PA	LCG + PA		Generic Downtier	No Change	01/01/23
phentermine HCL tab 37.5mg	G + PA	LCG + PA		Generic Downtier	No Change	01/01/23
polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic	G	LCG		Generic Downtier	No Change	01/01/23
prednisolone sodium phosphate solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 6.7mg/5ml	G	LCG		Generic Downtier	No Change	01/01/23
prednisolone solution 15mg/5ml	G	LCG		Generic Downtier	No Change	01/01/23
silver sulfadiazine cream 1%	G	LCG		Generic Downtier	No Change	01/01/23
SSD cream 1%	G	LCG		Generic Downtier	No Change	01/01/23
tizanidine HCL tab 2mg, 4mg	G	LCG		Generic Downtier	No Change	01/01/23
trihexyphenidyl hcl tab 2mg, 5mg	G	LCG		Generic Downtier	No Change	01/01/23
Zimhi™ Solution Prefilled Syringe 5mg/0.5ml Injection	NPD + PA + QL (6 units per 30 days)	NPD + QL (6 units per 30 days)		No Change	PA Removal	01/01/23
Latuda® Tab 20mg, 40mg, 60mg, 80mg, 120mg	NPD + PA	NPD		No Change	PA Removal	01/01/23

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Rexulti® Tab 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	NPD + PA	NPD		No Change	PA Removal	01/01/23
Vraylar® Cap 1.5mg, 3mg, 4.5mg, 6mg	NPD + PA	NPD		No Change	PA Removal	01/01/23
Vraylar® Cap Therapy Pack 1.5 & 3mg	NPD + PA	NPD		No Change	PA Removal	01/01/23
Contour Blood Glucose System Kit w/Device	PB + PA + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change	PA Removal	01/01/23
Contour Monitor Device	PB + PA + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change	PA Removal	01/01/23
Contour Next EZ Kit w/Device	PB + PA + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change	PA Removal	01/01/23
Contour Next Link Kit w/Device	PB + PA + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change	PA Removal	01/01/23
Contour Next Monitor Kit w/Device	PB + PA + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change	PA Removal	01/01/23
Contour Next One Kit	PB + PA + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change	PA Removal	01/01/23
Combigan® Sol 0.2/0.5%	PB	NPD		Brand Uptier	No Change	01/01/23
Pentasa® Cap 500mg CR	PB	NPD		Brand Uptier	No Change	01/01/23
Targretin® Gel 1%	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/23
Restasis® Emulsion 0.05% Ophthalmic	PB + QL (2 per day)	NPD + QL (2 per day)		Brand Uptier	No Change	01/01/23
Selzentry® Tab 150mg, 300mg	PB	NPD		Brand Uptier	No Change	01/01/23
Incruse® Ellipta® Aerosol Powder Breath Activated 62.5mcg/Inh	PB	NPD + PA	Spiriva®	Brand Uptier	PA Addition	01/01/23
Freestyle Libre 14 Day Reader Device	PB + QL (2 readers per 365 days)	NPD + QL + PA (2 readers per 365 days)		Brand Uptier	PA Addition	01/01/23

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Freestyle Libre 14 Day Sensor	PB + QL (2 sensors per 28 days)	NPD + QL + PA (2 sensors per 28 days)		Brand Uptier	PA Addition	01/01/23
Freestyle Libre 2 Reader Device	PB + QL (2 readers per 365 days)	NPD + QL + PA (2 readers per 365 days)		Brand Uptier	PA Addition	01/01/23
Freestyle Libre 2 Sensor	PB + QL (2 sensors per 28 days)	NPD + QL + PA (2 sensors per 28 days)		Brand Uptier	PA Addition	01/01/23
Freestyle Libre Reader Device	PB + QL (2 readers per 365 days)	NPD + QL + PA (2 readers per 365 days)		Brand Uptier	PA Addition	01/01/23
Freestyle Libre Kit 3 Sensor	PB + QL (2 sensors per 28 days)	NPD + QL + PA (2 sensors per 28 days)		Brand Uptier	PA Addition	01/01/23
Onetouch® Ultra 2 Kit w/Device	PB + QL (2 units per 365 days)	PB + QL + PA (2 units per 365 days)	Contour®	No Change	PA Addition	01/01/23
Onetouch® Ultra Mini Kit w/Device	PB + QL (2 units per 365 days)	PB + QL + PA (2 units per 365 days)	Contour®	No Change	PA Addition	01/01/23
Onetouch® Verio Flex System Kit w/Device	PB + QL (2 units per 365 days)	PB + QL + PA (2 units per 365 days)	Contour®	No Change	PA Addition	01/01/23
Onetouch® Verio IQ System Kit w/Device	PB + QL (2 units per 365 days)	PB+ QL + PA (2 units per 365 days)	Contour®	No Change	PA Addition	01/01/23
Onetouch® Verio Kit w/Device	PB + QL (2 units per 365 days)	PB + QL + PA (2 units per 365 days)	Contour®	No Change	PA Addition	01/01/23
Onetouch® Verio Reflect Kit w/Device	PB + QL (2 units per 365 days)	PB + QL + PA (2 units per 365 days)	Contour®	No Change	PA Addition	01/01/23
Onetouch® Sol Kit Starter	PB + QL (2 units per 365 days)	PB + QL + PA (2 units per 365 days)	Contour®	No Change	PA Addition	01/01/23
Onetouch® Ultra Strip In Vitro	PB + QL (200 strips per 30 days)	NPD + QL + PA (200 strips per 30 days)	Contour®	Brand Uptier	PA Addition	01/01/23

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Onetouch® Verio Strip In Vitro	PB + QL (200 strips per 30 days)	NPD + QL + PA (200 strips per 30 days)	Contour®	Brand Uptier	PA Addition	01/01/23
Zyflo® Tab 600mg	NPD	NPD + PA	Both of the following generics: montelukast and zafirlukast	No Change	PA Addition	01/01/23
Delzicol® Cap Delayed Release 400mg	NPD	NPD + PA	Generic equivalent of requested brand	No Change	PA Addition	01/01/23
Veregen® Ointment 15%	NPD	NPD + PA + QL (16 weeks per lifetime)		No Change	PA Addition	01/01/23
Xopenex® Concentrate nebulization solution inhalation	NPD	NPD + PA	Generic levalbuterol nebulizer solution	No Change	PA Addition	01/01/23
Xopenex® nebulization solution	NPD	NPD + PA	Generic levalbuterol nebulizer solution	No Change	PA Addition	01/01/23
Colзал® Cap 750mg	NPD	NPD + PA	Generic balsalazide	No Change	PA Addition	01/01/23
Geodon® Cap	NPD	NPD + PA	Generic antipsychotic agents	No Change	PA Addition	01/01/23
Risperdal® Solution 1mg/ml Oral	NPD	NPD + PA	Generic antipsychotic agents	No Change	PA Addition	01/01/23
Risperdal®	NPD	NPD + PA	Generic antipsychotic agents	No Change	PA Addition	01/01/23
Ritalin® Tab 5mg, 10mg, 20mg	NPD + QL (3 tabs per day)	NPD + QL + PA (3 tabs per day)	Generic equivalent of requested brand	No Change	PA Addition	01/01/23
Seroquel® [XR] Tab	NPD	NPD + PA	Generic antipsychotic agents	No Change	PA Addition	01/01/23
Xanax® XR Tab	NPD + AL (Min Age 18)	NPD + AL + PA (Min Age 18)	Generic benzodiazepines	No Change	PA Addition	01/01/23
Zyprexa® Tab	NPD	NPD + PA	Generic antipsychotic agents	No Change	PA Addition	01/01/23
Zyprexa® Tab Dispersible	NPD	NPD + PA	Generic antipsychotic agents	No Change	PA Addition	01/01/23
Anafranil™ Cap	NPD	NPD + PA	Generic tricyclic antidepressants	No Change	PA Addition	01/01/23
Cambia® Packet 50mg	NPD	NPD + PA	Generic prescription strength NSAIDs	No Change	PA Addition	01/01/23
Celexa® Tab	NPD	NPD + PA	Generic antidepressants	No Change	PA Addition	01/01/23
Paxil® CR Tab Extended Release 24 Hour	NPD	NPD + PA	Generic antidepressants	No Change	PA Addition	01/01/23
Paxil® Suspension 10mg/5ml Oral	NPD	NPD + PA	Generic antidepressants	No Change	PA Addition	01/01/23

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Paxil® Tab	NPD	NPD + PA	Generic antidepressants	No Change	PA Addition	01/01/23
Spritam® Tab Disintegrating Soluble	NPD	NPD + PA	Generic levetiracetam	No Change	PA Addition	01/01/23
Wellbutrin® SR Tab Extended Release 12 Hour	NPD	NPD + PA	Generic antidepressants	No Change	PA Addition	01/01/23
Pexeva® Tab	NPD	NPD + PA	Generic antidepressants	No Change	PA Addition	01/01/23
Symbyax™ Cap	NPD	NPD + PA	Generic equivalent of requested brand	No Change	PA Addition	01/01/23
Arimidex® Tab 1mg	NPD	NPD + PA	Generic anastrozole	No Change	PA Addition	01/01/23
Mestinon® Tab 60mg	NPD	NPD + PA	Generic pyridostigmine	No Change	PA Addition	01/01/23
Mestinon® Solution 60mg/5ml	NPD	NPD + PA	Generic pyridostigmine	No Change	PA Addition; AL Addition	01/01/23
Mestinon® ER Tab 180mg	NPD	NPD + PA	Generic pyridostigmine	No Change	PA Addition	01/01/23
EpiPen® 2-Pak Solution Auto-Injector 0.3mg/0.3ml	NPD + QL (6 units per 180 days)	NPD + QL + PA (6 units per 180 days)		No Change	PA Addition	01/01/23
EpiPen® Jr 2-Pak Solution Auto-Injector 0.15mg/0.3ml	NPD + QL (6 units per 180 days)	NPD + QL + PA (6 units per 180 days)		No Change	PA Addition	01/01/23
Dhivy™ Tab 100-25mg	NPD	NPD + PA	carbidopa-levodopa IR and carbidopa-levodopa ODT	No Change	PA Addition	01/01/23
Crinone® Gel 8% Vaginal	NPD	NPD + PA	Endometrin®	No Change	PA Addition	01/01/23
Menopur® Solution Reconstituted 75 Unit	NPD/SP* + QL (2 units per day)	NPD/SP* + QL + PA (6 units per day)	Follistim® AQ	No Change	PA Addition; QL Update	01/01/23
glimepiride tab 1mg, 2mg, 4mg	LCG	G		Generic Uptier	No Change	01/01/23
multivitamin + fluoride tab chewable 0.25mg, 0.5mg, 1mg	LCG	G		Generic Uptier	No Change	01/01/23
sodium fluoride tab chewable 2.2 (1F)mg	LCG	G		Generic Uptier	No Change	01/01/23
Camzyos™ Cap 2.5mg, 5mg, 10mg, 15mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 cap per day)		No Change	QL Addition	01/01/23
zidovudine syrup 50mg/5ml	LCG	G		Generic Uptier	No Change	01/01/23

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Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Tarpeyo™ Cap 4mg	NPD + PA	NPD + PA + QL (4 caps per day)		No Change	QL Addition	01/01/23
Vijoice® Tab 250mg	NPD/SP* + PA + QL (1 tab per day)	NPD/SP* + PA + QL (2 tabs per day)		No Change	QL Update	01/01/23
Verkazia® Emu 0.1%	NPD + PA	NPD + PA + QL (4 vials per day)		No Change	QL Addition	01/01/23
Dartlisa ODT™ Tab 1.7mg	NPD + PA	NPD + PA + QL (4 caps per day)		No Change	QL Addition	01/01/23
Wakix® Tab 4.45mg	NPD/SP* + PA + QL (3 tabs per day)	NPD/SP* + PA + QL (2 tabs per day)		No Change	QL Update	01/01/23
Valcyte® Solution Reconstituted 50mg/ml oral	NPD	NPD + AL (Max Age 12)		No Change	AL Addition	01/01/23
valganciclovir hcl solution reconstituted 50mg/ml oral	G	G + AL (Max Age 12)		No Change	AL Addition	01/01/23
Recorlev® Tab 150mg	NPD/SP* + PA	NPD/SP* + PA + QL (8 tabs per day)		No Change	QL Addition	01/01/23
Valsartan Sol 20mg/5ml	NPD + PA	NPD + PA + AL (Max Age 12)	Generic angiotensin receptor blockers or combination (e.g., losartan, olmesartan, valsartan tablet, etc)	No Change	AL Addition	01/01/23
Norliqva® Sol 1mg/ml	NPD + PA	NPD + PA + AL (Max Age 12)	Generic calcium channel blockers (e.g., amlodipine, diltiazem, nifedipine, verapamil, etc)	No Change	AL Addition	01/01/23
Adlarity® Dis 5mg/day, 10mg/day	NPD + PA	NPD + PA + AL (Min Age 50)	Generic donepezil tablet	No Change	AL Addition	01/01/23
Qualaquin® cap 324mg	NPD + PA	NPD + QL (60 caps per 10 days)		No Change	PA Removal; QL Addition	01/01/23
quinine cap 324mg	G + PA	G + QL (60 caps per 10 days)		No Change	PA Removal; QL Addition	01/01/23

*= for Specialty plans

(continued)

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.

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Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al número telefónico de Servicio al Cliente que figura en el reverso de su tarjeta de identificación.

Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务。请致电您ID卡背面的客户服务电话号码。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 고객 서비스 번호로 전화해 주십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para telefone do Atendimento ao Cliente que está no verso do seu cartão de identificação.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કૃપયા તમારા આઈડી કાર્ડની પાછળ ગ્રાહક સેવા નંબર પર કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi số Dịch Vụ Chăm Sóc Khách Hàng ở mặt sau thẻ ID của bạn.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Позвоните в службу поддержки клиентов по номеру телефона, указанном на обратной стороне вашей идентификационной карты.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer Obsługi klienta znajdujący się na odwrocie Twojego identyfikatora.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiami il numero dell'Assistenza clienti che troverà sul retro della sua tessera identificativa.

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. الرجاء الاتصال برقم "خدمة العملاء" الموجود على ظهر بطاقة هويتك.

French Creole: ATANSYON : Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo Sèvis Kliyantèl ki sou do kat idantifikasyon ou a.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Mangyaring tawagan ang numero ng Customer Service na nasa likod ng iyong ID card.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Veuillez composer le numéro du service clientèle indiqué au dos de votre carte d'identité Médicale.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Number uff die hinnitusch Seit vun dei ID Card uff fer schwetze mit ebber as dich helfe kann.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया अपने आईडी कार्ड के पीछे दिए ग्राहक सेवा नंबर पर कॉल करें।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Bitte rufen Sie unsere Kundendienstnummer auf der Rückseite Ihrer Identifikationskarte an.

Japanese: 備考：母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。ご自分のIDカードの裏面に記載されているカスタマーサービスの番号へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی شما درج شده است تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh. T'áá shqodí hódíílnih koji'Áká'anídaalwo'ji éi binumber naaltsoos nítl'izgo nantinígíí bine'déé' bikáá'.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ آپ کے شناختی کارڈ کے پیچھے دئیے گئے صارف خدمات نمبر پر برائے کرم کال کریں۔

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖

ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខសេវាសមាជិក ដែលមាននៅ ផ្នែកខាងក្រោយនៃបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ។

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA, 19103; By phone: 1-888-377-3933 (TTY: 711), By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.