

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES Select Drug Program®

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
topiramate cap 200mg ER (Brand: Trokendi XR®)	G	No Change (New Generic)		No Change	No Change	04/03/23
posaconazole sus 40mg/ml (Brand: Noxafil® Sus)	G + QL (20ml per day)	No Change (New Generic)		No Change	No Change	04/03/23
ciprofloxacin sus 500mg/5ml (Brand: Cipro® Sus)	G	No Change (New Generic)		No Change	No Change	04/10/23
budesonide aer 2mg/act (Brand: Uceris®AER)	G	No Change (New Generic)		No Change	No Change	04/24/23
naftifine gel 2% (Brand: Naftin® Gel)	G	No Change (New Generic)		No Change	No Change	04/24/23
gefitinib tab 250mg (Brand: Iressa®)	G/SP* + PA	No Change (New Generic)		No Change	No Change	05/08/23
nitisinone cap 20mg (Brand: Orfadin®)	G/SP* + PA	No Change (New Generic)		No Change	No Change	05/15/23
methsuximide cap 300mg (Brand: Celontin®)	G	No Change (New Generic)		No Change	No Change	05/22/23
darunavir tab 600mg, 800mg (Brand: Prezista®)	G	No Change (New Generic)		No Change	No Change	06/05/23
vancomycin sol 25mg/ml, 50mg/ml (Brand: Firvanq® Sol)	G + AL (Max Age 13)	No Change (New Authorized Generic)		No Change	No Change	04/10/23
baclofen sus 25mg/5ml (Brand: Fleqsuvy™ Sus)	G + PA + QL (16ml per day)	No Change (New Authorized Generic)		No Change	No Change	04/24/23

*= for Specialty plans

** = May be available as generic for certain plans

(continued)

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(1/24 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Eversense® E3 Sensor	NPD + PA + QL (2 sensors per year)	No Change		No Change	No Change	04/03/23
Eversense® E3 Transmitter	NPD + PA + QL (2 sensors per year)	No Change		No Change	No Change	04/03/23
lubiprostone cap 8mcg, 24mcg (Brand: Amitiza®)	G	No Change		No Change	No Change	04/03/23
Guardian™ 4 Sensor	NPD + PA + QL (5 sensors per 30 days)	No Change		No Change	No Change	05/01/23
Guardian™ 4 Transmitter	NPD + PA + QL (2 transmitters per year)	No Change		No Change	No Change	05/01/23
Omnipod® Go Kit 20 unit/day, 30 unit/day, 40 unit/day	NPD	No Change		No Change	No Change	05/08/23
Yuflyma® 2pen Kit 40/0.4ml	NPD/SP* + PA	No Change		No Change	No Change	07/31/23
Joenja® Tab 70mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/03/23
Cuvrior™ Tab 300mg	NPD/SP* + PA	No Change (New Drug)	Depen®	No Change	No Change	04/10/23
Tirosint® Cap 37.5mcg, 44mcg, 62.5mcg	NPD + PA	No Change (New Drug)	Generic levothyroxine	No Change	No Change	04/10/23
primidone tab 125mg	G	No Change (New Drug)		No Change	No Change	04/17/23
Austedo® XR Tab 6mg, 12mg, 24mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/24/23
Gralise® Tab 450mg, 750mg, 900mg	NPD + PA	No Change (New Drug)		No Change	No Change	05/01/23

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(continued)

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Natal PNV Tab	NPD + PA	No Change (New Drug)		No Change	No Change	05/01/23
Omnipod® Go Kit 10 unit/day, 15 unit/day, 25 unit/day, 35 unit/day	NPD	No Change (New Drug)		No Change	No Change	05/08/23
Trikafta® Pak 59.5mg, 75mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/08/23
Kalydeco® Gra 13.4mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/15/23
Lumryz™ Pak 4.5gm, 6gm, 7.5gm, 9gm	NPD/SP* + PA + QL (1 pak per day)	No Change (New Drug)		No Change	No Change	05/15/23
Amjevita™ Inj 10/0.2ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	05/22/23
Liqrev® Sus 10mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/22/23
Zolpidem Tartrate Cap 7.5mg	NPD + PA + QL (1 cap per day)	No Change (New Drug)	generic sleep aids (e.g. zolpidem tablets, zolpidem ER tablets, eszopiclone, zaleplon, etc)	No Change	No Change	05/22/23
Mekinist® Sol 0.5mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/22/23
Tafinlar® Tab 10mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/22/23
Veozah™ Tab 45mg	NPD + PA	No Change (New Drug)		No Change	No Change	05/22/23
Sogroya® Inj 10mg/1.5ml, 15mg/1.5ml, 5mg/1.5ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/22/23
Zeposia® Cap Str Kit	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/19/23

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Inpefa™ Tab 200mg	NPD + PA	No Change (New Drug)	Minimum of 90 days of One of the following: Jardiance® or Farxiga®	No Change	No Change	06/19/23
Olpruva™ Pak 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	NPD/SP* + PA	No Change (New Drug)	Generic sodium phenylbutyrate tablet	No Change	No Change	06/19/23
Zejula™ Tab 100mg, 200mg, 300mg	PB + PA	No Change (New Drug)		No Change	No Change	06/26/23
Miebo™ Dro 1.3gm/ml	NPD + PA	No Change (New Drug)	Both of the following: Restasis Multidose® and Xiidra®	No Change	No Change	06/26/23
Adalimumab Kit Fkjp/Hulio Inj 40/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/03/23
Hulio® Inj 40/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/03/23
Adalimumab Kit Fkjp	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/03/23
Hulio® Kit 20/0.4ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/03/23
Idacio® Crohn Inj Disease	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/03/23
Idacio® Plaqu Inj Psoriasis	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/03/23
Idacio® Inj 40/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/03/23
Hadlima™ Inj 40/0.4ml, 40/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/10/23
Hadlima™ Push Inj 40/0.4ml, 40/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/10/23

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(continued)

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Yuflyma® Kit 40/0.4ml, 40/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/10/23
Yuflyma® 2syr Kit 40/0.4ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/07/23
Adalimumab Kit Auto-Injector 40/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/25/23
Adalimumab-adbm psoriasis/ uveitis starter	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/25/23
Adalimumab-adbm crohns/uc/hs starter	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/25/23
Adalimumab Kit 10/0.2ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/25/23
Adalimumab Kit 20/0.4ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/25/23
Adalimumab Kit Prefilled Syringe 40/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/25/23
Omnitrope® Sol Cartridge 10mg/1.5ml, 5mg/1.5ml Subcutaneous	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		11/01/23
Omnitrope® Sol Reconstituted 5.8mg Subcutaneous	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		11/01/23
fluocinonide gel 0.05%	G	LCG		Generic Downtier		01/01/24
nizatidine cap 150mg, 300mg	G	LCG		Generic Downtier		01/01/24
zidovudine syp 50mg/5ml	G	LCG		Generic Downtier		01/01/24
Adalimu-Adaz Inj 40/0.4ml (Sandoz)	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		11/01/23
Cyltezo® Inj 10/0.2ml, 20/0.4ml, 40/0.8ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		11/01/23

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Cyltezo® Inj Crohns	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		11/01/23
Cyltezo® Inj Psoriasi	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		11/01/23
Hyrimoz® Inj 10/0.1ml, 20/0.2ml, 40/0.4ml, 80/0.8ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		11/01/23
Hyrimoz-Ped® Inj Crohns	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		11/01/23
Hyrimoz-Plaq® Inj Psoriasi	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		11/01/23
Cabometyx® Tab 20mg, 40mg, 60mg	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		01/01/24
Stivarga® Tab 40mg	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		01/01/24
Kogenate® FS Kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit Intravenous	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		01/01/24
Kovaltry® Sol Reconstituted 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit Intravenous	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		01/01/24
Tiglutik® Susp 50mg/10ml	NPD	PB		Brand Downtier		01/01/24
Radicava ORS® Susp 105mg/5ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		01/01/24
Azstarys® Cap 26.1-5.2mg, 39.2-7.8mg, 52.3-10.4mg	NPD + PA + QL (1 cap per day; Cumulative stimulant limit 52.3 mg/day)	PB + PA (1 cap per day; Cumulative stimulant limit 52.3 mg/day)	generic ADHD stimulants (e.g., methylphenidate, amphetamines, etc.)	Brand Downtier		01/01/24
Tezspire® Sol Auto-Injector 210mg/1.91ml Subcutaneous	NPD/SP* + PA	PB/SP* + PA		Brand Downtier		01/01/24
adefovir dipivoxil tab 10mg	G/SP*	G		SP* Removal		01/01/24
entecavir tab 0.5mg, 1mg	G/SP*	G		SP* Removal		01/01/24
lamivudine tab 100mg	G/SP*	G		SP* Removal		01/01/24

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Baraclude® Sol 0.05mg/ml	NPD/SP*	NPD		SP* Removal		01/01/24
Baraclude® Tab 0.5mg, 1mg	NPD/SP*	NPD		SP* Removal		01/01/24
Epivir-HBV® Sol 5mg/ml	NPD/SP*	NPD		SP* Removal		01/01/24
Epivir® Tab 150mg	NPD/SP*	NPD		SP* Removal		01/01/24
Epivir-HBV® Tab 100mg	NPD/SP*	NPD		SP* Removal		01/01/24
Vemlidy® Tab 25mg	NPD/SP*	NPD		SP* Removal		01/01/24
Jentadueto® Tab 20mg, 40mg, 60mg	NPD + PA	PB		Brand Downtier	PA Removal	01/01/24
Jentadueto XR® 2.5-1000mg, 5-1000mg	NPD + PA	PB		Brand Downtier	PA Removal	01/01/24
Tradjenta® Tab 5mg	NPD + PA	PB		Brand Downtier	PA Removal	01/01/24
Rezvoglar™ KwikPen® Sol Pen-Injector 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humalog® Junior KwikPen® Sol Pen-Injector 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humalog® KwikPen® Sol Pen-Injector 100 unit/ml, 200 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humalog® Mix 50/50 KwikPen® Susp Pen-Injector (50-50) 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humalog® Mix 50/50 Susp (50-50) 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24

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Humalog® Mix 75/25 KwikPen® Susp Pen-Injector (75-25) 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humalog® Mix 75/25 Susp (75-25) 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humalog® Sol 100 unit/ml Injection	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humalog® Sol Cartridge 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Lyumjev™ KwikPen® Sol Pen-Injector 100 unit/ml, 200 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Lyumjev® Sol 100 unit/ml Injection	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Fiasp® FlexTouch® Sol Pen-Injector 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Fiasp® PenFill® Solu Cartridge 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Fiasp® Sol 100 unit/ml Injection	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Apidra® SoloStar® Sol Pen-Injector 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Apidra® Sol 100 unit/ml Injection	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24

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Admelog® SoloStar Sol Pen-Injector 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Admelog® Sol 100 unit/ml Injection	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humulin® 70/30 KwikPen® Susp Pen-Injector (70-30) 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humulin® 70/30 Susp (70-30) 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humulin® N KwikPen® Susp Pen-Injector 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humulin® N Suspension 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Humulin® R Solution 100 unit/ml Injection	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Insulin Lispro (1 Unit Dial) Sol Pen-Injector 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Insulin Lispro Junior KwikPen® Sol Pen-Injector 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Basaglar® KwikPen® Sol Pen-Injector 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Insulin Lispro Prot & Lispro Sus Pen-Injector (75-25) 100 unit/ml Subcutaneous	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24

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Insulin Lispro Sol 100 unit/ml Injection	NPD + PA + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier	PA Removal	01/01/24
Celontin® Cap 300mg	PB	NPD		Brand Uptier		01/01/24
Prezista® Tab 600MG, 800mg	PB	NPD		Brand Uptier		01/01/24
Onglyza® Tab 2.5mg, 5mg	PB	NPD + PA	2 of the following: Januvia® or Janumet® AND Tradjenta® or Jentaduetto®	Brand Uptier	PA Addition	01/01/24
Kombiglyze™ XR Tab 5-500mg, 2.5-1000mg, 5-1000mg	PB	NPD + PA	2 of the following: Januvia® or Janumet® AND Tradjenta® or Jentaduetto®	Brand Uptier	PA Addition	01/01/24
Copaxone Sol Prefilled Syringe 20mg/ml Subcutaneous	PB/SP* + QL (1ml per day)	NPD/SP* + PA + QL (1ml per day)	Generic glatiramer	Brand Uptier	PA Addition	01/01/24
Flovent® Diskus® 50mcg/ACT, 100mcg/ACT, 250mcg/ACT Inhalation	PB	NPD + PA	Both of the following: Arnuity Ellipta® and Pulmicort Flexhaler®	Brand Uptier	PA Addition	01/01/24
Flovent® HFA Aerosol 44mcg/ACT, 110mcg/ACT, 220mcg/ACT Inhalation	PB	NPD + PA	Both of the following: Arnuity Ellipta® and Pulmicort Flexhaler®	Brand Uptier	PA Addition	01/01/24
Vyvanse® Cap 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	PB + QL (1 cap per day; Cumulative stimulant limit 70 mg/day)	NPD + PA + QL (1 cap per day; Cumulative stimulant limit 70 mg/day)	generic ADHD stimulants (e.g., methylphenidate, amphetamines, etc.)	Brand Uptier	PA Addition	01/01/24
Vyvanse® Tab Chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	PB + QL (1 tab per day; Cumulative stimulant limit 70 mg/day)	NPD + PA + QL (1 tab per day; Cumulative stimulant limit 70 mg/day)	generic ADHD stimulants (e.g., methylphenidate, amphetamines, etc.)	Brand Uptier	PA Addition	01/01/24
Advair Diskus® 100-50mcg/ACT, 250-50mcg/ACT, 500-50mcg/ACT	PB	NPD + PA	Two of the following: Breo Ellipta® , Symbicort® or Advair® HFA	Brand Uptier	PA Addition	01/01/24

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losartan potassium tab 25mg, 50mg, 100mg	LCG	G		Generic Uptier		01/01/24
methadone sol 5mg/5ml, 10mg/ml	LCG +PA + QL (30ml per day)	G + PA + QL (30ml per day)		Generic Uptier		01/01/24
quetiapine tab 25mg	LCG	G		Generic Uptier		01/01/24
amoxicillin tab 500mg, 875mg	LCG	G		Generic Uptier		01/01/24
penicillin vk sol 125/5ml, 250/5ml	LCG	G		Generic Uptier		01/01/24
atorvastatin tab 10mg, 20mg, 40mg, 80mg	LCG	G		Generic Uptier		01/01/24
quetiapine tab 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	LCG	G		Generic Uptier		01/01/24
hydrocodone/apap sol 7.5-325mg/15ml	LCG + QL + D/S (90ml per day; max 5 D/S)	G + QL + D/S (90ml per day; max 5 D/S)		Generic Uptier		01/01/24
nystatin sus 100000 unit/ml	LCG	G		Generic Uptier		01/01/24
hydroxyzine hcl syp 10mg/5ml	LCG	G		Generic Uptier		01/01/24
hydrocodone/apap tab 7.5-325mg, 5-325mg, 5-300mg, 7.5-300mg,	LCG + QL + D/S (12 tabs per day; max 5 D/S)	G + QL + D/S (12 tabs per day; max 5 D/S)		Generic Uptier		01/01/24
hydrocodone/apap tab 10-325mg, 10-300mg	LCG + QL + D/S (6 tabs per day; max 5 D/S)	G + QL + D/S (6 tabs per day; max 5 D/S)		Generic Uptier		01/01/24
benazepril tab 5mg, 10mg	LCG	G		Generic Uptier		01/01/24
montelukast chw 4mg, 5mg	LCG	G		Generic Uptier		01/01/24
montelukast tab 10mg	LCG	G		Generic Uptier		01/01/24
acyclovir cap 200mg	LCG	G		Generic Uptier		01/01/24

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olanzapine tab 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	LCG	G		Generic Uptier		01/01/24
tizanidine tab 2mg, 4mg	LCG	G		Generic Uptier		01/01/24
hydralazine tab 10mg, 25mg, 50mg, 100mg	LCG	G		Generic Uptier		01/01/24
terbinafine tab 250mg	LCG	G		Generic Uptier		01/01/24
gentamicin sol 0.3% op	LCG	G		Generic Uptier		01/01/24
trimethoprim sol polymyxn	LCG	G		Generic Uptier		01/01/24
benazepril tab 20mg, 40mg	LCG	G		Generic Uptier		01/01/24
polymyxin b/ sol trimethoprim	LCG	G		Generic Uptier		01/01/24
hyoscyamine sub 0.125mg	LCG	G		Generic Uptier		01/01/24
oxybutynin syp 5mg/5ml	LCG	G		Generic Uptier		01/01/24
doxepin hcl con 10mg/ml	LCG	G		Generic Uptier		01/01/24
Nuzyra® Tab 150mg	NPD + QL (30 tabs per 14 days)	NPD + PA + QL + D/S (30 tabs per 14 days; D/S 28 day supply per 180 days)		No Change	PA Addition QL Update D/S Limit Addition	01/01/24
Vowst™ Cap	NPD	NPD + PA + QL (24 caps per 365 days)		No Change	PA Addition QL Addition	01/01/24
Sivextro® Tab 200mg	NPD + PA + QL (6 tabs per 6 days)	NPD + PA + QL + D/S (6 tabs per 6 days; D/S Limit 28 day supply per 180 days)		No Change	D/S Limit Addition	01/01/24
Pentasa® Cap ER 250mg	PB	NPD + QL (4 caps per day)		Brand Uptier	QL Addition	01/01/24
Filspari™ Tab 200mg, 400mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/24

*= for Specialty plans

** = May be available as generic for certain plans

(continued)

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(1/24 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Konvomep® Sus 2-84/ml	NPD + PA	NPD + PA + QL (20ml per day)		No Change	QL Addition	01/01/24
Zavzpret™	NPD + PA	NPD + PA + QL + AL (8 per 30 days and Min Age 18)		No Change	QL Addition AL Addition	01/01/24
Atorvaliq® Sus 20mg/5ml	NPD + PA	NPD + PA + AL (Max Age 13)	generic HMG CoA reductase inhibitors (e.g., simvastatin, atorvastatin, rosuvastatin, pravastatin, etc.)	No Change	AL Addition	01/01/24
Gilenya® Cap 0.5mg	NPD/SP*	NPD/SP* + PA	Generic fingolimod	No Change	AL Addition	01/01/24
Adderall XR® Cap 5mg, 10mg, 15mg, 20mg, 25mg, 30mg	NPD**	NPD + PA	generic equivalent of requested brand	No Change	PA Addition	01/01/24

*= for Specialty plans

** = May be available as generic for certain plans

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(1/24 version)

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.