

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



Drug Name	Current (tier and edit)	As of 07/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
fingolimod cap 0.5mg <b>(Brand: Gilenya®)</b>	G/SP*	No Change (New Generic)		Generic Addition	No Change	10/03/22
estradiol gel <b>(Brand: Divigel®)</b>	G	No Change (New Generic)		Generic Addition	No Change	10/10/22
roflumilast tab 250mcg, 500mcg <b>(Brand: Daliresp®)</b>	G	No Change (New Generic)		Generic Addition	No Change	10/24/22
cetorelix inj 0.25mg <b>(Brand: Cetrotide® Kit)</b>	G/SP*	No Change (New Generic)		Generic Addition	No Change	10/24/22
naproxen sod tab 750mg ER <b>(Brand: Naprelan®)</b>	G + PA	No Change (New Generic)		Generic Addition	No Change	11/07/22
penciclovir cream 1% <b>(Brand: Denavir®)</b>	G + QL (5gm per 30 days)	No Change (New Generic)		Generic Addition	No Change	11/21/22
tafluprost sol 0.0015% <b>(Brand: Zioptan® Drops)</b>	G	No Change (New Generic)		Generic Addition	No Change	11/28/22
dexlansoprazole cap 60mg DR <b>(Brand: Dexilant®)</b>	G + PA + QL (2 caps per day)	No Change (New Generic)		Generic Addition	No Change	12/05/22
diclofenac pow 50mg <b>(Brand: Cambia® Pow)</b>	G	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	12/19/22
sod oxybate sol 500mg/ml <b>(Brand: Xyrem® Sol)</b>	NPD/SP + PA + QL (18ml per day)	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	12/26/22
methylphenidate tab 45mg, 63mg ER <b>(Brand: Relexxii®)</b>	NPD + PA + QL (1 tab per day)	No Change (New Authorized Generic)	generic ADHD stimulants (e.g., methylphenidate, amphetamines, etc.)	Authorized Generic Addition	No Change	11/21/22

\*= for Specialty plans

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levofloxacin sol 1.5%	G	No Change		No Change	No Change	10/10/22
<b>Javygtor™ Pow 500</b>	NPD/SP* + PA	No Change		No Change	No Change	10/17/22
<b>Relexii® Tab 45mg, 63mg ER</b>	NPD + PA + QL (1 tab per day)	No Change	generic ADHD stimulants (e.g., methylphenidate, amphetamines, etc.)	No Change	No Change	11/28/22
<b>Ezetimibe-Atorvastatin Tab</b>	NPD + PA	No Change	generic HMG CoA reductase inhibitors (e.g., simvastatin, atorvastatin, rosuvastatin, pravastatin, etc.)	No Change	No Change	12/26/22
<b>Auvelity™ Tab 45-105mg</b>	NPD + PA	No Change (New Drug)	generic antidepressants (e.g., citalopram tablet, venlafaxine, bupropion, sertraline tablet, etc.) OR continuous therapy with requested agent for a minimum of 2 weeks	No Change	No Change	10/10/22
<b>Allopurinol Tab 200mg</b>	NPD + PA	No Change (New Drug)	generic allopurinol 100mg tablets	No Change	No Change	10/24/22
<b>Furoscix® Kit 80/10ml</b>	NPD	No Change (New Drug)		No Change	No Change	10/24/22
<b>Fragmin® Inj 2500/MI</b>	NPD	No Change (New Drug)		No Change	No Change	10/31/22
<b>Xelstrym™ Pad 4.5mg, 9mg, 13.5mg, 18mg</b>	NPD + PA + QL (1 pad per day)	No Change (New Drug)	generic ADHD stimulants (e.g., methylphenidate, amphetamines, etc.)	No Change	No Change	10/31/22
<b>Lytgobi® Tab</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/07/22
<b>Noxafil® Pak 300mg</b>	NPD + PA	No Change (New Drug)	generic posaconazole	No Change	No Change	11/14/22
<b>Basaglar® Inj Tempo Pen</b>	NPD + PA + QL (2ml per day)	No Change (New Drug)		No Change	No Change	11/28/22

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(continued)

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<b>Humalog® Tempo Inj 100/ml</b>	NPD + PA + QL (2ml per day)	No Change (New Drug)		No Change	No Change	11/28/22
<b>Lyumjev™ Tempo Inj 100out/MI</b>	NPD + PA + QL (2ml per day)	No Change (New Drug)		No Change	No Change	11/28/22
<b>Ermeza™ Sol 150/5ml</b>	NPD + PA	No Change (New Drug)	generic levothyroxine	No Change	No Change	11/28/22
<b>Rezilidhia™ Cap 150mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/12/22
<b>Krazati® Tab 200mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/19/22
<b>Skyrizi® Inj 180mg/1.2ml</b>	PB/SP* + PA	No Change (New Drug)		No Change	No Change	12/26/22
<b>Tascenso ODT® Tab 0.5mg</b>	NPD/SP* + PA	No Change (New Drug)	2 of the following: <b>Avonex®</b> , <b>Betaseron®</b> , glatiramer ( <b>Copaxone®</b> , <b>Glatopa®</b> ), <b>Plegridy®</b> , <b>Vumerity®</b> , <b>Bafiertam®</b> , dimethyl fumarate, <b>Kesimpta®</b> OR continuation of therapy with the requested agent	No Change	No Change	12/26/22
<b>Opzelura™ Cream 1.5% External</b>	NPD + PA + QL (240gm per 28 days)	PB + PA + QL (240gm per 28 days)	one generic topical steroid (e.g., triamcinolone, clobetasol, halobetasol, etc.) or one generic topical calcineurin inhibitor	Brand Downtier	No Change	07/01/23
<b>Opsumit® Tab 10mg</b>	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	07/01/23
<b>Amjevita™ Auto-Injector 40mg/0.8ml</b>	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	07/01/23
<b>Amjevita™ Prefilled Syringe 20mg/0.4ml and 40mg/0.8ml</b>	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	07/01/23
fluocinonide cream 0.1% external	Excluded	G		Generic Addition	No Change	07/01/23
<b>Wynzora® Cream 0.005-0.064% External</b>	NPD + PA	NPD		No Change	PA Removal	07/01/23

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Drug Name	Current (tier and edit)	As of 07/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Omnaris™ Suspension 50Mcg/Act Nasal</b>	NPD + PA	NPD		No Change	PA Removal	07/01/23
<b>Zetonna™ Aerosol Solution 37Mcg/Act Nasal</b>	NPD + PA	NPD		No Change	PA Removal	07/01/23
<b>Panretin® Gel 0.1% External</b>	NPD	NPD + PA		No Change	PA Addition	07/01/23
<b>Calcipotriene Foam 0.005% External</b>	NPD	NPD + PA	prescription strength, generic topical corticosteroids	No Change	PA Addition	07/01/23
<b>Relexxii Tablet ER 72mg</b>	NPD	NPD + PA		No Change	PA Addition	07/01/23
<b>Sorilux® Foam 0.005% External</b>	NPD	NPD + PA	prescription strength, generic topical corticosteroids	No Change	PA Addition	07/01/23
methocarbamol tab 1000mg	G	NPD + PA		Generic Uptier	PA Addition	07/01/23
<b>Vivjoa® Cap 150mg</b>	NPD + PA	NPD + PA + QL (18 caps per 180 days)		No Change	QL Addition	07/01/23

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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>PA</b>	Prior Authorization is required.
<b>MME</b>	Morphine Milligram Equivalent
<b>D/S</b>	Days Supply Limit
<b>QL</b>	Quantity Limit
<b>AL</b>	Age Limit
<b>Generic Addition</b>	A generic drug that recently became available in the marketplace
<b>Generic Downtier</b>	This generic drug will be covered at the appropriate preferred drug level of cost-sharing.
<b>Generic Uptier</b>	This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing.
<b>Authorized Generic Addition</b>	An authorized generic drug that recently became available in the marketplace
<b>Authorized Generic Uptier</b>	Authorized generics are brand drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand name drug company, or another company with the brand company's permission. Unlike a standard generic drug, the authorized generic is not approved by the Food and Drug Administration (FDA) abbreviated new drug application process (ANDA). This authorized generic drug will be covered at a higher level of cost-sharing similar to other brand name drugs.
<b>Brand Downtier</b>	These brand drugs were added to the formulary as of the date indicated and are covered at the appropriate preferred brand formulary level of cost-sharing.
<b>Brand Uptier</b>	These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing.
<b>Brand Addition</b>	Coverage was added to this drug.
<b>Brand/Authorized Generic/ Generic Deletion</b>	Coverage was removed from this drug. Formulary alternatives are available.