

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

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

\*= for Specialty plans

(continued)

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	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	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	05/30/22
fluticasone HFA AER 44mcg, 120mcg, 220mcg (Brand: Flovent® HFA)	NPD	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	05/30/22
<b>Oxycodone/Acetaminophen Sol 5/325mg</b>	NPD + MME + QL + D/S (60ml per day; max 5 D/S)	No Change	Generic oxycodone/APAP tablet	No Change	No Change	05/09/22
<b>Insulin Glar Sol 100u/ml</b>	NPD + QL (2ml per day)	No Change		No Change	No Change	05/16/22
<b>Insulin Glar Inj 100u/ml</b>	NPD + QL (2ml per day)	No Change		No Change	No Change	05/16/22
<b>Ziphex® Tab 13-1mg</b>	Excluded	No Change		No Change	No Change	05/16/22
<b>Norgesic® Tab</b>	NPD	No Change	Generic skeletal muscle relaxants (e.g., carisoprodol, tizanidine, cyclobenzaprine, chlorzoxazone 500mg, etc)	No Change	No Change	05/23/22
<b>Roxybond™ Tab 15mg, 30mg</b>	NPD + 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
<b>Javygtor™ Pak 100mg</b>	NPD/SP*	No Change		No Change	No Change	08/22/22
<b>Ozempic® Inj 8mg/3ml</b>	PB	No Change (New Drug)		No Change	No Change	04/04/22

\*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Tlando™ Cap 112.5mg</b>	NPD	No Change (New Drug)		No Change	No Change	04/11/22
<b>Triumeq® PD Tab</b>	PB	No Change (New Drug)		No Change	No Change	04/11/22
<b>Quviviq™ Tab 25mg, 50mg</b>	NPD + QL (1 tab per day)	No Change (New Drug)	<b>Belsomra®</b> and Two of the following: eszopiclone, zaleplon, zolpidem	No Change	No Change	04/18/22
<b>Vioice® Tab 50mg, 125mg</b>	NPD/SP* + QL (1 tab per day)	No Change (New Drug)		No Change	No Change	04/18/22
<b>Vtama® Cream 1%</b>	NPD	No Change (New Drug)	ALL of the following: (1) calcipotriene AND (2) one of the following: <b>Taclonex® ointment, Taclonex®suspension,</b> calcipotriene betamethasone ointment, calcipotriene- betamethaone suspension, <b>Enstilar® AND (3) Wyzora®</b>	No Change	No Change	05/02/22
<b>Epsolay® Cream 5%</b>	NPD	No Change (New Drug)	<b>Soolantra®</b>	No Change	No Change	05/16/22
<b>Lyvispah™ Gra 5mg, 10mg, 20mg</b>	NPD	No Change (New Drug)	Generic baclofen tablet	No Change	No Change	05/23/22
<b>Radicava Ors® Sus 105/5ml</b>	NPD/SP*	No Change (New Drug)		No Change	No Change	05/23/22
<b>Metformin Tab 625mg</b>	NPD	No Change (New Drug)	ONE of the following: metformin IR 500mg, 850mg, 1000mg	No Change	No Change	05/23/22
<b>Roxybond™ Tab 5mg</b>	NPD + 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
<b>Voquezna™ Pak Dual Pak</b>	NPD	No Change (New Drug)		No Change	No Change	05/30/22

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(continued)

Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Voquezna™ Pak Triple Pak	NPD	No Change (New Drug)		No Change	No Change	05/30/22
Nucala® Inj 40mg/0.4ml	PB/SP*	No Change (New Drug)		No Change	No Change	06/06/22
Tyvaso® DPI POW	NPD/SP*	No Change (New Drug)		No Change	No Change	06/13/22
Olumiant® Tab 4mg	NPD/SP*	No Change (New Drug)		No Change	No Change	06/20/22
Ztalmy® Sus 50mg/ml	NPD/SP*	No Change (New Drug)		No Change	No Change	06/20/22
Adbry™ Solution Prefilled Syringe 150mg/ml	NPD/SP*	PB/SP*		Brand Downtier	No Change	01/01/23
Cibinqo™ Tab 50mg, 100mg, 200mg	NPD/SP*	PB/SP*		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*	PB/SP*		Brand Downtier	No Change	01/01/23
Enbrel® Solution 25mg/0.5ml	NPD/SP*	PB/SP*		Brand Downtier	No Change	01/01/23
Enbrel® Solution Prefilled Syringe 25mg/0.5ml, 50mg/ml	NPD/SP*	PB/SP*		Brand Downtier	No Change	01/01/23
Enbrel® Sureclick® Solution Auto-Injector 50mg/ml	NPD/SP*	PB/SP*		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+ QL (1 tab per day)	PB + QL (1 tab per day)		Brand Downtier	No Change	01/01/23
Ibrance® Caps/Tab 75mg, 100mg, 125mg	NPD/SP*	PB/SP*		Brand Downtier	No Change	01/01/23
Verzenio® Tab 50mg, 100mg, 150mg, 200mg	NPD/SP*	PB/SP*		Brand Downtier	No Change	01/01/23

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(continued)

Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Dexcom G6 Receiver Device</b>	NPD + QL (2 receivers per 365 days)	PB + QL (2 receivers per 365 days)		Brand Downtier	No Change	01/01/23
<b>Dexcom G6 Sensor</b>	NPD + QL (4 sensors per 28 days)	PB + QL (4 sensors per 28 days)		Brand Downtier	No Change	01/01/23
<b>Dexcom G6 Transmitter</b>	NPD + QL (4 transmitters per 365 days)	PB + QL (4 transmitters per 365 days)		Brand Downtier	No Change	01/01/23
<b>Skyrizi® Inj 150mg/ml</b>	NPD/SP*	PB/SP*		Brand Downtier	No Change	01/01/23
<b>Humulin® R U-500 (Concentrated) Solution 500unit/ml</b>	NPD + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier		01/01/23
<b>Humulin® R U-500 Kwikpen® Solution Pen-Injector 500unit/ml</b>	NPD + QL (2ml per day)	PB + QL (2ml per day)		Brand Downtier		01/01/23
<b>Contour Next Test Strip In Vitro</b>	NPD + QL (200 strips per 30 days)	PB + QL (200 strips per 30 days)		Brand Downtier		01/01/23
<b>Contour Test Strip In Vitro</b>	NPD + QL (200 strips per 30 days)	PB + QL (200 strips per 30 days)		Brand Downtier		01/01/23
<b>Mounjaro™ Inj</b>	NPD	PB		Brand Downtier		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

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(continued)

Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
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
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
lorTAB 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 + QL (30ml per day)	LCG + QL (30ml per day)		Generic Downtier	No Change	01/01/23
methadone HCL solution 5mg/5ml	G + QL (60ml per day)	LCG + QL (60ml per day)		Generic Downtier	No Change	01/01/23
methocarbamol tab 500mg, 750mg	G	LCG		Generic Downtier	No Change	01/01/23

\*= for Specialty plans

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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
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
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	LCG		Generic Downtier	No Change	01/01/23
phentermine HCL tab 37.5mg	G	LCG		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

\*= for Specialty plans

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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
Zimhi™ Solution Prefilled Syringe 5mg/0.5ml Injection	NPD + QL (6 units per 30 days)	NPD + QL (6 units per 30 days)		No Change		01/01/23
Latuda® Tab 20mg, 40mg, 60mg, 80mg, 120mg	NPD	NPD		No Change		01/01/23
Rexulti® Tab 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	NPD	NPD		No Change		01/01/23
Vraylar® Cap 1.5mg, 3mg, 4.5mg, 6mg	NPD	NPD		No Change		01/01/23
Vraylar® Cap Therapy Pack 1.5 & 3mg	NPD	NPD		No Change		01/01/23
Contour Blood Glucose System Kit w/Device	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change		01/01/23
Contour Monitor Device	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change		01/01/23
Contour Next EZ Kit w/Device	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change		01/01/23
Contour Next Link Kit w/Device	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change		01/01/23
Contour Next Monitor Kit w/Device	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change		01/01/23
Contour Next One Kit	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)		No Change		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*	NPD/SP*		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	Spiriva®	Brand Uptier		01/01/23

\*= for Specialty plans

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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
<b>Freestyle Libre 14 Day Reader Device</b>	PB + QL (2 readers per 365 days)	NPD + QL (2 readers per 365 days)		Brand Uptier		01/01/23
<b>Freestyle Libre 14 Day Sensor</b>	PB + QL (2 sensors per 28 days)	NPD + QL (2 sensors per 28 days)		Brand Uptier		01/01/23
<b>Freestyle Libre 2 Reader Device</b>	PB + QL (2 readers per 365 days)	NPD + QL (2 readers per 365 days)		Brand Uptier		01/01/23
<b>Freestyle Libre 2 Sensor</b>	PB + QL (2 sensors per 28 days)	NPD + QL (2 sensors per 28 days)		Brand Uptier		01/01/23
<b>Freestyle Libre Reader Device</b>	PB + QL (2 readers per 365 days)	NPD + QL (2 readers per 365 days)		Brand Uptier		01/01/23
<b>Freestyle Libre Kit 3 Sensor</b>	PB + QL (2 sensors per 28 days)	NPD + QL (2 sensors per 28 days)		Brand Uptier		01/01/23
<b>Onetouch® Ultra 2 Kit w/Device</b>	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)	<b>Contour®</b>	No Change		01/01/23
<b>Onetouch® Ultra Mini Kit w/Device</b>	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)	<b>Contour®</b>	No Change		01/01/23
<b>Onetouch® Verio Flex System Kit w/Device</b>	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)	<b>Contour®</b>	No Change		01/01/23
<b>Onetouch® Verio IQ System Kit w/Device</b>	PB + QL (2 units per 365 days)	PB+ QL (2 units per 365 days)	<b>Contour®</b>	No Change		01/01/23
<b>Onetouch® Verio Kit w/Device</b>	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)	<b>Contour®</b>	No Change		01/01/23
<b>Onetouch® Verio Reflect Kit w/Device</b>	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)	<b>Contour®</b>	No Change		01/01/23
<b>Onetouch® Sol Kit Starter</b>	PB + QL (2 units per 365 days)	PB + QL (2 units per 365 days)	<b>Contour®</b>	No Change		01/01/23

\*= for Specialty plans

(continued)

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

\*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Paxil® CR Tab Extended Release 24 Hour</b>	NPD	NPD	Generic antidepressants	No Change		01/01/23
<b>Paxil® Suspension 10mg/5ml Oral</b>	NPD	NPD	Generic antidepressants	No Change		01/01/23
<b>Paxil® Tab</b>	NPD	NPD	Generic antidepressants	No Change		01/01/23
<b>Spritam® Tab Disintegrating Soluble</b>	NPD	NPD	Generic levetiracetam	No Change		01/01/23
<b>Wellbutrin® SR Tab Extended Release 12 Hour</b>	NPD	NPD	Generic antidepressants	No Change		01/01/23
<b>Pexeva® Tab</b>	NPD	NPD	Generic antidepressants	No Change		01/01/23
<b>Symbyax™ Cap</b>	NPD	NPD	Generic equivalent of requested brand	No Change		01/01/23
<b>Arimidex® Tab 1mg</b>	NPD	NPD	Generic anastrozole	No Change		01/01/23
<b>Mestinon® Tab 60mg</b>	NPD	NPD	Generic pyridostigmine	No Change		01/01/23
<b>Mestinon® Solution 60mg/5ml</b>	NPD	NPD	Generic pyridostigmine	No Change	AL Addition	01/01/23
<b>Mestinon® ER Tab 180mg</b>	NPD	NPD	Generic pyridostigmine	No Change		01/01/23
<b>EpiPen® 2-Pak Solution Auto-Injector 0.3mg/0.3ml</b>	NPD + QL (6 units per 180 days)	NPD + QL (6 units per 180 days)		No Change		01/01/23
<b>EpiPen® Jr 2-Pak Solution Auto-Injector 0.15mg/0.3ml</b>	NPD + QL (6 units per 180 days)	NPD + QL (6 units per 180 days)		No Change		01/01/23
<b>Dhivy™ Tab 100-25mg</b>	NPD	NPD	carbidopa-levodopa IR and carbidopa-levadopa ODT	No Change		01/01/23
<b>Crinone® Gel 8% Vaginal</b>	NPD	NPD	<b>Endometrin®</b>	No Change		01/01/23
<b>Menopur® Solution Reconstituted 75 Unit</b>	NPD/SP* + QL (2 units per day)	NPD/SP* + QL (6 units per day)	<b>Follistim® AQ</b>	No Change	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

\*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 01/01/23 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Camzyos™ Cap</b> 2.5mg, 5mg, 10mg, 15mg	NPD/SP*	NPD/SP* + 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
<b>Tarpeyo™ Cap</b> 4mg	NPD	NPD + QL (4 caps per day)		No Change	QL Addition	01/01/23
<b>Vijoice® Tab</b> 250mg	NPD/SP* + QL (1 tab per day)	NPD/SP* + QL (2 tabs per day)		No Change	QL Update	01/01/23
<b>Verkazia® Emu</b> 0.1%	NPD	NPD + QL (4 vials per day)		No Change	QL Addition	01/01/23
<b>Dartlisa ODT™ Tab</b> 1.7mg	NPD	NPD + QL (4 caps per day)		No Change	QL Addition	01/01/23
<b>Wakix® Tab</b> 4.45mg	NPD/SP* + QL (3 tabs per day)	NPD/SP* + QL (2 tabs per day)		No Change	QL Update	01/01/23
<b>Valcyte® Solution Reconstituted</b> 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
<b>Recorlev® Tab</b> 150mg	NPD/SP*	NPD/SP* + QL (8 tabs per day)		No Change	QL Addition	01/01/23
<b>Valsartan Sol</b> 20mg/5ml	NPD	NPD + AL (Max Age 12)	Generic angiotensin receptor blockers or combination (e.g., losartan, olmesartan, valsartan tablet, etc)	No Change	AL Addition	01/01/23
<b>Norliqva® Sol</b> 1mg/ml	NPD	NPD + AL (Max Age 12)	Generic calcium channel blockers (e.g., amlodipine, diltiazem, nifedipine, verapamil, etc)	No Change	AL Addition	01/01/23
<b>Adlarity® Dis</b> 5mg/day, 10mg/day	NPD	NPD + AL (Min Age 50)	Generic donepezil tablet	No Change	AL Addition	01/01/23
<b>Qualaquin® cap</b> 324mg	NPD	NPD + QL (60 caps per 10 days)		No Change	QL Addition	01/01/23
quinine cap 324mg	G	G + QL (60 caps per 10 days)		No Change	QL Addition	01/01/23

\*= for Specialty plans

**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>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.

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