

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Value Formulary
October 1, 2020 Updates



| Drug Name | Current (tier and edit) | As of 10/01/20 (tier and edit) | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|--|--|-----------------------------------|---------------------------|------------------|-------------|-------------------|
| tiadylt cap (Brand: Tiazac®) | G/LCG | No Change (New Generic) | | Generic Addition | No Change | 02/03/20 |
| oxycodone-apap tab 2.5-300mg (Brand: Nalocet®) | G + QL + D/S + MME (12 tabs per day, two 5-day supply in 60 days) | No Change (New Generic) | | Generic Addition | No Change | 02/10/20 |
| moxifloxacin sol 0.5% (Brand: Moxexa™) | G | No Change (New Generic) | | Generic Addition | No Change | 02/24/20 |
| albuterol aer HFA (Brand: ProAir® HFA) | G + QL (2 per 30 days) | No Change (New Generic) | | Generic Addition | No Change | 03/02/20 |
| naproxen-esomeprazole tab 375-20mg, 500-20mg (Brand: Vimovo®) | G + PA | No Change (New Generic) | | No Change | No Change | 07/09/20 |
| azelastine/fluticasone spray 137-50 (Brand: Dymista®) | G + PA | No Change (New Generic) | | Generic Addition | No Change | 03/09/20 |
| everolimus tab 0.25mg, 0.5mg, 0.75mg (Brand: Zortress®) | G | No Change (New Generic) | | Generic Addition | No Change | 03/16/20 |
| pyrimethamin tab 25mg (Brand: Daraprim®) | G/SP* | No Change (New Generic) | | Generic Addition | No Change | 03/23/20 |
| diazoxide suspension 50mg/ml (Brand: Proglycem®) | G | No Change (New Generic) | | Generic Addition | No Change | 03/30/20 |
| buprenorphin dis 7.5/hr (Brand: Butrans®) | G + PA + QL (4 per 28 days) | No Change (New Generic) | | Generic Addition | No Change | 04/27/20 |

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|--|--|--|---------------------------|--------------------------------|-------------|-------------------|
| albuterol aer HFA (Brand: Proventil® HFA) | G + QL (2 per 30 days) | No Change (New Generic) | | Generic Addition | No Change | 04/27/20 |
| ketorolac sol tromethamine (Brand: Sprix®) | NF + QL (5 per 23 days) | No Change (New Authorized Generic) | | Authorized Generic Addition | No Change | 02/10/20 |
| minocycline cap ER 45mg, 90mg, 135mg (Brand: Ximino®) | NF | No Change (New Authorized Generic) | | Authorized Generic Addition | No Change | 03/23/20 |
| insulin lisp inj junior (Brand: Humalog® JR) | NPD + PA + QL (2ml per day) | No Change (New Authorized Generic) | Novolin®, Novolog® | Authorized Generic Addition | No Change | 04/06/20 |
| insulin lisp inj protamin (Brand: Humalog® Mix KWP) | NPD + PA + QL (2ml per day) | No Change (New Authorized Generic) | Novolin®, Novolog® | Authorized Generic Addition | No Change | 04/06/20 |
| Asmanex® HFA AER 50mcg | NF | No Change (New Drug) | | No Change | No Change | 02/03/20 |
| Dulera® AER 50-5mcg | NF | No Change (New Drug) | | No Change | No Change | 02/03/20 |
| Tazverik™ 200mg tab | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 02/03/20 |
| Palforzia™ cap | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 02/17/20 |
| Palforzia™ powder | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 02/17/20 |
| Prenatvite® tab Complete | NF | No Change (New Drug) | | No Change | No Change | 02/24/20 |
| Procysbi® granules 300mg, 75mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 02/24/20 |
| Prolate™ tab 10-300mg, 7.5-300mg | NF + QL + D/S + MME (6 per day, two 5-day supply in 60 days) | No Change (New Drug) | | No Change | No Change | 03/02/20 |

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|---|---|-----------------------------------|---------------------------|-------------|-------------|-------------------|
| Prolate™ tab 5-300mg | NF + QL + D/S + MME (12 per day, two 5-day supply in 60 days) | No Change (New Drug) | | No Change | No Change | 03/02/20 |
| Ibrance® tab 75mg, 100mg, 125mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 03/09/20 |
| Trijardy® XR tab | PB | No Change (New Drug) | | No Change | No Change | 03/16/20 |
| Ajovy® injection 225mg/1.5ml | PB + PA | No Change (New Drug) | | No Change | No Change | 03/30/20 |
| Arazlo™ lotion 0.045% | NF | No Change (New Drug) | | No Change | No Change | 03/30/20 |
| Xcopri® pak/tab | NF | No Change (New Drug) | | No Change | No Change | 03/30/20 |
| Teriparatide® injection | NPD/SP* + PA + D/S (720 day supply per lifetime) | No Change (New Drug) | | No Change | No Change | 03/30/20 |
| Dexabliss® tab 1.5mg | NF | No Change (New Drug) | | No Change | No Change | 03/30/20 |
| Promacta® pak 25mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 04/06/20 |
| Isturisa® tab 1mg, 5mg, 10mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 04/20/20 |
| Koselugo™ cap 10mg, 25mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 04/20/20 |
| Dayvigo™ tab 5mg, 10mg | NF + QL (1 per day) | No Change (New Drug) | | No Change | No Change | 04/27/20 |
| Pemazyre™ tab 4.5mg, 9mg, 13.5mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 04/27/20 |
| Tukysa™ tab 50mg, 150mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 04/27/20 |
| Gvoke™ hypo injection | PB | No Change (New Drug) | | No Change | No Change | 04/27/20 |

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|---------------------------------|------------------------------------|---|-----------------------------------|--------------------|--------------------|---------------------------|
| Nurtec™ CHW 75mg ODT | NF + QL (8 per 30 days) | NF + QL (15 per 30 days) | | No Change | QL Update | 10/01/20 |
| Nexletol™ tab 180mg | NF | NPD + PA | | Brand Addition | No Change | 10/01/20 |
| Hysingla® ER tab | NF + QL + MME (1 per day) | NPD + PA + QL + MME (1 per day) | | Brand Addition | No Change | 10/01/20 |
| Nexlizet™ tab 180/10mg | NF | NPD + PA | | Brand Addition | No Chage | 10/01/20 |

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Abbreviation Key

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|---|--|
| 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. |
| NF | Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request. |
| 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. |