



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
bromfenac dro 0.07% op (Brand: Prolensa®)	G	No Change (New Generic)		No Change	No Change	01/15/24
Indomethacin sus 25mg/5ml (Brand: Indocin®)	G + AL (Max Age 12)	No Change (New Generic)		No Change	No Change	01/22/24
mifepristone tab 300mg (Brand: Korlym®)	G/SP* + PA	No Change (New Generic)		No Change	No Change	01/29/24
gabapentin tab 300mg, 600mg (Brand: Gralise®)	G + PA	No Change (New Generic)		No Change	No Change	01/29/24
bromfenac dro 0.075% (Brand: Bromsite®)	G	No Change (New Generic)		No Change	No Change	02/12/24
dabigatran cap 110mg (Brand: Pradaxa®)	G	No Change (New Generic)		No Change	No Change	02/12/24
deflazacort tab 6mg, 18mg, 30mg, 36mg (Brand: Emflaza®)	G/SP* + PA	No Change (New Generic)		No Change	No Change	02/19/24
loteprednol sus 0.2% (Brand: Alrex®)	G	No Change (New Generic)		No Change	No Change	02/19/24
tiopronin tab 100mg, 300mg dr (Brand Thiola EC®)	G/SP*	No Change (New Generic)		No Change	No Change	03/04/24
nitroglyceri oin 0.4% (Brand: Rectiv®)	G	No Change (New Generic)		No Change	No Change	03/04/24
qnapril/hctz tab 10-12.5 (Brand: Accuretic™)	G	No Change (New Generic)		No Change	No Change	03/18/24

*= 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.

(10/24 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Insulin Glar Inj 300/ml	NPD + PA + QL (2 ml per day)	No Change (New Drug)		No Change	No Change	01/08/24
Sovuna™ Tab 200mg, 300mg	NPD + PA	No Change (New Drug)	Generic hydroxychloroquine tablets	No Change	No Change	03/11/24
Ormalvi™ Tab 50mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/15/24
Zenpep® Cap 60000 Unit	PB	No Change (New Drug)		No Change	No Change	01/01/24
Bosulif® Cap 50mg, 100mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/08/24
Hemlibra® Inj 300/2ml, 12/0.04ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/15/24
Tetracycline Tab 250mg, 500mg	NPD + PA	No Change (New Drug)	Generic tetracycline capsules	No Change	No Change	02/05/24
Xolair® Inj 75mg/0.5ml, 150mg/0.5ml, 300mg/2ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	02/19/24
Yuflyma® Kit 20/0.2ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/11/24
Rezdiffra™ Tab 60mg, 80mg, 100mg	NPD/SP* + PA + QL (1 tab per day)	No Change (New Drug)		No Change	No Change	03/25/24
Wainua™ Inj 45/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/01/24
Agamree® Sus 40mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/08/24
Zilbrysq® Inj 16.6mg, 23mg, 32.4mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/08/24
Rivfloza® Inj 80/0.5ml, 128/0.8ml, 160/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/29/24

*= 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.

(10/24 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Alvaiz™ Tab 9mg, 18mg, 36mg, 54mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/19/24
Eohilia™ Sus 2mg/10ml	NPD + PA	No Change (New Drug)		No Change	No Change	02/19/24
Zymfentra™ Inj 120mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/04/24
Filsuvez® Gel 10%	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/26/24
Aveed® Solution 750mg/3ml Intramuscular	Excluded	NPD + PA		Brand Addition	No Change	10/01/24
Depo®-Testosterone Solution 100mg/ml, 200mg/ml Intramuscular	Excluded	NPD		Brand Addition	No Change	10/01/24
Testosterone Cypionate Solution 100mg/ml, 200mg/ml Intramuscular	Excluded	G		Generic Addition	No Change	10/01/24
Testosterone Cypionate Solution 200mg/ml Injection	Excluded	NPD		Brand Addition	No Change	10/01/24
Testosterone enanthate Inj 200mg/ml	Excluded	G		Generic Addition	No Change	10/01/24
Delestrogen Oil 10mg/ml, 20mg/ml, 40mg/ml Intramuscular	Excluded	NPD		Brand Addition	No Change	10/01/24
Depo-Estradiol Oil 5mg/ml Intramuscular	Excluded	NPD + PA	generic estrogen injection in oil formulation	Brand Addition	PA Addition	10/01/24
Estradiol Valerate Oil 20mg/ml, 40mg/ml Intramuscular	Excluded	G		Generic Addition	No Change	10/01/24
testosterone gel 1.62% transdermal	G + PA	G		No Change	PA Removal	10/01/24

*= 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.

(10/24 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
testosterone gel 10mg/act (2%) transdermal	G + PA	G		No Change	PA Removal	10/01/24
testosterone gel 12.5mg/act (1%) transdermal	G + PA	G		No Change	PA Removal	10/01/24
testosterone gel 20.25mg/1.25gm (1.62%) transdermal	G + PA	G		No Change	PA Removal	10/01/24
testosterone gel 25mg/2.5gm (1%) transdermal	G + PA	G		No Change	PA Removal	10/01/24
testosterone gel 40.5mg/2.5gm (1.62%) transdermal	G + PA	G		No Change	PA Removal	10/01/24
testosterone gel 50mg/5gm (1%) transdermal	G + PA	G		No Change	PA Removal	10/01/24
testosterone solution 30mg/act transdermal	G + PA	G		No Change	PA Removal	10/01/24
Bronchitol® Inhalation Cap 40mg	NPD + PA	NPD/SP* + PA		Specialty Addition	No Change	07/01/24
Jesduvroq Tabs	NPD + PA	NPD/SP* + PA		Specialty Addition	No Change	07/01/24

*= 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.

(10/24 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.