AmeriHealth

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
baclofen sus 25mg/5ml **(Brand: Fleqsuvy®)**	G + PA + QL (16ml per day)	No Change (New Generic)		No Change	No Change	07/03/23
vancomycin sol 25mg/ml **(Brand: Firvanq®)**	G + AL (Max Age 12)	No Change (New Generic)		No Change	No Change	07/31/23
indomethacin sup 50mg **(Brand: Indocin®)**	G	No Change (New Generic)		No Change	No Change	08/07/23
saxagliptin tab 2.5mg, 5mg **(Brand: Onglyza™)**	G	No Change (New Generic)		No Change	No Change	08/07/23
saxa/metfor tab 2.5-1000mg, 5-1000mg, 5-500mg **(Brand: Kombiglyze™ XR)**	G	No Change (New Generic)		No Change	No Change	08/14/23
tiotrop brom cap 18mcg **(Brand: Spiriva® HandiHaler®)**	NPD + PA	No Change (New Generic)	**Spiriva®**	No Change	No Change	08/21/23
joyeaux tab 0.1-20 **(Brand: Balcoltra®)**	G	No Change (New Generic)		No Change	No Change	08/28/23
lisdexamfetamine chw **(Brand: Vyvanse® Chew)**	G + QL (1 tab per day)	No Change (New Generic)		No Change	No Change	09/04/23
lisdexamfetamine cap **(Brand: Vyvanse® Cap)**	G + QL (1 cap per day)	No Change (New Generic)		No Change	No Change	09/04/23
tretinoin gel 0.08% **(Brand: Retin-A Micro® Gel)**	G + AL (Max Age 25)	No Change (New Generic)		No Change	No Change	09/04/23
brimonidine sol 0.1% **(Brand: Alphagan® P)**	G	No Change (New Generic)		No Change	No Change	09/11/23

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(continued)

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
bexagliflozn tab 20mg **(Brand: Brenzavvy®)**	NPD + PA	No Change (New Authorized Generic)		No Change	No Change	11/06/23
Talzenna® Cap 0.1MG, 0.35MG	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/03/23
Yuflyma® 2syr Kit 40/0.4ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/07/23
Suflave™ Sol	NPD + PA + QL (4 per 365 days)	No Change (New Drug)	**Suprep®** or **Clenpiq®**	No Change	No Change	07/10/23
Austedo® XR Tab Titr Kit	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/17/23
Brenzavvy™ Tab 20mg	NPD + PA	No Change (New Drug)	One of the following: **Jardiance®, Synjardy® [XR], Glyxambi®** or **Trijardy® XR** AND One of the following: **Farxiga®** or **Xigduo® XR**	No Change	No Change	07/24/23
Vanflyta® Tab 17.7mg, 26.5mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/31/23
Cosentyx® Inj 300/2ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/07/23
Ngenla™ Inj 24/1.2ml, 60/1.2ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/07/23
Opvee® Spray 2.7/0.1	NPD + QL (6 units per 30 days)	No Change (New Drug)		No Change	No Change	08/21/23
Airsupra™ AER 90-80mcg	NPD + PA	No Change (New Drug)	Both of the following: one inhaled corticosteroid (ICS) with albuterol AND minimum 30-day supply of brand **Symbicort®**	No Change	No Change	08/28/23

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(continued)

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nitrofurantoin susp 50mg/5ml	G + AL (Max Age 12)	No Change (New Drug)		No Change	No Change	09/04/23
Breo™ Ellipta® Inh 50-25mcg	PB	No Change (New Drug)		No Change	No Change	09/04/23
Ojjaara™	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/25/23
Abrilada™ Inj 20/0.4ml, 40/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/30/23
Lodoco®	NPD + PA	No Change (New Drug)		No Change	No Change	09/11/23
Zepbound™ Inj	NPD + PA	No Change (New Drug)		No Change	No Change	11/06/23
Breyna™ Aer 80/4.5, 160/4.5	NPD + PA	No Change	TWO of the following: **Breo™ Ellipta®, Symbicort®** or **Advair® HFA**	No Change	No Change	07/31/23
vancomycin sol 50mg/ml	G + AL (Max Age 12)	No Change		No Change	No Change	08/14/23
Iyuzeh™ Dro 0.005%	NPD + PA	No Change	ONE of the following generics: latanoprost, bimatoprost, travoprost AND **Lumigan®**	No Change	No Change	08/21/23
Jesduvroq®	NPD + PA	No Change		No Change	No Change	09/18/23
Sohonos™	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/04/23
Akeega™	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/18/23
Adalimumab® Kit 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

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(continued)

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Adalimumab® Kit 10/0.2ml, 20/0.4ml, 40/0.8ml	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
Xdemvy® Dro 0.25%	NPD + PA	NPD		No Change	PA Removal	04/01/24
Zurzuvae™ Cap 20mg, 25mg	NPD	NPD + QL (2 caps per day; D/S 14 days per 365 days)		No Change	QL Addition	04/01/24
Zurzuvae™ Cap 30mg	NPD	NPD + QL (1 cap per day; D/S 14 days per 365 days)		No Change	QL Addition	04/01/24
Flovent® HFA Aerosol 44mcg/ACT, 110mcg/ACT, 220mcg/ACT Inhalation	PB	NPD + PA* (Bypass PA for members 5 years of age and under)	Both of the following: **Arnuity® Ellipta®** and **Pulmicort Flexhaler™**	Brand Uptier	PA Addition	01/01/24
Fluticasone propionate HFA aerosol 44mcg/ACT, 110mcg/ACT, 220mcg/ACT Inhalation	NPD + PA	NPD + PA* (Bypass PA for members 5 years of age and under)	Both of the following: **Arnuity® Ellipta®** and **Pulmicort Flexhaler™**	No Change	No Change	01/01/24

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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.