

**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
**Value Formulary**

<b>Drug Name</b>	<b>Current (tier and edit)</b>	<b>New Tier and Edit</b>	<b>Formulary Alternatives</b>	<b>Tier Change</b>	<b>Edit Change</b>	<b>Effective Date</b>
<b>Aczone® Gel</b> 5%, 7.5%	NF + AL (Min Age 12)	NF	Three of the following generics: adapalene cream/gel, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/tretinoin, erythromycin/benzoyl peroxide, tretinoin cream/gel	No Change	AL Removal	04/01/25
<b>Adbry® Inj</b> 300/2ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/24
allopurinol tab 200mg	NF	No Change (New Generic)	Generic allopurinol	No Change	No Change	09/16/24
<b>Austedo® XR Tab</b> 18mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/15/24
<b>Austedo® XR Tab</b> Titr Kit	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/15/24
<b>Clobetasol Sus</b> 0.05%	NF	No Change (New Drug)	One generic ophthalmic steroid suspension (e.g., prednisolone ophthalmic suspension, fluorometholone ophthalmic suspension, dexamethasone ophthalmic suspension)	No Change	No Change	07/15/24
<b>Crexont® Cap</b>	NF	No Change (New Drug)	Generic carbidopa/levodopa	No Change	No Change	08/19/24

\*= for Specialty plans

\*\* = May be available as generic for certain plans

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*(continued)*

(4/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
dabigatran cap (Brand: Pradaxa®)	G	No Change (New Generic)		No Change	No Change	09/16/24
<b>Dapsone® Gel 5%, 7.5%</b>	NF + AL (Min Age 12)	NF	Three of the following generics: adapalene cream/gel, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/tretinoin, erythromycin/benzoyl peroxide, tretinoin cream/gel	No Change	AL Removal	04/01/25
dasatinib tab (Brand: Sprycel®)	G/SP* + PA	No Change (New Generic)		No Change	No Change	09/09/24
<b>Ebglyss™ Inj 250/2ml Auto-Injector</b>	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/25
<b>Ebglyss™ Inj 250/2ml Prefilled Syringe</b>	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/25
<b>Femlyv™ Tab 1/0.02mg</b>	NF	No Change (New Drug)		No Change	No Change	09/23/24
glimepiride tab 3mg	G	No Change (New Drug)		No Change	No Change	09/09/24
<b>Imbruvica® Tab 140mg, 280mg</b>	NF/SP* + QL (1 tab per day)	NPD/SP* + PA + QL (1 tab per day)		Brand Addition	No Change	04/01/25
ivabradine tab 5mg, 7.5mg (Brand: Corlanor®)	G + PA	No Change (New Generic)		No Change	No Change	07/15/24
<b>Lazcluze® Tab 80mg, 240mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/02/24
l-glutamine pow 5gm (Brand: Endari®)	G + PA	No Change (New Generic)		No Change	No Change	07/22/24
<b>Livdelzi® Cap 10mg</b>	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/25

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(continued)

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<b>Livmarli® Sol 19mg/ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/05/24
lofexidine tab 0.18mg <b>(Brand: Lucemyra®)</b>	G + QL + PA (16 tabs per day)	No Change (New Generic)	Generic clonidine	No Change	No Change	09/02/24
<b>Miplyffa™ Cap</b>	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/25
<b>Nemludio® Inj 30mg</b>	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/25
<b>Ohtuvayre™ Sus 3/2.5ml</b>	NF + QL (5ml per day)	No Change (New Drug)		No Change	No Change	07/08/24
<b>OmvoH® Solution Auto-Injector 100mg/ml</b>	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
<b>OmvoH® Solution Prefilled Syringe 100mg/ml</b>	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
ondansetron tab 16mg ODT	G	No Change (New Drug)		No Change	No Change	07/08/24
<b>Onyda™ XR Sus 0.1mg/ml</b>	NF + QL (4ml per day)	No Change (New Drug)	ONE of the following: generic atomoxetine, generic guanfacine ER, generic clonidine ER	No Change	No Change	09/09/24
<b>Otezla® 20mg Tab</b>	PB/SP* + PA	No Change (New Drug)		No Change	No Change	08/05/24
<b>Otezla® Tab Starter Therapy Pack 4 X 10mg &amp; 51 X 20mg</b>	PB/SP* + PA	No Change (New Drug)		No Change	No Change	08/05/24
oxcarbazepin tab ER <b>(Brand: Oxtellar XR®)</b>	G + PA	No Change (New Generic)	Generic oxcarbazepine tablet	No Change	No Change	09/09/24
pot chloride tab 15meq ER	G	No Change (New Drug)		No Change	No Change	09/16/24
<b>Retevmo® Tab 40mg, 80mg, 120mg, 160mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/12/24

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(continued)

(4/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Scemblix® Tab 100mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/24
Sofdra™ Gel 12.45%	NF	No Change (New Drug)		No Change	No Change	07/08/24
Sotyktu® Tab 6mg	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
Taltz® Inj 20/0.25ml, 40/0.5ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
Taltz® Solution Auto-Injector 80mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
Taltz® Solution Prefilled Syringe 80mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
Tanlor® Tab 1000mg	Excluded	No Change (New Drug)		No Change	No Change	08/05/24
tazarotene cre 0.05% (Brand: Tazorac® Cream)	G + AL (Max Age 25)	No Change (New Generic)		No Change	No Change	09/16/24
Tremfya® Inj 200/2ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	09/23/24
Tryvio™ Tab 12.5mg	NF	NPD + PA		Brand Addition	No Change	04/01/25
Tyenne® Inj 162mg	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/25
Vafseo® Tab 150mg, 300mg	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/25
Veltassa® Pow 1gm	NPD	No Change (New Drug)		No Change	No Change	09/16/24
Vigafyde™ Sol 100mg/ml	NF/SP*	No Change (New Drug)		No Change	No Change	08/12/24
Voranigo® Tab 10mg, 40mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/19/24
Yorvipath® Inj	NF/SP*	NPD/SP* + PA		Brand Addition	No Change	04/01/25

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(continued)

(4/25 version)

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<b>Zepbound® Inj 2.5mg, 5/0.5ml</b>	NPD + PA + QL (0.08ml per day)	No Change (New Drug)		No Change	No Change	08/12/24
<b>Zoryve® Cream 0.15%</b>	NPD + PA	No Change (New Drug)	ALL of the following: generic topical steroid (e.g., triamcinolone, clobetasol, halobetasol, etc.), generic tacrolimus ointment/ pimecrolimus cream, <b>Eucrisa®</b> (crisaborole) ointment	No Change	No Change	07/15/24

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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>NF</b>	Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request.
<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.