

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
mirabegron tab 25mg, 50mg ER (Brand: Myrbetriq®)	G	No Change (New Generic)		No Change	No Change	04/29/24
estradiol gel 0.06% (Brand: Estrogel®)	G	No Change (New Generic)		No Change	No Change	04/29/24
deflazacort sus 22.75mg (Brand: Emflaza®)	G/SP* + PA	No Change (New Generic)		No Change	No Change	06/03/24
hydrocortison lot 2% (Brand: Ala-Scalp®)	G	No Change (New Generic)		No Change	No Change	06/17/24
sitagliptin tab 25mg, 50mg, 100mg (Brand: Zituvio™)	NPD + PA	No Change (New Authorized Generic)	Two of the following: Januvia® or Janumet® AND Tradjenta® or Jentadueto®	No Change	No Change	04/08/24
carbinoxamin sus 4mg/5ml (Brand: Karbinal™ ER)	NPD	No Change (New Authorized Generic)		No Change	No Change	06/17/24
Tridacaine™ Pad 5%	NPD + PA + QL (3 pads per day)	No Change	generic lidocaine patch	No Change	No Change	04/01/24
Tridacaine™ II Pad 5%	NPD + PA + QL (3 pads per day)	No Change	generic lidocaine patch	No Change	No Change	06/10/24
Simlandi® 1PN Kit 40/0.4ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/01/24
Simlandi® 2PN Inj 40/0.4ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/01/24

*= 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.

(1/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Opsynvi® Tab 10-20mg, 10-40mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/08/24
baclofen tab 15mg	G	No Change (New Drug)		No Change	No Change	04/08/24
Spevigo® Inj 150/1ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/08/24
Voydeya™ Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/08/24
Ogsiveo™ Tab 100mg, 150mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/22/24
Xcopri® Tab 25mg	NPD + PA	No Change (New Drug)		No Change	No Change	04/29/24
Libervant™ Mis	NPD + PA + QL (10 Films per 30 days)	No Change (New Drug)		No Change	No Change	05/06/24
Ojemda™ Sus 25mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/06/24
Ojemda™ Tab 100mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/06/24
Ingrezza® Cap 40mg, 60mg, 80mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/13/24
Rextovy™ Spray 4/0.25ml	NPD + QL (6 per 30 days)	No Change (New Drug)		No Change	No Change	05/13/24
Fasenra® Inj 10mg/0.5	PB/SP* + PA	No Change (New Drug)		No Change	No Change	05/20/24
OmvoH™ Inj 100mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/20/24
Kionex® Sus 15gm/60	NPD	No Change (New Drug)		No Change	No Change	05/27/24

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(continued)

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Prenatol-M Tab 27-1.2mg	NPD + PA	No Change (New Drug)		No Change	No Change	06/03/24
Austedo® XR Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/10/24
Myhibbin™ Sus 200mg/ml	NPD	No Change (New Drug)		No Change	No Change	06/10/24
Rinvoq® LQ Sol 1mg/ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	06/17/24
Vioice® Gra 50mg	NPD/SP* + PA + QL (1 per day)	No Change (New Drug)		No Change	No Change	06/17/24
Duvyzat™ Sus 8.86mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/17/24
Iqirvo® Tab 80mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/17/24
Tyenne® Inj 162/0.9	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/24/24
Sitagliptin/Metformin Tab 50-1000, 50-500	NPD + PA	No Change (New Drug)		No Change	No Change	06/24/24
Entresto® Cap Sprinkle 6-6mg, 15-16mg	PB + QL (4 caps per day)	No Change (New Drug)		No Change	No Change	07/08/24
Adalimumab-Ryvck Inj 40/0.4ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/29/24
Metadate CD® Cap 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	NPD + PA + QL (1 cap per day)	No Change	Generic methylphenidate	No Change	No Change	02/26/24
amoxicillin tab 500mg, 850mg	G	LCG		Generic Downtier	No Change	01/01/25
benzotropine mesylate tab 0.5mg, 1mg, 2mg	G	LCG		Generic Downtier	No Change	01/01/25

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(continued)

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clindamycin hcl cap 75mg, 150mg, 300mg	G	LCG		Generic Downtier	No Change	01/01/25
clindamycin phosphate solution 1% external	G	LCG		Generic Downtier	No Change	01/01/25
cromolyn sodium solution 4% ophthalmic	G	LCG		Generic Downtier	No Change	01/01/25
dexamethasone tab 0.75mg, 0.5mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	G	LCG		Generic Downtier	No Change	01/01/25
donepezil hcl tab dispersible 5mg, 10mg	G + AL (Min Age 50)	LCG + AL (Min Age 50)		Generic Downtier	No Change	01/01/25
doxycycline hyclate cap 50mg, 100mg	G	LCG		Generic Downtier	No Change	01/01/25
endocet tab 10-325mg	G + QL + D/S + MME (6 tabs per day; two-5 day fills per 60 days)	LCG + QL + D/S + MME (6 tabs per day; two-5 day fills per 60 days)		Generic Downtier	No Change	01/01/25
endocet tab 2.5-325mg, 5-325mg	G + QL + D/S + MME (12 tabs per day; two-5 day fills per 60 days)	LCG + QL + D/S + MME (12 tabs per day; two-5 day fills per 60 days)		Generic Downtier	No Change	01/01/25
endocet tab 7.5-325mg	G + QL + D/S + MME (8 tabs per day; two-5 day fills per 60 days)	LCG + QL + D/S + MME (8 tabs per day; two-5 day fills per 60 days)		Generic Downtier	No Change	01/01/25

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
hydrocodone-acetaminophen tab 10-300mg, 10-325mg	G + QL + D/S + MME (6 tabs per day; two-5 day fills per 60 days)	LCG + QL + D/S + MME (6 tabs per day; two-5 day fills per 60 days)		Generic Downtier	No Change	01/01/25
hydrocodone-acetaminophen tab 5-300mg, 5-325mg, 7.5-300mg, 7.5-325mg	G + QL + D/S + MME (12 tabs per day; two-5 day fills per 60 days)	LCG + QL + D/S + MME (12 tabs per day; two-5 day fills per 60 days)		Generic Downtier	No Change	01/01/25
hyoscyamine sulfate elixir 0.125mg/5ml	G	LCG		Generic Downtier	No Change	01/01/25
hyosyne elixir 0.125mg/5ml	G	LCG		Generic Downtier	No Change	01/01/25
levetiracetam solution 100mg/ml	G	LCG		Generic Downtier	No Change	01/01/25
methadone hcl concentrate 10mg/ml	G + QL + PA (6ml per day)	LCG + QL + PA (6ml per day)		Generic Downtier	No Change	01/01/25
methadone hcl intensol concentrate 10mg/ml	G + QL + PA (6ml per day)	LCG + QL + PA (6ml per day)		Generic Downtier	No Change	01/01/25
methadone hcl solution 10mg/5ml	G + QL + PA (30ml per day)	LCG + QL + PA (30ml per day)		Generic Downtier	No Change	01/01/25
methadone hcl solution 5mg/5ml	G + QL + PA (60ml per day)	LCG + QL + PA (60ml per day)		Generic Downtier	No Change	01/01/25
nystatin ointment 100000 unit/gm external	G	LCG		Generic Downtier	No Change	01/01/25
oxycodone-acetaminophen tab 10-325mg	G + QL + D/S (6 tabs per day; two-5 day fills per 60 days)	LCG + QL + D/S (6 tabs per day; two-5 day fills per 60 days)		Generic Downtier	No Change	01/01/25

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oxycodone-acetaminophen tab 2.5-325mg, 5-325mg	G + QL + D/S (12 tabs per day; two-5 day fills per 60 days)	LCG + QL + D/S (12 tabs per day; two-5 day fills per 60 days)		Generic Downtier	No Change	01/01/25
oxycodone-acetaminophen tab 7.5-325mg	G + QL + D/S (8 tabs per day; two-5 day fills per 60 days)	LCG + QL + D/S (8 tabs per day; two-5 day fills per 60 days)		Generic Downtier	No Change	01/01/25
penicillin v potassium tab 250mg, 500mg	G	LCG		Generic Downtier	No Change	01/01/25
phenazopyridine hcl tab 100mg, 200mg	G	LCG		Generic Downtier	No Change	01/01/25
pramipexole dihydrochloride tab 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg	G	LCG		Generic Downtier	No Change	01/01/25
promethazine hcl solution 6.25mg/5ml oral	G	LCG		Generic Downtier	No Change	01/01/25
quinapril hcl tab 5mg, 10mg, 20mg, 40mg	G	LCG		Generic Downtier	No Change	01/01/25
triamcinolone acetone ointment 0.025%, 0.1%, 0.5%	G	LCG		Generic Downtier	No Change	01/01/25
triamterene-hctz tab 37.5-25mg, 75-50mg	G	LCG		Generic Downtier	No Change	01/01/25
oxybutynin chloride syrup 5mg/5ml	G	LCG		Generic Downtier	No Change	01/01/25
Adalimumab-AACF Inj 40/0.8ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	11/01/24
Adalimumab-A Kit 40/0.8ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	11/01/24
Palforzia™	NPD/SP* + PA	NPD + PA		Specialty Removal	No Change	01/01/25

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Rezdiffra™ Tab	NPD/SP* + PA + QL (1 tab per day)	NPD + PA + QL (1 tab per day)		Specialty Removal	No Change	01/01/25
carvedilol tab 3.125mg, 6.25mg, 12.5mg, 25mg	LCG	G		Generic Uptier	No Change	01/01/25
cefadroxil cap 500mg	LCG	G		Generic Uptier	No Change	01/01/25
fluocinonide gel 0.05%	LCG	G		Generic Uptier	No Change	01/01/25
fluoxetine hcl cap 10mg, 20mg, 40mg	LCG	G		Generic Uptier	No Change	01/01/25
hydroxyzine pamoate cap 25mg, 50mg, 100mg	LCG	G		Generic Uptier	No Change	01/01/25
naproxen tab 250mg, 375mg, 500mg	LCG	G		Generic Uptier	No Change	01/01/25
nizatidine cap 150mg, 300mg	LCG	G		Generic Uptier	No Change	01/01/25
prednisolone sodium phosphate solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 6.7 (5 base) mg/5ml	LCG	G		Generic Uptier	No Change	01/01/25
zidovudine syrup 50mg/5ml	LCG	G		Generic Uptier	No Change	01/01/25
atorvastatin calcium tab 10mg, 20mg, 40mg, 80mg	LCG	G		Generic Uptier	No Change	01/01/25
losartan potassium tab 25mg, 50mg, 100mg	LCG	G		Generic Uptier	No Change	01/01/25
montelukast sodium tab 10mg	LCG	G		Generic Uptier	No Change	01/01/25
montelukast sodium tab chewable 4mg, 5mg	LCG	G		Generic Uptier	No Change	01/01/25
Auryxia® Tab 1gm 210mg (Fe)	G	NPD		Generic Uptier	No Change	01/01/25
nitrofurantoin suspension 50mg/5ml	G + AL (Max Age 12)	NPD + AL (Max Age 12)		Generic Uptier	No Change	01/01/25

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tramadol hcl solution 5mg/ml	G + PA + QL + AL + MME (80ml per day; Min Age 18)	NPD + PA + QL + AL + MME (80ml per day; Min Age 18)		Generic Uptier	No Change	01/01/25
doxycycline cap delayed release 40mg	G + PA	NPD + PA		Generic Uptier	No Change	01/01/25
clemastine fumarate tab 2.68mg	G	NPD		Generic Uptier	No Change	01/01/25
bismuth/metronidaz/tetracyclin cap 140-125-125mg	G	NPD		Generic Uptier	No Change	01/01/25
lansopr/amox pak/clarith	G	NPD		Generic Uptier	No Change	01/01/25
Pradaxa® Cap 75mg, 110mg, 150mg	PB	NPD		Brand Uptier	No Change	01/01/25
Adalimumab-Adbm Prefilled/Auto-Injector Kit 40/0.4ml	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Cyltezo® Prefilled/Auto-Injector Kit 40/0.4ml	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Cyltezo® Kit Crohns	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Cyltezo® Psor Kit 40/0.4ml	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Adalimumab-Adaz Solution Prefilled Syringe/Auto-Injector 40mg/0.4ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Adalimumab-Adbm (2 Pen) Auto-Injector Kit 40mg/0.4ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25

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Adalimumab-Adbm (Cd/Uc/Hs Strt) Auto-Injector Kit 40mg/0.4ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Adalimumab-Adbm (Ps/UV Starter) Auto-Injector Kit 40mg/0.4ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Amjevita™ Solution Auto-Injector 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Amjevita™ Solution Prefilled Syringe 40mg/0.8ml, 40/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Amjevita™-Ped 10kg to <15kg Solution Prefilled Syringe 10mg/0.2ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Amjevita™-Ped 15kg to <30kg Solution Prefilled Syringe 20mg/0.2ml, 20mg/0.4ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Cyltezo® (2 Pen) Auto-Injector Kit 40mg/0.4ml, 40mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25

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Cyltezo® (2 Syringe) Prefilled Syringe Kit 10mg/0.2ml, 20mg/0.4ml, 40mg/0.4ml 40mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Cyltezo®-CD/UC/HS Starter Auto-Injector Kit 40mg/0.4ml, 40mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Cyltezo®-Psoriasis/UV Starter Auto-Injector Kit 40mg/0.4ml, 40mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Humira® (2 Pen) Pen-Injector Kit 40mg/0.4ml, 80mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Humira® (2 Syringe) Prefilled Syringe Kit 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Humira® Pen Pen-Injector/Prefilled Syringe Kit 40mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Humira®-CD/UC/HS Starter Pen-Injector Kit 40mg/0.8ml, 80mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25

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Humira®-Ped<40kg Crohns Starter Prefilled Syringe Kit 80mg/0.8ml & 40mg/0.4ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Humira®-Ped>=40kg Crohns Start Prefilled Syringe Kit 80mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Humira®-Ped>=40kg UC Starter Pen-Injector Kit 80mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Humira®-Ps/UV/Adol HS Starter Pen-Injector Kit 40mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Humira®-Psoriasis/Uveit Starter Pen-Injector Kit 80mg/0.8ml & 40mg/0.4mg Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Hyrimoz® Solution Auto-Injector 40mg/0.4ml, 80mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Hyrimoz® Solution Prefilled Syringe 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25

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Hyrimoz®-Ped<40kg Crohn Starter Solution Prefilled Syringe 80mg/0.8ml & 40mg/0.4ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Hyrimoz®-Ped>=40kg Crohn Start Solution Prefilled Syringe 80mg/0.8ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Hyrimoz®-Plaque Psoriasis Start Solution Auto-Injector 80mg/0.8ml & 40mg/0.4ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	01/01/25
Prolensa® Sol 0.07%	PB	NPD + PA	TWO of the following: generic Ketorolac® op sol 0.5% , Flurbiprofen® op sol 0.03% , Dicofenac® op sol 0.1%	Brand Uptier	PA Addition	01/01/25
dapsone gel 5%, 7.5%	G + AL (Min Age 12)	NPD + AL + PA (Min Age 12)		Generic Uptier	PA Addition	01/01/25
Victoza® Solution Pen-Injector 18mg/3ml Subcutaneous	PB + PA	NPD + PA + QL (0.3ml per day)		Brand Uptier	QL Addition	01/01/25
Pentasa® Cap 500mg CR	NPD	NPD + PA	Generic mesalamine ER 500mg capsule	No Change	PA Addition	01/01/25
Bystolic® Tab 2.5mg, 5mg, 10mg, 20mg	NPD	NPD + PA	generic nebivolol	No Change	PA Addition	01/01/25
Latuda® Tab 20mg, 40mg, 60mg, 80mg, 120mg	NPD	NPD + PA	generic lurasidone tablets	No Change	PA Addition	01/01/25

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Metformin HCL ER (OSM) 24 Hour 500mg, 1000mg	NPD	NPD + PA	generic of Glucophage ® XR (Metformin ER) tablets	No Change	PA Addition	01/01/25
Velphoro® Tab Chew 500mg	NPD	NPD + PA	Minimum 30-day supply of two of the following: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCL, Auryxia ®	No Change	PA Addition	01/01/25
Wainua® Inj 45/0.8ml	NPD/SP* + PA	NPD/SP* + PA + QL (0.8ml per 28 days)		No Change	QL Addition	01/01/25
tramadol hcl 25mg tab	LCG + AL (Min Age 12)	LCG + AL + QL (Min Age 12; 8 tabs per day)		No Change	QL Addition	01/01/25
Rivfloza® Inj 128/0.8ml, 160mg/ml	NPD/SP* + PA	NPD/SP* + PA + QL (1 syringe per 28 days)		No Change	QL Addition	01/01/25
Rivfloza® Inj 80/0.5ml	NPD/SP* + PA	NPD/SP* + PA + QL (2 vials per 28 days)		No Change	QL Addition	01/01/25
Eohilia™ Sus 2mg/10ml	NPD + PA	NPD + PA + QL (20ml per day)		No Change	QL Addition	01/01/25
Filsuvez® Gel 10%	NPD/SP* + PA	NPD + PA + QL (19 tubes per 30 days)		No Change	QL Addition	01/01/25
Xdemvy® Solution 0.25 % Ophthalmic	NPD	NPD + PA + QL (10ml per 42 days)		No Change	QL Addition; PA Addition	01/01/25
Jaypirca® Tab 50mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25
everolimus tab 2.5mg, 5mg, 7.5mg, 10mg	G/SP* + PA	G/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25
Afinitor® Tab 2.5mg, 5mg, 7.5mg, 10mg	NPD/SP* + PA	NPD/SP* + QL (1 tab per day)		No Change	QL Addition	01/01/25

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(1/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Talzenna® Cap 0.25mg, 0.5mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 cap per day)		No Change	QL Addition	01/01/25
Tarceva® Tab 25mg	NPD/SP* + PA	NPD/SP* + QL (3 tabs per day)		No Change	QL Addition	01/01/25
erlotinib tab 25mg	G/SP* + PA	G/SP* + PA + QL (3 tabs per day)		No Change	QL Addition	01/01/25
Zejula™ Tab 100mg	PB/SP* + PA	PB/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25
Tagrisso® Tab 40mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25
Gilotrif® Tab 20mg, 30mg, 40mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25
Jakafi® Tab 5mg, 10mg	NPD/SP* + PA	NPD/SP* + PA + QL (2 tabs per day)		No Change	QL Addition	01/01/25
Pemazyre® Tab 4.5mg, 9mg, 13.5mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25
Imbruvica® Tab 140mg 280mg, 420mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25
Imbruvica® Cap 70mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 cap per day)		No Change	QL Addition	01/01/25
Imbruvica® Cap 140mg	NPD/SP* + PA	NPD/SP* + PA + QL (2 caps per day)		No Change	QL Addition	01/01/25
Caprelsa® Tab 100mg	NPD/SP* + PA	NPD/SP* + PA + QL (2 tabs per day)		No Change	QL Addition	01/01/25
Idhifa® Tab 50mg, 100mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25

*= for Specialty plans

** = May be available as generic for certain plans

(continued)

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(1/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Alunbrig® Tab 90mg, 180mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25
Alunbrig® Tab 30mg	NPD/SP* + PA	NPD/SP* + PA + QL (4 tabs per day)		No Change	QL Addition	01/01/25
Alunbrig® Pak	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25
Iclusig® Tab 10mg, 15mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	01/01/25
Xolremdi™ Cap 100mg	NPD/SP* + PA	NPD/SP* + PA + QL (4 caps per day)		No Change	QL Addition	01/01/25
Bydureon BCise® Auto-injector 2mg/0.85ml Subcutaneous	PB + PA	PB + PA + QL (0.15ml per day)		No Change	QL Addition	01/01/25
Byetta® 10mcg Pen Solution Pen-Injector 10mcg/0.04ml Subcutaneous	PB + PA	PB + PA + QL (0.08ml per day)		No Change	QL Addition	01/01/25
Byetta® 5mcg Pen Solution Pen-Injector 5mcg/0.02ml Subcutaneous	PB + PA	PB + PA + QL (0.04ml per day)		No Change	QL Addition	01/01/25
Mounjaro® Solution Pen-Injector Subcutaneous	PB + PA	PB + PA + QL (0.08ml per day)		No Change	QL Addition	01/01/25
Ozempic® Inj 2/1.5ml	PB + PA	PB + PA + QL (0.06ml per day)		No Change	QL Addition	01/01/25
Ozempic® (0.25 or 0.5mg/Dose) Solution Pen-Injector 2mg/3ml Subcutaneous	PB + PA	PB + PA + QL (0.11ml per day)		No Change	QL Addition	01/01/25

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(continued)

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(1/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Ozempic® (1mg/Dose) Solution Pen-Injector 4mg/3ml Subcutaneous	PB + PA	PB + PA + QL (0.11ml per day)		No Change	QL Addition	01/01/25
Ozempic® (2mg/Dose) Solution Pen-Injector 8mg/3ml Subcutaneous	PB + PA	PB + PA + QL (0.11ml per day)		No Change	QL Addition	01/01/25
Saxenda® Solution Pen-Injector 18mg/3ml Subcutaneous	NPD + PA	NPD + PA + QL (0.5ml per day)		No Change	QL Addition	01/01/25
Trulicity® Solution Pen-Injector 0.75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml Subcutaneous	PB + PA	PB + PA + QL (0.08ml per day)		No Change	QL Addition	01/01/25
Liraglutide Soln Pen-injector 18mg/3ml (6mg/ml)	PB + PA	PB + PA + QL (0.3ml per day)		No Change	QL Addition	01/01/25
Wegovy® Solution Auto-Injector 0.25mg/0.5ml, 0.5mg/0.5ml, 1mg/0.5 Subcutaneous	NPD + PA	NPD + PA + QL (0.08ml per day)		No Change	QL Addition	01/01/25
Wegovy® Solution Auto-Injector 1.7mg/0.75ml, 2.4mg/0.75ml Subcutaneous	NPD + PA	NPD + PA + QL (0.11ml per day)		No Change	QL Addition	01/01/25
Zepbound® Solution Auto-Injector 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml, 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml Subcutaneous	NPD + PA	NPD + PA + QL (0.08ml per day)		No Change	QL Addition	01/01/25
Miebo™ Solution 1.338gm/ml Ophthalmic	PB	PB + QL (0.4ml per day)		No Change	QL Addition	01/01/25

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Vevye® Solution 0.1% Ophthalmic	NPD + PA	NPD + PA + QL (0.2ml per day)		No Change	QL Addition	01/01/25
Xiidra® Solution 5% Ophthalmic	PB	PB + QL (2ml per day)		No Change	QL Addition	01/01/25
Leukeran® Tab 2mg	PB	PB/SP* + PA		Specialty Addition	PA Addition	01/01/25

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(1/25 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.