

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
Alhemo® Inj 60/1.5ml, 150/1.5ml	NPD/SP*	No Change (New Drug)		No Change	No Change	01/27/25
Alhemo® Inj 300/3ml	NPD/SP*	No Change (New Drug)		No Change	No Change	03/10/25
Alyftrek™ Tab	NPD/SP*	No Change (New Drug)		No Change	No Change	01/06/25
auranofin cap 3mg (Brand: Ridaura®)	NPD/SP*	No Change (New Generic)		No Change	No Change	02/24/25
clobetasol cre 0.025% (Brand: Impoyz®)	NPD	No Change (New Generic)	3 prescription strength, generic topical steroids	No Change	No Change	03/10/25
esomeprazole pow 2.5mg, 5mg (Brand: Nexium®)	G + QL (1 packet per day)	No Change (New Generic)		No Change	No Change	01/13/25
Esperoct® Inj 4000iu	NPD/SP*	No Change (New Drug)		No Change	No Change	02/03/25
Evrydi® Tab 5mg	NPD/SP*	No Change (New Drug)		No Change	No Change	02/24/25
Fenopron™ Cap 300mg	NPD	No Change (New Drug)	3 generic prescription strength NSAIDS (e.g., ibuprofen, naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)	No Change	No Change	01/20/25

(continued)

* = for Specialty plans

** = May be available as generic for certain plans

^ = Age Edits categories include all drugs that are affected by this change

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(10/25 version)

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ferric citra tab 210mg (Brand: Auryxia®)	NPD	No Change (New Generic)		No Change	No Change	03/24/25
Fulvicin™ P/G Tab 165mg	NPD	No Change (New Drug)	Generic griseofulvin 125mg tablet, 250mg tablet, 500mg tablet	No Change	No Change	02/03/25
Gabarone® Tab 100mg, 400mg	NPD	No Change (New Drug)	Generic gabapentin	No Change	No Change	01/13/25
Gomekli™ Cap 1mg, 2mg, 1mg Oral Suspension	NPD/SP*	No Change (New Drug)		No Change	No Change	02/24/25
griseofulvin tab ultr 165 (Brand: Fulvicin™ P/G)	G	No Change (New Generic)	Generic griseofulvin 125mg tablet, 250mg tablet, 500mg tablet	No Change	No Change	02/10/25
Imbruvica® Cap 140mg Oral	NPD/SP* + QL (2 caps per day)	NPD/SP* + QL (4 caps per day)		No Change	QL Update	10/01/25
Inzirqo™ Sus 10mg/ml	NPD	No Change (New Drug)	Oral solid dosage formulation (tablet or capsule) of the drug requested OR one of the following: drug will be administered via nasogastric or gastronomy tube; or member is unable to swallow an intact capsule or tablet	No Change	No Change	03/17/25
Isturisa® Tab 5mg	NPD/SP* + QL (2 tabs per day)	NPD/SP* + QL (6 tabs per day)		No Change	QL Update	10/01/25
ivermectin tab 6mg	G	No Change (New Drug)		No Change	No Change	03/24/25

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Jivi® Inj 4000 unit	NPD/SP*	No Change (New Drug)		No Change	No Change	01/20/25
Journavx™ Tab 50mg	NPD + QL (30 tabs per 14 days)	NPD + QL (30 tabs per 90 days)		No Change	QL Update	10/01/25
lactulose pak 20gm (Brand: Kristalose®)	NPD	No Change (New Generic)	lactulose solution	No Change	No Change	02/17/25
levetiraceta tab 250mg (Brand: Spritam®)	NPD	No Change (New Generic)	generic levetiracetam	No Change	No Change	01/27/25
meman/donepz cap 14-10mg, 28-10mg (Brand: Namzaric®)	G	No Change (New Generic)		No Change	No Change	01/20/25
meman/donepz cap 21-10mg (Brand: Namzaric®)	G	No Change (New Generic)		No Change	No Change	03/03/25
mercaptopuri sus 20mg/ml (Brand: Purixan®)	G/SP*	No Change (New Generic)		No Change	No Change	03/10/25
metaxalone tab 640mg	G	No Change (New Drug)	2 generic skeletal muscle relaxants (e.g., carisoprodol, tizanidine, cyclobenzaprine, chlorzoxazone 500mg, etc.)	No Change	No Change	03/03/25
metformin tab 750mg	LCG	No Change (New Drug)	ONE of the following: metformin IR 500mg, 850mg, metformin 1000mg	No Change	No Change	01/20/25
OmvoH™ Inj 100/200	PB/SP*	No Change (New Drug)		No Change	No Change	03/03/25
Otulf® Inj 45/0.5ml, 90mg/ml	NPD/SP*	No Change (New Drug)		No Change	No Change	03/10/25

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Palforzia® Cap Level 0, 1-3yrs	NPD	No Change (New Drug)		No Change	No Change	02/24/25
Prevymis® Pak 20mg, 120mg	NPD/SP*	No Change (New Drug)		No Change	No Change	01/20/25
prucalopride tab 1mg, 2mg	G	G		No Change		10/01/25
Raldesyl™ Sol 10mg/ml	NPD	No Change (New Drug)	3 generic antidepressants (e.g., citalopram tablet, venlafaxine, bupropion, sertraline tablet, etc.)	No Change	No Change	03/10/25
Revuforj® Tab 25mg	NPD/SP*	No Change (New Drug)		No Change	No Change	03/24/25
rivaroxaban tab 2.5mg (Brand: Xarelto®)	G	No Change (New Generic)		No Change	No Change	03/10/25
Rybelsus® Tab 1.5mg, 4mg, 9mg	PB + QL (1 tab per day)	No Change (New Drug)		No Change	No Change	02/24/25
sacub/valsar tab 24-26mg, 49-51mg, 97-103mg (Brand: Entresto®)	G + QL (2 tabs per day)	No Change (New Generic)		No Change	No Change	01/27/25
Sevenfact® Sol 2mg	NPD/SP*	No Change (New Drug)		No Change	No Change	03/24/25
Simlandi® Kit 20/0.2ml, 80/0.8ml	NPD/SP* + QL (2 kits per 28 days)	No Change (New Drug)		No Change	No Change	02/03/25
Simlandi® 1pn Kit 80/0.8ml	NPD/SP* + QL (2 kits per 28 days)	No Change (New Drug)		No Change	No Change	03/24/25
timolol hemi sol 0.5% op (Brand: Betimol®)	G	No Change (New Generic)		No Change	No Change	01/13/25

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topiramate cap 50mg	G	No Change (New Drug)		No Change	No Change	01/20/25
Tremfya® Croh Inj 200/2ml	PB/SP*	No Change (New Drug)		No Change	No Change	03/31/25
Tryngolza™ Inj 80mg/0.8	NPD/SP*	No Change (New Drug)		No Change	No Change	01/06/25
ustekinumab sol ttwe	NPD/SP*	No Change (New Drug)		No Change	No Change	03/31/25
Xpovio® Pak 40mg	NPD/SP*	No Change (New Drug)		No Change	No Change	03/17/25
Xromi® Sol 100mg/ml	NPD	No Change (New Drug)	Oral solid dosage formulation (tablet or capsule) of the drug requested OR one of the following: drug will be administered via nasogastric or gastronomy tube; or member is unable to swallow an intact capsule or tablet	No Change	No Change	03/03/25
Zunveyl® Tab 5mg, 15mg	NPD	No Change (New Drug)	Minimum 30-day supply of two of the following: generic galantamine, generic rivastigmine, generic donepezil	No Change	No Change	03/03/25
Zunveyl® Tab 10mg	NPD	No Change (New Drug)	Minimum 30-day supply of two of the following: generic galantamine, generic rivastigmine, generic donepezil	No Change	No Change	03/10/25

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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.
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.