

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES

Select Drug Program®

April 1, 2021 Updates

Drug Name	Current (tier and edit)	As of 04/01/21 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
metyrosine 250mg cap (Brand: Demser®)	G	No Change (New Generic)		Generic Addition	No Change	08/03/20
desonide 0.05% gel (Brand: Desonate®)	G	No Change (New Generic)		Generic Addition	No Change	08/03/20
deferasirox granules (Brand: Jadenu® Sprinkles)	G + PA	No Change (New Generic)		Generic Addition	No Change	08/10/20
cipro/dexa sus 0.3-0.1% (Brand: Ciprodex®)	G	No Change (New Generic)		Generic Addition	No Change	08/17/20
pantoprazole pak 40mg (Brand: Protonix® Pak)	G + QL (1 per day)	No Change (New Generic)		Generic Addition	No Change	08/17/20
dimethyl fumarate cap DR (Brand: Tecfidera™)	G/SP*	No Change (New Generic)		Generic Addition	No Change	08/24/20
efavirenz-lamivudine-tenofovir 400-300-300mg (Brand: Symfi Lo®)	G	No Change (New Generic)		Generic Addition	No Change	08/31/20
efavirenz-lamivudine-tenofovir 600-300-300mg (Brand: Symfi®)	G	No Change (New Generic)		Generic Addition	No Change	08/31/20
emtricitabine 200mg cap (Brand: Emtriva®)	G	No Change (New Generic)		Generic Addition	No Change	09/07/20
peg-kcl-nacl-nasulf-na asc-c oral soln (Brand: Moviprep®)	G	No Change (New Generic)		Generic Addition	No Change	09/07/20
sapropterin powder/tab (Brand: Kuvan®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	09/14/20

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oxycod/apap 5-300mg tab (Brand: Prolate™/Primlev™)	NPD + PA + QL + D/S + MME (12 per day; 5 D/S max)	No Change (New Generic)	generic oxycodone/APAP	Generic Addition	No Change	09/14/20
oxycod/apap 10-300mg tab (Brand: Prolate™/Primlev™)	NPD + PA + QL + D/S + MME (6 per day; 5 D/S max)	No Change (New Generic)	generic oxycodone/APAP	Generic Addition	No Change	09/14/20
tobramycin neb 300/4ml (Brand: Bethkis®)	G/SP*	No Change (New Generic)		Generic Addition	No Change	09/21/20
deferiprone 500mg tab (Brand: Ferriprox®)	G + PA	No Change (New Generic)		Generic Addition	No Change	09/28/20
doxycycline 80mg DR tab (Brand: Doryx®)	NPD + PA	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	08/31/20
diclofenac 35mg tab (Brand: Zorvolex®)	NPD + PA	No Change (New Authorized Generic)	generic prescription strength NSAIDs (e.g. ibuprofen, naproxen, diclofenac, celecoxib, meloxicam, etc)	Authorized Generic Addition	No Change	09/21/20
fluorouracil 0.5% cream (Brand: Carac®)	PB	No Change (New Authorized Generic)		No Change	No Change	09/21/20
oxycodone-apap 2.5-300mg tab	NPD + PA + QL + D/S + MME (12 per day, 5 D/S max)	No Change (New Drug)	generic oxycodone/APAP	No Change	No Change	09/28/20
Relafen® 500mg, 750mg Tab	NPD + PA	No Change (New Drug)	generic prescription strength NSAIDs (e.g. ibuprofen, naproxen, diclofenac, celecoxib, meloxicam, etc)	No Change	No Change	09/07/20
Licart™ Dis 1.3%	NPD + PA + QL (1 per day)	No Change (New Drug)		No Change	No Change	09/10/20
Breztri Aerosphere™	NPD + PA	No Change (New Drug)	Trelegy® Ellipta®	No Change	No Change	08/10/20

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Evryssi™ Sol	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/17/20
Inqovi® 35-100mg Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/17/20
Zcort™ 7-Day 1.5mg Tab	NPD	No Change (New Drug)		No Change	QL Addition	08/17/20
Upneeq® 0.1% Sol	NPD + PA	No Change (New Drug)		No Change	No Change	08/17/20
Airduo® Digihaler® Inh	NPD + PA	No Change (New Drug)	Breo® Ellipta®, Symbicort® or Advair Diskus®/HFA	No Change	No Change	08/24/20
Armonair® Digihaler™ Aer	NPD + PA	No Change (New Drug)	Arnuity® Ellipta®, Flovent® Diskus®/HFA, Pulmicort Flexhaler®	No Change	No Change	08/24/20
Enspryng™ Inj	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/24/20
Kesimpta® 20/.4ml Inj	NPD/SP* + PA	No Change (New Drug)	Avonex®, Betaseron®, glatiramer (Copaxone®, Glatopa®), Tecfidera™, Plegridy™, Vumerity®, Biafiertam®	No Change	No Change	08/31/20
Cystadrops® 0.37% Sol	NPD/SP* + PA + QL (20 ml per 28 days)	No Change (New Drug)		No Change	No Change	09/07/20
Hemady™ 20mg Tab	NPD	No Change (New Drug)		No Change	No Change	09/07/20
Ongentys® 50mg Cap	NPD + PA	No Change (New Drug)		No Change	No Change	09/07/20
Onureg® 200mg, 300mg Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/07/20
Gavreto™ 100mg Cap	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/14/20

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Trulicity® Inj	PB	No Change (New Drug)		No Change	No Change	09/14/20
Lampit® 30mg, 120mg Tab	NPD	No Change (New Drug)		No Change	No Change	09/21/20
Neonatal/DHA Mis	NPD + PA	No Change (New Drug)	generic prenatal vitamins	No Change	No Change	09/21/20
Sevenfact® 1mg, 5mg Inj	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/21/20
Conjupri® 2.5mg, 5mg Tab	NPD + PA	No Change (New Drug)	generic calcium channel blockers (e.g. amlodipine, diltiazem, nifedipine, verapamil, etc)	No Change	No Change	09/28/20
Xywav™ 0.5gm/ml Sol	NPD/SP* + PA + QL (18ml per day)	No Change (New Drug)		No Change	No Change	09/28/20
Gimoti™ 15mg Spray	NPD + PA	NPD + PA + D/S (56 days per 180 days)		No Change	Day Supply Limit Addition	04/01/21

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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.