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
clind/benz gel 1.2-3.75 **(Brand: Onexton®)**	G	No Change (New Generic)		No Change	No Change	10/02/23
amphet/dextr cap er 12.5mg, 25mg, 50mg, 37.5mg **(Brand: Mydayis™)**	G + QL (1 cap per day)	No Change (New Generic)		No Change	No Change	10/16/23
yargesa cap 100mg **(Brand: Zavesca®)**	G/SP* + PA	No Change (New Generic)		No Change	No Change	10/16/23
pazopanib tab 200mg **(Brand: Votrient®)**	G/SP* + PA	No Change (New Generic)		No Change	No Change	10/23/23
spironolactone sus 25mg/5ml **(Brand: Carospir® Sus)**	G	No Change (New Generic)		No Change	No Change	11/06/23
mesalamine cap 500mg er **(Brand: Pentasa®)**	G	No Change (New Generic)		No Change	No Change	12/11/23
halobetasol AER 0.05% **(Brand: Lexette®)**	G	No Change (New Generic)		No Change	No Change	12/18/23
podofilox gel 0.5% **(Brand: Condylox®)**	G	No Change (New Generic)		No Change	No Change	12/18/23
cetrorelix kit 0.25mg **(Brand: Cetrotide® Kit)**	G/SP*	No Change (New Generic)		No Change	No Change	12/25/23
dextroamphetamine tab 2.5mg, 7.5mg **(Brand: Zenzedi®**	G + QL (3 tabs per day)	No Change (New Generic)		No Change	No Change	12/25/23

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(continued)

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baclofen sol 10mg/5ml **(Brand: Ozobax® DS)**	NPD + PA	No Change (New Authorized Generic)	Generic baclofen tablets	No Change	No Change	10/30/23
Fluticasone AER 50mcg, 100mcg, 250mcg **(Brand: Flovent® Diskus® AER**	NPD + PA	No Change (New Authorized Generic)	Two of the following: **Arnuity Ellipta®** and **Pulmicort Flexhaler®**		No Change	10/30/23
Teriparatide inj 20mcg **(Brand: Forteo®)**	NPD/SP* + PA	No Change (New Authorized Generic)				11/24/23
Oxaprozin cap 300mg **(Brand: Coxanto™)**	NPD + PA	No Change (New Authorized Generic)	3 generic prescription strength NSAIDS (e.g., ibuprofen, naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)		No Change	12/25/23
Dapagliflozin Pro-Metformin ER Tablet 24 Hour 10-1000mg, 5-1000mg	NPD + PA	No Change (New Drug)	Minimum of 3-months trial with One of the following: **Jardiance®, Synjardy® [XR], Glyxambi®** or T**rijardy® XR** AND minimum of 3-months trial with One of the following: **Farxiga®** or **Xigduo®XR**		No Change	01/08/24
Dapagliflozin Propanediol Tablet 5mg, 10mg	NPD + PA	No Change (New Drug)	Minimum of 3-months trial with One of the following: **Jardiance®, Synjardy® [XR], Glyxambi®** or T**rijardy® XR** AND minimum of 3-months trial with One of the following: **Farxiga®** or **Xigduo®XR**		No Change	01/08/24
Hyrimoz® Inj 40/0.8ml	NPD/SP* + PA	No Change (New Drug)			No Change	10/02/23

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Pokonza™ Pow 10meq	NPD + PA	No Change (New Drug)	Generic Potassium chloride (tablets, solution, capsules, packets, crystals, etc…)	No Change	No Change	10/02/23
Motpoly XR™ Cap 100mg, 150mg, 200mg	NPD + PA	No Change (New Drug)	Three generic anticonvulsants OR continuation of therapy with **Motpoly XR™**	No Change	No Change	10/09/23
trientine cap 500mg	G/SP* + PA	No Change (New Drug)	**Depen®**	No Change	No Change	10/09/23
Entyvio® Inj 108mg/0.68ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/09/23
Kalydeco® Gra 5.8mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/16/23
glipizide tab 2.5mg	LCG	No Change (New Drug)		No Change	No Change	10/23/23
Ozobax® DS Sol 10mg/5ml	NPD + PA	No Change (New Drug)	Generic baclofen tablets	No Change	No Change	10/30/23
Velsipity® Tab 2mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/30/23
Abrilada™ Inj 20/0.4ml, 40/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/30/23
Bimzelx® Inj 160mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/30/23
Omvoh™ Inj 100mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/06/23
Inpefa® Tab 400mg	NPD + PA	No Change (New Drug)	Minimum 3-months trial of **Jardiance®** AND minimum 3- months trial of **Farxiga®**	No Change	No Change	11/13/23
Voquezna® Tab 10mg	NPD + PA + QL (1 tab per day)	No Change (New Drug)		No Change	No Change	11/13/23

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Xphozah® Tab 20mg, 30mg	NPD/SP* + PA	No Change (New Drug)	Minimum 30-day supply of two of the following: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCL, **Velphoro®**	No Change	No Change	11/13/23
Rozlytrek® Pak 50mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/13/23
Fruzaqla™ Cap 1mg, 5mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/20/23
Cabtreo™ Gel	NPD + PA	No Change (New Drug)	**Epiduo® Forte**	No Change	No Change	11/27/23
Truqap™ Tab 160mg, 200mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/27/23
Yuflyma® Kit 80/0.8ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/27/23
Yuflyma® CD/UC/HS Starter	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/27/23
Augtyro™ Cap 40mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/04/23
Jylamvo® Sol 2mg/ml	NPD + PA	No Change (New Drug)	Generic methotrexate tablets	No Change	No Change	12/04/23
Ogsiveo™ Tab 50mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/04/23
Xalkori® Cap 20mg, 50mg, 150mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/04/23
Bijuva® Cap 0.5-100mg	NPD	No Change (New Drug)		No Change	No Change	12/11/23

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Coxanto™ Cap 300mg	NPD + PA	No Change (New Drug)	3 generic prescription strength NSAIDS (e.g., ibuprofen, naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)	No Change	No Change	12/11/23
Vevye® Dro 0.1%	NPD + PA	No Change (New Drug)	Both of the following: **Restasis Multidose®** and **Xiidra®**	No Change	No Change	12/18/23
Fabhalta® Cap 200mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/19/23
Iwilfin™ Tab 192mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/25/23
Zituvio™ Tab 25mg, 50mg, 100mg	NPD + PA	No Change (New Drug)	Two of the following: **Januvia® or Janumet®** AND **Tradjenta® or Jentadueto®**	No Change	No Change	12/25/23
Zoryve® Mis 0.3%	NPD + PA	No Change (New Drug)	Minimum duration of a 4-weeks of two of the following: (1) Corticosteroids (e.g., betamethasone, clobetasol); (2) Antifungals (e.g., ciclopirox, ketoconazole); (3) calcineurin inhibitors (e.g., tacrolimus)	No Change	No Change	12/25/23
Amjevita™ Inj 20/0.2ml, 40/0.4ml, 80/0.8ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	07/01/24
Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	07/01/24
Adalimumab-Adbm Psoriasis/Uveitis Starter	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	07/01/24

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Adalimumab-Adbm Crohns/UC/HS Starter	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	07/01/24
Omnipod® Go Kit	NPD	PB		Brand Downtier	No Change	07/01/24
Miebo® Solution 1.338gm/ml Ophthalmic	NPD + PA	PB		Brand Downtier	PA Removal	07/01/24
Opfolda™ Cap 65mg	NPD/SP* + PA	NPD/SP*		No Change	PA Removal	07/01/24
Rocklatan® Solution 0.02-0.005% Ophthalmic	NPD + PA	NPD		No Change	PA Removal	07/01/24
Xaciato™ Gel 2% Vaginal	NPD + PA	NPD		No Change	PA Removal	07/01/24
Suflave™ Solution Reconstituted 178.7gm	NPD + PA + QL (4 per 365 days)	NPD + QL (4 per 365 days)		No Change	PA Removal	07/01/24
Adipex-P® Tab 37.5mg	NPD + PA	NPD		No Change	PA Removal	07/01/24
Lomaira™ Tab 8mg	NPD + PA	NPD		No Change	PA Removal	07/01/24
phentermine HCL capsule 15mg, 30mg, 37.5mg	LCG + PA	LCG		No Change	PA Removal	07/01/24
phentermine HCL tablet 37.5mg	LCG + PA	LCG		No Change	PA Removal	07/01/24
Ibrance® Tablet/Capsule	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	07/01/24
Verzenio® Tab	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	07/01/24
Alphagan® P Solution 0.1% Ophthalmic	PB	NPD + PA	Minimum of 30-day trial with the generic equivalent of the requested brand	Brand Uptier	PA Addition	07/01/24
Alphagan® P Solution 0.15% Ophthalmic	NPD	NPD + PA	Minimum of 30-day trial with the generic equivalent of the requested brand	No Change	PA Addition	07/01/24
Onexton® Gel 1.2-3.75	NPD	NPD + PA	2 generic, topical antibiotic or topical antibiotic combination products	No Change	PA Addition	07/01/24

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colchicine cap 0.6mg	G	G + PA	colchicine tablets	No Change	PA Addition	07/01/24
cyanocobalam spr 500mcg	G	G + PA		No Change	PA Addition	07/01/24
Sancuso® Patch 3.1mg/24HR	NPD	NPD + PA	One of the following: generic granisetron, generic ondansetron, aprepitant	No Change	PA Addition	07/01/24
Azopt® Suspension 1% Ophthalmic	NPD	NPD + PA	Minimum of 30-day trial with the generic equivalent of the requested brand	No Change	PA Addition	07/01/24
Combigan® Solution 0.2-0.5% Ophthalmic	NPD	NPD + PA	Minimum of 30-day trial with the generic equivalent of the requested brand	No Change	PA Addition	07/01/24
Cosopt® PF Solution 2-0.5% Ophthalmic	NPD	NPD + PA	Minimum of 30-day trial with the generic equivalent of the requested brand	No Change	PA Addition	07/01/24
Cosopt® Solution 2-0.5% Ophthalmic	NPD	NPD + PA	Minimum of 30-day trial with the generic equivalent of the requested brand	No Change	PA Addition	07/01/24
Iopidine® Solution 1% Ophthalmic	NPD	NPD + PA	Minimum of 30-day trial with the generic equivalent of the requested brand	No Change	PA Addition	07/01/24
Istalol® Solution 0.5% Ophthalmic	NPD	NPD + PA	Minimum of 30-day trial with the generic equivalent of the requested brand	No Change	PA Addition	07/01/24
Timoptic® Ocudose Solution 0.25%, 0.5% Ophthalmic	NPD	NPD + PA	Minimum of 30-day trial with the generic equivalent of the requested brand	No Change	PA Addition	07/01/24
Vandazole® Gel 0.75% Vaginal	NPD	NPD + PA	ONE of the following: generic metronidazole vaginal gel or generic clindamycin vaginal gel	No Change	PA Addition	07/01/24

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Altoprev® Tab ER 24HR 20mg, 40mg, 60mg	NPD	NPD + PA	3 generic HMG CoA reductase inhibitors (e.g., simvastatin, atorvastatin, rosuvastatin, pravastatin, etc.)	No Change	PA Addition	07/01/24
Aubagio® Tab 7mg, 14mg	NPD/SP*	NPD/SP* + PA	Generic teriflunomide	No Change	PA Addition	07/01/24
Buphenyl® Powder 3gm/tsp	NPD/SP*	NPD/SP* + PA		No Change	PA Addition	07/01/24
sodium phenylbutyrate powder 3gm/tsp	G/SP*	G/SP* + PA		No Change	PA Addition	07/01/24
sodium phenylbutyrate tab 500mg	G/SP*	G/SP* + PA		No Change	PA Addition	07/01/24
Hemangeol® Solution 4.28mg/ml	NPD	NPD + PA		No Change	PA Addition	07/01/24
Pegasys® Solution 180mcg/ml	NPD/SP*	NPD/SP* + PA		No Change	PA Addition	07/01/24
Likmez™ Sus 500/5ml	NPD	NPD + PA	Generic metronidazole	No Change	PA Addition	07/01/24
Voquezna® Tab 20mg	NPD + PA + QL (1 tab per day)	NPD + PA + QL (2 tabs per day)		No Change	QL Update	07/01/24
Akeega™ Tab 50/500mg, 100/500mg	NPD/SP* + PA	NPD/SP* + PA + QL (2 tabs per day)		No Change	QL Addition	07/01/24
Cresemba® Cap 74.5mg	NPD + PA	NPD + PA + QL (170 caps per 30 days)		No Change	QL Addition	07/01/24
Ojjaara™ Tab 100mg, 150mg, 200mg	NPD/SP* + PA	NPD/SP* + PA + QL (1 tab per day)		No Change	QL Addition	07/01/24

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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.