

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
Actemra® Pen/Prefilled Syringe	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/25/25
Adalimumab-adbm (2 Syringe) 10mg/0.2ml, 20mg/0.4ml	NPD/SP* + PA + QL (2 per 28 days)	PB/SP* + PA + QL (2 per 28 days)		Brand Downtier	No Change	04/01/25
Aqneursa™ Pow 1gm	NPD/SP* + PA + QL (4 per day)	No Change (New Drug)		No Change	No Change	10/07/24
Attruby™ Pak 356mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/09/24
Augtyro™ Cap 160mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/11/24
avanafil tab 50mg, 100mg, 200mg (Brand: Stendra®)	G + PA + QL (8 tabs per 30 days)	No Change (New Generic)	One of the following: sildenafil or tadalafil AND no concurrent use of nitrate	No Change	No Change	11/04/24
Avidoxy® 100mg Tab	NPD	NPD + PA	2 generic alternatives (e.g., doxycycline, minocycline, tetracycline)	No Change	PA Addition	07/01/25
Azmiro™ Inj 200mg/ml	NPD + PA	No Change (New Drug)		No Change	No Change	11/18/24
baclofen sol 5mg/5ml	NPD + PA	No Change (New Generic)	Generic baclofen tablets	No Change	No Change	11/18/24

(continued)

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Bimzelx® Inj 320mg/2ml Auto-Injector, Prefilled Syringes	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/30/24
carbamazepin chw 200mg	G	No Change (New Drug)		No Change	No Change	10/28/24
clomiphene tab 50mg (Brand: Clomid®)	G	No Change (New Generic)		No Change	No Change	11/25/24
Cobenfy™ Cap 100-200mg, 125-30mg, 50-20mg, Starter Pack	NPD + PA + QL (2 caps per day)	No Change (New Drug)	2 generic antipsychotic agents (e.g., aripiprazole, paliperidone, quetiapine, risperidone, etc.) OR continuation of therapy with requested medication	No Change	No Change	10/07/24
Compro Suppository 25mg	NPD	NPD + PA	Generic prochlorperazine suppository	No Change	PA Addition	07/01/25
Crenessity™ Cap 50mg, 100mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/30/24
Crenessity™ Sol 50mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/30/24
Danziten™ Tab 71mg, 95mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/02/24
Emrosi™ Cap 40mg	NPD + PA	No Change (New Drug)		No Change	No Change	11/25/24
Fosrenol® Packet 750mg, 1000mg	NPD	NPD + PA	Generic sevelamer	No Change	PA Addition	07/01/25
Fosrenol® Chew Tab 500mg, 750mg, 1000mg	NPD	NPD + PA	Generic sevelamer	No Change	PA Addition	07/01/25

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Humira® (2 Syringe) Prefilled Syringe Kit 10mg/0.1ml, 20mg/0.2ml Subcutaneous	PB/SP* + PA + QL (2 per 28 days)	NPD/SP* + PA + QL (2 per 28 days)		Brand Uptier	No Change	07/01/25
hydrocortisone sol 2.5% (Brand: Texacort®)	NPD + PA	No Change (New Authorized Generic)	3 prescription strength, generic topical steroids	No Change	No Change	12/09/24
Hypnavorz™ Inj 150mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/11/24
Imkeldi Sol 80mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/23/24
Itovebi™ Tab 3mg, 9mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/04/24
Jesduvroq Tablet 1mg, 2mg, 4mg, 6mg, 8mg	NPD/SP* + PA	NPD + PA		Specialty Removal	No Change	07/01/25
ketoprofen cap 50mg	G	NPD + PA	3 generic prescription strength NSAIDS (e.g., ibuprofen, naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)	Generic Uptier	PA Addition	07/01/25
labetalol tab 400mg	G	No Change (New Drug)		No Change	No Change	12/23/24
lanthanum carbonate tab chewable 500mg, 750mg, 1000mg	G	G + PA	Generic sevelamer	No Change	PA Addition	07/01/25
Lialda DR 1.2mg Tab	NPD	NPD + PA	Generic mesalamine delayed release tablet	No Change	PA Addition	07/01/25
Lumakras® Tab 240mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/11/24

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Lumryz™ Pak Starter	NPD/SP* + PA + QL (1 packet per day)	NPD/SP* + PA		No Change	QL Removal	07/01/25
methyldopa tab 500mg	G	No Change (New Generic)		No Change	No Change	12/09/24
Miplyffa Caps	NPD/SP* + PA	NPD/SP* + PA + QL (3 caps per day)		No Change	QL Addition	07/01/25
Mondoxylene NL Cap	NPD	NPD + PA	2 generic alternatives (e.g., doxycycline, minocycline, tetracycline)	No Change	PA Addition	07/01/25
Movantik® Tab 12.5mg, 25mg	NPD + PA	PB		Brand Downtier	PA Removal	07/01/25
naftifine HCL gel 2% external	G	NPD		Generic Uptier	No Change	07/01/25
Neffy® Spray 2/0.1ml	NPD + PA	NPD + PA + QL (6 per 180 days)	Generic carbidopa/levodopa	No Change	QL Addition	07/01/25
Opipza® MIS 2mg, 5mg, 10mg	NPD + PA	No Change (New Drug)	2 generic antipsychotic agents (e.g., aripiprazole, paliperidone, quetiapine, risperidone, etc.) OR continuation of therapy with requested medication	No Change	No Change	11/25/24
oxycodone tab 5mg (Brand: Roxybond™)	NPD + PA + QL + D/S + MME (12 tabs per day; two-5-day fills per 60 days)	No Change (New Authorized Generic)	Two generic opioid analgesics or documentation of a history of or a potential for drug abuse for individual or a member of the individual's household	No Change	No Change	10/07/24

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oxycodone tab 15mg, 30mg (Brand: Roxybond™)	NPD + PA + QL + D/S + MME (6 tabs per day; two-5-day fills per 60 days)	No Change (New Authorized Generic)	Two generic opioid analgesics or documentation of a history of or a potential for drug abuse for individual or a member of the individual's household	No Change	No Change	10/07/24
prednisolone tablet 5mg	G	NPD + PA	One generic oral corticosteroid {e.g., hydrocortisone, methylprednisolone)	Generic Uptier	PA Addition	07/01/25
Pyzchiva® 45mg/0.5ml, 90mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/24/25
Qlosi™ Sol 0.4%	NPD + PA	No Change (New Drug)		No Change	No Change	12/30/24
Rectiv™ Ointment 0.4% Rectal	NPD	NPD + PA	Generic nitroglycerin ointment	No Change	PA Addition	07/01/25
Revuforj® Tab 110mg, 160mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/25/24
Roxybond™ Tab 10mg	NPD + PA + QL + D/S + MME (6 tabs per day; two-5-day fills per 60 days)	No Change (New Drug)	Two generic opioid analgesics or documentation of a history of or a potential for drug abuse for individual or a member of the individual's household	No Change	No Change	10/21/24
Scemblix® Tab 40mg	NPD/SP* + PA	NPD/SP* + PA + QL (8 tabs per day)		No Change	QL Addition	07/01/25
Scemblix® Tab 100mg	NPD/SP* + PA	NPD/SP* + PA + QL (4 tabs per day)		No Change	QL Addition	07/01/25
Selarsdi™ Inj 45/0.5ml, 90mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/24/25

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Stelara® Solution 45mg/0.5ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	07/01/25
Stelara® Solution Prefilled Syringe 45mg/0.5ml, 90mg/ml Subcutaneous	PB/SP* + PA	NPD/SP* + PA		Brand Uptier	No Change	07/01/25
Steqeyma® Inj 45/0.5ml, 90mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/27/25
Syndros® Solution 5mg/ml	NPD	NPD + PA	Generic dronabinol	No Change	PA Addition	07/01/25
timolol hemi sol 0.5% OP (Brand: Betimol®)	G	No Change (New Generic)		No Change	No Change	11/18/24
Truqap® Pak 160mg, 200mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/07/24
Tyenne® Solution Auto-Injector/Prefilled Syringe 162mg/0.9ml Subcutaneous	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/20/25
undecatrex cap 200mg (Brand: Kyzatrex®)	NPD + PA	No Change (New Authorized Generic)		No Change	No Change	10/07/24
Vafseo® Tab 150mg, 300mg	NPD/SP* + PA	NPD + PA		Specialty Removal	No Change	07/01/25
Wezlana™ Inj 45/0.5ml, 90mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/30/24

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Xphozah® Tab 20mg, 30mg	NPD/SP* + PA	NPD + PA		Specialty Removal	No Change	07/01/25
Yesintek™ Inj 45/0.5ml, 90mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	07/01/25
Zituvimet Tab 50-500mg	NPD + PA	No Change (New Drug)	Two of the following: Januvia® or Janumet® AND Tradjenta® or Jentadueto®	No Change	No Change	10/14/24
Zituvimet XR Tab 50-1000mg, 100-1000mg, 50-500mg	NPD + PA	No Change (New Drug)	Two of the following: Januvia® or Janumet® AND Tradjenta® or Jentadueto®	No Change	No Change	10/14/24
<u>Acute Migraine Agents^:</u> butorphanol tartrate solution 10mg/ml nasal	G + QL + AL (10 per 30 days; Min Age 18)	G + QL (10 per 30 days)		No Change	AL Removal	07/01/25
<u>Acute Migraine Agents^:</u> Nurtec® ODT	PB + PA + QL + AL (18 tabs per 30 days; Min Age 18)	PB + PA + QL (18 tabs per 30 day)		No Change	AL Removal	07/01/25
<u>Acute Migraine Agents^:</u> Reyvow®	NPD + PA + QL + AL (8 tabs per 30 days; Min Age 18)	NPD + PA + QL (8 tabs per 30 days)		No Change	AL Removal	07/01/25
<u>Acute Migraine Agents^:</u> sumatriptan/naproxen tablet	G + QL + AL (18 tabs per 30 days; Min Age 12)	G + QL (18 per 30 days)		No Change	AL Removal	07/01/25
<u>Acute Migraine Agents^:</u> Tosymra® Solution Nasal	NPD + PA + QL + AL (12 per 30 days; Min Age 18)	NPD + PA + QL (12 per 30 days)		No Change	AL Removal	07/01/25
<u>Acute Migraine Agents^:</u> Treximet®	NPD + PA + QL + AL (18 tabs per 30 days, Min Age 12)	NPD + PA + QL (18 per 30 days)		No Change	AL Removal	07/01/25

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<u>Acute Migraine Agents^:</u> Ubrelvy®	PB + PA + QL + AL (16 tabs per 30 days; Min Age 18)	PB + PA + QL (16 tabs per 30 days)		No Change	AL Removal	07/01/25
<u>Acute Migraine Agents^:</u> Zavzpret® Solution Nasal	NPD + PA + QL + AL (8 per 30 days, Min Age 18)	NPD + PA + QL (8 per 30 days)		No Change	AL Removal	07/01/25
<u>Alzheimer's Drugs^:</u> Adlarity® Patch Weekly, Aricept®	NPD + PA + AL (Min Age 50)	NPD + PA		No Change	AL Removal	07/01/25
<u>Alzheimer's Drugs^:</u> Donepezil tabs, Donepezil ODT, Galantamine Hydrobromide ER caps/tabs/solution, Memantine HCL ER Caps/Sol, Memantine Tabs, Rivastigmine Patches/Caps	G + AL (Min Age 50)	G		No Change	AL Removal	07/01/25
<u>Alzheimer's Drugs^:</u> Exelon® Patches, Namenda® [XR], Namzaric® [ER]	NPD + AL (Min Age 50)	NPD		No Change	AL Removal	07/01/25
<u>Anticonvulsant Agents^:</u> Banzel® Suspension, Onfi® Suspension, Tegretol® Suspension, Neurontin® Solution, Lyrica® Solution, Trileptal® Solution, Briviact® Solution	NPD + PA + AL (Max Age 12)	NPD + PA		No Change	AL Removal	07/01/25
<u>Anticonvulsant Agents^:</u> clobazam suspension, rufinamide suspension, brivaracetam solution	G + PA + AL (Max Age 12)	G + PA		No Change	AL Removal	07/01/25

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Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<u>Antidepressants^:</u> nortriptyline solution, fluoxetine solution	G + AL (Max Age 12)	G		No Change	AL Removal	07/01/25
<u>Antidepressants^:</u> Prozac® Solution	NPD + PA + AL (Max Age 12)	NPD + PA		No Change	AL Removal	07/01/25
<u>Antidiabetic Agents^:</u> metformin er solution, metformin suspension	G + AL (Max Age 12)	G		No Change	AL Removal	07/01/25
<u>Antidiabetic Agents^:</u> Riomet® Solution/Suspension	NPD + AL (Max Age 12)	NPD		No Change	AL Removal	07/01/25
<u>Antihypertensives^:</u> amlodipine solution, enalapril solution, lisinopril solution, valsartan solution	G + AL (Max Age 12)	G		No Change	AL Removal	07/01/25
<u>Antihypertensives^:</u> Katerzia® Solution, Epaned® Solution, Qbrelis® Solution	NPD + AL (Max Age 12)	NPD		No Change	AL Removal	07/01/25
<u>Antihypertensives^:</u> Norliqva® Solution	NPD + PA + AL (Max Age 12)	NPD + PA		No Change	AL Removal	07/01/25
<u>Anti-Infectives^:</u> Doxycycline Hyclate [DR] 75mg, 150mg Tab, Doryx 75mg, 150mg, Acticlate® 75mg, 150mg	NPD + AL (Max Age 18)	NPD		No Change	AL Removal	07/01/25
<u>Anti-Infectives^:</u> Doxycycline Monohydrate Cap 75mg, 150mg, Mondoxyn® NL, Monodox®, Adoxa® 150mg, Doxycycline Monohydrate Tab 150mg	NPD + AL (Max Age 18)	NPD + PA		No Change	AL Removal; PA Addition	07/01/25

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<u>Anti-Infectives^:</u> Firvanq® Solution, Valcyte® Solution	NPD + AL (Max Age 12)	NPD		No Change	AL Removal	07/01/25
<u>Anti-Infectives^:</u> Relenza® Diskhaler Aerosol Powder Breath Activated 5mg/ACT Inhalation	NPD + QL + AL (20 per 10 days; Min Age 5)	NPD + QL (20 per 10 days)		No Change	AL Removal	07/01/25
<u>Anti-Infectives^:</u> vancomycin solution, nitrofurantoin suspension, valganciclovir solution	G + AL (Max Age 12)	G		No Change	AL Removal	07/01/25
<u>Benign Prostate Hypertrophy^:</u> Avodart®, Entadfi™	NPD + PA + AL (Min Age 50)	NPD + PA		No Change	AL Removal	07/01/25
<u>Benign Prostate Hypertrophy^:</u> dutasteride, finasteride, finasteride-tadalafil	G + AL (Min Age 50)	G		No Change	AL Removal	07/01/25
<u>Benign Prostate Hypertrophy^:</u> Proscar®	NPD + AL (Min Age 50)	NPD		No Change	AL Removal	07/01/25
<u>Benzodiazepines^:</u> alprazolam [ODT]	G + AL (Min Age 18)	G		No Change	AL Removal	07/01/25
<u>Benzodiazepines^:</u> Ativan	NPD + PA + AL (Min Age 12)	NPD + PA		No Change	AL Removal	07/01/25
<u>Benzodiazepines^:</u> chlordiazepoxide	G + AL (Min Age 6)	G		No Change	AL Removal	07/01/25
<u>Benzodiazepines^:</u> clorazepate dipotassium	G + AL (Min Age 9)	G		No Change	AL Removal	07/01/25

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<u>Benzodiazepines^:</u> Doral®	NPD + QL + PA + AL (1 tab per day, Min Age 18)	NPD + QL + PA (1 tab per day)		No Change	AL Removal	07/01/25
<u>Benzodiazepines^:</u> estazolam, quazepam, temazepam, triazolam	G + QL + AL (1 per day; Min Age 18)	G + QL (1 per day)		No Change	AL Removal	07/01/25
<u>Benzodiazepines^:</u> flurazepam	G + QL + AL (1 cap per day, Min Age 15)	G + QL (1 cap per day)		No Change	AL Removal	07/01/25
<u>Benzodiazepines^:</u> Halcion®, Restoril®	NPD + PA + QL + AL (1 tab/cap per day; Min Age 18)	NPD + PA + QL (1 tab/cap per day)		No Change	AL Removal	07/01/25
<u>Benzodiazepines^:</u> lorazepam, oxazepam	G + AL (Min Age 12)	G		No Change	AL Removal	07/01/25
<u>Benzodiazepines^:</u> Xanax® [XR]	NPD + PA + AL (Min Age 18)	NPD + PA		No Change	AL Removal	07/01/25
<u>Cough/Cold Products^:</u> coditussin AC liquid, guaifenesin-codeine soln	G + QL + MME + D/S + AL (60ml per day; two 5-day fills per 60 days; Min Age 18)	G + QL + MME + D/S (60ml per day; two 5-day fills per 60 days)		No Change	AL Removal	07/01/25
<u>Cough/Cold Products^:</u> Hycodan Soln 5-1.5mg/5ml	NPD + QL + AL (30ml per day; Min Age 18)	NPD + QL (30ml per day)		No Change	AL Removal	07/01/25

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<u>Cough/Cold Products^:</u> hydrocodone-bit-homatropine soln, hydromet soln, promethazine-codeine soln/syrup	G + QL + MME + D/S + AL (30ml per day; two 5-day fills per 60 days; Min Age 18)	G + QL + MME + D/S (30ml per day; two 5-day fills per 60 days)		No Change	AL Removal	07/01/25
<u>Cough/Cold Products^:</u> Mar-Cof CG Expectorant Liquid 225-7.5mg/5ml	NPD + QL + AL (45ml per day; Min Age 18)	NPD + QL (45ml per day)		No Change	AL Removal	07/01/25
<u>Cough/Cold Products^:</u> Pro-Red AC Syrup 5-1-9mg/5ml	NPD + QL + AL (60ml per day; Min Age 18)	NPD + QL (60ml per day)		No Change	AL Removal	07/01/25
<u>Cough/Cold Products^:</u> Tuxarin ER Tab 54.3-8mg	NPD + QL + MME + D/S + AL (2 tabs per day; two 5-day fills per 60 days; Min Age 18)	NPD + QL + MME + D/S (2 tabs per day; two 5-day fills per 60 days)		No Change	AL Removal	07/01/25
<u>Erectile Dysfunction Agents^:</u> Caverject® Impulse Kit, Muse®	PB + QL + AL (8 per 30 days; Min Age 55)	PB + QL (8 per 30 days)		No Change	AL Removal	07/01/25
<u>Erectile Dysfunction Agents^:</u> Edex® Kit	NPD + QL + AL (8 per 30 days; Min Age 55)	NPD + QL (8 per 30 days)		No Change	AL Removal	07/01/25
<u>Leukotriene Inhibitors^:</u> Accolate®	NPD + AL (Min Age 5)	NPD		No Change	AL Removal	07/01/25
<u>Leukotriene Inhibitors^:</u> zafirlukast tab	G + AL (Min Age 5)	G		No Change	AL Removal	07/01/25

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<u>Leukotriene Inhibitors^:</u> zileuton ER tab	G + PA + AL (Min Age 12)	G + PA		No Change	AL Removal	07/01/25
<u>Leukotriene Inhibitors^:</u> Zyflo® Tab	NPD + PA + AL (Min Age 12)	NPD + PA		No Change	AL Removal	07/01/25
<u>Pain^:</u> acetaminophen-codeine solution 120-12mg/5ml, 300-30mg/12.5ml	G + QL + MME + D/S + AL (90ml per day; 5-day supply per 30 days; Min Age 12)	G + QL + MME + D/S (90ml per day; 5-day supply per 30 days)		No Change	AL Removal	07/01/25
<u>Pain^:</u> acetaminophen-codeine tab, codeine sulfate 30mg tab	G + QL + AL (12 tabs per day; Min Age 12)	G + QL (12 tabs per day)		No Change	AL Removal	07/01/25
<u>Pain^:</u> acetaminophen-codeine tab 300-60mg, ascomp-codeine cap 50-325-40-30mg, butalbital-apap-caff-cod cap 50-300-40-30mg, butalbital-apap-caff-cod cap 50-325-40-30mg, butalbital-asa-caff-codeine cap 50-325-40-30mg, codeine sulfate tab 60mg	G + QL + MME + D/S + AL (6 caps per day; 5-day supply per 30 days; Min Age 12)	G + QL + MME + D/S (6 caps per day; 5-day supply per 30 days)		No Change	AL Removal	07/01/25
<u>Pain^:</u> APAP-Caff-Dihydrocodeine Caps	G + QL + AL (10 caps per day; Min Age 12)	G + QL (10 caps per day)		No Change	AL Removal	07/01/25

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

(7/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<u>Pain^:</u> Conzip® ER Cap, Tramadol HCL (ER Biphasic) Caps, Ultram [ER], Ultracet®	NPD + PA + QL + MME + AL (1 cap per day; Min Age 12)	NPD + PA + QL + MME (1 cap per day)		No Change	AL Removal	07/01/25
<u>Pain^:</u> Fioricet/Codeine Cap 50-300-40-30mg	NPD + PA + QL + MME + D/S + AL (6 caps per day; 5-day supply per 30 days; Min Age 12)	NPD + PA + QL + MME + D/S (6 caps per day; 5-day supply per 30 days)		No Change	AL Removal	07/01/25
<u>Pain^:</u> Indocin® suspension, Naprosyn® suspension	NPD + AL (Max Age 12)	NPD		No Change	AL Removal	07/01/25
<u>Pain^:</u> Indomethacin suspension, naproxen suspension	G + AL (Max Age 12)	G		No Change	AL Removal	07/01/25
<u>Pain^:</u> Qdolo® Solution, Tramadol HCL Solution	NPD + PA + QL + MME + AL (80ml per day; Min Age 18)	NPD + PA + QL + MME (80ml per day)		No Change	AL Removal	07/01/25
<u>Pain^:</u> tramadol (er biphasic) tabs	G + QL + AL (1 tab per day; Min Age 12)	G + QL (1 tab per day)		No Change	AL Removal	07/01/25
<u>Pain^:</u> tramadol hcl tab 100mg	G + QL + AL (4 tabs per day; Min Age 12)	G + QL (4 tabs per day)		No Change	AL Removal	07/01/25

(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.

(7/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<u>Pain^:</u> tramadol hcl tab 75mg, tramadol-acetaminophen tab 37.5-325mg	G + QL + AL (5 tabs per day; Min Age 12)	G + QL (5 tabs per day)		No Change	AL Removal	07/01/25
<u>Pain^:</u> tramadol hcl tablet 25mg, 50mg	G + QL + AL (8 tabs per day; Min Age 12)	G + QL (8 tabs per day)		No Change	AL Removal	07/01/25
<u>Pain^:</u> Trezix® Cap 320.5-30-16mg	NPD + QL + MME + D/S + AL (10 caps per day; two 5-day fills per 60 days; Min Age 12)	NPD + QL + MME + D/S (10 caps per day; two 5-day fills per 60 days)		No Change	AL Removal	07/01/25

*= 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.

(7/25 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.

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AmeriHealth Administrators:

- Provides free aids and services to people with disabilities to communicate effectively with us and written information in other formats, such as large print
- Provides free language services to people whose primary language is not English and information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that AmeriHealth Administrators has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

There are four ways to file a grievance directly with AmeriHealth Administrators:

- by mail: AmeriHealth Administrators,
ATTN: Civil Rights Coordinator, 1900 Market Street, Philadelphia, PA 19103;
- by phone: 800-480-5032 (TTY 711);
- by fax: 215-761-0920; or
- by email: **AHACivilRightsCoordinator@ahatpa.com**.

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Access Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en su tarjeta de identificación (TTY: 711).

注意：如果您使用简体中文，您可以免费获得语言协助服务。请致电您ID卡上的电话号码。

LƯU Ý: Nếu quý vị nói tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Xin gọi số điện thoại trên thẻ ID của quý vị.

ВНИМАНИЕ: Если вы говорите по-русски, вам предлагаются бесплатные услуги переводчика. Позвоните по телефону на вашем удостоверении.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf die Nummer uff dei ID-Card uff.

알림: 한국어 통역서비스가 필요한 분은 귀하의 ID 카드에 나와있는 번호로 전화하십시오. 통역서비스를 무료로 받으실 수 있습니다.

ATTENZIONE: se parla italiano, sono disponibili per lei servizi di assistenza linguistica gratuiti. Contatti il numero che vede sulla sua carta d'identità.

انتباه: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على الرقم الموجود على بطاقة التعريف الخاصة بك.

ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le numéro indiqué sur votre carte d'identité.

HINWEIS: Wenn Sie Deutsch sprechen, steht Ihnen über Language Assistance Services ein Dolmetscher kostenlos zur Verfügung. Wenden Sie sich an die Nummer auf Ihrer ID-Karte.

ધ્યાન આપો : જો તમે ગુજરાતી બોલી શકતા હો, તો તમારા માટે ભાષા સહાય સેવાઓ, વિના મૂલ્યે, ઉપલબ્ધ છે. તમારા ID કાર્ડ પરના નંબર પર કોલ કરો.

UWAGA: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
Zadzwoń pod numer podany na Twojej karcie identyfikacyjnej.

ATANSYON: Si ou pale kreyòl ayisyen, gen asistans ak lang disponib pou ou gratis.
Rele nimewo ki sou do kat idantifikasyon ou a.

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសា មន-ខ្មែរ ប្រទេសខ្មែរ សេវាជំនួយភាសាដែលឥតគិតថ្លៃមានសម្រាប់អ្នក។
សូមទូរស័ព្ទមកលេខនៅលើកាតសំគាល់ខ្លួនរបស់អ្នក។

ATENÇÃO: se você fala português, serviços de assistência a idioma estão disponíveis
gratuitamente para você. Ligue para o número no seu cartão de identificação.

BAA ÁKONÍNÍZIN: Diné bizaad bee yánílti'go, ata' hane' bee áká i'iilyeed t'áá jíík'e bee ná
ahóót'i'. Naaltsoos bee nééhózingo nanitinígíí bik'ehgo hane'í bikáá'ígíí bich'í' hólne'.

PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka ng mga serbisyo ng
tulong para sa wika nang walang bayad. Tawagan ang numero sa ID card ninyo.

注意：日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。
IDカードの番号にお電話ください。

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه زبان، به رایگان در اختیار شما می باشد. با شماره
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