# Aetna Med D - Formulary Changes

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| Communication Overview |

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| **Product/Impact** | Medicare Formulary Only |
| **Purpose** | The following modifications apply to Medicare Formulary ONLY. |
| **Audience** | * Member Care (Medicare-D) * Provider Care (Pharmacy) * Member Care (Web & IRT) |

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| 9/1/2025 – 9/30/2025 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

**2025 Plans:** PDP- A1, A2; MAPD- B1, B2, B2 CSNP; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; Strategic Saver Plus (SSP); State of CT, FEHBP, GEHA.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| IBTROZI CAP 200MG | **ALL** plans covered | PA2, QL | EFF 9/1/2025. PC Brand |
| NILOTINIB CAP 50 **&**1150 **&**200MG | **ALL** plans covered | PA2, QL-varies | EFF 9/1/2025. PC Brand |
| PYZCHIVA INJ 45/0.5ML | **ALL** plans covered | PA, QL | EFF 9/1/2025. Brand |
| BUCAPSOL CAP 7.5 **&**10 **&**15MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL-varies | EFF 9/1/2025. Brand |
| YUTREPIA CAP 106MCG **&** 26.5 **&**53 **&**79.5 | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL-varies | EFF 9/1/2025. Brand |
| EMROSI CAP 40MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 9/1/2025. Brand |
| CRENESSITY CAP 25MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 9/1/2025. Brand |
| ZELSUVMI **GEL** 10.3% | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 9/1/2025. Brand |
| MERILOG INJ 100/ML  MERILOG SOLO INJ 100/ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA-CT, ST-rest | EFF 9/1/2025. Brand |
| HYDRO/APAP SOL | ALL plans covered | QL | EFF 9/1/2025. Generic |
| OSENVELT INJ 120/1.7 | ALL plans covered | PA2 | EFF 9/1/2025. PC Brand |
| FANAPT PAK PACK C | ALL plans covered | PA2 | EFF 9/1/2025. PC Brand |
| PROMETHAZINE SYP 6.25/5ML | most plans | PA-AGE | EFF 9/1/2025. Generic |
| POT PHOS/NAC INJ 15/100ML | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 9/1/2025. Brand |
| AVERI TAB | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 9/1/2025. Brand |
| ZEVTERA INJ 667MG | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 9/1/2025. Brand |
| PENMENVY INJ | ALL plans covered | N/A | EFF 9/1/2025. Brand Vaccine |

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| 8/1/2025 – 8/31/2025 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2025 Plans: PDP- A1, A2; MAPD- B1, B2, B2 CSNP; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; Strategic Saver Plus (SSP); State of CT, FEHBP, GEHA.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | | **COMMENTS** |
| DOLOBID TAB 375MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA-StCT, ST-rest | | EFF 8/1/2025. Brand Strength |
| SYMBRAVO TAB 20-10MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA-StCT, ST-rest | | EFF 8/1/2025. Brand |
| SELARSDI INJ **130/26ML** | Covered Open, St CT, FEHBP, GEHA, and SSP | QL- over time, PA | | EFF 8/1/2025. Brand |
| METHYLDOPA TAB 250MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA-AGE | | EFF 8/1/2025. Generic |
| EMTRIC/RILPI TAB TENOF DF | **ALL** plans covered | N/A | | EFF 8/1/2025. generic COMPLERA |
| EDURANT PED TAB 2.5MG | **ALL** plans covered | N/A | | EFF 8/1/2025. PC Brand |
| ELEPSIA XR TAB 1000 **&**1500 MG | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | | EFF 8/1/2025. PC Brand |
| CEFAZOL/DEX SOL 3GM | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | | EFF 8/1/2025. Brand |
| EPINEPHRINE INJ **30/30ML** | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | | EFF 8/1/2025. Brand |
| EPINEPHRINE INJ 10/10ML **&** 1MG/ML**(SAME GPI)** | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | | EFF 8/1/2025. Generic |
| AVMAPKI PAK FAKZYNJA | **ALL** plans covered | QL, PA2 | EFF 8/1/2025. PC Brand \*chemo | |
| HYDROCAINE CRE 3-0.5% | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 8/1/2025. Brand | |
| VANRAFIA TAB 0.75MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 8/1/2025. Brand | |
| RYKINDO   INJ 25 **&**37.5 **&**50MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA2 | EFF 8/1/2025. PC Brand | |
| EXENATIDE INJ 5MCG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 8/1/2025. generic BYETTA | |
| WYOST INJ 120/1.7 | **ALL** plans covered | PA2 | EFF 8/1/2025. PC Brand | |
| EMRELIS INJ 20 **&**100MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA2 | EFF 8/1/2025. PC Brand | |
| RYZNEUTA INJ 20MG/ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 8/1/2025. Brand | |
| GLASSIA INJ (**2 GPIS)** | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 8/1/2025. Brand | |
| CTEXLI TAB 250MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 8/1/2025. Brand \*gen CHENODAL already installed | |
| TOLVAPTAN PAKS | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 8/1/2025. generic JYNARQUE | |
| USTEKINUMAB-INJ TTWE (3Strengths) | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-varies, PA | EFF 8/1/2025. Brand \*shares same GPI existing Brand Pyzchva with coverage differences | |
| USTEKINUMAB INJ 45/0.5ML (2GPS) &130/26ML &90MG/ML | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-varies, PA | EFF 8/1/2025. Brand \*shares same GPI existing Brand Stelara with coverage differences | |
| USTEKIN-AEKN INJ 45/0.5ML &90MG/ML SELARSDI INJ 45/0.5ML & 90MG/ML (same gpi) | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-varies, PA | EFF 8/1/2025. Brand | |
| UMECLID/VILA INH 62.5-25 | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 8/1/2025. Brand \*shares same GPI existing Brand ANORO ELLIPT with coverage differences | |
| NILOTINIB CAP 150 &200 &50MG | ALL plans covered | QL-varies, PA2 | EFF 8/1/2025. PC generic TASIGNA | |
| PERAMPANEL TAB 2 &4 &6 &8 &0 &12MG | ALL plans covered | QL-varies, PA2 | EFF 8/1/2025. PC generic YCOMPA | |
| OTULFI INJ 45/0.5ML & 90MG/ML & 130/26ML | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-varies, PA | EFF 8/1/2025. Brand | |
| VYKAT XR TAB 25MG &75 &150 | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-varies, PA | EFF 8/1/2025. Brand | |
| ELTROMBOPAG POW 12.5 &25MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-varies, PA | EFF 8/1/2025. generic PROMACTA | |
| ELTROMBOPAG TAB 12.5 &25 &50 &75MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-varies, PA | EFF 8/1/2025. generic PROMACTA | |

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| 7/1/2025 – 7/31/2025 |

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| FULVICIN P/G TAB 165MG GRISEOFULVIN TAB ULTR 165 **(same GPI)** | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 7/1/2025**.** generics (SAME GPI) |
| EXENATIDE INJ 10MCG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 7/1/2025. generic BYETTA |
| LIDOCAINE GEL 2% JELLY | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 7/1/2025. generic |
| PYZCHIVA INJ 45/0.5ML **&** 130/25ML **&**90MG/ML | **ALL** plans covered | PA, QL-varies | EFF 7/1/2025. Brand |
| YESINTEK INJ 45/0.5ML **(2GPIS) &** 90MG/ML **&** 130/26ML | **ALL** plans covered | PA, QL-varies | EFF 7/1/2025. Brand |
| STEQEYMA INJ 45/0.5ML **&** 90MG/ML **&**130/26ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL-varies | EFF 7/1/2025. Brand |
| WEZLANA INJ 45/0.5ML **(2GPIS) &** 90MG/ML **&** 130/26ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL-varies | EFF 7/1/2025. Brand |
| JOURNAVX TAB 50MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 7/1/2025. Brand |
| LIVMARLI TAB 10 **&**15 **&**20 **&**30MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL-varies | EFF 7/1/2025. Brand |
| MIRCERA INJ 100 **&**150 **&**200 **&**30 **&**50 **&**75MCG **&**120MCG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL-varies | EFF 7/1/2025. Brand |
| OMVOH INJ 100/200 (**2 GPIS)** | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 7/1/2025. Brand |
| VYVGART INJ **HYTRULO** | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 7/1/2025. Brand |
| ESLICARBAZEP TAB 200 &400 &600 &800MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-varies | EFF 7/1/2025. PC generic APTIOM |
| TEZRULY SOL 1MG/ML | Covered Open, St CT, FEHBP, GEHA, and SSP | QL | EFF 7/1/2025. Brand |
| NEFFY SPR 1MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL | EFF 7/1/2025. Brand |
| JALYN CAP 0.5-0.4 | Covered Open, St CT, FEHBP, GEHA, and SSP | QL | EFF 7/1/2025. Brand |
| MORPHINE SUL INJ 2MG/ML | most plans | PA-BvsD | EFF 7/1/2025. generic |
| METRONIDAZOL TAB 125MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 7/1/2025. generic |
| INZIRQO SUS 10MG/ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 7/1/2025. Brand |
| XROMI SOL 100MG/ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 7/1/2025. Brand |
| VYLOY INJ 300MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA2 | EFF 7/1/2025. PC Brand |
| LUTRATE DEPO INJ 22.5MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA2 | EFF 7/1/2025. PC Brand \*note: shares GPI with existing brand LEUPROLIDE with coverage difference |
| PAXLOVID PAK | ALL plans covered | QL-OVER TIME | EFF 5/5/2025. Brand |
| SUNLENCA TAB 300MG | ALL plans covered | N/A | EFF 7/1/2025. PC Brand (new GPI) |
| BISOPROL FUM TAB 2.5MG | ALL plans covered | N/A | EFF 7/1/2025. generic Strength |
| HEMICLOR TAB 12.5MG | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 7/1/2025. Brand |
| TEPYLUTE INJ 15/1.5ML & 100/10ML | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 7/1/2025. PC Brand |
| TICAGRELOR TAB 60 &90MG | ALL plans covered | N/A | EFF 7/1/2025. generic BRILINTA |
| VIMKUNYA INJ | ALL plans covered | N/A | EFF 7/1/2025. Brand Vaccine |
| SUNLENCA TAB 300MG (2GPIS) | ALL plans covered | N/A | EFF 7/1/2025. PC Brand MODIFICATION REMOVE QL \*see new GPI above |

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| 6/1/2025 – 6/30/2025 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

**2025 Plans:** PDP- A1, A2; MAPD- B1, B2, B2 CSNP; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; Strategic Saver Plus (SSP); State of CT, FEHBP, GEHA

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| HALCINONIDE SOL 0.1% | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 6/1/2025. generic HALOG |
| IVERMECTIN TAB 6MG | **ALL** plans covered | PA, QL | EFF 6/1/2025. generic |
| PREVYMIS **PAK** 120 **&**20MG | **ALL** plans covered | PA, QL | EFF 6/1/2025. Brand |
| ONAPGO INJ 98/20ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 6/1/2025. Brand |
| ZUNVEYL TAB 15MG **&**5 **&**10 | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL | EFF 6/1/2025. Brand |
| CORTROPHIN INJ 80UNT/ML **&**40/0.5ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL-VARIES | EFF 6/1/2025. Brand |
| ROMVIMZA CAP 14MG **&**20 **&**30 | **ALL** plans covered | PA2, QL | EFF 6/1/2025. PC Brand |
| RALDESY **SOL** 10MG/ML | **ALL** plans covered | PA2, QL | EFF 6/1/2025. PC Brand |
| XPOVIO PAK 40MG | **ALL** plans covered | PA2, QL | EFF 6/1/2025. PC Brand |
| REVUFORJ TAB 25MG | **ALL** plans covered | PA2, QL | EFF 6/1/2025. PC Brand |
| SIMLANDI 1PN KIT 80/0.8ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA, QL- Over Time | EFF 6/1/2025. Brand |
| RIVAROXABAN TAB 2.5MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL | EFF 6/1/2025. generic XARELTO |
| BKEMV INJ 300/30ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 6/1/2025. Brand |
| EPYSQLI INJ 300/30ML | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 6/1/2025. Brand |
| POKONZA POW 10MEQ | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 6/1/2025. Brand |
| OCTREOTIDE KIT 10MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 6/1/2025. generic SANDOSTATIN |
| CLINDAMYCIN INJ 300/2ML | ALL plans covered | N/A | EFF 6/1/2025. generic |
| IVRA INJ 90MG/ML | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 6/1/2025. PC Brand |

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| 5/1/2025 – 5/31/2025 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2025 Plans: PDP- A1, A2; MAPD- B1, B2, B2 CSNP; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; Strategic Saver Plus (SSP); State of CT, FEHBP, GEHA

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| LIDOTRAL **GEL** 5% | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 5/1/2025. Brand Strength |
| LIDO/HYDROCO **LOT** 5-1% | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 5/1/2025. Brand |
| LIDOTRAL+HC LOT 3.88-1% | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 5/1/2025. Brand |
| FENOPRON CAP **300MG** | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 5/1/2025. Brand |
| EVRYSDI TAB 5MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 5/1/2025. Brand |
| SIMLANDI KIT 20/0.2 **&** 80/0.8ML | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-Varies, PA | EFF 5/1/2025. Brand |
| NIKTIMVO INJ 22/0.44 **&** 9/0.18ML | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-Varies, PA | EFF 5/1/2025. Brand |
| **METFORMIN TAB 750MG** | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 5/1/2025. generic Strength |
| TRAMADOL HCL TAB **75MG** | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 5/1/2025. generic Strength |
| GOMEKLI **CAP** 1 **&**2MG | **ALL** plans covered | QL-Varies, PA2 | EFF 5/1/2025. PC Brand |
| GOMEKLI **TAB** 1MG | **ALL** plans covered | QL, PA2 | EFF 5/1/2025. PC Brand |
| ELAHERE INJ 5MG/ML | **Covered Open, St CT, FEHBP, GEHA, and SSP** | PA2 | EFF 5/1/2025. PC Brand |
| GRAFAPEX INJ 1 &5GM | **Covered Open, St CT, FEHBP, GEHA, and SSP** | PA- BvsD | EFF 5/1/2025. PC Brand |
| LACTULOSE PAK 20GM | **Covered Open, St CT, FEHBP, GEHA, and SSP** | PA | EFF 5/1/2025. Brand \*shares gpi with brand Kristalos with coverage differences. |
| SIKLOS   TAB 100 &1000MG | **ALL plans covered** | PA | EFF 5/1/2025. Brand Modification ADDING to REST of Plans |
| MEMAN/DONEPZ CAP 21-10MG | **Covered Open, St CT, FEHBP, GEHA, and SSP** | N/A | EFF 5/1/2025. generic NAMZARIC |
| MERCAPTOPURI SUS 20MG/ML | **ALL plans covered** | N/A | EFF 5/1/2025. PC generic PURIXAN |
| FRINDOVYX INJ 1GM/2ML & 2GM/4ML & 500MG/ML | **Covered Open, St CT, FEHBP, GEHA, and SSP** | N/A | EFF 5/1/2025. PC Brand |
| VIVOTIF CAP EC | **ALL plans covered** | N/A | EFF 5/1/2025. Brand Vaccine |
| LUMIGAN SOLN 0.01% | **ALL plans covered** | N/A | EFF 5/1/2025. Brand |
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| 4/1/2025 – 4/30/2025 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

**2025 Plans:** PDP- A1, A2; MAPD- B1, B2, B2 CSNP; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; Strategic Saver Plus (SSP); State of CT, FEHBP, GEHA

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| MEMAN/DONEPZ CAP 14-10 **&** 28-10MG | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 4/1/2025. generic NAMZARIC |
| PEMETREXED INJ 100 **&**500MG  AXTLE INJ 100 **&**500MG  **(SAME GPI)** | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 4/1/2025. Brands |
| DOCIVYX INJ 160/16ML **&**20MG/2ML **&**80MG/8ML | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 4/1/2025. PC Brand |
| LABETALOL TAB 400MG | **ALL** plans covered | N/A | EFF 4/1/2025. generic Strength |
| POSFREA INJ 0.25/5ML | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 4/1/2025. Brand |
| RETISERT IMP 0.59MG | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 4/1/2025. Brand |
| CYCLOPHOSPH INJ 1GM/2ML | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 4/1/2025. Brand |
| NIMODIPINE SOL 60/20ML | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 4/1/2025. generic |
| TOPIRAMATECAP 50MG | **ALL** plans covered | N/A | EFF 4/1/2025. PC generic |
| OLOPATADINE SOL 0.2% | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | EFF 4/1/2025. generic |
| MESNA TAB 400MG | **ALL** plans covered | N/A | EFF 4/1/2025. PC Brand |
| AQNEURSA POW 1GM | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL, PA | EFF 4/1/2025. Brand |
| ERZOFRI INJ (6 Strengths) | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL-VARIES, PA2 | EFF 4/1/2025. PC Brand |
| ATTRUBY PAK 356MG | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL, PA | EFF 4/1/2025. Brand |
| METHYLDOPA TAB 500MG | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL, PA-AGE | EFF 4/1/2025. generic |
| BIMZELZ INJ 320MG/2 (2 GPIS) | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL, PA | EFF 4/1/2025. Brand |
| CRENESSITY CAP 50 &100MG &SOL 50MG/ML | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL-VARIES, PA | EFF 4/1/2025. Brand |
| TRYNGOLZA INJ 80MG/0.8 | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL, PA | EFF 4/1/2025. Brand |
| ALYFTREK TAB (10-50-125 MG & 4-20-50 MG) | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL-VARIES, PA | EFF 4/1/2025. Brand |
| PRUCALOPRIDE TAB 1 &2MG | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL, PA | EFF 4/1/2025. generic MOTEGRITY |
| GABARONE TAB 100 &400MG | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL-VARIES, PA2 | EFF 4/1/2025. PC Brand |
| OPIPZA MIS 10 &5 &2MG | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL-VARIES, PA2 | EFF 4/1/2025. PC Brand |
| AREXVY INJ 120MCG | **ALL plans covered** | QL-over time | EFF 4/1/2025. MODIFICATION QOT 1/999 Add |
| ABRYSVO SOL 120MCG | **ALL plans covered** | QL-over time | EFF 4/1/2025. MODIFICATION QOT 1/999 Add |
| ESOMEPRAZOLE POW 2.5 & 5MG | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL | EFF 4/1/2025. generic NEXIUM |
| LEVETIRACETA TAB 250MG | **Covered Open, St CT, FEHBP, GEHA, and SSP** | QL | EFF 4/1/2025. PC Brand \*shares GPI with Brand Spritam with coverage differences |
| OPDIVO INJ QVANTIG | **Covered Open, St CT, FEHBP, GEHA, and SSP** | PA2 | EFF 4/1/2025. PC Brand |
| DATROWAY INJ 100MG | **Covered Open, St CT, FEHBP, GEHA, and SSP** | PA2 | EFF 4/1/2025. PC Brand |

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| 3/1/2025 – 3/31/2025 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

**2025 Plans:** PDP- A1, A2; MAPD- B1, B2, B2 CSNP; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; Strategic Saver Plus (SSP); State of CT, FEHBP, GEHA

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| IMKELDI SOL 80MG/ML | **ALL** plans covered | QL, PA2 | EFF 3/1/2025. PC Brand |
| VYALEV INJ 240-12MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 3/1/2025. Brand \*bvd embedded criteria |
| HYDROCO/APAP **TAB** 2.5-325 | **ALL** plans covered | QL | EFF 3/1/2025. generic Strength |
| FEMLYV TAB 1/0.02MG | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | EFF 3/1/2025. Brand |
| LIORESAL INT INJ 10MG/5ML **&**50MCG/ML **&**10/20ML **&**40/20 | Covered Open, St CT, FEHBP, GEHA, and SSP | PA-BvsD | EFF 3/1/2025. Brand |

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| 2/1/2025 – 2/28/2025 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

**2025 Plans:** PDP- A1, A2; MAPD- B1, B2, B2 CSNP; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; Strategic Saver Plus (SSP); State of CT, FEHBP, GEHA

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| OCREVUS INJ ZUNOVO | Covered A1, Open, St CT, FEHBP, GEHA, and SSP | QL-over time, PA | EFF 2/1/2025. Brand |
| EDARAVONE INJ 60/100ML | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 2/1/2025. generic Strength |
| MIPLYFFA CAP 124 **&**47 **&**62 **&**93MG | Covered Open, St CT, FEHBP, GEHA, and SSP | QL, PA | EFF 2/1/2025. Brand |
| AUGTYRO CAP 160MG | **ALL** plans covered | QL, PA2 | EFF 2/1/2025. PC Brand |
| LUMAKRAS TAB 240MG | **ALL** plans covered | QL, PA2 | EFF 2/1/2025. PC Brand |
| REVUFORJ TAB 110 **&**160MG | **ALL** plans covered | QL, PA2 | EFF 2/1/2025. PC Brand |
| DANZITEN TAB 71 **&** 95MG | **ALL** plans covered | QL, PA2 | EFF 2/1/2025. PC Brand |
| **ADALIMU-ADAZ INJ 80/0.8ML** | Covered Open, St CT, FEHBP, GEHA, and SSP | QL-over time, PA | **EFF 1/1/2025. PC Brand** |
| **BORUZU INJ 3.5/1.4** | Covered Open, St CT, FEHBP, GEHA, and SSP | PA2 | **EFF 2/1/2025. PC Brand** |
| **ZIIHERA INJ 300MG** | Covered Open, St CT, FEHBP, GEHA, and SSP | PA2 | **EFF 2/1/2025. PC Brand** |
| **PAVBLU INJ 2/0.05ML (2 GPIS)** | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | **EFF 2/1/2025. Brand** |
| **CIMETIDINE SOL 300/5ML** | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | **EFF 2/1/2025. generic** |
| **AZMIRO INJ 200MG/ML** | Covered Open, St CT, FEHBP, GEHA, and SSP | PA | **EFF 2/1/2025. Brand** |
| **PANTOPRAZOLE SOL 40/50ML** | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | **EFF 2/1/2025. Brand** |
| **ILUVIEN IMP 0.19MG** | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | **EFF 2/1/2025. Brand** |
| **ELIMITE CRE 5%** | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | **EFF 2/1/2025. Brand. Note: generic PERMETHRIN CRE 5% already covered** |
| **MICAFUNGIN INJ NACL** | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | **EFF 2/1/2025. Brand Strength** |
| **TIMOLOL HEMI SOL 0.5% OP** | Covered Open, St CT, FEHBP, GEHA, and SSP | N/A | **EFF 2/1/2025. generic BETIMOL** |

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| 12/1/2024 – 12/31/2024 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

**2024 Plans:** MAPD- B2, B3, B4,B5; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT, FEHBP

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| OHTUVAYRE SUS 3/2.5ML | Covered Open and St CT | QL, PA2 | **EFF 12/1/2024**. PC Brand |
| LIVMARLI SOL 19MG/ML | Covered Open and St CT | QL, PA | **EFF 12/1/2024.** Brand Strength |
| NEMLUVIO INJ 30MG | Covered Open and St CT | QL, PA | **EFF 12/1/2024.** Brand |
| LIVDELZI CAP 10MG | Covered Open and St CT | QL, PA | **EFF 12/1/2024.** Brand |
| GLIMEPIRIDE TAB 3MG | Covered Open and St CT | QL, PA | **EFF 12/1/2024.** generic |
| TRYVIO TAB 12.5MG | Covered Open and St CT | QL, PA | **EFF 12/1/2024.** Brand |
| TREMFYA INJ 200/20ML **&**200/2ML**(2GPIS)** | **ALL** plans covered | QL-Varies, PA | **EFF 12/1/2024**. Brand |
| TRUQAP PAK 160 **&**200MG | **ALL** plans covered | QL, PA2 | **EFF 12/1/2024.** PC Brand |
| COBENFY CAP 125-30MG | **ALL** plans covered | QL, PA2 | **EFF 12/1/2024.** PC Brand |
| COBENFY CAP 50-20MG | **ALL** plans covered | QL, PA2 | **EFF 12/1/2024.** PC Brand |
| COBENFY STRT CAP PACK | **ALL** plans covered | QL-Over Time, PA2 | **EFF 12/1/2024.** PC Brand |
| NEFFY SPR 2/0.1ML | Covered Open and St CT | QL | **EFF 12/1/2024.** Brand |
| ONYDA XR SUS 0.1MG/ML | Covered Open and St CT | QL | **EFF 12/1/2024.** Brand |
| VELTASSA POW 1GM | **ALL** plans covered | QL | **EFF 12/1/2024.** Brand Strength |
| HYDRO/ACETA SOL 10-325MG | **ALL** plans covered | QL | **EFF 12/1/2024.** generic Strength |
| HIZENTRA INJ 10/50ML | Covered Open and St CT | PA | **EFF 12/1/2024.** new Brand GPI \*BvD Embedded crit |
| POT CHLORIDE TAB 15MEQ ER | **ALL** plans covered | N/A | **EFF 12/1/2024.** generic |
| HYDRO SOD SU INJ 100MG | **ALL** plans covered | N/A | **EFF 12/1/2024.** generic SOLU-CORTEF |

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| 11/1/2024 – 11/30/2024 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

**2024 Plans:** MAPD- B2, B3, B4,B5; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT, FEHBP

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ABRYSVO INJ | **ALL** plans covered | **QL-over time** | EFF 11/1/2024. Brand Modification-Add QL |
| CREXONT CAP 35-140MG | Covered Open and St CT | PA-St CT and ST-Open | EFF 11/1/2024. Brand |
| CREXONT CAP 52.5-210 | Covered Open and St CT | PA-St CT and ST-Open | EFF 11/1/2024. Brand |
| CREXONT CAP 70-280MG | Covered Open and St CT | PA-St CT and ST-Open | EFF 11/1/2024. Brand |
| CREXONT CAP 87.5-350 | Covered Open and St CT | PA-St CT and ST-Open | EFF 11/1/2024. Brand |
| VABYSMO INJ 6/0.05ML | Covered Open and St CT | PA | EFF 11/1/2024. Brand \* **BvsD embedded criteria** |
| TEVIMBRA INJ 100/10ML | **ALL** plans covered | PA2 | EFF 11/1/2024. PC Brand |
| OXCARBAZEPIN TAB 150 **&**300 **&**600 MG ER | Covered Open and St CT | N/A | EFF 11/1/2024. PC generic OXTELLAR XR |
| ORAL CITRATE SOL | Covered Open and St CT | N/A | EFF 11/1/2024. Brand |
| CEFAZOLIN INJ DEXTROSE | **ALL** plans covered | N/A | EFF 11/1/2024. Brand |
| VAXCHORA SUS | **ALL** plans covered | N/A | EFF 11/1/2024. Brand VACCINE |
| LIDOTRAL 1 PAD 4.88% | **Covered Open and St CT** | QL, PA | EFF 11/1/2024. Brand |
| LIDOTRAL + CRE HYDROCOR | **Covered Open and St CT** | QL, PA | EFF 11/1/2024. Brand |
| LIDOTRAL SOL 5% | **Covered Open and St CT** | QL, PA | EFF 11/1/2024. Brand |
| LIDOTRAL SPR 2% | **Covered Open and St CT** | QL, PA | EFF 11/1/2024. Brand |
| ZORYVE CRE 0.15% | **Covered Open and St CT** | QL, PA | EFF 11/1/2024. Brand |
| VIGAFYDE SOL 100MG/ML | **ALL plans covered** | QL, PA2 | EFF 11/1/2024. PC Brand |
| VORANIGO TAB 40 &10MG | **ALL plans covered** | QL-varies, PA2 | EFF 11/1/2024. PC Brand |
| LAZCLUZE TAB 240 &80MG | **ALL plans covered** | QL-varies, PA2 | EFF 11/1/2024. PC Brand |
| DASATINIB TAB 100 &140 &20 &50 &70 &80MG | **ALL plans covered** | QL-varies, PA2 | EFF 11/1/2024. PC Brand |
| TAZAROTENE CRE 0.05% | **ALL plans covered** | QL, PA | EFF 11/1/2024. generic TAZORAC |
| LOFEXIDINE TAB 0.18MG | **Covered Open and St CT** | QL, PA | EFF 11/1/2024. Generic |

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| 10/1/2024 – 10/31/2024 |

The following updates apply to**Medicare Part-D Formulary ONLY**.

**2024 Plans:** MAPD- B2, B3, B4,B5; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT, FEHBP

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| BRUSELIX GEL 3.88% (same GPI LIDOTRAL below - QL diff) | Covered Open and St CT | QL, PA | EFF 10/1/2024. Brand/shares same GPI with LIDOTRAL below with QL difference |
| LIDOTRAL GEL 3.88% (same GPI BRUSELIX above -QL diff) | Covered Open and St CT | QL, PA | EFF 10/1/2024. Brand/shares same GPI with BRUSELIX above with QL difference |
| LIDOTRAL/HYD CRE 5-1% | Covered Open and St CT | QL, PA | EFF 10/1/2024. Brand |
| MYCOZYL HC **LIQ** 1-0.667% | Covered Open and St CT | QL, PA | EFF 10/1/2024. Brand |
| MYCOZYL HC **GEL** 1-0.667% | Covered Open and St CT | QL, PA | EFF 10/1/2024. Brand |
| TOFIDENCE INJ 200/10ML **&**400/20ML **&**80MG/4ML | Covered Open and St CT | QL, PA | EFF 10/1/2024. Brand |
| **DUVYZAT SUS 8.86MG** | Covered Open and St CT | QL, PA | EFF 10/1/2024. Brand |
| IQIRVO TAB 80MG | Covered Open and St CT | QL, PA | EFF 10/1/2024. Brand |
| TYENNE INJ 162/0.9 **&**162MG | Covered Open and St CT | QL, PA | EFF 10/1/2024. Brand Strength |
| AUSTEDO XR TAB 18MG | **ALL** plans covered | QL, PA | EFF 10/1/2024. Brand Strength |
| EDARAVONE INJ 30/100ML | Covered Open and St CT | QL, PA | EFF 10/1/2024. generic RADICAVA |
| SITAG/METFOR TAB 50-500 &50-100MG | Covered Open and St CT | QL, PA-StCT and ST-Open | EFF 10/1/2024. Brand |
| ACTHAR INJ GEL (2GPIS- 80 UNIT/ML & 40 UNIT/0.5ML) | Covered Open and St CT | QL-varies, PA | EFF 10/1/2024. Brand |
| RYSTIGGO INJ 420/3 &560/4 &840/6ML | Covered Open and St CT | QL-varies, PA | EFF 10/1/2024. Brand |
| OTEZLA TAB 10/20 &20MG | ALL plans covered | QL-varies, PA | EFF 10/1/2024. Brand |
| TALTZ INJ 20/0.25 &40/0.5 | ALL plans covered | QL-varies, PA | EFF 10/1/2024. Brand Strength |
| RETEVMO TAB 40 &160 &80 &120MG | ALL plans covered | QL-varies, PA2 | EFF 10/1/2024. PC Brand |
| ADALIMU-RYVK INJ 40/0.4ML | Covered Open and St CT | QL-over time, PA | EFF 10/1/2024. Brand |
| ADBRY INJ 300/2ML | Covered Open and St CT | QL-over time, PA | EFF 10/1/2024. Brand Strength |
| AUSTEDO XR TAB TITR KIT | ALL plans covered | QL-over time, PA | EFF 10/1/2024. Brand |
| AREXVY INJ 120MCG | ALL plans covered | QL-over time | EFF 10/1/2024. Brand Vaccine MODIFICATION – Add QL (QOT 1/999) |
| RYTELO INJ 188 &47MG | Covered Open and St CT | PA2 | EFF 10/1/2024. PC Brand |
| ELFABRIO SOL 5MG/2.5 | Covered Open and St CT | PA | EFF 10/1/2024. Brand Strength |
| PIASKY INJ 340/2ML | Covered Open and St CT | PA | EFF 10/1/2024. Brand |
| L-GLUTAMINE POW 5GM | ALL plans covered | PA | EFF 10/1/2024. generic ENDARI |
| ONDANSETRON TAB 16MG ODT | ALL plans covered | PA- BvsD | EFF 10/1/2024. generic strength |
| NALOXONE HCL SOL 0.4MG/ML | ALL plans covered | N/A | EFF 10/1/2024. generic strength |
| ENTRESTO CAP 6-6MG &15-16MG | ALL plans covered | N/A | EFF 10/1/2024. Brand Strength |
| VANCOMYCIN INJ 1.75 &2GM | most plans | N/A | EFF 10/1/2024. generic strength |
| PANTOPR/NACL SOL 40MG/100 &80MG/100 | Covered Open and St CT | N/A | EFF 10/1/2024. Brand |

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| 8/1/2024 – 8/31/2024 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

**2024 Plans:** MAPD- B2, B3, B4, B5; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT, FEHBP

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| DYCLOPRO SOL 0.5% | Covered Open and St CT | PA, QL | EFF 8/1/2024. Brand |
| FASENRA INJ 10MG/0.5 | **ALL** plans covered | PA, QL | EFF 8/1/2024. Brand |
| INGREZZA CAP 40 **&**60 **&**80MG | Covered Open and St CT | PA, QL | EFF 8/1/2024. Brand |
| HYDROXYM CRE 2% | Covered Open and St CT | PA, QL | EFF 8/1/2024. Brand |
| TYENNE INJ 80MG/4ML **&** 200/10ML **&** 400/20ML | Covered Open and St CT | PA, QL | EFF 8/1/2024. Brand |
| OMVOH INJ 100MG/ML | Covered Open and St CT | PA, QL | EFF 8/1/2024. Brand |
| ZYMFENTRA INJ 120MG/ML(BR**-2GPIS)** | Covered Open and St CT | PA, QL | EFF 8/1/2024. Brand |
| ADALIMU-**RYVK** INJ 40/0.4ML | Covered Open and St CT | PA, QL-Over time | EFF 8/1/2024. Brand |
| AUSTEDO XR TAB 30 **&**36 **&**42 **&**48MG ER | **ALL** plans covered | PA, QL | EFF 8/1/2024. Brand |
| ADALIMU-ADBM KIT 40/0.4ML (3NDCs) | Covered Open and St CT | PA, QL-Over time | EFF 8/1/2024. Brand |
| CYLTEZO KIT 40/0.4ML | Covered Open and St CT | PA, QL-Over time | EFF 8/1/2024. Brand (shares gpi above/Same coverage) |
| CYLTEZO KIT CROHNS (shares gpi/NDC code) | Covered Open and St CT | PA, QL-Over time | EFF 8/1/2024. Brand (shares gpi above/NDC code-QL differs |
| CYLTEZO PSOR KIT 40/0.4ML (shares gpi/NDC code) | Covered Open and St CT | PA, QL-Over time | EFF 8/1/2024. Brand (shares gpi above/NDC code-QL differs |
| ADALIMU-ADBM KIT 40/0.4ML (DIFF GPI then above) | Covered Open and St CT | PA, QL-Over time | EFF 8/1/2024. Brand (different GPI then above) |
| CYLTEZO KIT 40/0.4ML (shares gpi/Same coverage) | Covered Open and St CT | PA, QL-Over time | EFF 8/1/2024. Brand (shares gpi/Same coverage) |
| KIONEX SUS 15GM/60 | ALL plans covered | N/A | EFF 8/1/2024. generic |
| AMCINONIDE CRE 0.1% | Covered Open and St CT | QL | EFF 8/1/2024. generic |
| DEFLAZACORT SUS 22.75MG | Covered Open and St CT | PA | EFF 8/1/2024. generic EMFLAZA |
| ERIBULIN INJ 1MG/2ML | Covered Open and St CT | PA2 | EFF 8/1/2024. PC generic HALAVEN |
| IMDELLTRA INJ 1 &10MG | Covered Open and St CT | PA2 | EFF 8/1/2024. PC Brand |
| MYHIBBIN SUS 200MG/ML | Covered Open and St CT | PA-BD | EFF 8/1/2024. Brand |
| KABIVEN EMU | Covered Open and St CT | PA-BD | EFF 8/1/2024. Brand |
| OMNIPOD 5 G7 KIT INTRO | Covered Open and St CT | N/A | EFF 8/1/2024. Brand |
| OMNIPOD 5 G7 MIS PODS | Covered Open and St CT | N/A | EFF 8/1/2024. Brand |
| MICAFUNGIN INJ NACL (2GPIs -0.9% IV SOLUTION 50 MG/50ML &100 MG/100ML) | Covered Open and St CT | N/A | EFF 8/1/2024. Brand |
| FOCINVEZ INJ 150/50ML | Covered Open and St CT | N/A | EFF 8/1/2024. Brand |
| TOLECTIN 600 TAB 600MG | Covered Open and St CT | QL, PA-StCT, ST-open | EFF 8/1/2024. Brand |

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| 7/1/2024 – 7/31/2024 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

**2024 Plans:** MAPD- B2, B3, B4,B5; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT, FEHBP

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| LIBERVANT MIS 10 **&**12.5 **&**15 **&** 5 **&7.5**MG | **ALL** plans covered | PA2, QL | EFF 7/1/2024. PC Brand |
| OGSIVEO TAB 100 **&**150MG | **ALL** plans covered | PA2, QL | EFF 7/1/2024. PC Brand |
| OJEMDA **SUS** 25MG/ML | **ALL** plans covered | PA2, QL | EFF 7/1/2024. PC Brand |
| OJEMDA TAB 100MG | **ALL** plans covered | PA2, QL | EFF 7/1/2024. PC Brand |
| OPSYNVI TAB 10-20MG **&**  10-40MG | Covered Open and St CT | PA, QL | EFF 7/1/2024. Brand |
| REZDIFFRA TAB 60 **&**80 **&**100MG | Covered Open and St CT | PA, QL | EFF 7/1/2024. Brand |
| SPEVIGO INJ 150/1ML | Covered Open and St CT | PA, QL-over time | EFF 7/1/2024. Brand |
| VOYDEYA TAB 100MG **&**  **50-100 MG** | Covered Open and St CT | PA, QL | EFF 7/1/2024. Brand |
| METHYLPHENID TAB 27 **&**36 **&**54MG ER | most plans | QL | EFF 7/1/2024. generic |
| MIRABEGRON TAB 25 **&**50MG ER | Covered Open and St CT | QL | EFF 7/1/2024. generic MYRBETRIQ |
| XCOPRI TAB 25MG | **ALL** plans covered | QL | EFF 7/1/2024. PC Brand |
| WINREVAIR INJ 45 &60MG (2GPIS EACH) | **Covered Open and St CT** | PA- | EFF 7/1/2024. Brand |
| BACLOFEN TAB 15MG | **ALL plans covered** | N/A | EFF 7/1/2024. generic Strength |
| EXTENCILLINE INJ 1200000 &2400000 | **ALL plans covered** | N/A | EFF 7/1/2024. Brand |
| JYLAMVO SOL 2MG/ML | **ALL plans covered** | N/A | EFF 7/1/2024. PC Brand |
| CYCLOPHOSPH INJ 500/5ML &1000MG &2000MG | **Covered Open and St CT** | N/A | EFF 7/1/2024. PC Brand |
| ESTRADIOL GEL 0.06% | **Covered Open and St CT** | N/A | EFF 7/1/2024. generic ESTROGEL |
| FRAICHE 5000 GEL PREVI | **Covered Open and St CT** | N/A | EFF 7/1/2024. Brand |
| FRAICHE 5000 GEL SENSITI | **Covered Open and St CT** | N/A | EFF 7/1/2024. Brand |
| VASOPRE/NACL INJ 20/100 &40/100ML | **Covered Open and St CT** | N/A | EFF 7/1/2024. Brand |
| ALVESCO AER 160 &80MCG | **ALL plans covered** | QL- | EFF 7/1/2024. Brand MODIFICATION. ADD to Rest of plans AND Remove PA/CT, ST/Open |

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| 6/1/2024 – 6/30/2024 |

The following updates apply to Medicare Part-D Formulary ONLY.

2024 Plans: MAPD- B2, B3, B4, B5; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT, FEHBP

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| TRUDHESA AER 0.725MG | Covered Open and St CT | PA, QL | EFF 6/1/2024. Brand |
| ALVAIZ TAB 9 **&**54 **&**36 **&**18MG | **ALL** plans covered | PA, QL-VARIES | EFF 6/1/2024. Brand |
| EOHILIA SUS 2MG/10ML | Covered Open and St CT | PA, QL | EFF 6/1/2024. Brand |
| VEVYE DRO 0.1% | Covered Open and St CT | PA, QL | EFF 6/1/2024. Brand |
| YUFLYMA **KIT** 20/0.2ML | Covered Open and St CT | PA, QL-OVER TIME | EFF 6/1/2024. Brand Strength |
| SIMLANDI 2PN INJ 40/0.4ML SIMLANDI 1PN KIT 40/0.4ML **(SAME GPI)** | Covered Open and St CT | PA, QL-OVER TIME | EFF 6/1/2024. Brand |
| NITROGLYCERI OIN 0.4% | **ALL** plans covered | QL | EFF 6/1/2024. generic RECTIV |
| METADATE CD CAP 10**&**20**&**30**&**40**&**50**&**60MG | Covered Open and St CT | QL | EFF 6/1/2024. Brand \*note: generic Methylphenid already installed |
| BROMFENAC DRO **0.07%** OP | Covered Open and St CT | PA- GENERIC ONLY | EFF 6/1/2024. generic PROLENSA \*note: Brand already installed /covered All plans with No Edit |
| BROMFENAC DRO **0.075%** | Covered Open and St CT | PA- GENERIC ONLY | EFF 6/1/2024. generic BROMSITE \*note: Brand already installed /covered All plans with No Edit |
| TETRACYCLINE TAB 250 **&**500MG | Covered Open and St CT | PA | EFF 6/1/2024. new generic GPIs |
| ALYGLO INJ 5GM/50ML **&**10/100ML **&** 20/20ML | Covered Open and St CT | PA | EFF 6/1/2024. Brand \*Note: BvsD Embedded criteria |
| PEMETREXED SOL 1GM/40ML &100/4ML &500/20ML | Covered Open and St CT | N/A | EFF 6/1/2024. PC Brand |
| PEMRYDI RTU SOL 100/10 &500/50ML | Covered Open and St CT | N/A | EFF 6/1/2024. PC Brand |
| VANCOMYC/D5W INJ 1.25/250 &1.5/300 | Covered Open and St CT | N/A | EFF 6/1/2024. Brand Strength |
| TIOPRONIN TAB 100 &300MG DR | Covered Open and St CT | N/A | EFF 6/1/2024. generic THIOLA EC |
| DEXAMETH PHO INJ 4MG/ML | ALL plans covered | N/A | EFF 6/1/2024. new generic GPI |
| HEPARIN SOD INJ 1000/ML | ALL plans covered | N/A | EFF 6/1/2024. new generic GPI |
| SEVELAMER    TAB 800MG | Most plans covered | QL- EXCEPT ST CT | EFF 6/1/2024. generic MODIFICATION - ADD to REST of plans (EXCEPT ssi1,ssi2)/down tier ssi3 |
| NEXLETOL TAB 180MG | ALL plans covered | QL | EFF 6/1/2024. Brand MODIFICATION - ADD to Rest of plans/down tier Open/REMOVE PA |
| NEXLIZET TAB 180/10MG | ALL plans covered | QL | EFF 6/1/2024. Brand MODIFICATION - ADD to Rest of plans/down tier Open/REMOVE PA |
| TREMFYA INJ 100MG/ML (2 GPIS) | ALL plans covered | PA, QL | EFF 6/1/2024. Brand MODIFICATION -ADD to REST of Plans |
| KESIMPTA INJ 20/.4ML | ALL plans covered | PA, QL-OVER TME | EFF 6/1/2024. Brand MODIFICATION ADD to SSI plans |
| OXYCONTIN TAB 10 &15 &20 &30 &40 &60 &80MG ER | Open/St CT/ and SSI plans | PA, QL | EFF 6/1/2024. Brand MODIFICATION ADD to SSI plans \*note: SSI PA Group differs from Open/StCT |

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| 5/1/2024 – 5/31/2024 |

The following updates apply to Medicare Part-D Formulary ONLY.

2024 Plans: MAPD- B2, B3, B4, B5; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT, FEHBP.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | | **COMMENTS** |
| DABIGATRAN CAP 110MG | **ALL** plans covered | QL | | EFF 5/1/2024. generic PRADAXA/new strength |
| NEXICLON XR TAB 0.17MG CLONIDINE ER TAB 0.17MG | Covered Open and St CT | QL | | EFF 5/1/2024. Brand and Generic |
| XOLAIR INJ 75/0.5 **&**150MG/ML **&**300/2ML**-2GPIS** | **ALL** plans covered | PA | | EFF 5/1/2024. Brand |
| DEFLAZACORT TAB 18 **&**30 **&**36 **&**6MG | Covered Open and St CT | PA | | EFF 5/1/2024. generic EMFLAZA |
| RYPLAZIM SOL 68.8MG | Covered Open and St CT | PA | | EFF 5/1/2024. Brand |
| SYLVANT SOL 100 **&**400MG | Covered Open and St CT | PA2 | | EFF 5/1/2024. PC Brand |
| TRANEXAMIC INJ ACID | **ALL** plans covered | N/A | | EFF 5/1/2024. generic |
| IXCHIQ INJ | **ALL** plans covered | N/A | | EFF 5/1/2024. Brand Vaccine |
| LOTEPREDNOL SUS 0.2% | Covered Open and St CT | N/A | | EFF 5/1/2024. generic ALREX |
| SPRITAM TAB 1000 **&**250 **&**500 **&**750MG | **ALL** plans covered | N/A | | EFF 5/1/2024. PC BR MODIFICATION REMOVE PA |
| MIEBO DRO 1.3GM/ML | **ALL** plans covered | QL-no change | | EFF 5/1/2024. Brand MODIFICATION- REMOVE PA and ADD to rest of plans w/Tier CHG |
| *DARAPRIM TAB 25MG* | *Covered Open and St CT* | | *PA, QL* | **EFF 3/1/2024.** *Brand* |
| HYRIMOZ INJ 40/0.8ML **(2 GPIS)** | Covered Open and St CT | | PA, QL-Over time | **EFF 5/1/2024.** Brand |
| LAGEVRIO CAP 200MG | Covered Open and St CT | | PA, QL-Over time | EFF 5/1/2024. Brand (covid) |
| IGALMI MIS 120 **&**180MCG | Covered Open and St CT | | PA, QL | EFF 5/1/2024. Brand |
| FABHALTA CAP 200MG | Covered Open and St CT | | PA, QL | EFF 5/1/2024. Brand |
| FILSUVEZ GEL 10% | Covered Open and St CT | | PA, QL | EFF 5/1/2024. Brand |
| WAINUA INJ 45/0.8ML | Covered Open and St CT | | PA, QL | EFF 5/1/2024. Brand |
| AGAMREE SUS 40MG/ML | Covered Open and St CT | | PA, QL | EFF 5/1/2024. Brand |
| ZILBRYSQ INJ 16.6 **&**23 **&**32.4MG | Covered Open and St CT | | PA, QL-varies | EFF 5/1/2024. Brand |
| RIVFLOZA INJ 160 **&**128/0.8 &800/0.5MG/ML | Covered Open and St CT | | PA, QL-varies | EFF 5/1/2024. Brand |
| DAPAGLIF PRO TAB 5 **&**10MG | Covered Open and St CT | | PA, QL | EFF 5/1/2024. generic FARXIGA \*note: Brand is covered on all plans with same QL however No PA |
| DAPAGLIF-MET TAB 10-1000 **&**5-1000MG | Covered Open and St CT | | PA, QL-varies | EFF 5/1/2024. generic XIGDUO XR \*note: Brand is covered on all plans with same QL however No PA |
| QDOLO SOL 5MG/ML | Covered Open and St CT | | PA, QL | EFF 5/1/2024. Brand \*note: generic tramadol already installed |

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| 4/1/2024 – 4/30/2024 |

The following updates apply to Medicare Part-D Formulary ONLY.

2024 Plans: MAPD- B2, B3, B4, B5; EGWP Commingled- A1, B2; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT, FEHBP.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| INSULIN GLAR INJ 300/ML **(2GPIS)** | Covered Open and St CT | **PA/CT, ST/Open** | **EFF 3/13/2024.** Brand \*note: shares GPI with existing brand TOUJEO with coverage differences |
| ZORYVE MIS 0.3% | Covered Open and St CT | PA, QL | **EFF 4/1/2024.** Brand |
| GLOPERBA SOL 0.6/5ML | Covered Open and St CT | PA, QL | EFF 4/1/2024. Brand |
| TRAMADOL HCL TAB 25MG | Covered Open and St CT | PA, QL | EFF 4/1/2024. generic |
| PAXLOVIDTAB 150-100 **&**300-100 | **ALL** plans covered | QL-over time/Varies | EFF 4/1/2024. Brand (COVID) |
| MOTPOLY XR CAP 100 **&**50 **&**200MG | Covered Open and St CT | QL-varies | EFF 4/1/2024. PC Brand |
| OZOBAX DS SOL 10MG/5ML | Covered Open and St CT | QL | EFF 4/1/2024. Brand \*note: generic baclofen already installed |
| VOQUEZNA TAB 10 **&**20MG | Covered Open and St CT | QL-varies | EFF 4/1/2024. Brand |
| BACLOFEN SOL 5MG/5ML | Covered Open and St CT | QL | EFF 4/1/2024. generic Strength |
| GABAPENTIN TAB 300 **&**600MG | Covered Open and St CT | QL | EFF 4/1/2024. generic GRALISE |
| NAPROSYN SUS 125/5ML | Covered Open and St CT | **PA/CT, ST/Open** | EFF 4/1/2024. Brand |
| ADZYNMA KIT 500 &1500IU | Covered Open and St CT | **PA** | EFF 4/1/2024. Brand |
| UDENYCA ONBO INJ 6/0.6ML | Covered Open and St CT | **PA** | EFF 4/1/2024. Brand |
| INDOMETHACIN SUS 25MG/5ML | Covered Open and St CT | **PA-AGE** | EFF 4/1/2024. generic Strength |
| MIFEPRISTONE TAB 300MG | ALL plans covered | **PA** | EFF 4/1/2024. generic KORLYM |
| HYDROMORPHON SOL 0.25/0.5 | most plans | **PA-BD** | EFF 4/1/2024. Brand |
| CEFAZOLIN INJ 3GM | ALL plans covered | **N/A** | EFF 4/1/2024. generic Strength |
| POT CHL/NACL INJ 20MEQ/L | ALL plans covered | **N/A** | EFF 4/1/2024. new generic GPI |
| COMBOGESIC INJ 300-1000 | Covered Open and St CT | **N/A** | EFF 4/1/2024. Brand |
| FENTANYL CIT INJ 25/0.5ML | Covered Open and St CT | **N/A** | EFF 4/1/2024. generic Strength |
| FENOFIBRIC TAB 35 &105MG | Covered Open and St CT | **N/A** | EFF 4/1/2024. Brand |

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| 12/1/2023 – 12/31/2023 |

The following updates apply to Medicare Part-D Formulary ONLY.

2023 Plans: MAPD- B2, B4, B4+, B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| **BRIXADI SOL** 128/0.36 **&**16/0.32 **&**24/0.48 **&**32/0.64 **&**8/0.18 **&**96/0.27 | Covered Open and St CT | PA, QL-varies | EFF 12/1/2023. Brand |
| AKEEGA TAB 50/500 **&**100/500MG | ALL plans covered | PA2, QL | EFF 12/1/2023. PC brand |
| OJJAARA TAB 100**&**150 **&**200MG | ALL plans covered | PA2, QL | EFF 12/1/2023. PC brand |
| ADALIMUMAB KIT 40/0.8ML (2 GPIS)  ADALIMUMAB KIT 20/0.4ML **&**10/0.2ML | Covered Open and St CT | PA, QL-Over Time/varies | EFF 12/1/2023. Brand |
| FIASP **PMPCRT** INJ U-100 | ALL plans covered | PA-BvsD | EFF 12/1/2023. Brand \*shares gpi with existing brand FIASP PENFIL INJ U-100 which has no PA |
| DAPTOMY/NACL INJ 350/50ML **&**500/50M**L&**700/100**&**1000/100 | ALL plans covered | N/A | EFF 12/1/2023. Brand |
| CLIND/BENZ GEL 1.2-3.75 | most plans | N/A | EFF 12/1/2023. generic ONEXTON |
| KEPIVANCE INJ 5.16MG | Covered Open and St CT | N/A | EFF 12/1/2023. PC brand Strength |
| ENOXAPARIN INJ 150MG/ML | ALL plans covered | N/A | EFF 12/1/2023. new generic |
| CALCITRIOL | ALL plans covered | N/A | EFF 12/1/2023. new generic |
| AIRSUPRA AER 90-80MCG | Covered Open and St CT | QL | EFF 12/1/2023. Brand |
| CRESEMBA CAP 74.5MG | Covered Open and St CT | QL | EFF 12/1/2023. Brand |
| BREO ELLIPTA INH 50-25MCG | ALL plans covered | QL | EFF 12/1/2023. Brand |
| FLURAZEPAM CAP 15 | Covered Open and St CT | QL | EFF 12/1/2023. generic Strength |
| YCANTH SOL 0.7% | Covered Open and St CT | **PA** | EFF 12/1/2023. Brand |
| IZERVAY SOL 2/0.1ML | Covered Open and St CT | PA | EFF 12/1/2023. Brand \*bvd embedded in criteria |
| EYLEA **HD** INJ 8MG | Covered Open and St CT | PA | EFF 12/1/2023. Brand Strength |
| VEOPOZ INJ 400/2ML | Covered Open and St CT | PA | EFF 12/1/2023. Brand |
| SOHONOS CAP 1 **&**1.5 **&**2.5 **&**10 **&**5MG | Covered Open and St CT | PA | EFF 12/1/2023. Brand |
| TRIENTINE CAP 500MG | ALL plans covered | PA | EFF 12/1/2023. generic Strength |

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| 11/1/2023 – 11/30/2023 |

The following updates apply to Medicare Part-D Formulary ONLY.

2023 Plans: MAPD- B2, B4, B4+, B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ADALIMUMAB KIT **FKJP** (40MG/0.8ML-2gpis, 20MG/0.4ML) | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. Brand |
| HULIO **KIT** 20/0.4ML  HULIO **INJ** 40/0.8-2gpis | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. Brand |
| CYLTEZO I**NJ** PSORIASI **&**CROHNS **&**10/0.2ML **&**20/0.4ML **&**40/0.8ML**-2gpis** | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. Brand |
| HADLIMA INJ 40/0.4 **&**40/0.8ML  HADLIMA PUSH INJ 40/0.4 **&**40/0.8ML | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. Brand |
| YUFLYMA KIT 40/0.4 **&**40/0.8ML  YUFLYMA 2SYR KIT 40/0.4ML | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. Brand |
| YUSIMRY INJ 40/0.8ML | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. Brand |
| ADALIMU-ADAZ INJ 40/0.4ML (**2gpis)** | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. Brand |
| HYRIMOZ **INJ** 10/0.1 **&** 20/0.2**&** 40/0.4**-2gpis &**80/0.8M**L** | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. Brand |
| HYRIMOZ-CROH INJ UC SP HYRIMOZ-PED INJ CROHNS-2gpis HYRIMOZ-PLAQ INJ PSORIASI | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. Brand |
| TRETINOIN **GEL** 0.08% | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. generic RETIN-A MICR |
| COSENTYX INJ 300/2ML | Covered Open and St CT | PA, QL-over time | EFF 11/1/2023. brand Strength |
| SAXAGLIPTIN TAB 2.5 &5MG | Covered Open and St CT | PA-St CT; ST- Open; QL | EFF 1112023. generic ONGLYZA |
| SAXA/METFOR TAB 2.5-1000 &5-500MG &5-1000MG | Covered Open and St CT | PA-St CT; ST- Open; QL | EFF 11/1/2023. generic KOMBIGLYZ XR |
| LUMRYZ PKG 4.5 &6 &7.5 &9GM | Covered Open and St CT | PA, QL | EFF 11/1/2023. Brand |
| RYSTIGGO INJ 280/2ML | Covered Open and St CT | PA, QL | EFF 11/1/2023. Brand |
| MIEBO DRO 1.3GM/ML | Covered Open and St CT | PA, QL | EFF 11/1/2023. Brand |
| LITFULO CAP 50MG | Covered Open and St CT | PA, QL | EFF 11/1/2023. Brand |
| XDEMVY DRO 0.25% | Covered Open and St CT | PA, QL | EFF 11/1/2023. Brand |
| LODOCO TAB 0.5MG | Covered Open and St CT | PA, QL | EFF 11/1/2023. Brand |
| IYUZEH DRO 0.005% | Covered Open and St CT | PA-St CT; ST- Open | EFF 11/1/2023. Brand |
| TIOTROP BROM CAP 18MCG | Covered Open and St CT | QL | EFF 11/1/2023. generic SPIRIVA |
| REZZAYO INJ 200MG | Covered Open and St CT | PA | EFF 11/1/2023. Brand |
| XENPOZYME INJ 4MG | Covered Open and St CT | PA | EFF 11/1/2023. Brand |
| NGENLA INJ 24/1.2ML &60/1.2ML | Covered Open and St CT | PA | EFF 11/1/2023. Brand |
| ELREXFIO INJ 44/1.1ML & 76/1.9ML | Covered Open and St CT | PA2 | EFF 11/1/2023. PC Brand |
| TALVEY INJ 3/1.5ML &40MG/ML | Covered Open and St CT | PA2 | EFF 11/1/2023. PC Brand |
| TOLMETIN SOD CAP 400MG | Covered Open and St CT | N/A | EFF 1112023. generic NSAID |
| BEYFORTUS INJ 100MG/ML &50/0.5ML | Covered Open and St CT | N/A | EFF 11/1/2023. Brand |
| OPVEE SPR 2.7/0.1 | Covered Open and St CT | N/A | EFF 11/1/2023. Brand |
| BRIMONIDINE SOL 0.1% | Covered Open and St CT | N/A | EFF 11/1/2023. generic ALPHAGAN P |
| JOYEAUX TAB 0.1-20 | Covered Open and St CT | N/A | EFF 11/1/2023. generic BALCOLTRA |
| LEVOCARNITIN INJ 1GM/5ML | ALL plans covered | N/A | EFF 11/1/2023. generic CARNITOR |
| THEOPHYLLINE TAB 100 &200MG ER | ALL plans covered | N/A | EFF 11/1/2023. generic Strengths |
| NITROFURANTO SUS 50MG/5ML | Covered Open and St CT | N/A | EFF 11/1/2023. generic Strength |

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| 10/1/2023 – 10/31/2023 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2023 Plans: MAPD- B2, B4, B4+, B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| LISDEXAMFETA **CAP** 10&20&30&40&50&60&70MG LISDEXAMFETA **CHW** 10&20&30&40&50&60MG | most plans | QL | EFF 8/25/23. generic VYVANSE |
| VANFLYTA TAB 17.7&26.5MG | ALL plans covered | PA2, QL | EFF 10/1/2023. PC Brand |
| MECLIZINE TAB 50MG | ALL plans covered | PA-AGE (SSI plans) | EFF 10/1/2023. generic ANTIVERT |
| PLERIXAFOR INJ 24/1.2ML | Covered Open and St CT | PA | EFF 10/1/2023. generic MOZOBIL |
| INDOMETHACIN SUP 50MG INDOCIN SUP 50MG | Covered Open and St CT | PA-AGE | EFF 10/1/2023. generic INDOCIN |
| MULT ELECTRO INJ TYPE 1 (generic PLASMA-LYTE) | ALL plans covered | N/A | EFF 10/1/2023. generic PLASMA-LYTE |
| MULT ELECTRO INJ TYPE 1 (generic PLASMA-LYTE INJ-148) | ALL plans covered | N/A | EFF 10/1/2023. generic PLASMA-LYTE INJ-148 |
| CYCLOPHOSPH INJ  (3 label names) | Covered Open and St CT | N/A | EFF 10/1/2023. PC Brand |
| ZAVZPRET SPR 10MG | Covered Open and St CT | PA, QL | EFF 10/1/2023. Brand |
| VYJUVEK GEL | Covered Open and St CT | PA, QL | EFF 10/1/2023. Brand \*note: BvsD embedded in criteria |
| INPEFA TAB 200MG | Covered Open and St CT | PA, QL | EFF 10/1/2023. Brand |
| VYVGART INJ HYTRULO | Covered Open and St CT | PA, QL | EFF 10/1/2023. Brand |
| TOLAK CRE 4% | Covered Open and St CT | PA, QL | EFF 10/1/2023. Brand |
| AUSTEDO XR TAB TITR KIT | ALL plans covered | PA, QL-over time | EFF 10/1/2023. Brand |
| ELFABRIO SOL 20MG/10 | Covered Open and St CT | PA | EFF 10/1/2023. Brand |
| XACIATO GEL 2% | Covered Open and St CT | N/A | EFF 10/1/2023. Brand |
| SUFLAVE SOL | Covered Open and St CT | N/A | EFF 10/1/2023. Brand |

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| 9/1/2023 – 9/30/2023 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2023 Plans: MAPD- B2, B4, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| CAPLYTA CAP 10.5&21&45MG | ALL plans covered | QL | EFF 9/1/2023. Brand Modification REMOVE PA |
| POSACONAZOLE INJ 300/16.7 | ALL plans covered | N/A | EFF 9/1/2023. generic NOXAFIL |
| COLUMVI INJ 2.5MG&10/10ML | Covered Open and St CT | PA2 | EFF 9/1/2023. PC Brand |
| VOWST CAP | Covered Open and St CT | PA | EFF 9/1/2023. Brand |
| OLPRUVA PAK 2&3&4&5&6&6.7GM | Covered Open and St CT | PA | EFF 9/1/2023. Brand |
| ZOLPIDEM TAR CAP 7.5MG | Covered Open and St CT | PA, QL | EFF 9/1/2023. Brand |
| LIQREV SUS 10MG/ML | Covered Open and St CT | PA, QL | EFF 9/1/2023. Brand |
| VEOZAH TAB 45MG | Covered Open and St CT | PA, QL | EFF 9/1/2023. Brand |
| PALFORZIA CAP LEVEL 1&2&3&4&5&6&7&8&9&10 &ESCALAT | Covered Open and St CT | PA, QL-varies | EFF 9/1/2023. Brand |
| PALFORZIA POW LEVEL 11 (2GPIS) | Covered Open and St CT | PA, QL-varies | EFF 9/1/2023. Brand |
| ZEPOSIA CAP STR KIT | Covered Open and St CT | PA, QL-over Time | EFF 9/1/2023. Brand Strength |
| ZEJULA TAB 100&200&300MG | ALL plans covered | PA2, QL | EFF 9/1/2023. PC Brand Strength |
| TALZENNA CAP 0.1&0.35MG | ALL plans covered | PA2, QL | EFF 9/1/2023. PC Brand Strength |
| INBRIJA CAP 42MG | ALL plans covered | PA, QL | EFF 9/1/2023. Brand MODIFICATION ADD to rest of plans \*was already covered open/state ct |

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| 8/1/2023 – 8/31/2023 |

The following updates apply to **Medicare Part-D Formulary ONLY.**

2023 Plans: MAPD- B2, B4, B4+, B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| AMJEVITA INJ 10/0.2ML | Covered Open and St CT | PA, QL-over time | EFF 8/1/2023. Brand Strength |
| AUSTEDO XR TAB 12**&**24**&**6MG | ALL plans covered | PA, QL-varies | EFF 8/1/2023. Brand Strength |
| KALYDECO GRA 13.4MG | ALL plans covered | PA, QL | EFF 8/1/2023. Brand Strength |
| MEKINIST **SOL** 0.5MG/ML | ALL plans covered | PA2, QL | EFF 8/1/2023. PC Brand |
| TAFINLAR TAB 10MG | ALL plans covered | PA2, QL | EFF 8/1/2023. PC Brand Strength |
| STELARA INJ 45MG/0.5 **(2GPIS) &** STELARA INJ 90MG/ML | ALL plans covered | PA, QL-varies | EFF 8/1/2023. Brand Modification Adding to rest of the plans \*was covered Open and St CT |
| REZVOGLAR INJ 100UT/ML | Covered Open and St CT | PA-St CT;  ST-Open | EFF 8/1/2023. Brand insulin |
| DARUNAVIR TAB 600&800MG | ALL plans covered | QL-varies | EFF 8/1/2023. PC generic PREZISTA |
| ABILIFY ASIM INJ 720&960MG | Covered Open and St CT | QL-varies | EFF 8/1/2023. PC Brand Strength |
| UZEDY INJ 100&125&150&200&50&75MG | Covered Open and St CT | QL-varies | EFF 8/1/2023. PC Brand |
| EPKINLY INJ 4/0.8ML &48/0.8ML | Covered Open and St CT | PA2 | EFF 8/1/2023. PC Brand |
| SOGROYA INJ 10MG/1.5&15MG/1.5&5MG/1.5 | Covered Open and St CT | PA | EFF 8/1/2023. Brand |
| CUVRIOR TAB 300MG | Covered Open and St CT | PA | EFF 8/1/2023. Brand |
| UDENYCA INJ 6MG/0.6 | Covered Open and St CT | PA | EFF 8/1/2023. Brand Strength |
| NITISINONE CAP 20MG | ALL plans covered | PA | EFF 8/1/2023. generic ORFADIN |
| TOLMETIN SOD TAB 600MG | Covered Open and St CT | N/A | EFF 8/1/2023. generic NSAID |
| ADTHYZA TAB 16.25&32.5&65&97.5&130MG | Covered Open and St CT | N/A | EFF 8/1/2023. Brand |
| OMNIPOD MIS POD PALS | Covered Open and St CT | N/A | EFF 8/1/2023. Brand |
| OMNIPOD GO KIT 10&15&25&35UNT/DY | Covered Open and St CT | N/A | EFF 8/1/2023. Brand |
| OMNIPOD GO KIT 20&30&40UNT/DY | Covered Open and St CT | N/A | EFF 8/1/2023. Brand \*note: NDC Coded/Shared GPI Brand V-GO includes QL |
| METHSUXIMIDE CAP 300MG | ALL plans covered | N/A | EFF 8/1/2023. PC generic CELONTIN |
| KCL/D5W/NACL INJ | ALL plans covered | N/A | EFF 8/1/2023. Brand Strength \*Home Infusion |

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| 7/1/2023 – 7/31/2023 |

The following updates apply to Medicare Part-D Formulary ONLY.

2023 Plans: MAPD- B2, B4, B4+, B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| POSACONAZOLE SUS 40MG/ML | ALL plans covered | QL | EFF 7/1/2023. generic NOXAFIL |
| GRALISE TAB 450**&**750**&**900MG | Covered Open and St CT | QL- varies | EFF 7/1/2023. brand Strengths |
| VANCOMYCIN SOL 25MG/ML | Covered Open and St CT | QL | EFF 7/1/2023. Brand \*shares same gpi as brand FIRVANQ (St CT tier differs between the two) |
| LAMZEDE INJ 10MG | Covered Open and St CT | PA | EFF 7/1/2023. Brand |
| LUPRON DEPOT INJ **PED** 6MON | most plans | PA | EFF 7/1/2023. Brand |
| CAPTOPR/HCTZ TAB 25-15**&**25/25**&**50/15**&**50/25MG | ALL plans covered | N/A | EFF 7/1/2023. generic **\*vbid** |
| PRIMIDONE TAB 125MG | ALL plans covered | N/A | EFF 7/1/2023. PC generic Strength |
| FOLOTYN INJ 20MG/ML | Covered Open and St CT | N/A | EFF 7/1/2023. PC brand Strength |
| GEFITINIB TAB 250MG | ALL plans covered | PA2, QL | EFF 7/1/2023. PC generic IRESSA |
| SKYCLARYS CAP 50MG | Covered Open and St CT | PA, QL | EFF 7/1/2023. Brand |
| DAYBUE SOL 200MG/ML | Covered Open and St CT | PA, QL | EFF 7/1/2023. Brand |
| JOENJA TAB 70MG | Covered Open and St CT | PA, QL | EFF 7/1/2023. Brand |
| TRIKAFTA PAK 59.5&75MG | ALL plans covered | PA, QL | EFF 7/1/2023. Brand |
| AMJEVITA INJ 20/0.4 &40/0.8ML(2GPIs) | Covered Open and St CT | PA, QL- over time and varies | EFF 7/1/2023. Brand insulin |
| NAFTIFINE GEL 2% | Covered Open and St CT | QL-over time (Open) | EFF 7/1/2023. generic NAFTIN |
| BUDESONIDE AER 2MG/ACT | Covered Open and St CT | QL- over time | EFF 7/1/2023. generic UCERIS |

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| 6/1/2023 – 6/30/2023 |

The following updates apply to **Medicare Part-D Formulary ONLY**. Installed **May 2023**

2023 Plans: MAPD- B2, B4, B4+, B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| LABETALOL INJ 10MG/2ML | Covered Open and St CT | N/A | EFF 6/1/2023. new Brand |
| TIROSINT CAP 37.5 &44 &62.5MCG | Covered Open and St CT | N/A | EFF 6/1/2023. brand Strengths |
| CLENPIQ SOL | ALL plans covered | N/A | EFF 6/1/2023. brand Strength |
| CEFAZOLIN SOL 2G &3M | ALL plans covered | N/A | EFF 6/1/2023. new Brand |
| DILTIAZEM TAB 120MG ER | ALL plans covered | N/A | EFF 6/1/2023. generic Cardizem |
| BISMTH/METR/ CAP TETRACY | Covered Open and St CT | N/A | EFF 6/1/2023. generic PYLERA |
| CIPROFLOXACN SUS 250/5ML | Covered Open and St CT | N/A | EFF 6/1/2023. generic CIPRO (5%) |
| LAMOTRIG ODT KIT 25/50 &50/100MG | Covered Open and St CT | N/A | EFF 6/1/2023. PC generic |
| TOPIRAMATE CAP 200MG ER | most covered | N/A | EFF 6/1/2023. generic TROKENDI XR |
| DIP/TET PED INJ 25-5LFU TDVAX INJ 2-2 LF TENIVAC INJ 5-2LF (TWO NDCs) | ALL plans covered | N/A | EFF 6/1/2023. MODIFICATION REMOVE PA-BD |
| TRAMADOL SOL 5MG/ML | Covered Open and St CT | QL | EFF 6/1/2023. new generic |
| ZYNYZ INJ 500/20ML | Covered Open and St CT | PA2 | EFF 6/1/2023. PC brand |
| SYFOVRE INJ 15/0.1ML | Covered Open and St CT | PA | EFF 6/1/2023. new Brand |
| ORENITRAM TAB MONTH 1&2&3 | Covered Open and St CT | PA | EFF 6/1/2023. brand Strengths |
| OXYBUTYNIN TAB 2.5MG | Covered Open and St CT | QL | EFF 6/1/2023. new Brand |
| FLUTIC/SALME AER 115-21 &230-21 &45-21MCG | Covered Open and St CT | QL | EFF 6/1/2023. generic ADVAIR |
| KETOROLAC INJ 60MG/2ML &30MG/ML &15MG/ML | Covered Open and St CT | QL-over time | EFF 6/1/2023. MODIFICATION REMOVE PA |
| OXYBUTYNIN SOL 5MG/5ML | Covered Open and St CT | PA, QL | EFF 6/1/2023. new generic |
| KONVOMEP SUS 2-84/ML | Covered Open and St CT | PA, QL | EFF 6/1/2023. new Brand |
| FILSPARI TAB 200 &400MG | Covered Open and St CT | PA, QL | EFF 6/1/2023. new Brand |
| GILENYA CAP 0.25MG | Covered Open and St CT | PA2, QL | EFF 6/1/2023. PC brand Strength |
| LUMAKRAS TAB 320MG | ALL plans covered | PA2, QL | EFF 6/1/2023. PC brand Strength |
| TERIFLUNOMID TAB 14&7MG | Covered Open and St CT | PA, QL | EFF 6/1/2023. generic AUBAGIO |
| REVATIO SUS 10MG/ML& SILDENAFIL SUS 10MG/ML | Covered Open and St CT | QL- increase, PA | EFF 6/1/2023. MODIFICATION QL INCREASE from 224 to 784 |
| REVATIO TAB 20MG  SILDENAFIL TAB 20MG | (Br) Covered Open and St CT (Gen) ALL plans covered | QL- increase, PA \*note: St CT No QL/No Chg | EFF 6/1/2023. MODIFICATION QL INCREASE from 90 to 360 \*note: there is No QL on St CT |

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| 5/1/2023 – 5/31/2023 |

The following updates apply to **Medicare Part-D Formulary ONLY**. Installed **April 2023**

2023 Plans: MAPD- B2, B4, B4+, B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| CEQUR SIMPL KIT PATCH 2U  SIMPLICITY MIS INSERTER | Covered Open and St CT and SS2 | N/A | EFF 5/1/2023. Brand |
| PRADAXA PAK 110&150&20&30&40&50MG | most covered | QL-VARIES | EFF 5/1/2023. Brand |
| HEPLISAV-B INJ 20/0.5ML | ALL plans covered | PA-BD | EFF 5/1/2023. Brand Vaccine |
| TZIELD INJ 2MG/2ML | Covered Open and St CT Only | PA | EFF 5/1/2023. Brand |
| VEGZELMA SOL 100/4&400/16ML | Covered Open and St CT Only | PA2 | EFF 5/1/2023. PC Brand \*bvd embedded criteria |
| ERLEADA TAB 240MG | ALL plans covered | PA2 | EFF 5/1/2023. PC Brand Strength |
| APONVIE INJ 32/4.4ML | Covered Open and St CT Only | N/A | EFF 5/1/2023. Brand |
| AUGMENTIN SUS 125/5ML | Covered Open and St CT Only | N/A | EFF 5/1/2023. Brand Strength |
| DAYVIGO TAB 10&5MG | ALL plans covered | QL | EFF 5/1/2023. Brand Modification Add to rest of plans/Remove Pa and downtier Open/CT \*was already coded on Open/Ct |
| EYSUVIS DRO 0.25% | ALL plans covered | N/A | EFF 5/1/2023. Brand Modification Add to rest plans and Remove PA \*was already coded on Open/Ct |
| ROCKLATAN DRO | ALL plans covered | N/A | EFF 5/1/2023. Brand Modification Add to rest plans \*was already coded on Open/Ct |
| LIDOREX GEL &LIDOGEL GEL 2.8% (SAME GPI) | Covered Open and St CT Only | PA, QL-over time | EFF 5/1/2023. Brand. Two Label names/Same GPI \*bvd embedded criteria |
| ORSERDU TAB 345&86MG | ALL plans covered | PA2, QL- VARIES | EFF 5/1/2023. PC Brand |
| TAKHZYRO INJ 150MG/ML | Covered Open and St CT Only | PA, QL | EFF 5/1/2023. Brand Strength |
| TEZSPIRE INJ 210MG | Covered Open and St CT Only | PA, QL | EFF 5/1/2023. Brand |
| ADAPAL/BEN P PAD 0.1-2.5% | Covered Open and St CT Only | PA, QL | EFF 5/1/2023. Brand |
| ATORVALIQ SUS 20MG/5ML | Covered Open and St CT Only | PA- St CT; ST-Open; QL-Open/CT | EFF 5/1/2023. Brand |
| HUMALOG TMPO INJ 100/ML | Covered Open and St CT Only | PA- St CT; ST-Open | EFF 5/1/2023. Brand Insulin Strength |
| LYUMJEV TMPO INJ 100UT/ML | Covered Open and St CT Only | PA- St CT; ST-Open | EFF 5/1/2023. Brand Insulin Strength |
| BASAGLAR INJ TEMPO PN | Covered Open and St CT Only | PA- St CT; ST-Open | EFF 5/1/2023. Brand Insulin |

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| 4/1/2023 – 4/30/2023 |

The following updates apply to **Medicare Part-D Formulary ONLY**. Installed **March 2023**

2023 Plans: MAPD- B2, B4, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| AUBAGIO TAB 14**&**7MG | ALL plans covered | PA, QL | **EFF 3/12/23.** Brand MODIFICATION/Add to rest of plans \*already installed Open/St CT/ssiS |
| JAYPIRCA TAB 100**&**50MG | ALL plans covered | PA2, QL-varies | EFF 4/1/2023. PC Brand |
| LYTGOBI TAB 4MG **(3 GPIS)**  (12 MG **&**16 MG **&** 20 MG DAILY DOSE PACKS) | ALL plans covered | PA2, QL-varies | EFF 4/1/2023. PC Brand |
| BRIUMVI INJ 150/6ML | Covered Open and St CT Only | PA, QL- over time | EFF 4/1/2023. Brand |
| OXBRYTA TAB 300MG | Covered Open and St CT Only | PA, QL | EFF 4/1/2023. Brand Strength |
| TASCENSO ODT TAB 0.5MG | Covered Open and St CT Only | PA, QL | EFF 4/1/2023. Brand Strength |
| DICHLORPHENA TAB 50MG | Covered Open and St CT Only | PA, QL | EFF 4/1/2023. generic KEVEYIS |
| PIRFENIDONE CAP 267MG | ALL plans covered | PA, QL | EFF 4/1/2023. generic ESBRIET |
| TASIMELTEON CAP 20MG | ALL plans covered | PA, QL | EFF 4/1/2023. generic HETLIOZ |
| LURASIDONE TAB 120&20&40&60&80MG | ALL plans covered | PA2, QL-varies | EFF 4/A/2023. PC generic LATUDA |
| APADAZ and BENZHY/ACETA Tabs 4.08-325 &6.12-325 &8.16-325 | Covered Open and St CT Only | QL | EFF 4/1/2023. Brand Opiod \*same gpi/two label names |
| ROXYBOND TAB 5**&**15**&**30MG | Covered Open and St CT Only | QL | EFF 4/1/2023. Brand |
| ROLVEDON INJ 13.2MG | Covered Open and St CT Only | PA | EFF 4/1/2023. Brand |
| REBYOTA SUS FECAL | Covered Open and St CT Only | PA | EFF 4/1/2023. Brand |
| DICLOFENAC POW 50MG | Covered Open and St CT Only | PA | EFF 4/1/2023. generic CAMBIA |
| BENDAMUSTINE INJ 100&25MG | Covered Open and St CT Only | N/A | EFF 4/1/2023. PC generic TREANDA |
| TOPIRAMATE CAP ER 100&25&50MG | most plans | N/A | EFF 4/1/2023. PC generic TROKENDI XR |
| ESTRAD VAL INJ 10MG/ML | most plans | N/A | EFF 4/1/2023. generic DELESTROGEN |
| EPINEPHRINE INJ 1 MG/ML | Covered Open and St CT Only | N/A | EFF 4/1/2023. generic ADRENALIN |
| CORTISONE TAB 25MG | Covered Open and St CT Only | N/A | EFF 4/1/2023. Brand |
| EXPAREL INJ 1.3% | Covered Open and St CT Only | N/A | EFF 4/1/2023. Brand |
| MENEST TAB 2.5MG | Covered Open and St CT Only | N/A | EFF 4/1/2023. Brand Strength |
| ROTARIX SUS | ALL plans covered | N/A | EFF 4/1/2023. Brand Vaccine \*new GPI |

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| 3/1/2023 – 3/31/2023 |

The following updates apply to Medicare Part-D Formulary ONLY. Installed FEB **2023**

2023 Plans: MAPD- B2, B4, B4+, B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx; State of CT

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| KRAZATI TAB 200MG | ALL plans covered | PA2, QL | EFF 3/1/2023. PC Brand |
| REZLIDHIA CAP 150MG | ALL plans covered | PA2, QL | EFF 3/1/2023. PC Brand |
| TURALIO CAP 125MG | ALL plans covered | PA2, QL | EFF 3/1/2023. PC Brand Strength |
| SKYRIZI INJ 180/1.2 | ALL plans covered | PA, QL | EFF 3/1/2023. Brand Strength |
| TASCENSO ODT TAB 0.25MG | Covered Open and St CT Only | PA, QL | EFF 3/1/2023. Brand (MS) \*note: 0.5mg str coming next month |
| ZORYVE CRE 0.3% | Covered Open and St CT Only | PA, QL | EFF 3/1/2023. Brand |
| PEMETREXED INJ 100MG PEMETREXED INJ 500MG | Covered Open and St CT Only | N/A | EFF 3/1/2023. PC Brand |
| BRIMONIDINE GEL 0.33% | Covered Open and St CT Only | N/A | EFF 3/1/2023. generic MIRVASO |
| ONDANSETRON INJ 4MG/2ML | most covered | N/A | EFF 3/1/2023. Generic |
| DOXYCYCL HYC TAB 100MG | ALL plans covered | N/A | EFF 3/1/2023. Generic MODIFICATION Adding to All plans with tier change on Open \*(was covered as Brand on Open and St CT only) |
| QELBREE CAP 200MG ER | Covered Open and St CT Only (no change) | PA (no change), QL (increase) | EFF 3/1/2023. Brand MODIFICATION Increase QL to 90/30 (vs 60/30) |
| FYARRO SUS 100MG | Covered Open and St CT Only | PA2 | EFF 3/1/2023. PC Brand |
| LUNSUMIO INJ 1MG/ML LUNSUMIO INJ 30MG/30 | Covered Open and St CT Only | PA2 | EFF 3/1/2023. PC Brand |
| SUNLENCA INJ | ALL plans covered | QL | EFF 3/1/2023. PC Brand (HIV) |
| SUNLENCA TAB 300MG (4 PACK) SUNLENCA TAB 300MG (5 PACK) | ALL plans covered | QL- Over Time (varies) | EFF 3/1/2023. PC Brand (HIV)  \*note: 2 GPIs/Packs with QL differences |
| ZULRESSO INJ 100/20ML | Covered Open and St CT Only | PA-BD | EFF 3/1/2023. PC Brand |
| AVODART CAP 0.5MG | Covered Open and St CT Only | QL | EFF 3/1/2023. Brand \*Note: generic already installed/All plans (DUTASTERIDE) |
| DORYX MPC TAB 60MG | Covered Open and St CT Only | PA- St CT,  ST- Open | EFF 3/1/2023. Brand Strength |
| OZEMPIC INJ 2MG/3ML | ALL plans covered | QL | EFF 3/1/2023. Brand Strength |
| XELSTRYM PAD 4.5MG XELSTRYM PAD 9MG  XELSTRYM PAD 13.5MG XELSTRYM PAD 18MG | Covered Open and St CT Only | QL | EFF 3/1/2023. Brand |

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| 8/1/2022 – 8/31/2022 |

The following updates apply to **Medicare Part-D Formulary ONLY**. Installed August **2022**

2022 Plans: MAPD- B1, B2, B4, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| INSULIN GLAR **INJ** 100U/ML | Covered Open Only | ST | EFF 9/1/2022. Brand \*note: shared gpi existing coverage differs/BASAGLAR/LANTUS//Semglee |
| INSULIN GLAR **SOL** 100U/ML | Covered Open Only | ST | EFF 9/1/2022. Brand \*note: shared gpi existing coverage differs/LANTUS//Semglee |
| METFORMIN TAB 625MG | Covered Open Only | QL, PA | EFF 9/1/2022. brand Strength \*brand verified |
| MORPHINE SULFATE IV SOLN **PF** 10 MG/ML | ALL plans covered | PA-BD | EFF 9/1/2022. generic Strength \*generic verified |
| PEMETREXED SOL 100/4ML &500/20ML &1GM/40ML | most plans | N/A | EFF 9/1/2022. PC brand Strengths |
| TICOVAC INJ | ALL plans covered | N/A | EFF 9/1/2022. Brand Vaccine |
| TYVASO DPI POW 16 &32 &48 &64MCG; 32-48MCG &16-32MCG &16-32-48 | Covered Open Only | QL-varies, PA | EFF 9/1/2022. Brand |
| VALSARTAN SOL 20MG/5ML | Covered Open Only | QL, PA | EFF 9/1/2022. Brand |
| VOQUEZNA PAK **DUAL** PAK  VOQUEZNA PAK **TRIP** PK | Covered Open Only | QL- over time | EFF 9/1/2022. Brand |

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| 07/1/2022 – 7/31/2022 |

The following updates apply to **Medicare Part-D Formulary ONLY**. Installed July **2022.**

2022 Plans: MAPD- B1, B2, B4, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| BEXAROTENE GEL 1% | ALL plans covered | PA2, QL | EFF 8/1/2022. PC generic TARGRETIN |
| CAMZYOS CAP 10&15&2.5&5MG | Covered Open Only | PA, QL | EFF 8/1/2022. new brand |
| DICLOFENAC SOL 2% | most plans | PA, QL | EFF 8/1/2022. generic PENNSAID |
| EPSOLAY CRE 5% | Covered Open Only | PA, QL-over time | EFF 8/1/2022. new brand |
| IBSRELA TAB 50MG | Covered Open Only | PA, QL | EFF 8/1/2022. new brand |
| LYVISPAH GRA 10&20&5MG | Covered Open Only | PA, QL-varies | EFF 8/1/2022. new brand |
| NORGESIC TAB  ORPH/ASA/CAF TAB (same GPI) | Covered Open Only | PA-AGE, QL | EFF 8/1/2022. new generics |
| NUCALA INJ 40MG/0.4 | Open & SSI Plus | PA, QL | EFF 8/1/2022. new brand Strength |
| PIRFENIDONE TAB 267&801MG | ALL plans covered | PA, QL-varies | EFF 8/1/2022. generic ESBRIET |
| PYRUKYND TAB 20&50&5&5TP&50X20&20X5MG | Covered Open Only | PA, QL-varies | EFF 8/1/2022. new brand |
| QUVIVIQ TAB 25&50MG | Covered Open Only | PA, QL | EFF 8/1/2022. new brand |
| SORAFENIB TAB 200MG | most plans | PA2, QL | EFF 8/1/2022. PC generic NEXAVAR |
| TLANDO CAP 112.5 MG | Covered Open Only | PA, QL | EFF 8/1/2022. new brand |
| TWYNEO CRE 0.1-3% | Covered Open Only | PA, QL-over time | EFF 8/1/2022. new brand |
| VIJOICE TAB 50&125&250MG | Covered Open Only | PA, QL-over time | EFF 8/1/2022. new brand |
| ANZEMET TAB 50MG | Covered Open Only | PA-BvsD | EFF 8/1/2022. new brand |
| BEOVU INJ 6/0.05ML | Covered Open Only | PA | EFF 8/1/2022. new brand ophth Strength |
| BORTEZOMIB INJ 1&2.5MG | most plans | PA2 | EFF 8/1/2022. PC brand Strength. \*bvd embedded |
| BYOOVIZ INJ 0.5MG | Covered Open Only | PA | EFF 8/1/2022. new brand ophth |
| CONJUPRI TAB 5MG (shares same gpi as LEVAMLODIPIN TAB) | Covered Open Only | N/A | EFF 8/1/2022. new brand Strength \*see below Levamlodipin/SAME GPI |
| CYCLOSPORINE EMU 0.05% | Covered Open Only | QL | EFF 8/1/2022. generic RESTASIS |
| EXELDERM CRE 1% | Covered Open Only | QL-over time | EFF 8/1/2022. new brand derm |
| EXELDERM SOL 1% | Covered Open Only | QL-over time | EFF 8/1/2022. new brand derm |
| LACOSAMIDE SOL 10MG/ML | ALL plans covered | QL | EFF 8/1/2022. PC generic strength VIMPAT |
| LEVAMLODIPIN TAB 2.5&5MG (shares same gpi as CONJUPRI TAB) | Covered Open Only | N/A | EFF 8/1/2022. new brand \*see above conjupri/same gpi |
| MESALAMINE CAP 500MG ER | Covered Open Only | QL | EFF 8/1/2022. generic PENTASA |
| OXYCOD/ACETA SOL 5/325MG | Covered Open Only | QL | EFF 8/1/2022. new brand Strength/Opioid |
| PEMETREXED INJ 100&500&1000&750MG | most plans | N/A | EFF 8/1/2022. PC generic ALIMTA |
| RELEUKO INJ 300&480MCG  (2 GPI’S each) | Covered Open Only | PA | EFF 8/1/2022. new brand \*2 GPI’S each |
| TRIZIVIR TAB | ALL plans covered | N/A | EFF 8/1/2022. PC BRAND |
| VILAZODONE TAB 10&20&40MG | most plans | QL | EFF 8/1/2022. PC generic VIIBRYD |

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| 5/1/2022 – 5/31/2022 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2022 Plans: MAPD- B1, B2, B4, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ERYTHROMYCIN INJ 500MG | ALL plans covered | N/A | EFF 6/1/2022. generic ERYTHROCIN |
| LACOSAMIDE SOL 200­MG/20 | ALL plans covered | N/A | EFF 6/1/2022. PC generic VIMPAT |
| PACLITAXEL INJ 100MG | most plans | N/A | EFF 6/1/2022. PC generic ABRAXANE |
| ROBINUL FORT TAB 2MG  ROBINUL TAB 1MG | Covered Open Only | N/A | EFF 6/1/2022. brand |
| TEPADINA INJ 100&15MG | Covered Open Only | N/A | EFF 6/1/2022. PC brand |
| TRIUMEQ PD TAB | ALL plans covered | N/A | EFF 6/1/2022. PC brand Strength |
| ZEGALOGUE INJ 0.6/0.6 {2 GPIS} | Covered Open Only | N/A | EFF 6/1/2022. brand |
| FLEQSUVY SUS 25MG/5ML | Covered Open Only | PA, QL | EFF 6/1/2022. brand |
| MAYZENT TAB 1MG | Covered Open Only | PA, QL | EFF 6/1/2022. brand Strength |
| MAYZENT PAK STARTER | Covered Open Only | PA, QL- over time | EFF 6/1/2022. brand Strength |
| RECORLEV TAB 150MG | ALL plans covered | PA, QL | EFF 6/1/2022. brand |
| RINVOQ TAB 45MG ER | ALL plans covered | PA, QL | EFF 6/1/2022. brand Strength |
| TAKHZYRO INJ 300/2ML | Covered Open Only | PA, QL | EFF 6/1/2022. brand (prefill) |
| VONJO CAP 100MG | ALL plans covered | PA2, QL | EFF 6/1/2022. PC brand |
| KERENDIA 10&20MG TABLET | ALL plans covered | QL | EFF 6/1/2022. Modification Add brand to rest of plans with QL. Remove PA on Open and change tier |
| VELPHORO CHW 500MG | Add to SSI plans (already covered on Open) | QL- SSI plans only | EFF 6/1/2022. Modification Add brand to SSI plans with QL \*already coded on Open, No edit |
| AMPHOTERICIN INJ 50MG | ALL plans covered | PA-BD | EFF 6/1/2022. generic AMBISOME |
| DEFERIPRONE TAB 1000MG | Covered Open Only | PA | EFF 6/1/2022. generic FERRIPROX |
| DEXLANSOPRAZ CAP 30 &60MG DR | ALL plans covered | QL | EFF 6/1/2022. generic DEXILANT |
| DIGOXIN TAB 62.5MCG | ALL plans covered | QL | EFF 6/1/2022. generic LANOXIN |
| LACOSAMIDE TAB 100&150&200&50MG | ALL plans covered | QL-varies | EFF 6/1/2022. PC generic VIMPAT |
| OPDUALAG SOL | Covered Open Only | PA2 | EFF 6/1/2022. PC brand |
| OZEMPIC INJ 8MG/3ML | ALL plans covered | QL | EFF 6/1/2022. brand Strength |
| PREHEVBRIO SUS 10MCG/ML | ALL plans covered | PA-BD | EFF 6/1/2022. brand |
| SEGLENTIS TAB 56-44MG | Covered Open Only | QL | EFF 6/1/2022. brand Opioid |
| SKYTROFA INJ 11&13.3& 3.6& 3& 4.3& 5.2& 6.3& 7.6& 9.1MG | Covered Open Only | PA | EFF 6/1/2022. brand |
| XARELTO SUS 1MG/ML | ALL plans covered | QL | EFF 6/1/2022. brand |

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| 4/1/2022 – 4/30/2022 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2022 Plans: MAPD- B1, B2, B4, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| BREZTRI AERO AER SPHERE | ALL plans covered | QL | EFF 5/1/2022. MODIFICATION Adding to rest of plans (previously covered Open only) |
| CARGLUMIC | ALL plans covered | PA | EFF 5/1/2022. new generic |
| DARTISLA ODT TAB 1.7MG | Covered Open Only | QL | EFF 5/1/2022. new brand |
| GLYCOPYRROLA SOL 1MG/5ML | Covered Open Only | QL | EFF 5/1/2022. generic CUVPOSA |
| LEQVIO SOL | Covered Open Only | PA | EFF 5/1/2022. new brand |
| MARGENZA INJ 250/10ML | Covered Open Only | PA2 | EFF 5/1/2022. PC brand |
| MORPHIN/NACL INJ 30/30ML | ALL plans covered | PA-BD | EFF 5/1/2022. new brand Strength |
| TALZENNA CAP 0.5MG TALZENNA CAP 0.75MG | ALL plans covered | PA2 | EFF 5/1/2022. PC brand Strengths |
| VABYSMO INJ 6/0.05ML | Covered Open Only | PA | EFF 5/1/2022. new brand |
| XIIDRA DRO 5% | ALL plans covered | QL | EFF 5/1/2022. MODICATION Remove PA, Adding to rest of plans (previously covered Open, ssiP only) |
| XIPERE SUS 40MG/ML | Covered Open Only | PA | EFF 5/1/2022. new brand ophth |
| ZIMHI SOL (5 MG/0.5ML) | Covered Open Only | PA | EFF 5/1/2022. new brand |
| ADAPAL/BEN P GEL 0.3-2.5% | Covered Open Only | QL-over time, PA | EFF 5/1/2022. generic EPIDUO FORTE |
| ADBRY INJ 150MG/ML | Covered Open Only | QL-over time, PA | EFF 5/1/2022. new brand |
| CITALOPRAM CAP 30MG | Covered Open Only | QL, PA2 | EFF 5/1/2022. PC brand |
| LENALIDOMIDE CAP 10&15&25&5MG | ALL plans covered | QL, PA2 | EFF 5/1/202. PC generic REVLIMID |
| LIVTENCITY TAB 200MG | Covered Open Only | QL, PA | EFF 5/1/2022. new brand |
| NURTEC TAB 75MG ODT | ALL plans covered | QL, PA | EFF 5/1/2022. MODIFICATION Adding to rest of plans (previously covered open only) |
| OXYBRYTA TAB 300MG | Covered Open Only | QL, PA | EFF 5/1/2022. new brand Strength |
| TARPEYO CAP 4MG | Covered Open Only | QL, PA | EFF 5/1/2022. new brand |
| TEZSPIRE SOL 210MG | Covered Open Only | QL, PA | EFF 5/1/2022. new brand |
| VEKLURY INJ 100MG | Covered Open Only | QL-over time, PA | EFF 5/1/2022. brand COVID drug (BvD embedded PA) |
| VOXZOGO INJ 0.4MG VOXZOGO INJ 0.56MG VOXZOGO INJ 1.2MG | Covered Open Only | QL, PA | EFF 5/1/2022. new brand |
| VYVGART INJ 400/20ML | ALL plans covered | QL, PA | EFF 5/1/2022. new brand |
| BETAINE ANHY POW | ALL plans covered | N/A | EFF 5/1/2022. generic CYSTADANE |
| DENGVAXIA SUS | ALL plans covered | N/A | EFF 5/1/2022. brand vaccine |
| DESCOVY TAB 120-15MG | ALL plans covered | N/A | EFF 5/1/2022. new brand Strength |
| GVOKE KIT INJ 1MG/0.2 | ALL plans covered | N/A | EFF 5/1/2022. new brand Strength |
| HEXATRIONE SUS 20MG/ML | Covered Open Only | N/A | EFF 5/1/2022. new brand |
| MARAVIROC TAB 150MG MARAVIROC TAB 300MG | ALL plans covered | N/A | EFF 5/1/2022. PC generic SELZENTRY |
| SOAANZ TAB 40MG SOAANZ TAB 60MG SOAANZ TAB 20MG | Covered Open Only | N/A | EFF 5/1/222. new brand |
| VASOPRESSIN INJ 20UNT/ML | Covered Open Only | N/A | EFF x/1/2022. generic VASOSTRICT |
| VASOSTRICT SOL (0.2 UNIT/ML) (2 GPIS) | Covered Open Only | N/A | EFF 5/1/2022. new brand Strength |
| VELTASSA POW 16.8GM VELTASSA POW 25.2GM  VELTASSA POW 8.4GM | ALL plans covered -No change | {SSI-No Edits} {rest of plans-PA, QL-varies/No Change} | EFF 5/1/2022. MODIFICATION Remove QL, PA for SSI plans only (Rest of plans-No Change) |

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| 3/1/2022 – 3/31/2022 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2022 Plans: MAPD- B1, B2, B4, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| NUZYRA INJ 100MG NUZYRA TAB 150MG | ALL plans covered | N/A | EFF 4/1/2022. MODIFICATION/ADDING to rest of plans and remove existing pa-open |
| ELYXYB SOL 120/4.8 | Covered Open Only | QL | EFF 4/1/2022. new Brand |
| EULEXIN CAP 125MG | Covered Open Only | N/A | EFF 4/1/2022. PC brand |
| KIMMTRAK SOL 100MCG | Covered Open Only | PA2 | EFF 4/1/2022. PC brand IV |
| NALOXONE SPR | ALL plans covered | N/A | EFF 4/1/2022. generic NARCAN |
| RINVOQ TAB 30MG | ALL plans covered | PA, QL | EFF 4/1/2022. new brand Strength |
| ROMIDEPSIN INJ 10MG | most plans | N/A | EFF 4/1/2022. PC generic ISTODAX |
| TICOVAC INJ | ALL plans covered | N/A | EFF 4/1/2022. Brand vac |
| VUITY SOL 1.25% OP | Covered Open Only | PA | EFF 4/1/2022. brand OPHTH |

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| 2/1/2022 – 2/28/2022 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2022 Plans: MAPD- B1, B2, B4, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| IVERMECTIN (gen) STROMECTOL (br) (same GPI) | Covered (Open/Brand; ALL/Generic)- no change | PA2- ADD | EFF 3/1/2022. MODIFICATION, ADD PA2  (no other changes) |
| APRETUDE SUS 600MG ER | Covered Open Only | QL- over time | EFF 3/1/2022. PC brand. Limited Access |
| CYCLOPHOSPHA INJ 2GM/10ML | most plans | N/A | EFF 3/1/2022. PC brand Strength |
| DICLOFENAC TAB 25MG LOFENA TAB 25MG (same GPI) | Covered Open Only | PA, QL | EFF 3/1/2022. new generic NSAID's, SAME GPI |
| LIVMARLI SOL 9.5MG/ML | Covered Open Only | PA, QL | EFF 3/1/2022. new Brand. Limited Access |
| TAVNEOS CAP 10MG | Covered Open Only | PA, QL | EFF 3/1/2022. new Brand. Limited Access |
| TRUDHESA AER 0.725MG | Covered Open Only | PA, QL | EFF 3/1/2022. new Brand |
| TYRVAYA SOL 0.03MG | Covered Open Only | PA, QL | EFF 3/1/2022. new Brand Ophth |

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| 1/1/2022 – 1/31/2022 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2022 Plans: MAPD- B1, B2, B4, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx

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| LABEL NAME | Coverage | EDIT-PA,QL,ST | COMMENTS |
| VRAYLAR CAP 1.5MG, 3MG, 4.5MG, 6MG and 1.5-3MG | ALL plans Covered (no change) | PA- REMOVAL QL-varies (no change) | EFF 2/1/2022. PC brand MODIFICATION. REMOVE PA (no other changes) |
| ANTIVERT CHW 25MG | Covered Open Only | PA-AGE | EFF 2/1/2022. new brand |
| BESREMI SOL 500MCG | ALL plans Covered | QL, PA | EFF 2/1/2022. PC brand |
| BIKTARVY TAB | ALL plans Covered | N/A | EFF 2/1/2022. PC brand Strength |
| DUPIXENT INJ 100/0.67 | Covered Open Only | QL, PA | EFF 2/1/2022. new brand |
| EPCLUSA PAK 150-37.5 EPCLUSA PAK 200-200 | ALL plans Covered | PA | EFF 2/1/2022. new brand Strength |
| EPRONTIA SOL 25MG/ML | ALL plans Covered | QL | EFF 2/1/2022. PC brand |
| FOLIVANE-OB CAP | Covered Open Only | N/A | EFF 2/1/2022. new brand PRN |
| INSULIN GLAR **INJ** 100U/ML SEMGLEE INJ 100U/ML | Covered Open Only | ST | EFF 2/1/2022. new brand (shares gpi with new brand SEMGLEE) |
| INSULIN GLAR **SOL** 100U/ML SEMGLEE SOL 100U/M | Covered Open Only | ST | EFF 2/1/2022. new brand (shares gpi with new brand SEMGLEE) |
| MAVYRET PAK 50-20MG | ALL plans Covered | PA | EFF 2/1/2022. new brand Strength |
| NELARABINE SOL 5MG/ML | Covered Open Only | N/A | EFF 2/1/2022. PC generic ARRANON |
| SCEMBLIX TAB 20MG SCEMBLIX TAB 40MG | ALL plans Covered | QL-varies, PA2 | EFF 2/1/2022. PC brand. LMITED ACCESS |
| SUSVIMO INJ 10/0.1ML {Implant Two GPIS- 1st Fill & Refill} | Covered Open Only | PA | EFF 2/1/2022. new brand Ophth (Two GPIS/1stfill&refill). LMITED ACCESS |
| TARON-C DHA CAP | Covered Open Only | N/A | EFF 2/1/2022. new brand PRN |
| TRINATAL RX TAB 1 | Covered Open Only | N/A | EFF 2/1/2022. new brand PRN |

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| 11/1/2021 – 11/30/2021 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2021 Plans: MAPD- B1, B2, B4, B2+, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx.

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| LABEL NAME | Coverage | EDIT-PA,QL,ST | COMMENTS |
| BYLVAY CAP 120MCG BYLVAY CAP 200MCG BYLVAY CAP 400MCG BYLVAY CAP 6000MCG | Covered Open Only | PA, QL-varies | EFF 11/1/2021. new brand |
| ENALAPRIL SOL 1MG/ML | Covered Open Only | N/A | EFF 11/1/2021. generic EPANED |
| K/NA CITRATE SOL CITR ACD | Covered Open Only | N/A | EFF 11/1/2021. new generic |
| OPDIVO INJ 120MG/12 | Covered Open Only | PA2 | EFF 11/1/2021. PC brand Strength |
| SAPHNELO SOL 300/2ML | Covered Open Only | PA, QL | EFF 11/1/2021. new brand |
| SUNITINIB CAP 37.5MG SUNITINIB CAP 50MG SUNITINIB CAP 12.5MG SUNITINIB CAP 25MG | ALL plans Covered | PA2, QL | EFF 11/1/2021. PC generic SUTENT |
| WELIREG TAB 40MG | ALL plans Covered | PA2, QL | EFF 11/1/2021. PC brand |
| IVERMECTIN TAB 3MG (see brand below) | ALL plans Covered - no change | PA2 | EFF 11/1/2021. MODIFICATION ADD PA2-generic (Precert-new starts) |
| STROMECTOL TAB 3MG (see generic above) | Covered Open Only - no change | PA2 | EFF 11/1/2021. MODIFICATION ADD PA2-brand  (Precert-new starts) |
| XOFLUZA TAB 40MG | Covered Open Only - no change | QL-over time | EFF 11/1/2021. MODIFICATION INCREASE QL to QOT 2/180 (vs 1/180 oct batch) |

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| 10/1/2021 – 10/31/2021 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2021 Plans: MAPD- B1, B2, B4, B2+, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx.

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| LABEL NAME | Coverage | EDIT-PA,QL,ST | COMMENTS |
| AZSTARYS CAP 26.1-5.2 AZSTARYS CAP 39.2-7.8 AZSTARYS CAP 52.3-10. | Covered Open Only | QL | EFF 10/1/2021. new Brand ADHD |
| DUPIXENT INJ 200MG | Covered Open Only | PA, QL | EFF 10/1/2021. new brand Strength |
| EMPAVELI INJ 1080MG | Covered Open Only | PA, QL | EFF 10/1/2021. new Brand |
| KERENDIA TAB 10MG KERENDIA TAB 20MG | Covered Open Only | PA, QL | EFF 10/1/2021. new Brand |
| LAZANDA SPR 100MCG | Covered Open Only | PA, QL | EFF 10/1/2021. new brand Strength |
| MYFEMBREE TAB | Covered Open Only | PA, QL | EFF 10/1/2021. new Brand |
| MYRBETRIQ SUS 8MG/ML | ALL plans Covered | QL | EFF 10/1/2021. new brand Formulation |
| RYLAZE INJ 10/0.5ML | Covered Open Only | PA2 | EFF 10/1/2021. PC Brand |
| UPLIZNA SOL 100MG | Covered Open Only | PA | EFF 10/1/2021. new Brand |
| XOFLUZA TAB 40MG XOFLUZA TAB 80MG | Covered Open Only | QL-over time | EFF 10/1/2021. new brand Strengths |
| REZUROCK TAB 200MG | ALL plans Covered | PA2, QL | EFF 10/1/2021. PC Brand |
| ALINIA SUS 100/5ML ALINIA TAB 500MG | N/A | N/A | EFF 10/1/2021. REMOVE COVERAGE/ALL plans |
| ANTIVERT TAB 50MG | Covered Open Only | N/A | EFF 10/1/2021. new Brand |
| CHLORPROMAZI CON 100MG/ML CHLORPROMAZI CON 30MG/ML | ALL plans Covered | N/A | EFF 10/1/2021. PC generic formulation |
| IBU/FAMOT TAB 800-26.6 | most plans | N/A | EFF 10/1/2021. generic Duexis/NSAID |
| KLOXXADO LIQ | Covered Open Only | N/A | EFF 10/1/2021. new Brand |
| PACLITAXEL INJ 100/16.7 | most plans | N/A | EFF 10/1/2021. PC generic GPI/strength |
| TIROSINT-SOL SOL 37.5/ML TIROSINT-SOL SOL 44MCG/ML TIROSINT-SOL SOL 62.5/ML | Covered Open Only | N/A | EFF 10/1/2021. new brand Strengths |

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| 9/1/2021 – 9/30/2021 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2021 Plans: MAPD- B1, B2, B4, B2+, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx.

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| LABEL NAME | Coverage | EDIT-PA,QL,ST | COMMENTS |
| VARENICLINE TAB 0.5MG VARENICLINE TAB 1MG | ALL plans Covered | PA | Retro EFF 9/1/2021. new Brand |

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| 8/1/2021 – 8/31/2021 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2021 Plans: MAPD- B1, B2, B4, B2+, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx.

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| LABEL NAME | Coverage | EDIT-PA,QL,ST | COMMENTS |
| HUMATIN CAP 250MG | Covered Open Only | N/A | EFF 8/1/2021. new brand \*gen/PAROMOMYCIN already installed (all plans) |
| KIMYRSA INJ 1200MG | Covered Open Only | N/A | EFF 8/1/2021. new brand |
| LABETALOL INJ 200/200 | Covered Open Only | N/A | EFF 8/1/2021. new brand Strength |
| NEXTSTELLIS TAB 3-14.2MG | Covered Open Only | N/A | EFF 8/1/2021. new Brand OC |
| SOD FLUORIDE SOL 0.2%MINT | Covered Open Only | N/A | EFF 8/1/2021. generic PREVIDENT |
| TIOPRONIN TAB 100MG | Covered Open Only | N/A | EFF 8/1/2021. generic THIOLA |
| CALCITONIN INJ 200/ML | Covered Open Only | PA | EFF 8/1/2021. generic MIACALCIN |
| RUFINAMIDE TAB 200MG RUFINAMIDE TAB 400MG | ALL plans Covered | PA2 | EFF 8/1/2021. PC generic BANZEL |
| RYBREVANT SOL 350/7ML | Covered Open Only | PA2 | EFF 81/12021. PC brand |
| ARFORMOTEROL NEB 15/2ML | Covered Open Only | QL, PA | EFF 8/1/2021. generic BROVANA \*bvd embedded criteria/matches brand |
| CLEMASTINE SYP 0.5/5ML | Covered Open Only | QL, PA-AGE | EFF 8/1/2021. new brand formulation |
| EXSERVAN MIS 50MG | Covered Open Only | QL | EFF 8/1/2021. new brand |
| LUMAKRAS TAB 120MG | ALL plans Covered | QL, PA2 | EFF 8/1/2021. PC Brand |
| PONVORY TAB 20MG PONVORY TAB STARTER | Covered Open Only | QL-varies, PA | EFF 8/1/2021. new MS brand |
| QELBREE CAP 100MG ER QELBREE CAP 150MG ER QELBREE CAP 200MG ER | Covered Open Only | QL-varies, PA | EFF 8/1/2021. new ADHD brand |
| ROSZET TAB 10-10MG ROSZET TAB 20-10MG ROSZET TAB 40-10MG ROSZET TAB 5-10MG | Covered Open Only | QL, ST | EFF 8/1/2021. new brand |
| SKYRIZI INJ 150MG/ML (2 GPIs) | ALL plans Covered | QL-over time, PA | EFF 8/1/2021. new brand Strengths |
| TRUSELTIQ CAP 100MG TRUSELTIQ CAP 50MG TRUSELTIQ CAP 75MG TRUSELTIQ CAP 125MG | ALL plans Covered | QL-varies, PA2 | EFF 8/1/2021. PC Brand drug |

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| 7/1/2021 – 7/31/2021 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2021 Plans: MAPD- B1, B2, B4, B2+, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| AUVI-Q INJ 0.1MG | Covered Open Only -no change | QL- no change | EFF 7/1/2021. MODIFICATION REMOVE STEP \*verified STEP removal is for this strength only |
| AZATHIOPRINE INJ 100MG | ALL plans Covered | PA-BVD | EFF 7/1/2021. PC brand MODIFICATION Adding to SSI C&P plans |
| FOSPHENYTOIN INJ 100/2ML FOSPHENYTOIN INJ 500/10ML | ALL plans Covered | N/A | EFF 7/1/2021. PC generic MODIFICATION Adding to SSI C&P plans. |
| MYCOPHENOLAT INJ 500MG | ALL plans Covered | PA-BVD | EFF 7/1/2021. PC generic MODIFICATION Adding to SSI C&P plans |
| PROCHLORPER INJ 5MG/ML | ALL plans Covered | N/A | EFF 7/1/2021. PC generic MODIFICATION Adding to all SSI plans |
| DESMOPRESSIN INJ 4MCG/ML | ALL plans Covered | N/A | EFF 7/1/2021. new generic GPI |
| LABETALOL INJ NACL (3 GPIs) | Covered Open Only | N/A | EFF 7/1/2021. new brand Formulation |
| CABENUVA SUS 400-60 CABENUVA SUS 600-900 | Covered Open Only | QL-varies | EFF 7/1/2021. PC Brand HIV drug |
| XCOPRI TAB (PACK 100 MG&150 MG TABS (250 MG DAILY DOSE)) | ALL plans Covered | QL | EFF 7/1/2021. PC brand Strength |
| ABILIFY MYCI TAB (12 strengths) | Covered Open Only | PA2, QL | EFF 7/1/2021. PC Brand MULTIPLE STRENGTHS |
| EVKEEZA INJ 1200/8 EVKEEZA INJ 345/2.3 | Covered Open Only | PA | EFF 7/1/2021. new Brand |
| INGREZZA CAP 60MG | Open and SSI C&P | PA, QL | EFF 7/1/2021. new brand Strength |
| ISOTRETINOIN CAP 25MG ISOTRETINOIN CAP 35MG | ALL plans Covered | PA | EFF 7/1/2021. generic Strengths of ABSORICA |
| JATENZO CAP 158MG JATENZO CAP 198MG JATENZO CAP 237MG | Covered Open Only | PA, QL-varies | EFF 7/1/2021. new Brand |
| JEMPERLI SOL 500/10ML | Covered Open Only | PA2 | EFF 7/1/2021. PC Brand |
| NULIBRY INJ 9.5MG | Covered Open Only | PA | EFF 7/1/2021. new Brand |
| PREGABALN ER TAB 165MG PREGABALN ER TAB 330MG PREGABALN ER TAB 82.5MG | ALL plans Covered | PA, QL | EFF 7/1/2021. generic LYRICA |
| XPOVIO TAB 40MG (3 GPIs)  XPOVIO TAB 50MG XPOVIO TAB 60MG | ALL plans Covered | PA2, QL | EFF 7/1/2021. PC brand Strengths |
| ZYNLONTA SOL 10MG | Covered Open Only | PA2 | EFF 7/1/2021. PC Brand |

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| 6/1/2021 – 6/30/2021 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2021 Plans: MAPD- B1, B2, B4, B2+, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| BRINZOLAMIDE SUS 1% | Most plans | N/A | EFF 6/1/2021. generic AZOPT |
| CEFEPIME SOL 100GM | Covered Open Only | N/A | EFF 6/1/2021. new brand formulation |
| LOTEPREDNOL GEL ETABONAT | ALL plans Covered | N/A | EFF 6/1/2021. generic LOTEMAX/ophth |
| NEONATAL 19 TAB | Covered Open Only | N/A | EFF 6/1/2021. new brand PRN |
| NEONATAL FE TAB | Covered Open Only | N/A | EFF 6/1/2021. new brand PRN |
| PNV-DHA CAP DOCUSATE | Covered Open Only | N/A | EFF 6/1/2021. new brand PRN |
| TRISTART CAP FRE | Covered Open Only | N/A | EFF 6/1/2021. new brand PRN strength |
| URIMAR-T TAB | Covered Open Only | N/A | EFF 6/1/2021. new brand |
| ZAFEMY DIS 150/35 | Covered Open Only | N/A | EFF 6/1/2021. generic OC. \*NDC coding needed due to coverage difference with existing generic OC XULANE (shared gpi) |
| AMONDYS 45 INJ 50MG/ML | Covered Open Only | PA | EFF 6/1/2021. new brand |
| CYCLOPHOSPH TAB 25MG  CYCLOPHOSPH TAB 50MG | ALL plans Covered | PA-BVD | EFF 6/1/2021. PC brand drug |
| FOSCARNET INJ | Covered Open Only | PA | EFF 6/1/2021. new generic \*BVD Embedded criteria |
| FOTIVDA CAP 0.89MG  FOTIVDA CAP 1.34MG | ALL plans Covered | PA2, QL | EFF 6/1/2021. PC brand drug |
| HETLIOZ LQ SUS 4MG/ML | ALL plans Covered | PA, QL | EFF 6/1/2021. new brand Formulation |
| HYDROCODONE TAB  100,120,20,30,40,60,80MG ER | ALL plans Covered | PA, QL | EFF 6/1/2021. generic HYSINGLA (Opioid) |
| PEPAXTO INJ 20MG | ALL plans Covered | PA2, QL | EFF 6/1/2021. PC brand |
| PROLATE SOL 10/300MG | Covered Open Only | QL | EFF 6/1/2021. new brand Formulation |
| RELTONE CAP 200 MG  RELTONE CAP 400MG | Covered Open Only | PA | EFF 6/1/2021. new brand |
| XELJANZ SOL 1MG/ML | ALL plans Covered | PA, QL | EFF 6/1/2021. new brand |
| ZCORT 7-DAY TAB 1.5MG | Covered Open Only | ST | EFF 6/1/2021. new brand |

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| 3/1/2021 – 3/31/2021 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2021 Plans: MAPD- B1, B2, B4, B2+, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ASPARLAS INJ 3750/5ML | ALL plans Covered | PA2 | EFF 4/1/2021. PC brand |
| EMTR/TEN DF TAB 100-150 EMTR/TEN DF TAB 133-220 EMTR/TEN DF TAB 167-250 | ALL plans Covered | QL | EFF 4/1/2021. PC generic Truvada |
| ICLUSIG TAB 10MG ICLUSIG TAB 300MG | ALL plans Covered | PA2 | EFF 4/1/2021. PC brand Strengths |
| IMIQUIMOD CRE 3.75% | most plans | QL- over time | EFF 4/1/2021. generic Zyclara |
| LUBIPROSTONE CAP 24MCG LUBIPROSTONE CAP 8MCG | Covered Open Only | PA, QL-varies | EFF 4/1/2021. new brand // Note: shares GPI with existing brand AMITIZA with cov differences |
| ONCASPAR INJ 750/ML | ALL plans Covered | PA2 | EFF 4/1/2021. PC brand |
| ONGENTYS CAP 25MG | Covered Open Only | PA, QL | EFF 4/1/2021. new brand Strength |
| ORLADEYO CAP 110MG ORLADEYO CAP 150MG | Covered Open Only | PA, QL | EFF 4/1/2021. new brand |
| VESICARE LS SUS 5MG/5ML | Covered Open Only | QL, ST | EFF 4/1/2021. new brand Formulation |
| ZIRABEV INJ 100/4MLML ZIRABEV INJ 400/16ML | ALL plans Covered | PA2 | EFF 4/1/2021. MODIFICATION ADDING TO REST OF THE PLANS. (previously covered Open plans only) |
| ZOKINVY CAP 50MG ZOKINVY CAP 75MG | Covered Open Only | PA, QL | EFF 4/1/2021. new brand |
| FENTANYL CIT INJ 50MCG/ML | Covered Open Only | n/a | EFF 4/1/2021. new brand |
| FURADANTIN SUS 25MG/5ML | Covered Open Only | n/a | EFF 4/1/2021. new brand |
| ICOSAPENT CAP 1GM | Covered Open Only | n/a | EFF 4/1/2021. generic VASCEPA |
| PRENATVITE TAB COMPLETE PRENATVITE TAB PLUS (same gpi) | Covered Open Only | n/a | EFF 4/1/2021. new brand PRN |
| THYQUIDITY SOL 100MCG | Covered Open Only | n/a | EFF 4/1/2021. new brand |
| NAPROXEN SOD TAB 750MG ER | most plans | n/a | EFF 4/1/2021. new brand // Note: shares GPI with existing brand NAPRELAN with cov differences |

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| 2/1/2021 – 2/28/2021 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2021 Plans: MAPD- B1, B2, B4, B2+, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ACETAMINOPHE INJ 1000MG ACETAMINOPHE INJ 10MG/ML | Covered Open Only | n/a | EFF 3/1/2021. new generic |
| LILETTA IUD 52MG | Covered Open Only | n/a | EFF 3/1/2021. brand IUD |
| RAPIVAB INJ 200MG/20 | Covered Open Only | n/a | EFF 3/1/2021. brand |
| MELOXICAM CAP 10MG MELOXICAM CAP 5MG | Covered Open Only | n/a | EFF 3/1/2021. generic VIVLODEX |
| ASENAPINE SUB 10MG ASENAPINE SUB 2.5MG ASENAPINE SUB 5MG | ALL plans Covered | QL | EFF 3/1/2021. PC generic SAPHRIS |
| OXYCOD/ACETA SOL 10/300MG | Covered Open Only | QL | EFF 3/1/2021. generic Formulation |
| ORGOVYX TAB 120MG | ALL plans Covered | PA2, QL | EFF 3/1/2021. PC Brand |
| ABIRATERONE TAB 500MG | ALL plans Covered | PA2 | EFF 3/1/2021. PC generic strength ZYTIGA |
| RIABNI SOL 100/10ML RIABNI SOL 500/50ML | Covered Open Only | PA2 | EFF 3/1/2021. PC Brand |

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| 1/1/2021 – 1/31/2021 |

The following updates apply to **Medicare Part-D Formulary ONLY**.

2021 Plans: MAPD- B1, B2, B4, B2+, B4+,B5+; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2; SilverScript- Choice, Plus, SmartRx.

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| DIACOMIT CAP 250MG DIACOMIT CAP 500MG DIACOMIT PAK 500MG DIACOMIT PAK 250MG | ALL plans Covered | PA2, QL-varies | EFF 1/1/2021. PC Brand drug |
| ALKINDI SPRI CAP 0.5MG ALKINDI SPRI CAP 1MG ALKINDI SPRI CAP 2MG ALKINDI SPRI CAP 5MG | Covered Open Only | PA | EFF 2/1/2021. new Brand |
| EVRYSDI SOL | Covered Open Only | PA, QL | EFF 2/1/2021. new Brand |
| EYSUVIS DRO 0.25% | Covered Open Only | PA | EFF 2/1/2021. new brand ophth |
| FARYDAK CAP 15MG | ALL plans Covered | PA2 | EFF 2/1/2021. PC brand Strength |
| GIMOTI SPR 15MG | Covered Open Only | PA, QL | EFF 2/1/2021. new Brand |
| IMPEKLO LOT 0.05% | Covered Open Only | QL-overtime | EFF 2/1/2021. new Brand |
| IVERMECTIN LOT 0.5% | Covered Open Only | QL-overtime | EFF 2/1/2021. generic SKLICE |
| NYVEPRIA INJ 6/0.6ML | Covered Open Only | PA | EFF 2/1/2021. new Brand |
| OXLUMO INJ 94.5/0.5 | Covered Open Only | PA | EFF 2/1/2021. new Brand |
| RETACRIT INJ 20000UNI | Covered Open Only | PA | EFF 2/1/2021. new brand Strength. (ESRD) |
| RUFINAMIDE SUS 40MG/ML | ALL plans Covered | PA | EFF 2/1/2021. PC generic BANZEL |
| DIFICID SUS | ALL plans Covered | N/A | EFF 2/1/2021. new brand Strength |
| GAVILYTE-H KIT | ALL plans Covered | N/A | EFF 2/1/2021. new Generic |
| GEMMILY CAP 1/20 | Covered Open Only | N/A | EFF 2/1/2021. new Generic OC |
| NITAZOXANIDE TAB 500MG | ALL plans Covered | N/A | EFF 2/1/2021. generic ALINIA |
| OXALIPLATIN INJ 200MG | most plans | N/A | EFF 2/1/2021. PC generic |
| REDITREX INJ (8 strengths) | Covered Open Only | N/A | EFF 2/1/2021. new Brand |
| SUTAB TAB | Covered Open Only | N/A | EFF 2/1/2021. new Brand |
| TIMOLOL MAL SOL 0.5% OP | Covered Open Only | N/A | EFF 2/1/2021. generic TIMOPTIC/ophth |

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| 9/01/2020 – 9/30/2020 |

The following updates apply to Medicare Part-D Formulary ONLY. Installed SEPTEMBER 2020.

2020 Plans: MAPD: B1, B2, B4, B4PLUS, 5PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| TIVICAY PD TAB 5MG | ALL plans Covered | N/A | EFF 9/10/2020 PC brand drug, new Strength |
| CYCLOPHOSPH INJ 1GM CYCLOPHOSPHA INJ 500MG | ALL plans Covered | N/A | EFF 10/1/2020. PC brand drug \*generic has same label name separate gpi |
| DEXYCU SUS 9% | Covered Open Only | N/A | EFF 10/1/2020. new brand Ophth |
| FERPRX 2-DAY TAB 1000MG | Covered Open Only | PA | EFF 10/1/2020. new brand |
| KYNMOBI MIS 10MG KYNMOBI MIS 15MG KYNMOBI MIS 20MG KYNMOBI MIS 25MG KYNMOBI MIS 30MG | Covered Open Only | PA, QL | EFF 10/1/2020. new brand Parkinson drug |
| ORTIKOS CAP 6MG ER ORTIKOS CAP 9MG ER | Covered Open Only | N/A | EFF 10/1/2020. new brand |
| RUKOBIA TAB 600MG ER | ALL plans Covered | N/A | EFF 10/1/2020. PC brand drug |
| SIRTURO TAB 20MG | ALL plans Covered | PA | EFF 10/1/2020. new brand Strength |
| YUTIQ IMP 0.18MG | Covered Open Only | N/A | EFF 10/1/2020. new brand Ophth |
| ZEPOSIA CAP .92MG | Covered Open Only | PA, QL | EFF 10/1/2020. new brand MS drug |
| ZEPOSIA CAP STR KIT ZEPOSIA 7DAY CAP STR PACK | Covered Open Only | PA, QL-over time | EFF 10/1/2020. new brand MS drug |

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| 8/01/2020 – 8/31/2020 |

The following updates apply to Medicare Part-D Formulary ONLY. Installed AUGUST 2020.

2020 Plans: MAPD: B1, B2, B4, B4PLUS, 5PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| DILAUDID INJ 0.2MG/ML | Covered Open Only | PA-BD | EFF 9/1/2020. new brand Strength |
| FINTEPLA SOL 2.2MG/ML | ALL plans Covered | PA2, QL- over time | EFF 9/1/2020. PC brand drug |
| HALOG SOL 0.1% | Covered Open Only | QL-over time | EFF 9/1/2020. new brand formulation |
| NEXLIZET TAB 180/10MG | Covered Open Only | PA, QL | EFF 9/1/2020. new brand |
| PHESGO SOL (2-GPIs) | ALL plans Covered | PA2 | EFF 9/1/2020. PC brand drug |
| SOVALDI PAK 200MG SOVALDI PAK 150MG | Covered Open Only | PA, QL | EFF 9/1/2020. new brand formulation |
| XPOVIO PAK 40MG-2GPIs XPOVIO PAK 60MG | ALL plans Covered | PA2, QL-VARIES | EFF 9/1/2020. PC brand Strength |
| ZEPZELCA SOL 4MG | ALL plans Covered | PA2 | EFF 9/1/2020. PC brand drug |
| LOPERAMIDE SOL 1/7.5ML LOPERAMIDE SOL 2MG/15ML  {SAME GPI} | ALL plans Covered | N/A | EFF 9/1/2020. new generic formulation |
| PRIMAQUINE TAB 26.3MG | ALL plans Covered (no change) | N/A (no change) | EFF 9/1/2020. MODIFICATION generic TIER CHANGE on NonCo plans |
| AVSOLA INJ 100MG | Covered Open Only | PA | EFF 9/1/2020. new brand |
| FENSOLVI INJ 45MG | Covered Open Only | PA | EFF 9/1/2020. new brand |
| HARVONI TAB 45-200MG | ALL plans Covered (no change) | PA (no change) | EFF 9/1/2020. MODIFICATION QL REMOVAL. |
| HARVONI PAK 45-200MG  HARVONI PAK | ALL plans Covered | PA | EFF 9/1/2020. new brand formulation |
| JYNARQUE PAK 30-15MG | Covered Open Only | PA | EFF 9/1/2020. new brand Strength |
| JYNARQUE TAB 15mg | Covered Open Only | PA | EFF 9/1/2020. new brand GPI |
| KOSELUGO CAP 10MG KOSELUGO CAP 25MG | Covered Open Only | PA | EFF 9/1/2020. new brand |

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| 7/01/2020 – 7/31/2020 |

The following updates apply to Medicare Part-D Formulary ONLY. Installed JULY 2020.

2020 Plans: MAPD: B1, B2, B4, B4PLUS, 5PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| BYNFEZIA PEN INJ 2500MCG | Covered Open Only | PA | EFF 8/1/2020. new brand |
| DARZALEX SOL FASPRO | Covered Open Only | PA2 | EFF 8/1/2020. PC brand formulation |
| DAYVIGO TAB 5MG DAYVIGO TAB 10MG | Covered Open Only | QL, PA | EFF 8/1/2020. new brand |
| ISTURISA TAB 10MG ISTURISA TAB 1MG ISTURISA TAB 5MG | Covered Open Only | QL-varies, PA | EFF 8/1/2020. new brand |
| METHYLPHENID CAP 10MG ER METHYLPHENID CAP 15MG ER METHYLPHENID CAP 20MG ER METHYLPHENID CAP 30MG ER METHYLPHENID CAP 40MG ER METHYLPHENID CAP 50MG ER METHYLPHENID CAP 60MG ER | ALL plans Covered | QL | EFF 8/1/2020. generic APTENSIO |
| NURTEC CHW 75MG ODT | Covered Open Only | QL, PA | EFF 8/1/2020. new brand |
| QUZYTTIR INJ 10MG/ML | Covered Open Only | PA | EFF 8/1/2020. new brand |
| QINLOCK TAB 50MG | ALL plans Covered | QL, PA2 | EFF 8/1/2020. PC brand drug |
| RETEVMO CAP 40MG RETEVMO CAP 80MG | ALL plans Covered | QL-Varies, PA2 | EFF 8/1/2020. PC brand drug |
| TABRECTA TAB 150MG TABRECTA TAB 200MG | ALL plans Covered | QL, PA2 | EFF 8/1/2020. PC brand drug |
| TRODELVY SOL 180MG | ALL plans Covered | PA2 | EFF 8/1/2020. PC Brand drug |
| EPINEPHRINE INJ 30/30ML | ALL plans Covered | N/A | EFF 8/1/2020. generic ADRENALIN |
| MICAFUNGIN INJ 100MG MICAFUNGIN INJ 50MG | ALL plans Covered | N/A | EFF 8/1/2020. generic MYCAMINE |
| MIDAZOLAM INJ 5MG/ML | Covered Open Only | N/A | EFF 8/1/2020. new generic GPI |
| NYMALIZE SOL | ALL plans Covered | N/A | EFF 8/1/2020. new brand strength |

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| 6/01/2020 – 6/30/2020 |

The following updates apply to Medicare Part-D Formulary ONLY. Installed JUNE 2020.

2020 Plans: MAPD: B1, B2, B4, B4PLUS, 5PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| GVOKE HYPO INJ (2-GPI’s) | ALL plans Covered | N/A | EFF 7/1/2020. new brand |
| METFORMIN SOL 500/5ML | Covered Open Only | N/A | EFF 7/1/2020. generic RIOMET |
| ROMIDEPSIN INJ 27.5MG | ALL plans Covered | N/A | EFF 7/1/2020. PC generic strength |
| ONTRUZANT INJ 150MG ONTRUZANT INJ 420MG | Covered Open Only | PA2 | EFF 7/1/2020. PC brand// Note: BvD embedded in criteria |
| OSMOLEX ER TAB | Covered Open Only | QL, ST | EFF 7/1/2020. new brand strength |
| PEMAZYRE TAB 13.5MG PEMAZYRE TAB 4.5MG PEMAZYRE TAB 9MG | ALL plans Covered | QL, PA2 | EFF 7/1/2020. PC brand |
| TRIJARDY XR TAB (4-GPIs) | ALL plans Covered | QL-varies | EFF 7/1/2020. new brand |
| TUKYSA TAB 150MG TUKYSA TAB 50MG | ALL plans Covered | QL-varies, PA2 | EFF 7/1/2020. PC brand |
| FLAREX SUS 0.1% OP | ALL plans Covered | N/A | EFF 7/1/2020. MODIFICATION. ADD to closed formularies. (Brand) |
| ZERVIATE DRO 0.24% | ALL plans Covered | N/A | EFF 7/1/2020. MODIFICATION. ADD to closed formularies. Note: open formularies installed last month (Brand) |
| RYBELSUS TAB 14MG RYBELSUS TAB 3MG RYBELSUS TAB 7MG | ALL plans Covered | QL | EFF 7/1/2020. MODIFICATION. ADD to closed formularies. CHANGE TIER and REMOVE ST on Open (Brand) |
| DIAZEPAM INJ 5MG/ML | ALL plans  (no change) | QL-no change, PA2-add age edit | EFF 7/1/2020. MODIFICATION. ADDING AGE EDIT. No other changes (generic) |
| FLOVENT DISK AER 100MCG FLOVENT DISK AER 250MCG FLOVENT DISK AER 50MCG | ALL plans  (no change) | QL-varies (no change) | EFF 7/1/2020. MODIFICATION. TIER CHANGE ONLY (Brand) |
| FLOVENT HFA AER 110MCG FLOVENT HFA AER 220MCG FLOVENT HFA AER 44MCG | ALL plans  (no change) | QL-varies (no change) | EFF 7/1/2020. MODIFICATION. TIER CHANGE ONLY (Brand) |
| APTIOM TAB 200MG APTIOM TAB 400MG APTIOM TAB 600MG APTIOM TAB 800MG | ALL plans  (no change) | N/A | EFF 7/1/2020. MODIFICATION. REMOVE QL. (Brand) |
| VIMPAT SOL 10MG/ML | ALL plans  (no change) | N/A | EFF 7/1/2020. MODIFICATION. REMOVE QL (pc/brand) |
| VIMPAT TAB 100MG VIMPAT TAB 150MG VIMPAT TAB 200MG VIMPAT TAB 50MG | ALL plans  (no change) | N/A | EFF 7/1/2020. MODIFICATION. REMOVE QL (pc/brand) |

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| 5/01/2020 – 5/31/2020 |

The following updates apply to Medicare Part-D Formulary ONLY. Installed MAY 2020.

2020 Plans: MAPD: B1, B2, B4, B4PLUS, 5PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| GVOKE PFS INJ-2gpis | ALL plans Covered | N/A | EFF 6/1/2020. ADD to closed formularies. Down-tier on Open |
| LOKELMA PAK 5GM LOKELMA PAK 10GM | ALL plans Covered | N/A | EFF 6/1/2020. ADD to closed formularies. Down-tier on Open |
| MOXIFLOXACIN SOL 0.5% | ALL plans Covered | N/A | EFF 6/1/2020. ADD to closed formularies. (installed on open formularies last month) |
| ATROPINE SUL OIN 1% OP | Covered Open Only | N/A | EFF 6/1/2020. Brand |
| CALDOLOR INJ 4MG/ML CALDOLOR INJ 800/8ML | Covered Open Only | N/A | EFF 6/1/2020. Brand |
| DIAZOXIDE SUS 50MG/ML | ALL plans Covered | N/A | EFF 6/1/2020. generic PROGLYCEM |
| FETROJA INJ 1GM | Covered Open Only | N/A | EFF 6/1/2020. Brand |
| FLUORITAB DRO 0.125MG | ALL plans Covered | N/A | EFF 6/1/2020. new generic |
| MIDAZOLAM INJ 10MG/2ML | Covered Open Only | N/A | EFF 6/1/2020. new generic GPI |
| NICARDIPINE SOL 20/200ML NICARDIPINE SOL 40/200ML | Covered Open Only | N/A | EFF 6/1/2020. Brand |
| POLYETH GLYC POW 3350 NF | ALL plans Covered | N/A | EFF 6/1/2020. new generic GPI |
| SOD PHOSPHAT INJ 15MM/5ML | Covered Open Only | N/A | EFF 6/1/2020. generic Strength |
| XCOPRI PAK 12.5-25MG XCOPRI PAK 50-100MG XCOPRI PAK 150-200MG | ALL plans Covered | N/A | EFF 6/1/2020. PC drug Brand |
| XCOPRI TABS 100MG, 150MG, 200MG, 50-200MG, 50MG | ALL plans Covered | N/A | EFF 6/1/2020. PC drug Brand |
| AEMCOLO TAB 194MG | Covered Open Only | QL-over time | EFF 6/1/2020. Brand |
| CODEINE SULF TAB 15MG | most plans | QL | EFF 6/1/2020. generic Strength |
| ESOMEPRAZOLE GRA 10MG DR ESOMEPRAZOLE GRA 20MG DR ESOMEPRAZOLE GRA 40MG DR | Covered Open Only | QL | EFF 6/1/2020. generic NEXIUM |
| ESTROGEL GEL | Covered Open Only | QL-over time | EFF 6/1/2020. Brand |
| HERZUMA INJ 150MG HERZUMA INJ 420MG | Covered Open Only | PA2 | EFF 6/1/2020. PC drug Brand \*note: bvd embedded in criteria |
| HIZENTRA INJ 1GM/5ML HIZENTRA INJ 2GM/10ML | Covered Open Only | PA | EFF 6/1/2020. new brand GPIs \*note: bvd embeded in criteria |
| HIZENTRA SOL 20% | Covered Open Only | PA | EFF 6/1/2020. Brand \*note: bvd embedded in criteria |
| JORNAY PM CAP 100MG ER JORNAY PM CAP 20MG ER JORNAY PM CAP 40MG ER JORNAY PM CAP 60MG ER JORNAY PM CAP 80MG ER | Covered Open Only | QL | EFF 6/1/2020. Brand |
| PROCYSBI GRA 300MG PROCYSBI GRA 75MG | Covered Open Only | PA | EFF 6/1/2020. Brand Formulation |
| SARCLISA SOL 100/5ML SARCLISA SOL 500/25ML | ALL plans Covered | PA2 | EFF 6/1/2020. PC drug Brand |
| TERIPARATIDE INJ | Covered Open Only | PA | EFF 6/1/2020. Brand |
| VELTASSA POW 16.8GM\* VELTASSA POW 25.2GM\* VELTASSA POW 8.4GM | ALL plans Covered | QL-varies, PA- closed formularies only | EFF 6/1/2020. ADD to closed formularies. PA for closed ONLY. REMOVE QL on Open for \*higher strengths |
| AJOVY INJ 225/1.5 | Covered Open Only | QL, PA | EFF 6/1/2020. new brand GPI |
| ARAZLO LOT 0.045% | Covered Open Only | QL-over time; PA | EFF 6/1/2020. Brand |
| GRASTEK SUB 2800BAU | Covered Open Only | QL, PA | EFF 6/1/2020. Brand |
| IBRANCE TAB 100MG IBRANCE TAB 125MG IBRANCE TAB 75MG | ALL plans Covered | QL, PA2 | EFF 6/1/2020. PC drug. new brand GPIs |
| NEXLETOL TAB 180MG | Covered Open Only | QL, PA | EFF 6/1/2020. Brand |
| ODACTRA SUB | Covered Open Only | QL, PA | EFF 6/1/2020. Brand |
| PROMACTA PAK 25MG | ALL plans Covered | QL, PA | EFF 6/1/2020. Brand |
| PYRIMETHAMIN TAB 25MG | Covered Open Only | QL, PA | EFF 6/1/2020. generic DARAPRIM |
| RAGWITEK SUB | Covered Open Only | QL, PA | EFF 6/1/2020. Brand |
| VYEPTI INJ 100MG/ML | Covered Open Only | QL, PA | EFF 6/1/2020. Brand |
| BELSOMRA TAB 5MG BELSOMRA TAB 10MG BELSOMRA TAB 15MG BELSOMRA TAB 20MG | ALL plans Covered | QL | EFF 6/1/2020. ADD to closed formularies. REMOVE STEP on Open formularies  NOTE: meds listed as step qualifiers will also be removed from the step group |
| FASENRA PEN INJ 30MG/ML FASENRA INJ 30MG/ML | ALL plans Covered | PA | EFF 6/1/2020. ADD to closed formularies. REMOVE QL on Open formularies |
| GLYXAMBI TAB 10-5MG GLYXAMBI TAB 25-5 MG | ALL plans Covered | QL | EFF 6/1/2020. ADD to closed formularies. Down-tier AND Remove PA on Opens |
| REPATHA PUSH INJ 420/3.5  REPATHA SURE INJ 140MG/ML REPATHA INJ 140MG/ML | Covered Open Only  (no change) | PA (no change) | EFF 6/1/2020. Down-tier to T3 (from spec) and REMOVE QL |
| VENTOLIN HFA AER | ALL plans Covered  (no change) | QL (no change) | EFF 6/1/2020. Down-tier for ALL formularies. Note: Shared GPI/coverage differences |
| ACTICLATE TAB 150MG ACTICLATE TAB 75MG | Covered Open Only | ST | EFF 6/1/2020. Brand |
| INSULIN LISP INJ JUNIOR | Covered Open Only | ST | EFF 6/1/2020. Brand \*note: Shares GPI with Existing brand Novolog with coverage differences |
| INSULIN LISP INJ PROTAMIN | Covered Open Only | ST | EFF 6/1/2020. Brand \*note: shares GPI with Existing brand Humalog with coverage differences |
| KETOPROFEN CAP 50MG KETOPROFEN CAP 75MG\* | most plans |  | EFF 6/1/2020. generic Strengths |

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| 4/01/2020 – 4/30/2020 |

The following updates apply to Medicare Part-D Formulary ONLY. Installed APRIL 2020.

2020 Plans: MAPD: B1, B2, B4, B4PLUS, 5PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ALTABAX OIN 1% | Covered Open Only | QL-quantity over time | EFF 5/1/2020. Brand drug |
| AZEL/FLUTIC SPR 137-50 | Covered Open Only | QL | EFF 5/1/2020. generic DYMISTA |
| CORDRAN CRE 0.025% CORDRAN CRE 0.05% | Covered Open Only | QL-quantity over time | EFF 5/1/2020. Brand drug |
| CORDRAN LOT 0.05% | Covered Open Only | QL-quantity over time | EFF 5/1/2020. Brand drug |
| CORDRAN OIN 0.05% | Covered Open Only | QL-quantity over time | EFF 5/1/2020. Brand drug |
| OXYCOD-APAP TAB 2.5-300 | Covered Open Only | QL | EFF 5/1/2020. generic NALOCET |
| VERDESO AER 0.05% | Covered Open Only | QL-quantity over time | EFF 5/1/2020. Brand drug |
| XOLEGEL GEL 2% | Covered Open Only | QL-quantity over time | EFF 5/1/2020. Brand drug |
| ZIPRASIDONE INJ 20MG | ALL plans Covered | QL | EFF 5/1/2020. PC drug. generic GEODON |
| ASCENIV INJ 10% | Covered Open Only | PA | EFF 5/1/2020. Brand drug |
| EVEROLIMUS TAB 0.25MG EVEROLIMUS TAB 0.5MG EVEROLIMUS TAB 75MG | ALL plans Covered | PA-BvD | EFF 5/1/2020. PC drug. generic ZORTRESS |
| TRAZIMERA INJ 420MG | Covered Open Only | PA2 | EFF 5/1/2020. PC Brand drug. Note: BvD embedded in criteria |
| BUTAL/ACETAM TAB 25-325MG | Covered Open Only | QL, PA-AGE | EFF 5/1/2020. generic ALLZITAL |
| FLUOROPLEX CRE 1% | ALL plans Covered | QL-quantity over time, PA2 | EFF 5/1/2020. PC Brand drug |
| KETOROLAC SOL TROMETHA | Covered Open Only | QL, PA | EFF 5/1/2020. generic SPRIX |
| REYVOW TAB 100MG REYVOW TAB 50MG | Covered Open Only | QL, ST | EFF 5/1/2020. Brand migraine drug |
| SEYSARA TAB 100MG SEYSARA TAB 150MG SEYSARA TAB 60MG | Covered Open Only | QL, PA | EFF 5/1/2020. Brand drug |
| TEPEZZA INJ 500MG | Covered Open Only | QL-quantity over time, PA | EFF 5/1/2020. Brand drug. Note: BvD embedded in criteria |
| HYPERRAB INJ 900UNIT | Covered Open Only | N/A | EFF 5/1/2020. brand Strength |
| IRINOTECAN INJ 300/15ML | ALL plans Covered | N/A | EFF 5/1/2020. PC drug. generic Strength CAMPTOSAR |
| MOXIFLOXACIN SOL 0.5% | Covered Open Only | N/A | EFF 5/1/2020. generic MOXEZA |
| NAPROX-ESOM TAB 375-20MG NAPROX-ESOM TAB 500-25MG | most plans | N/A | EFF 5/1/2020. generic VIMOVO |
| POT PHOSPHAT INJ 3MM/ML | Covered Open Only | N/A | EFF 5/1/2020. Brand drug |
| ZERVIATE DRO 0.24% | Covered Open Only | N/A | EFF 5/1/2020. Brand ophth soln |
| ENBREL INJ 25MG ENBREL SRCLK INJ 50MG/ML ENBREL MINI INJ 50MG/ML ENBREL INJ 25/0.5ML ENBREL INJ 50MG/ML | ALL plans Covered | PA | EFF 5/1/2020. Add to rest of the plans. Open, B4, B4+, B5+ already installed. |
| INS ASP PROT INJ FLEXPEN  INSULIN ASPA INJ FLEXPEN INSULIN ASPA INJ PENFILL INSULIN ASPA INJ 100/ML INSULIN ASPA INJ 70/30 | Covered Open Only | ST | EFF 5/1/2020. New Brand. Shares GPI with existing Brand with coverage Differences (NOVOLOG) |
| PRALUENT INJ 75MG/ML PRALUENT INJ 150MG/ML | ALL plans Covered  (no change) | PA (no change) | EFF 5/1/2020. Downtier on all formularies |
| RINVOQ       TAB 15MG ER | ALL plans Covered | PA | EFF 5/1/2020. Add to rest of the plans. Open already installed |
| SKYRIZI | ALL plans Covered | PA | EFF 5/1/2020. Add to rest of the plans. Open already installed. |
| VALTOCO LIQ 15MG VALTOCO LIQ 20MG  VALTOCO SPR 5MG VALTOCO SPR 10MG | ALL plans Covered  (no change) | QL-quantity over time (no change) | EFF 5/1/2020. REMOVE PRECERT EDIT |
| VTOL LQ SOL | Covered Open Only | QL, PA-AGE | EFF 5/1/2020. new generic. Shares GPI with existing generics one with coverage difference (VANATOL S) (VANATOL LQ) |
| EUTHYROX TABS 100MCG,112MCG, 125MCG,137MCG 150MCG,175MCG 200MCG, 25MCG 50MCG, 75MCG, 88MCG | most plans | N/A | EFF 5/1/2020. New Brand. Shares GPI with existing brands some with coverage differences (LEVO T) (SYNTHROID, LEVOXYL& UNITHROID) |

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| 3/01/2020 – 3/31/2020 |

The following updates apply to Medicare Part-D Formulary ONLY. Installed MARCH 2020.

2020 Plans: MAPD: B1, B2, B4, B4PLUS, 5PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| CIPRO/FLUOC DRO PF | Covered Open Only | N/A | EFF 4/1/2020. generic OTOVEL |
| PENICILLAMIN TAB 250MG | ALL plans Covered | N/A | EFF 4/1/2020. generic installed on Open in Jan, now ADDING TO REST OF PLANS |
| RIOMET ER SUS 500/5M | Covered Open Only | N/A | EFF 4/1/2020. new brand Formulation |
| DEFERASIROX TAB 125MG DEFERASIROX TAB 250MG DEFERASIROX TAB 500MG | ALL plans Covered | PA (no change) | EFF 4/1/2020. generic installed on Open in Feb, now ADDING TO REST OF PLANS |
| RUXIENCE INJ 100/10ML RUXIENCE INJ 500/50ML | Covered Open Only | PA-new starts | EFF 4/1/2020. PC Brand drug |
| BUDES/FORMOT AER 160-4.5 BUDES/FORMOT AER 80-4.5 | Covered Open Only | QL | EFF 4/1/2020. generic SYMBICORT |
| TRAMADOL HCL TAB 100MG | ALL plans Covered | QL | EFF 4/1/2020. generic Strength |
| ASMANEX HFA AER 50MCG | Covered Open Only | QL, ST | EFF 4/1/2020. brand Strength |
| DULERA AER 50-5MCG | Covered Open Only | QL, ST | EFF 4/1/2020. brand Strength |
| ZOLOFT CON 20MG/ML | Covered Open Only | QL, ST | EFF 4/1/2020. Brand drug |
| CALCIP/BETAM SUS | Covered Open Only | QL-quantity over time, PA | EFF 4/1/2020. generic TACLONEX |
| CAPLYTA CAP 42MG | ALL plans Covered | QL, PA-new starts | EFF 4/1/2020. PC Brand drug |
| HYDROCODONE CAP 50MG ER HYDROCODONE CAP 40MG ER HYDROCODONE CAP 30MG ER HYDROCODONE CAP 15MG ER HYDROCODONE CAP 10MG ER | Covered Open Only | QL, PA | EFF 4/1/2020. generic ZOHYDRO ER |
| SECUADO DIS 3.8MG SECUADO DIS 5.7MG SECUADO DIS 7.5MG | ALL plans Covered | QL, PA-new starts | EFF 4/1/2020. PC Brand drug |
| TAZVERIK TAB 200MG | ALL plans Covered | QL, PA-new starts | EFF 4/1/2020. PC Brand drug |
| UBRELVY TAB 50MG UBRELVY TAB 100MG | Covered Open Only | QL, PA | EFF 4/1/2020. Brand migraine drug |
| VALTOCO LIQ 15MG VALTOCO LIQ 20MG | ALL plans Covered | QL-quantity over time, PA-new starts | EFF 4/1/2020. PC Brand drug |
| VALTOCO SPR 5MG VALTOCO SPR 10MG | ALL plans Covered | QL-quantity over time, PA-new starts | EFF 4/1/2020. PC Brand drug |
| XELJANZ XR TAB 22MG | ALL plans Covered | QL, PA | EFF 4/1/2020. brand Strength |

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| 2/01/2020 – 2/29/2020 |

The following updates apply to Medicare Part-D Formulary ONLY. Installed FEBRUARY 2020.

2020 Plans: MAPD: B1, B2, B4, B4PLUS, 5PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ADAKVEO INJ 100/10ML | Covered Open Only | PA | EFF 3/1/2020. Brand. Note: BvD Embedded Criteria |
| BEOVU INJ 6/0.05ML | Covered Open Only | PA | EFF 3/1/2020. Brand |
| DEFERASIROX TAB 180MG | Covered Open Only | PA | EFF 3/1/2020. generic Strength |
| EYLEA INJ 2/0.05ML (new gpi) | Covered Open Only | PA | EFF 3/1/2020. Brand GPI |
| GIVLAARI INJ 189MG/ML | Covered Open Only | PA | EFF 3/1/2020. Brand |
| NPLATE INJ 125MCG | Covered Open Only | PA | EFF 3/1/2020. Brand Strength |
| REBLOZYL INJ 25MG REBLOZYL INJ 75MG | Covered Open Only | PA | EFF 3/1/2020. Brand |
| RECARBRIO INJ 1.25GM | Covered Open Only | PA | EFF 3/1/2020. Brand |
| VYONDYS 53 INJ 100/2ML | Covered Open Only | PA | EFF 3/1/2020. Brand |
| ZIEXTENZO INJ 6/0.6ML | Covered Open Only | PA | EFF 3/1/2020. Brand |
| AKLIEF CRE 0.005% | Covered Open Only | PA, QL-quantity over time | EFF 3/1/2020. Brand |
| AYVAKIT TAB 100MG AYVAKIT TAB 200MG AYVAKIT TAB 300MG | ALL plans Covered | PA-new starts, QL | EFF 3/1/2020. PC Brand drug |
| BRUKINSA CAP 80MG | ALL plans Covered | PA-new starts, QL | EFF 3/1/2020. PC Brand drug |
| EGRIFTA SV INJ 2MG | Covered Open Only | PA, QL | EFF 3/1/2020. Brand Formulation |
| EVEROLIMUS TAB 2.5MG EVEROLIMUS TAB 5MG EVEROLIMUS TAB 7.5MG | ALL plans Covered | PA-new starts, QL | EFF 3/1/2020. PC drug. generic AFINITOR |
| GLOPERBA SOL 0.6/5ML | Covered Open Only | PA, QL | EFF 3/1/2020. Brand |
| OXBRYTA TAB 500MG | Covered Open Only | PA, QL | EFF 3/1/2020. Brand |
| PRETOMANID TAB 200MG | ALL plans Covered | PA, QL | EFF 3/1/2020. Brand |
| TRIKAFTA TAB | Covered Open Only | PA, QL | EFF 3/1/2020. Brand cyctic fibrosis med |
| VUMERITY CAP 231MG (2 GPIs) | Covered Open Only | PA, QL | EFF 3/1/2020. Brand m.s. drug |
| ENHERTU INJ 100MG | ALL plans Covered | PA-new starts | EFF 3/1/2020. PC Brand drug |
| IMLYGIC INJ (2 GPIs) | ALL plans Covered | PA-new starts | EFF 3/1/2020. PC Brand drug |
| PADCEV INJ 20MG | ALL plans Covered | PA-new starts | EFF 3/1/2020. PC Brand drug |
| PADCEV INJ 30MG | ALL plans Covered | PA-new starts | EFF 3/1/2020. PC Brand drug |
| TRUXIMA INJ 100/50 TRUXIMA INJ 500/50 | Covered Open Only | PA-new starts | EFF 3/1/2020. PC Brand drug |
| ZIRABEV INJ 100/4ML ZIRABEV INJ 400/16ML | Covered Open Only | PA-new starts | EFF 3/1/2020. PC Brand drug \*note: BvD Embedded Criteria |
| GABLOFEN INJ 10000/20MCG/ML (2gpis) GABLOFEN INJ 2000/20MCG/ML (2gpis) GABLOFEN INJ 4000/20MCG/ML (2gpis) GABLOFEN INJ 50MCG/ML | Covered Open Only | PA-BvD | EFF 3/1/2020. Brand |
| PENTAMIDIINE INH 300MG | ALL plans Covered | PA-BvD | EFF 3/1/2020. generic NEBUPENT |
| AMPHETAMI ER SUS 1.25/ML | Covered Open Only | QL | EFF 3/1/2020. generic ADZENYS ER |
| AMZEEQ AER 4% | Covered Open Only | QL- quantity over time | EFF 3/1/2020. Brand |
| DAPSONE GEL 7.5% | most plans | QL- quantity over time | EFF 3/1/2020. generic ACZONE strength |
| DIVIGEL GEL 1.25MG | Covered Open Only | QL- quantity over time | EFF 3/1/2020. Brand Strength |
| TALICIA CAP | Covered Open Only | QL- quantity over time | EFF 3/1/2020. Brand |
| DOXEPIN TAB 3MG DOXEPIN TAB 6MG | ALL plans Covered | QL | EFF 3/1/2020. generic SILENOR |
| ZOLPIMIST SPR 5MG | Covered Open Only | QL | EFF 3/1/2020. Brand |
| DXEVO 11-DAY PAK 1.5MG | Covered Open Only | ST | EFF 3/1/2020. Brand |
| NOVOLIN N (RELION) INJ 100 UNIT NOVOLIN R (RELION) INJ 100 UNIT | Covered Open Only | ST | EFF 3/1/2020. Brand RELION/shares GPIs with brand below. \*NDC coding needed |
| NOVOLIN N INJ 100 UNIT NOVOLIN R INJ 100 UNIT | ALL plans Covered |  | EFF 3/1/2020. Brand Shares GPIs with Relion entry above. \*ndc coding needed |
| TRAVOPROST DRO 0.004% | ALL plans Covered |  | EFF 3/1/2020. generic TRAVATAN Z |
| ABSORICA LD CAP 16MG ABSORICA LD CAP 24MG ABSORICA LD CAP 32MG ABSORICA LD CAP 8MG | ALL plans Covered | N/A | EFF 3/1/2020. Brand Formulation |
| CLOZARIL TAB 200MG  CLOZARIL TAB 50MG | Covered Open Only | N/A | EFF 3/1/2020. PC drug. Brand Strengths. \*note: tier varies each strength |
| ELURYNG MIS  ETONOGESTERE MIS ETHY EST  (same gpi) | ALL plans Covered | N/A | EFF 3/1/2020. generic NUVARING |
| GONITRO POW 400MCG | Covered Open Only | N/A | EFF 3/1/2020. Brand |
| GLUCAGON EMR SOL 1MG | ALL plans Covered | N/A | EFF 3/1/2020. Brand |
| ISOSORB DIN TAB 40MG | most plans | N/A | EFF 3/1/2020. generic ISORDIL |
| PENICILLAMIN TAB 250MG | Covered Open Only | N/A | EFF 3/1/2020. generic DEPEN TITRA |
| VANCOMYCIN INJ 500MG  (new gpi) | most plans | N/A | EFF 3/1/2020. Brand GPI |
| VANCOMYCIN SOL 2G/400ML | most plans | N/A | EFF 3/1/2020. Brand Strength |

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| 1/01/2020 – 1/31/2020 |

The following updates apply to Medicare Part-D Formulary ONLY. Installed JANUARY 2020.

2020 Plans: MAPD: B1, B2, B4, B4PLUS, 5PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| TRIAMCINOLON OIN 0.05% | Covered Open Only |  | EFF 2/1/2020. generic TRIANEX |
| MESALAMINE CAP 0.375GM | Covered Open Only | QL | EFF 2/1/2020. generic APRISO |
| HARVONI TAB 45-200MG | ALL plans Covered | QL, PA | EFF 2/1/2020. brand Strength (note: QL new for this strength) |
| NOURIANZ TAB 20MG NOURIANZ TAB 40MG | Covered Open Only | QL, PA | EFF 2/1/2020. brand |
| PROAIR **DIGIH** AER 108MG | Covered Open Only | QL, PA | EFF 2/1/2020. brand Formulation (note: PA new for this formulation) |
| QBREXZA PAD 2.4% | Covered Open Only | QL, PA | EFF 2/1/2020. Brand |
| RELAFEN DS TAB 1000MG | Covered Open Only | QL, **ST** | EFF 2/1/2020. Brand |
| ZELNORM TAB 6MG | Covered Open Only | QL, PA | EFF 2/1/2020. Brand |
| DEFERASIROX TAB 360MG DEFERASIROX TAB 90MG | ALL plans Covered | PA | EFF 2/1/2020. generic JADENU strengths |
| NITISINONE CAP 2MG NITISINONE CAP 5MG NITISINONE CAP 10MG | ALL plans Covered | PA | EFF 2/1/2020. generic ORFADIN |
| EMFLAZA **SUS** 22.75 | Covered Open Only | PA | EFF 2/1/2020. Brand |
| EMFLAZA TAB 18MG EMFLAZA TAB 30MG EMFLAZA TAB 36MG EMFLAZA TAB 6MG | Covered Open Only | PA | EFF 2/1/2020. Brand |
| OGIVRI INJ 150MG OGIVRI INJ 420MG | Covered Open Only | PA (new starts) | EFF 2/1/2020. PC DRUG. Brand |
| SIKLOS TAB 100MG SIKLOS TAB 1000MG | Covered Open Only | PA | EFF 2/1/2020. Brand (note: tier varies per strength) |
| XENLETA **INJ** 150/15ML | Covered Open Only | PA | EFF 2/1/2020. Brand |
| XENLETA TAB 600MG | Covered Open Only | PA | EFF 2/1/2020. Brand |
| TIADYLT ER CAP 360MG/24 | ALL plans Covered (no change) | N/A (no change) | EFF 2/1/2020. ZYNCHROS ADD Only. generic TIAZAC. Shared GPI with existing generics DILTIAZEM & TAZTIA XT |
| METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML) | ALL plans Covered (no change) | N/A (no change) | EFF 2/1/2020. **Home Infusion List Removal.** Effects B4+ and B5+ formularies |
| METRONIDAZOL INJ 5MG/ML | Covered Open Only (no change) | N/A (no change) | EFF 2/1/2020**. Formulary change to Generic.** Tier change effects Open NC formulary. note: NDC flip to occur 1/31 expect testing fallout prior to that date |

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| 11/01/19 – 11/30/19 |

**Note:** 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| DRIZALMA CAP 20MG DR DRIZALMA CAP 30MG DR DRIZALMA CAP 40MG DR DRIZALMA CAP 60MG DR | ALL plans Covered | QL-varies; PA-new starts | EFF 12/1/2019. PC drug. New Brand SSRI |
| DUAKLIR AER 400/12 | Covered Open Only | QL, ST | EFF 12/1/2019. new Brand |
| EGRIFTA SOL 2MG | Covered Open Only | QL, PA | EFF 12/1/2019. new Brand |
| FENTANYL CIT TAB 100MCG | Covered Open Only | QL, PA | EFF 12/1/2019. new generic strength FENTORA Note: brand and other gen strengths are covered on all plans/coverage difference intentional |
| IVERMECTIN CRE 1% | Covered Open Only | QL-over time | EFF 12/1/2019. new generic SOOLANTRA |
| MYXREDLIN SOL 1UNIT/ML | Covered Open Only | ST | EFF 12/1/2019. new Brand Insulin |
| OCTAGAM INJ 30/300ML | ALL plans Covered | PA-BvD | EFF 12/1/2019. new brand Strength |
| RUZURGI TAB 10MG | Covered Open Only | PA | EFF 12/1/2019. new Brand |
| RYBELSUS TAB 14MG RYBELSUS TAB 3MG RYBELSUS TAB 7MG | Covered Open Only | QL, ST | EFF 12/1/2019. new Brand diabetic |
| TOSYMRA SOL | Covered Open Only | QL, ST | EFF 12/1/2019. new Brand migraine |
| VYNDAMAX CAP 61MG | Covered Open Only | QL, PA | EFF 12/1/2019. new brand Strength |
| WAKIX TAB 17.8MG WAKIX TAB 4.45MG | Covered Open Only | QL, PA | EFF 12/1/2019. new Brand |
| ARSENIC TRIO INJ 12MG/6ML | ALL plans Covered | N/A | EFF 12/1/2019. new generic strength TRISENOX |
| DIGOXIN SOL 50MCG/ML | ALL plans Covered | N/A | EFF 12/1/2019. Modification to Generic. Tier change on NC plans |
| FIASP PENFIL INJ U-100 | ALL plans Covered | N/A | EFF 12/1/2019. new brand Formulation/Insulin |
| GONITRO POW 400MCG | N/A | N/A | EFF 12/1/2019. Remove product from all formularies. No labeler changing to Med D N |
| GVOKE PFS INJ GVOKE PFS INJ | Covered Open Only | N/A | EFF 12/1/2019. new Brand. NOTE: Two Separate GPI'S/Label Names look the same HOWEVER are two Different Strengths 1MG/0.2ML & 0.5MG/0.4ML |
| HYOSCYAMINE ELX 0.125/5 | Covered Open Only | N/A | EFF 12/1/2019. new generic Formulation |
| HYOSCYAMINE INJ 0.5MG/ML | Covered Open Only | N/A | EFF 12/1/2019. new generic LEVSIN |
| NAYZILAM SPR 5MG | ALL plans Covered | N/A | EFF 12/1/2019. PC drug |
| SLYND TAB 4MG | ALL plans Covered | N/A | EFF 12/1/2019. new Brand. Note: Open already installed in Aug. Adding now to Rest of plans |
| SOD CHLORIDE INJ 0.9% (PF) | Covered Open Only | N/A | EFF 12/1/2019. new generic PF Formulation |

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| 10/01/19 – 10/31/19 |

**Note:** 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| AMINOCAPROIC SOL 0.25/ML | Covered Open Only | NA | EFF 11/1/2019. generic Amicar |
| FOSAPREPITAN SOL 150MG | Covered Open Only | NA | EFF 11/1/2019. generic EMEND |
| TRIAMTERENE CAP 50MG |  |  |  |
| TRIAMTERENE CAP 100MG | Covered Open Only | NA | EFF 11/1/2019. generic DYRENIUM |
| VANCOMYCIN SOL 250/5ML | Covered Open Only | NA | EFF 11/1/2019. generic FIRVANQ |
| CORLANOR SOL 5MG/5ML | ALL plans Covered | NA | EFF 11/1/2019. new brand Formulation |
| HAILEY TAB 1.5/30 | ALL plans Covered | NA | EFF 11/1/2019. generic OC |
| HEPARIN SOD INJ 5000/ML | ALL plans Covered | NA | EFF 11/1/2019. New generic GPI |
| POSACONAZOLE TAB 100MG | ALL plans Covered | QL | EFF 11/1/2019. generic NOXAFIL |
| ROZLYTREK CAP 100MG |  |  |  |
| ROZLYTREK CAP 200MG | ALL plans Covered | QL-varies; PA | EFF 11/1/2019. PC drug |
| INREBIC CAP 100MG | ALL plans Covered | QL, PA | EFF 11/1/2019. PC drug |
| RINVOQ TAB 15MG ER | Covered OPEN Only | QL, PA | EFF 11/1/2019. new brand |
| FERRIPROX TAB 1000MG | Covered OPEN Only | PA | EFF 11/1/2019. new brand Strength |

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| 9/01/19 – 9/30/19 |

**Note:** 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ANNOVERA MIS | Covered Open Only | QL- over time | EFF 10/1/2019. new brand |
| HALCINONIDE CRE 0.1% | Covered Open Only | QL- over time | EFF 10/1/2019. generic HALOG |
| ICATIBANT INJ 30MG/3ML | ALL plans Covered | PA; QL-over time | EFF 10/1/2019. generic Firazyr |
| KANJINTI INJ 420MG | Covered Open Only | PA-new starts | EFF 10/1/2019. PC drug |
| MVASI INJ 100MG MVASI INJ 400MG | Covered Open Only | PA-new starts | EFF 10/1/2019. PC drug |
| NUBEQA TAB 300MG | ALL plans Covered | PA-new starts; QL | EFF 10/1/2019. PC drug |
| PREGABALIN SOL 20MG/ML | ALL plans Covered | QL | EFF 10/1/2019. generic lyrica SOL |
| RAMELTEON TAB 8MG | most plans | QL | EFF 10/1/2019. generic Rozerem |
| TURALIO CAP 200MG | ALL plans Covered | PA-new starts; QL | EFF 10/1/2019. PC drug |
| ZELNORM TAB 6MG | Covered Open Only | PA, QL | EFF 10/1/2019. new brand |
| AMPHETAMINE TAB 10MG AMPHETAMINE TAB 5MG EVEKEO TAB 5MG EVEKEO TAB 10MG | Covered Open Only (no change) | PA-AGE (no change); QL-increase | EFF 10/1/2019. MODIFICATION QL (180/30) |
| DOPTELET TAB 20MG | Covered Open Only (no change) | QL-increase | EFF 10/1/2019. MODIFICATION QL (30/30) |
| BAQSIMI ONE POW 3MG/DOSE BAQSIMI TWO POW 3MG/DOSE \*same GPI | Covered Open Only | NA | EFF 10/1/2019. new brand. Note: both label names Share same GPI |
| KATERZIA SUS 1MG/ML | Covered Open Only | NA | EFF 10/1/2019. new brand |
| LOTEMAX SM GEL 0.38% | ALL plans Covered | NA | EFF 10/1/2019. new brand Strength. Note: already installed on Open/ adding to rest of the plans |
| CLINOLIPID EMU 20% | ALL plans Covered | PA-BvD | EFF 10/1/2019. new brand. Note: already installed on Open/ adding to rest of the plans |

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| 8/01/19 - 8/31/19 |

**Note:** 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| DAPTOMYCIN SOL 350MG | ALL plans Covered | NA | EFF 9/1/2019. MODIFICATION BRAND TO GENERIC TIER CHANGE |
| ERYTHROMYCIN TAB 250MG EC ERYTHROMYCIN TAB 333MG EC ERYTHROMYCIN TAB 500MG EC | Most plans | NA | EFF 9/1/2019. generic ERY-TAB |
| HEPARIN SOD INJ 5000/0.5 | ALL plans Covered | NA | EFF 9/1/2019. new generic GPI |
| KENALOG-80 INJ | Covered Open Only | NA | EFF 9/1/2019. new brand Strength |
| MIFEPRISTONE TAB 200MG | Covered Open Only | NA | EFF 9/1/2019. generic MIFEPREX |
| NIACIN TAB 500MG | Most plans | NA | EFF 9/1/2019. generic NIACOR |
| RANITIDINE INJ 25MG/ML | Covered Open Only | NA | EFF 9/1/2019. generic Zantac |
| SLYND TAB 4MG | \*Covered Open Only | NA | EFF 9/1/2019. new brand |
| THIOLA **EC** TAB 100MG THIOLA **EC** TAB 300MG | Covered Open Only | NA | EFF 9/2019. new brand formulation |
| EMGALITY INJ 100MG/ML | Covered Open Only | QL, PA | EFF 9/1/2019. new brand Strength |
| EVEKEO ODT TAB 5MG EVEKEO ODT TAB 10MG EVEKEO ODT TAB 15MG EVEKEO ODT TAB 20MG | Covered Open Only | QL, PA-AGE | EFF 9/1/2019. new brand |
| EZALLOR SPR CAP 5MG EZALLOR SPR CAP 10MG EZALLOR SPR CAP 20MG EZALLOR SPR CAP 40MG | Covered Open Only | QL, **ST** | EFF 9/1/2019. new brand |
| FENTANYL CIT TAB 200MCG FENTANYL CIT TAB 400MCG FENTANYL CIT TAB 600MCG FENTANYL CIT TAB 800MCG | ALL plans Covered | QL, PA | EFF 9/1/2019. generic FENTORA |
| NUCALA INJ 100MG/ML \*2 GPIs | Covered Open Only | QL, PA | EFF 9/1/2019. new brand Strength. Note: new strength has two separate GPI's |
| NUCALA INJ 100MG | Covered Open Only | QL-modification, PA-no change | EFF 9/5/2019. MODIFICATON QL INCREASE QL3/28 |
| SUNOSI TAB 75MG SUNOSI TAB 150MG | Covered Open Only | QL, PA | EFF 9/1/2019. new brand |
| SYMDEKO TAB 50-75MG | Covered Open Only | QL, PA | EFF 9/1/2019. new brand Strength |
| XPOVIO PAK 80MG \*2GPIS XPOVIO PAK 100MG XPOVIO PAK 60MG | ALL plans Covered | QL-varies, PA | EFF 9/1/2019. PC drug. Note: 80MG PAK has two separate GPIs |
| CLINOLIPID EMU 20% | \*Covered Open Only | PA-BvD | EFF 9/1/2019. new brand |
| DOXYL/PYRID TAB 10-10MG | Covered Open Only | QL | EFF 9/1/2019. generic Diclegis |
| FEBUXOSTAT TAB 40MG FEBUXOSTAT TAB 80MG | Covered Open Only | **ST** | EFF 9/1/2019. generic ULORIC |
| POLIVY INJ 140MG | ALL plans Covered | PA-new starts | EFF 9/1/2019. Brand PC drug (cancer) |
| QTERN TAB 5-5MG | Covered Open Only | QL | EFF 9/1/2019. new brand Strength |
| SYMJEPI INJ 0.15MG | Covered Open Only | QL | EFF 9/1/2019. new brand Strength |
| PREGABALIN CAP 25MG PREGABALIN CAP 50MG PREGABALIN CAP 75MG PREGABALIN CAP 100MG PREGABALIN CAP 150MG PREGABALIN CAP 200MG PREGABALIN CAP 225MG PREGABALIN CAP 300MG | ALL plans | QL-varies | EFF 8/15/2019 OFF CYCLE. PC drug. Generic Lyrica |
| CICLOPIROX SUS 0.77% LOPROX SUS 0.77% | generic-all brand-open | QL-quantity over time | **EFF 9/5/2019.** OFF CYCLE MODIFICATION QL ADD. no other changes |
| CLINDAMYCIN GEL 1% CLINDAGEL GEL 1% CLEOCIN-T GEL 1% | generic-all brand-most brand-open | QL-quantity over time | **EFF 9/5/2019.** OFF CYCLE MODIFICATION QL ADD. no other changes |
| CLINDAMYCIN SOL 1% CLEOCIN-T SOL 1% | generic-all brand-open | QL-quantity over time | **EFF 9/5/2019.** OFF CYCLE MODIFICATION QL ADD. no other changes |
| NYSTOP POW 100000 NYAMYC POW 100000 NYSTATIN POW 100000 | generic-all | QL-quantity over time | **EFF 9/5/2019.** OFF CYCLE MODIFICATION QL ADD. no other changes |
| VANCOMYCIN CAP 250MG  VANCOCIN HCL CAP 250MG | generic-all brand-open | QL | **EFF 9/5/2019.** OFF CYCLE MODIFICATION QL ADD. no other changes |
| ENBREL INJ 50MG/ML ENBREL SRCLK INJ 50MG/ML ENBREL MINI INJ 50MG/ML | no change | QL-modification, PA-no change | **EFF 7/22/2019**. OFF CYCLE. QL Modification due to New Package size |

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| 7/01/19 – 7/31/19 |

**Note:** 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| BOSENTAN TAB 62.5MG BOSENTAN TAB 125MG | ALL plans Covered | PA-new starts, QL-varies | EFF 8/1/2019. generic TRACLEER |
| CUTAQUIG SOL 1GM CUTAQUIG SOL 1.65GM CUTAQUIG SOL 2GM CUTAQUIG SOL 3.3GM CUTAQUIG SOL 4GM CUTAQUIG SOL 8GM | Covered Open Only | PA | EFF 8/1/2019. new Brand. Note: BvD embedded in Criteria |
| INSULIN LISP INJ 100/ML | Covered Open Only | **ST** | EFF 8/1/2019. New GPI generic Humalog. Note: generic installed in July/ New GPI install for August |
| KALYDECO PAK 25MG | ALL plans Covered | PA | EFF 8/1/2019. new brand Strength. Note: installed on Open plans in July; adding to rest of plans in August |
| MAVENCLAD PAK10MG(10)  MAVENCLAD PAK 10MG(4) MAVENCLAD PAK 10MG(5) MAVENCLAD PAK 10MG(6) MAVENCLAD PAK 10MG(7) MAVENCLAD PAK 10MG(8) MAVENCLAD PAK 10MG(9) | Covered Open Only | PA, QL- over time | EFF 8/1/2019. new Brand (M.S.) |
| NAFTIFINE GEL 1% | Covered Open Only | QL- over time | EFF 81/12019. generic Naftin |
| PIQRAY 200MG TAB DOSE PIQRAY 250MG TAB DOSE PIQRAY 300MG TAB DOSE | ALL plans Covered | PA-new starts, QL-varies | EFF 8/1/2019. PC drug (cancer) |
| SILDENAFIL SUS 10MG/ML | Covered Open Only | PA-new starts, QL | EFF 8/1/2019. generic Revatio |
| VYNDAQEL CAP 20MG | Covered Open Only | PA, QL | EFF 8/1/2019. new Brand |
| ZYKADIA TAB 150MG | ALL plans Covered | PA-new starts | EFF 8/1/2019. PC drug. new brand formulation (existing caps on formulary) |
| CYTRA K   GRA CRYSTALS | Covered Open Only | N/A | EFF 8/1/2019 new generic |
| FENTANYL CIT INJ 50MCG/ML | Covered Open Only | N/A | EFF 8/1/2019 new generic Strength |
| FENTANYL CIT INJ 2500MCG | Covered Open Only | N/A | EFF 8/1/2019 MODIFICATION tier change |
| FULVESTRANT INJ 250/5ML | ALL plans Covered | N/A | EFF 8/1/2019. generic FASLODEX |
| GEMCITABINE INJ 1GM/10ML | ALL plans Covered | N/A | EFF 8/1/2019. PC drug. new generic Strength |
| LEVOTHYROXIN INJ 100/5ML LEVOTHYROXIN INJ 200/5ML LEVOTHYROXIN INJ 500/5ML | ALL plans Covered | N/A | EFF 8/1/2019. new generic Strength |
| PYRIDOSTIGMI TAB 30MG | ALL plans Covered | N/A | EFF 8/1/2019. new generic Strength |
| XERAVA INJ 50MG | Covered Open Only | N/A | EFF 8/1/2019. new Brand Antibiotic |

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| 6/01/19 – 6/30/19 |

**Note:** 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON-Commingled- A1, B2, Open2

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| **LABEL NAME** | **Coverage** | **EDIT-PA,QL,ST** | **COMMENTS** |
| CEFIXIME CAP 400MG | ALL plans Covered | NA | EFF 7/1/2019. generic SUPRAX |
| DOVATO TAB 50-300MG | ALL plans Covered | NA | EFF 7/1/2019. PC drug. Brand/HIV  note: was installed on open plans in June, adding to rest of plans in July |
| INFUGEM SOL 1900MG | Covered Open Only | NA | EFF 7/1/2019. PC drug. brand Strength |
| LIDOCAINE INJ 20MG/ML LIDOCAINE INJ 10MG/ML | ALL plans Covered | NA | EFF 7/1/2019. new generic GPI |
| LOTEPREDNOL SUS 0.5% | Covered Open Only \* | NA | EFF 7/1/2019. generic LOTEMAX |
| MESALAMINE CAP 400MG DR | Covered Open Only \* | NA | EFF 7/1/2019. generic DELZICOL |
| PENICILLAMIN CAP 250MG | Covered Open Only | NA | EFF 7/1/2019. generic CUPRIMINE |
| PROCHLORPER INJ 5MG/ML | ALL plans Covered | NA | EFF 7/1/2019. new generic GPI |
| VALRUBICIN SOL 40MG/ML | ALL plans Covered | NA | EFF 7/1/2019. PC drug. generic VALSTAR |
| ADAPALENE PAD 0.1%SWAB | Covered Open Only | PA, QL- over time | EFF 7/1/2019. generic PLIXDA |
| AMBRISENTAN TAB 5MG AMBRISENTAN TAB 10MG | ALL plans Covered | PA-new starts, QL | EFF 7/1/2019. generic LETAIRIS |
| BALVERSA TAB 3MG BALVERSA TAB 4MG BALVERSA TAB 5MG | ALL plans Covered | PA-new starts, QL-varies | EFF 7/1/2019. PC drug |
| CHLORZOXAZON TAB 375MG CHLORZOXAZON TAB 750MG | Covered Open Only | PA-AGE, QL | EFF 7/1/2019. generic Strength adds |
| DUOBRII LOT | Covered Open Only | PA, QL- over time | EFF 7/1/2019. new Brand |
| ERLOTINIB TAB 25MG ERLOTINIB TAB 100MG ERLOTINIB TAB 150MG | ALL plans Covered | PA-new starts, QL-varies | EFF 7/1/2019. PC drug. generic TARCEVA |
| EVENITY INJ 105MG | Covered Open Only | PA, QL | EFF 7/1/2019. new Brand |
| INGREZZA CAP 40-80MG | Covered Open Only | PA, QL | EFF 7/1/2019. new brand Strength |
| NORGESIC TAB FORTE | Covered Open Only | PA-AGE, QL | EFF 7/1/2019. new Brand |
| SKYRIZI INJ 150DOSE | Covered Open Only | PA, QL- over time | EFF 7/1/2019. new Brand |
| ALBUTEROL AER HFA (Generic Proventil) | Covered Open Only | QL | EFF 7/1/2019. generic Proventil \*SHARED GPI with coverage differences/NDC code Needed |
| BACLOFEN INJ 40MG/20 | Covered Open Only | PA-BvD | EFF 7/1/2019. new generic Strength of LIORESAL |
| DEFERASIROX TAB 125MG DEFERASIROX TAB 250MG DEFERASIROX TAB 500MG | most plans | PA | EFF 7/1/2019. generic Exjade |
| HERCEP HYLEC SOL 60-10000 | ALL plans Covered | PA-new starts | EFF 7/1/2019. PC drug.  note: was installed on open plans in June, adding to rest of plans in July |
| INSULIN LISP INJ 100/ML | Covered Open Only | **ST** | EFF 7/1/2019. generic Humalog |
| KALYDECO PAK 25MG | Covered Open Only \* | PA | EFF 7/1/2019. new brand Strength |
| LEXETTE AER 0.05% | Covered Open Only | QL-over time | EFF 7/1/2019. new Brand |
| SOLIFENACIN TAB 10MG SOLIFENACIN TAB 5MG | Covered Open Only \* | QL | EFF 7/1/2019. generic Vesicare |

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| 5/01/19 – 5/31/19 |

**Note**: 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON Commingled- A1, B2, Open2

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| LABEL NAME | COVERAGE | EDIT-PA,QL,ST | COMMENTS |
| ALISKIREN TAB 150MG ALISKIREN TAB 300MG | ALL plans Covered | NA | EFF 6/1/2019. generic Tekturna |
| ERYTHROM ETH SUS 400/5ML | Covered Open Only | NA | EFF 6/1/2019. generic Eryped |
| INFUGEM SOL 1200MG INFUGEM SOL 1300MG INFUGEM SOL 1400MG INFUGEM SOL 1500MG INFUGEM SOL 1600MG INFUGEM SOL 1700MG INFUGEM SOL 1800MG INFUGEM SOL 2000MG INFUGEM SOL 2200MG | Covered Open Only | NA | EFF 6/1/2019. PC drug. new Brand |
| PENTAMIDINE INJ 300MG | ALL plans Covered | NA | EFF 6/1/2019. generic PENTAM |
| PYRIDOSTIGMI SOL 60MG/5ML | Covered Open Only | NA | EFF 6/1/2019. generic MESTINON |
| DOVATO TAB 50-300MG | Covered Open Only | NA | EFF 6/1/2019. PC drug. new Brand/HIV |
| LOTEMAX SM GEL 0.38% | Covered Open Only | NA | EFF 6/1/2019. new brand Strength |
| PEDIAPRED SOL 5MG/5ML | Covered Open Only | NA | EFF 6/1/2019. new Brand (NOTE: generic already on formulary) |
| ROCKLATAN DRO | Covered Open Only | NA | EFF 6/1/2019. new Brand |
| PROGRAF GRA 0.2MG PROGRAF GRA 1MG | ALL plans Covered | PA-BD | EFF 6/1/2019. PC drug. new brand formulation |
| TECENTRIQ INJ 840/14 | ALL plans Covered | PA-new starts | EFF 6/1/2019. PC drug |
| TREPROSTINIL INJ 1MG/ML TREPROSTINIL INJ 2.5MG/ML TREPROSTINIL INJ 5MG/ML TREPROSTINIL INJ 10MG/ML | ALL plans Covered | PA-new starts | EFF 6/1/2019. generic REMODULIN \*bvd embedded in criteria\* |
| JYNARQUE TAB 15MG JYNARQUE TAB 30MG | Covered Open Only | PA | EFF 6/1/2019. new brand formulation. \*NDC coding need/shares GPI with Samsca has EDIT differences |
| CABLIVI KIT 11MG | Covered Open Only | PA | EFF 6/1/2019. new Brand |
| CRYSVITA INJ 10MG/ML CRYSVITA INJ 20MG/ML CRYSVITA INJ 30MG/ML | Covered Open Only | PA | EFF 6/1/2019. new Brand |
| HERCEP HYLEC SOL 60-10000 | Covered Open Only | PA-new starts | EFF 6/1/2019. PC drug. new Brand. |
| MEPSEVII INJ 10MG/5ML | Covered Open Only | PA | EFF 6/1/2019. new Brand |
| DICLOFENAC DIS 1.3% | Covered Open Only | PA, QL | EFF 6/1/2019. generic FLECTOR |
| EC-NAPROXEN TAB 375MG EC-NAPROXEN TAB 500MG | Covered Open Only | ST | EFF 6/1/2019. new Brand |
| QMIIZ ODT TAB 7.5 QMIIZ ODT TAB 15 MG | Covered Open Only | QL, ST | EFF 6/1/2019. new Brand |
| AIMOVIG INJ 140MG/ML | Covered Open Only | PA, QL-over time | EFF 6/1/2019. new Brand Single-Dose Prefilled SureClick® Autoinjector |
| AIMOVIG INJ 140DOSE | Covered Open Only (no change) | PA, QL-over time (no change) | EFF 6/1/2019. MODIFICATION. Tier change only |
| MAYZENT TAB 0.25MG MAYZENT TAB 2MG | Covered Open Only | PA, QL-varies | EFF 6/1/2019. new Brand/M.S. |

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| 4/01/19 – 4/30/19 |

**Note**: 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON Commingled- A1, B2, Open2

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| **LABEL NAME** | **COVERAGE** | **EDIT-PA,QL,ST** | **COMMENTS** |
| FENTANYL CIT INJ 100MCG | Covered Open Only | NA | EFF 5/1/2019. MODIFICATION. Change to Generic. Tier change on NC plan |
| GLYCOPYRROL INJ 0.2MG/ML GLYCOPYRROL INJ 0.4/2ML | ALL plans Covered | NA | EFF 5/1/2019. new generic GPIs |
| METHOTREXATE TAB 2.5MG | ALL plans Covered | NA | EFF 5/1/2019. new generic GPI |
| RANOLAZINE TAB 500MG ER RANOLAZINE TAB 1000MG | ALL plans Covered | NA | EFF 5/1/2019. generic Ranexa |
| SEVELAMER TAB 400MG SEVELAMER TAB 800MG | ALL plans Covered | **NA** | EFF 5/1/2019. generic Renagel \*note: Marketing Material will need to differentiate between existing generic Renvela and new generic Renagal |
| TIROSINT-SOL SOL 13MCG/ML TIROSINT-SOL SOL 25MCG/ML TIROSINT-SOL SOL 50MCG/ML TIROSINT-SOL SOL 75MCG/ML TIROSINT-SOL SOL 88MCG/ML TIROSINT-SOL SOL 100MCG TIROSINT-SOL SOL 112MCG TIROSINT-SOL SOL 125MCG TIROSINT-SOL SOL 137MCG TIROSINT-SOL SOL 150MCG TIROSINT-SOL SOL 175MCG TIROSINT-SOL SOL 200MCG | Covered Open Only | NA | EFF 5/1/2019. new Brand |
| BIJUVA CAP 1-100MG | Covered Open Only | QL, PA-AGE | EFF 5/1/2019. new Brand |
| CYCLOBENZAPR CAP 15MG ER CYCLOBENZAPR CAP 30MG ER | Covered Open Only | QL, PA-AGE | EFF 5/1/2019. generic Amrix |
| INBRIJA CAP 42MG | Covered Open Only | QL, PA | EFF 5/1/2019. new Brand |
| MOTEGRITY TAB 1MG MOTEGRITY TAB 2MG | Covered Open Only | QL, PA | EFF 5/1/2019. new Brand |
| NIVESTYM INJ 300MCG NIVESTYM INJ 480MCG | Covered Open Only | PA | EFF 5/1/2019. new Brand |
| TAPERDEX PAK 7-DAY | Covered Open Only | **ST** | EFF 5/1/2019. new brand Strength |
| TREMFYA INJ 100MG/ML | Covered Open Only | QL, PA | EFF 5/1/2019. new brand GPI |
| FLUTIC/SALME AER 100/50 WIXELA INHUB AER 100/50 FLUTIC/SALME AER 250/50 WIXELA INHUB AER 250/50 FLUTIC/SALME AER 500/50 WIXELA INHUB AER 500/50 | Covered Open Only | QL | EFF 5/1/2019. generic Advair Diskus (SHARED GPI) |

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| 3/01/19 – 3/31/19 |

**Note**: 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON Commingled- A1, B2, Open2

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| **LABEL NAME** | **COVERAGE** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ALBUTEROL AER HFA (generic Proair) | Covered Open Only | QL | EFF 4/1/2019. generic Proair. SHARED GPI with generic Ventolin below /NDC code Needed |
| ALBUTEROL AER HFA (generic Ventolin) | ALL plans Covered | QL | EFF 4/1/2019. generic Ventolin. SHARED GPI with generic Proair above/NDC code Needed |
| ACYCLOVIR CRE 5% | Covered Open Only | QL- over time | EFF 4/1/2019. generic ZOVIRAX |
| BUPREN/NALOX MIS 2-0.5MG BUPREN/NALOX MIS 4-1MG BUPREN/NALOX MIS 12-3MG | ALL plans Covered | QL-varies | EFF 4/1/2019. generic Strengths |
| HALOBETASOL AER 0.05% | Covered Open Only | QL-over time | EFF 4/1/2019. new Brand |
| LEVORPHANOL TAB 3MG | Covered Open Only | QL, PA | EFF 4/1/2019. generic Strength |
| PROMACTA POW 12.5MG | ALL plans Covered | QL, PA | EFF 4/1/2019. new Brand |
| SYMJEPI INJ | Covered Open Only | QL | EFF 4/1/2019. new Brand |
| VIGABATRIN TAB 500MG | ALL plans Covered | QL, PA-new starts | EFF 4/1/2019. PC drug. generic Sabril |
| MINOCYCLINE TAB 80MG ER MINOCYCLINE TAB 105MG ER | most plans | **ST** | EFF 4/1/2019. generic Strengths |
| NUZYRA TAB 150MG NUZYRA INJ 100MG | Covered Open Only | PA | EFF 4/1/2019. new Brand |
| SIROLIMUS SOL 1MG/ML | ALL plans Covered | PA-BD | EFF 4/1/2019. PC drug. generic Rapamune |
| SYMPAZAN MIS 5MG SYMPAZAN MIS 10MG SYMPAZAN MIS 20MG | ALL plans Covered | PA-new starts | EFF 4/1/2019. PC drug |
| TOREMIFENE TAB 60MG | ALL plans Covered | NA | EFF 4/1/2019. PC drug. generic FARESTON |
| TRESIBA INJ 100UNIT | ALL plans Covered | NA | EFF 4/1/2019. new Brand formulation |

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| 2/01/19 – 2/28/19 |

**Note**: 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON Commingled- A1, B2, Open2

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| **LABEL NAME** | **COVERAGE** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ACTEMRA INJ ACTPEN | Covered Open Only | PA, QL | EFF 3/1/2019. new brand Strength |
| AFREZZA POW 8&12UNIT | Covered Open Only | NA | EFF 3/1/2019. new brand GPI |
| AMINOCAPR AC TAB 1000MG AMINOCAPR AC TAB 500MG | Covered Open Only | NA | EFF 3/1/2019. generic Amicar |
| BACLOFEN INJ 10MG/20 BACLOFEN INJ 20MG/20 | Covered Open Only | PA-BD | EFF 3/1/2019. generic LIORESAL |
| CANASA SUP 1000MG | ALL plans Covered | NA | EFF 3/1/2019. Brand MODIFICATION- REMOVE QL EDIT. See new generic Mesalamine below |
| CEQUA SOL 0.09% | Covered Open Only | PA, QL | EFF 3/1/2019. new Brand |
| CINACALCET TAB 30MG CINACALCET TAB 60MG CINACALCET TAB 90MG | ALL plans Covered | QL-varies | EFF 3/1/2019. generic Senispar |
| DEXCHLORPHEN SYP 2MG/5ML | Covered Open Only | PA-AGE | EFF 3/1/2019. generic Ryclora \*see new brand RYCLORA below |
| DIVIGEL GEL 0.75MG | Covered Open Only | QL-over time | EFF 3/1/2019. new brand Strength |
| D-PENAMINE TAB 125MG | Covered Open Only | NA | EFF 3/1/2019. Brand \*add due to shortage penicillamine titratable tabs |
| EMGALITY INJ 120MG/ML | Covered Open Only | PA, QL | EFF 3/1/2019. new brand GPI/syringe formulation |
| FIRDAPSE TAB 10MG | Covered Open Only | PA | EFF 3/1/2019. new Brand |
| FIRVANQ SOL 25MG/ML FIRVANQ SOL 50MG/ML | Covered Open Only | NA | EFF 3/1/2019. Brand |
| HYDRO/ACETA SOL 10-325MG | Covered Open Only | QL | EFF 3/1/2019. new Generic |
| INVELTYS SUS 1% | Covered Open Only | NA | EFF 3/1/2019. new Brand |
| KHAPZORY SOL 175MG KHAPZORY SOL 300MG | ALL plans Covered | PA-new starts | EFF 3/1/2019. PC drug |
| KRINTAFEL TAB 150MG | Covered Open Only | PA | EFF 3/1/2019. new Brand |
| LEVOTHYROXIN INJ 100MCG LEVOTHYROXIN INJ 200MCG LEVOTHYROXIN INJ 500MCG | ALL plans Covered | NA | EFF 3/1/2019. MODIFICATION- change to Generic/ Tier change on (NC) NON-commingled plans |
| MESALAMINE SUP 1000MG | ALL plans Covered | NA | EFF 3/1/2019. generic Canasa \*see Existing brand CANASA above with QL removal |
| MICO-ZN-PETR OIN | Covered Open Only | PA, QL-over time | EFF 3/1/2019. generic VUSION |
| NITYR TAB 10MG NITYR TAB 2MG NITYR TAB 5MG | Covered Open Only | PA | EFF 3/1/2019. new Brand |
| OMEGAVEN INJ 10/100ML OMEGAVEN INJ 5GM/50ML | Covered Open Only | PA-BD | EFF 3/1/2019. new Brand |
| OXERVATE SOL 20MCG/ML | Covered Open Only | PA, QL | EFF 3/1/2019. new Brand |
| PIMECROLIMUS CRE 1% | Covered Open Only | QL-over time, **ST** | EFF 3/1/2019. generic ELIDEL CRE |
| POT CHLORIDE POW 20MEQ | ALL plans Covered | NA | EFF 3/1/2019. New RXCUI |
| REVCOVI INJ 1.6MG/ML | Covered Open Only | PA | EFF 3/1/2019. new Brand |
| RYCLORA SYP 2MG/5ML | Covered Open Only | PA-AGE | EFF 3/1/2019. new Brand \*see new generic DEXCHLORPHEN above |
| SILODOSIN CAP 4MG SILODOSIN CAP 8MG | most plans | QL | EFF 3/1/2019. generic Rapaflo |
| SUMATRIPTAN INJ 6MG/0.5 | ALL plans Covered | QL | EFF 3/1/2019. new generic GPI |
| TEGSEDI INJ 284/1.5 | Covered Open Only | PA, QL | EFF 3/1/2019. new Brand |
| TIROSINT CAP 175MCG TIROSINT CAP 200 | Covered Open Only | NA | EFF 3/1/2019. new brand Strengths |
| TOLSURA CAP 65MG | Covered Open Only | PA | EFF 3/1/2019. new Brand |
| UDENYCA INJ 6MG/.6ML | Covered Open Only | PA | EFF 3/1/2019. new Brand |
| ULTOMIRIS INJ 300/30ML | Covered Open Only | PA | EFF 3/1/2019. new Brand |
| VANCOMYCIN SOL 1.25GM VANCOMYCIN SOL 1.5GM | ALL plans Covered | NA | EFF 3/1/2019. new brand Strengths |
| VITRAKVI CAP 100MG VITRAKVI CAP 25MG VITRAKVI SOL 20MG/ML | ALL plans Covered | PA-new starts | EFF 3/1/2019. PC drug |
| XELPROS EMU 0.005% | Covered Open Only | **ST** | EFF 3/1/2019. new Brand |

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| 1/01/19 – 1/31/19 |

**Note**: 2019 Plans: PDP: A1B, A3; MAPD: B2, B4, B4PLUS; EGWP Commingled- A1, B2, Open1; EGWP NON Commingled- A1, B2, Open2

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| **LABEL NAME** | **COVERAGE** | **EDIT-PA,QL,ST** | **COMMENTS** |
| ABILIFY MYCI TAB 2MG ABILIFY MYCI TAB 5MG ABILIFY MYCI TAB 10MG ABILIFY MYCI TAB 15MG ABILIFY MYCI TAB 20MG ABILIFY MYCI TAB 30MG | Covered Open Only | PA-new starts, QL | EFF 2/1/2019. PC drug |
| ABIRATERONE TAB 250MG | ALL plans Covered | PA-new starts | EFF 2/1/2019. PC drug. generic Zytiga |
| ADAPALENE SOL 0.1% | Covered Open Only | PA, QL-over time | EFF 2/1/2019. new generic Formulation |
| AJOVY INJ 225/1.5 | Covered Open Only | PA, QL | EFF 2/1/2019. new brand Migraine CGRP |
| ALTRENO LOT 0.05% | Covered Open Only | PA, QL-over time | EFF 2/1/2019. Brand |
| ARIKAYCE SUS | Covered Open Only | PA | EFF 2/1/2019. new brand aminoglycosyde |
| AZELAIC ACID GEL 15% | most plans | QL-over time | EFF 2/1/2019. generic Finacea |
| BRYHALI LOT 0.01% | Covered Open Only | QL-over time | EFF 2/1/2019. Brand |
| BUMEX TAB 0.5MG BUMEX TAB 1MG BUMEX TAB 2MG | Covered Open Only | NA | EFF 2/1/2019. Brand |
| CARDIZEM CD CAP 300MG/24 | Covered Open Only | NA | EFF 2/1/2019. brand Strength |
| CLOBAZAM TAB 10MG | ALL plans Covered | PA | EFF 2/1/2019. generic Strength of Onfi. TIER CHANGE down tier based on NAC from CMS line level review |
| DAPTOMYCIN SOL 350MG | ALL plans Covered | NA | EFF 2/1/2019. Brand |
| DAURISMO TAB 25MG DAURISMO TAB 100MG | ALL plans Covered | PA-new starts, QL-varies | EFF 2/1/2019. PC drug |
| DUPIXENT SOL | Covered Open Only | PA, QL | EFF 2/1/2019. Brand |
| EMGALITY INJ 120MG/ML | Covered Open Only | PA, QL | EFF 2/1/2019. new brand Migraine |
| FUSILEV INJ 50MG | Covered Open Only | NA | EFF 2/1/2019. REMOVE PA-BD on Brand drug, same modification as generic LEVOLEUCOVOR below |
| GLYCOPYRROLA TAB 1.5MG | Covered Open Only | NA | EFF 2/1/2019. generic GLYCATE |
| GRANIX INJ 300/1ML GRANIX INJ 480/1.6 | ALL plans Covered | PA | EFF 2/1/2019. brand Strength |
| ISOPTO ATROP SOL 1% OP | Covered Open Only | NA | EFF 2/1/2019. Brand. Shared GPI with Existing Brand Coverage Differs. NDC coding possible |
| LEDIP-SOFOSB TAB 90-400MG | Covered Open Only | PA | EFF 2/1/2019. generic Harvoni |
| LEUCOVORIN INJ 100/10ML LEUCOVORIN INJ 500/50ML | ALL plans Covered | NA | EFF 2/1/2019. PC drug |
| LEVOLEUCOVOR INJ 50MG LEVOLEUCOVOR INJ 175MG LEVOLEUCOVOR INJ 50MG LEVOLEUCOVOR INJ 175/17.5 LEVOLEUCOVOR SOL 250MG/25 | ALL plans Covered | NA | EFF 2/1/2019. REMOVE PA-BD on generic meds, same modification as Brand FUSILEV above |
| MINOCYCLINE TAB 55MG ER | most plans | **ST** | EFF 2/1/2019. generic SOLODYN |
| MOLINDONE TAB HCL 10MG MOLINDONE TAB HCL 25MG MOLINDONE TAB HCL 5MG | ALL plans Covered | NA | EFF 2/1/2019. PC drug. New Generic |
| NALFON TAB 600MG | Covered Open Only | **ST** | EFF 2/1/2019. brand Strength/formulation |
| NEVIRAPINE SUS 50MG/5ML | ALL plans Covered | NA | EFF 2/1/2019. generic VIRAMUNE SUS |
| NOCDURNA SUB 27.7MCG NOCDURNA SUB 55.3MCG | Covered Open Only | PA, QL | EFF 2/1/2019. Brand |
| PANZYGA SOL 1GM/10ML PANZYGA SOL 2.5GM/25 PANZYGA SOL 5GM/50ML PANZYGA SOL 10GM/100 PANZYGA SOL 20GM/200 PANZYGA SOL 30GM/300 | Covered Open Only | PA | EFF 2/1/2019. Brand |
| SOFOS/VELPAT TAB 400-100 | Covered Open Only | PA | EFF 2/1/2019. generic Epclusa |
| TESTOSTERONE GEL PUMP 1% TESTOSTERONE GEL 1%(25MG) TESTOSTERONE GEL 1%(50MG) TESTOSTERONE GEL 10MG/ACT TESTOSTERONE GEL 1.62%- TESTOSTERONE GEL 1.62% TESTOSTERONE GEL 1.62% | No Change | QL-no change | EFF 2/1/2019. REMOVE PRECERT EDIT (no change to coverage or QL) |
| TIGLUTIK SUS 50/10ML | Covered Open Only | NA | EFF 2/1/2019. Brand |
| TYLENOL/COD TAB #4 | Covered Open Only | **QL** | EFF 2/1/2019. brand Strength |
| VIBATIV INJ 250MG | Covered Open Only | PA | EFF 2/1/2019. brand Strength |
| XEPI CRE 1% | Covered Open Only | QL-over time | EFF 2/1/2019. Brand |
| XOFLUZA TAB 20MG XOFLUZA TAB 40MG | Covered Open Only | QL-over time | EFF 2/1/2019. Brand |
| XOLAIR INJ 75/0.5 XOLAIR INJ 150MG/ML | ALL plans Covered | PA | EFF 2/1/2019. brand Strength |
| XOSPATA TAB 40MG | ALL plans Covered | PA-new starts, QL | EFF 2/1/2019. PC drug |
| XYOSTED INJ 50/0.5 XYOSTED INJ 75/0.5 XYOSTED INJ 100/0.5 | Covered Open Only | PA | EFF 2/1/2019. Brand |
| YUPELRI SOL | Covered Open Only | PA, QL | EFF 2/1/2019. Brand \*note: PA BvD Embedded in criteria |
| ZOFRAN SOL 4MG/5ML | Covered Open Only | PA-BD, QL | EFF 2/1/2019. Brand |
| ZTLIDO PAD 1.8% | Covered Open Only | PA, QL | EFF 2/1/2019. brand strength lido patch |

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