

# Formulary Changes for 2023



## EXCLUDED MEDICATIONS WITH COVERED ALTERNATIVES

The list below contains medications that are not covered by your prescription benefits ("Formulary Exclusion") and alternative medications that are included in your benefits ("Formulary Alternative"). The alternatives are proven to be safe and effective in treating the same condition. Please work with your healthcare provider to determine an alternative drug included in your benefits that would be right for you to avoid paying full price for your medications.

### Select EX Formulary

Therapeutic Category	Formulary Alternative	Formulary Exclusion
Anticoagulants	dabigatran 75 mg, 50 mg	PRADAXA 75 mg, 50 mg
Anticonvulsants	lacosamide	VIMPAT
Antidepressants	vilazodone	VIIBRYD
Anti-Migraines	zolmitriptan tablets, sumatriptan	zolmitriptan ODT 2.5 mg, 5 mg
Cardiovascular (Antiarrhythmic)	amiodarone 200 mg	Amiodarone 400 mg
Cardiovascular (Calcium Channel Blocker)	diltiazem ER capsules	diltiazem ER tablets
Dry Eye Disease	cyclosporine ophthalmic emulsion	RESTASIS MULTIDOSE
Hematopoietic Agents	FULPHILA, ZIEXTENZO	NYVEPRIA
Respiratory (Short Acting Beta Agonist)	albuterol HFA (PROAIR or PROVENTIL generic)	VENTOLIN HFA
Testosterone	testosterone pump	testosterone TD gel
Topical Acne Combinations	adapalene and OTC benzoyl peroxide	adapalene-benzoyl peroxide
Topical Anti-Inflammatory	diclofenac topical solution	PENNSAID

[NP] = Non-Preferred; Brand drugs = Capitalized; Generic drugs = lower case

## Formulary Changes for 2023 (continued)

### TIERING CHANGES

The medications shown in the chart below will move to non-preferred status in 2023. You may continue to use these non-preferred drugs but, depending on your plan design, you may be responsible for paying a higher copay.

### National EX Formulary

Therapeutic Category	Formulary Alternative	Non-Preferred Tier
Anti-Obesity	phentermine	CONTRAVE
Hematopoietic Agents	FULPHILA, ZIEXTENZO	NYVEPRIA
Respiratory (Short Acting Beta Agonist)	albuterol HFA (PROAIR or PROVENTIL generic)	VENTOLIN HFA

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### Select EX Formulary

Therapeutic Category	Formulary Alternative	Non-Preferred Tier
Anti-Obesity	phentermine	CONTRAVE

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