



Changes to your plan's pharmacy drug list

Your plan's **Advanced Control Formulary** drug list is changing on **January 1, 2023**. It's important that you review the changes in the chart below. Talk to your health care provider about how these changes might impact you.

What if I need a prescription drug that requires a medical exception?

If you'd like to ask for an exception, talk with your prescriber first. You or your prescriber can request a medical exception to the changes in this letter. To do so, just call us at the number on your member ID card.

We'll contact you and your prescriber with our decision. If we approve your exception, you will pay a plan copay or cost-share. But first you must meet any deductible requirements of your pharmacy plan.

How to find a preferred medicine that's right for you

You can visit the website listed on your member ID card. Then log in to your account.

Key for table below

Check your plan documents to find out if your plan has formulary exclusions, prior authorization, quantity limits or if you must first try certain drug(s) before another drug will be covered.

The changes made to the prescription drugs in this chart are from the plan information we have for you. It is current as of the date of this letter.

UPPER CASE = brand-name medication

lower case = generic medication

*Class has existing formulary exclusions

**Multi-source Brand Product

^Previously New to Market Block

Tier 1 Strategy updates

Tier 1 Brand formulary removals	Generic products added back
ADDERALL XR	amphetamine-dextroamphetamine ext-rel
ASACOL HD	mesalamine delayed-rel tablet 800mg
CONCERTA	methylphenidate ext-rel

Adding products that demonstrate enhanced clinical efficacy, provide more convenient dosage forms or may cost less than other available options or moving those products to a lower tier.

Formulary additions

Drug Class	Drug name(s)
Acne Products*	WINLEVI^
Antifungal Agents*	JUBLIA (non-preferred)
Atopic Dermatitis*	ADBRY^, CIBINQO^
Autoimmune Agents*	ILUMYA
Cancer, Follicular Lymphoma PI3K Inhibitors*	ZYDELIG
Cancer, RET Inhibitors	GAVRETO^, RETEVMO^
Diabetes, DPP-4 Inhibitors*	JENTADUETO, JENTADUETO XR, TRADJENTA
Hematologic, Hemophilia B*	ALPROLIX
Hematologic, Thrombocytopenia Agents*	MULPLETA (non-preferred)
Menopausal Symptom Agents, Transdermal*	COMBIPATCH
Migraine, CGRP Inhibitors*	AIMOVIG
Parkinson's Disease*	RYTARY

Non-preferred to preferred tier

Drug Class	Drug name(s)
Cancer, Renal Cell Carcinoma	INLYTA, LENVIMA, NEXAVAR
Dermatology, Acne*	AKLIEF, ARAZLO, TWYNEO
Endocrine and metabolic, Central Precocious Puberty	FENSOLVI
Endocrine and metabolic, Fertility	MENOPUR
Hematologic, Hemophilia Agents	XYNTHA
Hematologic, Miscellaneous	ENDARI
Immunologic Agents, Miscellaneous	ILARIS
Migraine, CGRP Inhibitors*	QULIPTA
Sickle Cell Anemia Agents	SIKLOS
Thrombocytopenia Agents*	DOPTELET

Removing products that may have less convenient dosage forms, more side effects or cost more than other available options or moving those products to a higher tier.

Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Antiarrhythmics	MULTAQ, NEXTERONE	amiodarone
Anti-Inflammatory, CAPS (Cryopyrin-Associated Periodic Syndromes)	ARCALYST	ILARIS
Asthma, Severe*	NUCALA LYOPHILIZED	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), XOLAIR
Asthma, Steroid Inhalants*	ARNUITY ELLIPTA, FLOVENT DISKUS, QVAR REDIHALER	FLOVENT HFA, PULMICORT FLEXHALER

Formulary exclusions (continued)

Drug Class	Drug name(s)	Alternative(s)
Asthma, Steroid/Beta-Agonist Combinations*	ADVAIR HFA	ADVAIR DISKUS, BREO ELLIPTA, SYMBICORT
Cancer, Antimetabolites	ALIMTA**	pemetrexed
Cancer, PARP Inhibitors	RUBRACA	LYNPARZA, ZEJULA
Cancer, Renal Cell Carcinoma*	SUTENT**, VOTRIENT	sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR
Diabetes, DPP-4 Inhibitors*	JANUMET, JANUMET XR	JENTADUETO, JENTADUETO XR
	JANUVIA	TRADJENTA
Endocrine, Metabolic Modifiers	NITYR	ORFADIN
Hematologic, Hemophilia B*	BENEFIX, IXINITY, RIXUBIS	ALPROLIX, REBINYN
Hereditary Angioedema*	FIRAZYR**	icatibant, RUCONEST
Overactive Bladder, Incontinence Urinary Antispasmodics*	TOVIAZ**	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA
Pain & Inflammation, Non-steroidal Anti-Inflammatory Drugs (NSAIDs)*	diclofenac capsule 25mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac solution 2%	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
Pain, Opioid Analgesics*	NUCYNTA	hydromorphone, morphine, oxycodone
	NUCYNTA ER	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, XTAMPZA ER
	SUBSYS	fentanyl transmucosal
Pulmonary Fibrosis Agents	ESBRIET	pirfenidone, OFEV

Preferred to non-preferred

Drug Class	Drug name	Alternative(s)
Cancer, Proteasome Inhibitors	VELCADE**	bortezomib, NINLARO
Opioid Antagonist	NARCAN**	naloxone

Indication based strategy updates

Indication	Drug(s) added
Ulcerative Colitis	RINVOQ, XELJANZ, XELJANZ XR – Removal of step edit through HUMIRA

We're here to help

If you have questions, or if you'd like to better understand how your plan's pharmacy benefits work, call us at the number on your member ID card.

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change.

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Updates as of September 29, 2022. Information subject to change.

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