

FORMULARY ADDITIONS UPDATE:

The following summary describes recent changes to the formulary effective June 1, 2023

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
CALQUENCE TAB 100MG	Formulary Addition	2/1/2023	5	QL,PA
CAPLYTA CAP 10.5MG	Formulary Addition	2/1/2023	5	QL,PA
CAPLYTA CAP 21MG	Formulary Addition	2/1/2023	5	QL,PA
DESCOVY TAB 120MG-15MG	Formulary Addition	2/1/2023	5	QL
FINGOLIMOD CAP 0.5MG	Formulary Addition	2/1/2023	5	QL
FINZALA CHW FE 1/20	Formulary Addition	2/1/2023	4	
GEMTESA TAB 75MG	Formulary Addition	2/1/2023	4	
ICOSAPENT CAP 0.5GM	Formulary Addition	2/1/2023	4	
IMBRUVICA SUS 70MG/ML	Formulary Addition	2/1/2023	5	QL,PA
JYNNEOS INJ	Formulary Addition	2/1/2023	3	QL
KETOPROFEN CAP 50MG	Formulary Addition	2/1/2023	3	
LENALIDOMIDE CAP 2.5MG	Formulary Addition	2/1/2023	5	QL,PA
LENALIDOMIDE CAP 20MG	Formulary Addition	2/1/2023	5	QL,PA

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MESALAMINE CAP 500MG ER	Formulary Addition	2/1/2023	4	QL
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE TAB	Formulary Addition	2/1/2023	4	
ORKAMBI GRA 75-94MG	Formulary Addition	2/1/2023	5	QL,PA
PIRFENIDONE TAB 534MG	Formulary Addition	2/1/2023	5	QL,PA
ROFLUMILAST TAB 500MCG	Formulary Addition	2/1/2023	4	QL,PA
SUTAB TAB	Formulary Addition	2/1/2023	3	
VENLAFAXINE TAB 112.5MG	Formulary Addition	2/1/2023	4	
ZONISADE SUS 100MG/5ML	Formulary Addition	2/1/2023	4	ST
AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE 10MG;160MG;12.5MG	Formulary Addition	3/1/2023	1	QL
AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE 10MG;160MG;25MG	Formulary Addition	3/1/2023	1	QL
AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE 10MG;320MG;25MG	Formulary Addition	3/1/2023	1	QL
AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE 5MG;160MG;12.5MG	Formulary Addition	3/1/2023	1	QL
AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE 5MG;160MG;25MG	Formulary Addition	3/1/2023	1	QL

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Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
AUVELITY TAB 45MG-105MG	Formulary Addition	3/1/2023	4	
GLEOSTINE CAP 100MG	Formulary Addition	3/1/2023	5	
GLEOSTINE CAP 10MG	Formulary Addition	3/1/2023	4	
GLEOSTINE CAP 40MG	Formulary Addition	3/1/2023	4	
MENEST TAB 2.5MG	Formulary Addition	3/1/2023	3	
ROFLUMILAST TAB 250MCG	Formulary Addition	3/1/2023	4	QL,PA
SKYRIZI INJ 180MG/1.2ML	Formulary Addition	3/1/2023	5	QL,PA
BRIMONIDINE GEL 0.33%	Formulary Addition	4/1/2023	4	
HEPLISAV-B INJ 20MG/0.5ML	Formulary Addition	4/1/2023	3	QL,B/D
KRAZATI TAB 200MG	Formulary Addition	4/1/2023	5	QL,PA
OZEMPIC INJ 2MG/3ML	Formulary Addition	4/1/2023	3	QL
PIRFENIDONE CAP 267MG	Formulary Addition	4/1/2023	5	QL,PA
SODIUM OXYBATE SOL 500MG/ML	Formulary Addition	4/1/2023	5	QL,PA

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Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
SUNLENCA TAB 4 X 300MG	Formulary Addition	4/1/2023	5	QL
SUNLENCA TAB 5 X 300MG	Formulary Addition	4/1/2023	5	QL
ESTRADIOL VALERATE INJ 10MG/ML	Formulary Addition	5/1/2023	4	
JAYPIRCA TAB 100MG	Formulary Addition	5/1/2023	5	QL,PA
JAYPIRCA TAB 50MG	Formulary Addition	5/1/2023	5	QL,PA
LYTGOBI TAB 4MG (12MG DAILY DOSE)	Formulary Addition	5/1/2023	5	QL,PA
LYTGOBI TAB 4MG (16MG DAILY DOSE)	Formulary Addition	5/1/2023	5	QL,PA
LYTGOBI TAB 4MG (20MG DAILY DOSE)	Formulary Addition	5/1/2023	5	QL,PA
NEO-POLYCIN OIN HC 1%OP	Formulary Addition	5/1/2023	3	
NEO-POLYCIN OIN OP	Formulary Addition	5/1/2023	3	
ORSERDU TAB 345MG	Formulary Addition	5/1/2023	5	QL,PA
ORSERDU TAB 86MG	Formulary Addition	5/1/2023	5	QL,PA
POLYCIN OIN OP	Formulary Addition	5/1/2023	2	

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Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
QUETIAPINE TAB 150MG	Formulary Addition	5/1/2023	2	QL
REZLIDHIA CAP 150MG	Formulary Addition	5/1/2023	5	QL,PA
SOVALDI TAB 200MG	Formulary Addition	5/1/2023	5	QL,PA
SUBVENITE TAB 100MG	Formulary Addition	5/1/2023	2	
SUBVENITE TAB 150MG	Formulary Addition	5/1/2023	2	
SUBVENITE TAB 200MG	Formulary Addition	5/1/2023	2	
SUBVENITE TAB 25MG	Formulary Addition	5/1/2023	2	
TASIMELTEON CAP 20MG	Formulary Addition	5/1/2023	5	QL,PA
TYRVAYA SOL 0.03MG	Formulary Addition	5/1/2023	4	QL
VASCEPA CAP 0.5GM	Reduction in Preferred or Tiered Cost-Sharing Status	5/1/2023	3	
VASCEPA CAP 1GM	Reduction in Preferred or Tiered Cost-Sharing Status	5/1/2023	3	
ZTALMY SUS 50MG/ML	Formulary Addition	5/1/2023	5	PA
DILTIAZEM TAB 120MG ER	Formulary Addition	6/1/2023	2	

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Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
DILTIAZEM TAB 420MG ER	Formulary Addition	6/1/2023	2	
DOPTELET TAB 20MG	Formulary Addition	6/1/2023	5	PA
ENDOCET TAB 2.5MG-325MG	Formulary Addition	6/1/2023	3	QL
ERLEADA TAB 240MG	Formulary Addition	6/1/2023	5	QL,PA
TERIFLUNOMIDE TAB 14MG	Formulary Addition	6/1/2023	5	QL
TERIFLUNOMIDE TAB 7MG	Formulary Addition	6/1/2023	5	QL
TYBLUME CHW 0.1MG-0.02MCG	Formulary Addition	6/1/2023	4	

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

QL = Quantity Limit, **PA** = Prior Authorization, **ST** = Step Therapy, **B/D** = Medicare Part B/D determination

AER = Aerosol, **CAP** = Capsule, **CON** = Concentrate, **CRE** = Cream, **DRO** = Drops, **ER** = Extended Release, **ENE** = Enema, **GRA** = Granules, **INH** = Inhalation, **INJ** = Injection, **LOT** = Lotion, **NEB** = Nebulizer, **ODT** = Orally Disintegrating, **OIN** = Ointment, **OP** = Ophthalmic, **POW** = Powder, **SHA** = Shampoo, **SOL** = Solution, **SPR** = Spray, **SUB** = Sublingual, **SUP** = Suppository, **SUS** = Suspension, **TAB** = Tablet, **CHW** = Chewable

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Formulary ID# 23003

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