

## FORMULARY CHANGE NOTIFICATION

### CHS Formulary Changes

Drug Name	Date of Change	Type of Change
EXKIVITY CAP	4/1/22	Brand moved to Level 2, LD (Biologics), PA, QL= 4 caps/day, SF
AJOVY INJ	4/1/22	Brand moved to Level 2, PA, QL= 1 pack/28 days
OPZELURA CREAM	4/1/22	Brand moved to Level 2, PA, QL= 12 tubes/year
NURDTEC ODT TAB	4/1/22	Brand moved to Level Not Covered (NC)
BYLVAY CAP 1200MCG	4/1/22	Brand added at Level 2, LD (PantheRx), PA, QL= 5 caps/day
BYLVAY CAP 400MCG	4/1/22	Brand added at Level 2, LD (PantheRx), PA, QL= 15 caps/day
KERENDIA TAB	4/1/22	Brand moved to Level 3, PA, QL= 1 tab/day
WEILRIG TAB	4/1/22	Brand moved to Level 2, LD (Biologics), PA, QL= 3 tabs/day
BYLVAY SPRINKLE CAP 600MCG	4/1/22	Brand added at Level 2, LD (PantheRx), PA, QL= 4 caps/day
BYLVAY SPRINKLE CAP 200MCG	4/1/22	Brand added at Level 2, LD (PantheRx), PA, QL= 8 caps/day
diclofenac gel (SOLARAZE Equiv)	4/1/22	Generic moved to Level 1, PA, QL= 300gm/30 days Brand remains at Level 3, PA, QL= 300gm/30 days
VERZENIO TAB	4/1/22	Brand moved to Level 2, PA, QL= 2 tabs/day, SP
silodosin cap (RAPAFLO Equiv)	4/1/22	Generic moved to Level 1 Brand remains at Level 3
desvenlafaxine ER tab (PRISTIQ Equiv)	4/1/22	Generic moved to Level 1 Brand remains at Level 3

#### Glossary

NPB – non-preferred brand  
 NPG – non-preferred generic  
 PB – preferred brand  
 PG – preferred generic  
 NC – not covered  
 LD- limited distribution  
 N/A- not applicable  
 SF- Split-Fill

MSP- Mandatory Specialty  
 QL – quantity limit  
 PA – prior authorization  
 RS – restrict to specialist  
 SP- Specialty Tier  
 ETC – exception to coverage  
 ST – step therapy  
 EXC - Excluded

### FORMULARY CHANGE NOTIFICATION

XARELTO SUSP	4/1/22	Brand moved to Level 2
WEGOVY IN 1.7MG/0.75ML WEGOVY INJ 2.4MG/0.75ML	4/1/22	Brand added at Level Excluded (EXC)
progesterone cap (PROMETRIUM Equiv)	4/1/22	Generic moved to Level 1 Brand remains at Level 3
OXBRYTA TAB	4/1/22	Brand move to Level 2, LD (CVS Specialty), PA, QL= 5 tabs/day
potassium phosphate monobasic tab (K-PHOS Equiv)	3/30/22	Generic added at Level 1 Brand added at Level 2
TRIHEXYPHENIDYL SOLN	3/23/22	Brand added at Level 1 Generic remains at Level 1
AMLODIPINE/ATORVASTATIN TAB	3/23/22	Brand added at Level 2 Generic remains at Level 1
lidocaine patch 3.5% (GEN7T Equiv)	3/23/22	Brand added at Level Not Covered (NC) Generic added at Level Not Covered (NC)
lacosamide tab (VIMPAT Equiv)	3/23/22	Brand moved to Level Not Covered (NC) Generic Added at Level 1, QL= 2 tabs/day
diclofenac potassium cap (ZIPSOR Equiv)	3/23/22	Generic added at Level Not Covered (NC) Brand remains at Level Not Covered (NC)
OMNIPOD 5 PACK PODS	3/23/22	Brand added at Level 2, QL= 10 pods/month
NEXICLON XR TAB	3/16/22	Brand moved to Level Not Covered (NC)
DIFLORASONE CREAM, PSORCON CREAM	3/16/22	Brand added at Level Not Covered (NC)
INTENSE COUGH LIQUID	3/16/22	Brand added at Level Not Covered (NC) Generic remains at Level Not Covered (NC)
SULFADIAZINE TAB	3/9/22	Brand added at Level Not Covered (NC) Generic remains at Level 1
QUINIDINE SULFATE TAB	3/9/22	Brand added at Level Not Covered (NC) Generic remains at Level 1

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### FORMULARY CHANGE NOTIFICATION

lenalidomide cap (REVLIMID Equiv)	3/9/22	Generic added at Level 1, QL= 1 cap/day, RS (Oncology or Hematology Specialist), SP Brand reamins at Level 2, QL= 1 cap/day, RS (Oncology or Hematology Specialist), SP
apomorphine inj (APOKYN Equiv)	3/9/22	Generic added at Level Not Covered (NC) Brand remains at Level Not Covered (NC)
MORPHINE SULFATE SOLN	3/9/22	Brand added at Level 1 Generic remains at Level 1
OZOBAX SOLN	3/9/22	Brand remains at Level Not Covered (NC)
carbidopa-levodopa-entacapone tab (STALEVO Equiv)	3/9/22	Generic added at Level 1 Brand remains at Level 3
COVID-19 VACCINE BOOSTER INJ (MODERNA)	3/2/22	Brand added at Level \$0, QL= 1 inj/year
moxifloxacin hcl ophth soln	3/2/22	Generic removed from formulary (No longer available). Brand remains at Level Not Covered (NC)- Updated publishing name to: MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN
diclofenac sodium soln (XRYLIX PAK Equiv)	3/2/22	Generic added at Level Not Covered (NC) Brand remains at Level Not Covered (NC)
guaifenesin-DM oral liquid (INTENSE COUGH Equiv)	3/2/22	Generic added at Level Not Covered (NC) Brand removed from formulary (No longer available)
methyltestosterone cap	3/2/22	Generic added at Level 1, PA Brand removed from formulary (No longer available)
asenapine SL tab (SAPHRIS Equiv)	3/1/22	Generic moved to Level 1, QL= 2 tabs/day Brand moved to Level 3, QL= 2 days/day
selenium sulfide lotion 2.5%	3/1/22	Generic added at Level 1
XIFAXAN TAB 550MG	3/1/22	Brand moved to Level 2
lidocaine patch 5%	3/1/22	Generic added at Level 1, QL= 3 patches/day

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nystatin/triamcinolone cream	3/1/22	Generic moved to Level 1
nystatin/triamcinolone oint	3/1/22	Generic moved to Level 1
carglumic acid tab (CARBAGLU Equiv)	3/1/22	Generic moved to Level 1, LD (Accredo), PA Brand remains at Level NC
metoprolol tab 37.5mg, metoprolol tab 75mg	3/1/22	Removed from formulary
tacrolimus oint (PROTOPIC Equiv)	3/1/22	Generic moved to Level 1 Brand remains at Level 3
famciclovir tab (FAMVIR Equiv)	3/1/22	Generic moved to Level 1 Brand remains at Level 3
gabapentin cap (NEURONTIN Equiv)	3/1/22	Generic moved to Level 1, QL= 9 caps/day Brand moved to Level 3, QL= 9 caps/day
COVID-19 VACCINE INJ (PFIZER)	3/1/22	Brand moved to Level \$0, QL= 1 dose/17 days; limit 4 fills/12 months
COVID-19 VACCINE INJ 5-11Y (PFIZER)	3/1/22	Brand moved to Level \$0, QL= 1 dose/17 days; limit 4 fills/12 months
COVID-19 VACCINE INJ (MODERNA)	3/1/22	Brand moved to Level \$0, QL= 1 dose/24 days; limit 4 fills/12 months
tramadol/acetaminophen tab (ULTRACET Equiv)	3/1/22	Generic moved to Level 1 Brand remains at Level 3
nateglinide tab (STARLIX Equiv)	3/1/22	Generic moved to Level 1 Brand remains at Level 3
tizanidine cap (ZANAFELX Equiv)	3/1/22	Generic moved to Level 1 Brand remains at Level 3
acetazolamide tab	3/1/22	Generic moved to Level 1
TYPHIM VI INJ	3/1/22	Brand moved to Level EXC, VAC
scopolamine patch (TRANSDERM-SCOP Equiv)	3/1/22	Generic moved to Level 1 Brand remains at Level 3

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### FORMULARY CHANGE NOTIFICATION

LATUDA TAB	3/1/22	Brand moved to Level 2, QL= 1 tab/day, RXC
LANOXIN TAB 62.5MG	2/23/22	Brand added at Level NC (Not Covered) Generic added at Level Not Covered (NC)
ZOLPIDEM TARTRATE SL TAB 3.5MG	2/23/22	Brand added at Level Not Covered (NC) Generic remains at Level Not Covered (NC)
ZOLPIDEM TARTRATE SL TAB 1.75MG	2/23/22	Brand added at Level Not Covered (NC) Generic remains at Level Not Covered (NC)
FIRST BACLOFEN SUSP KIT	2/16/22	Publishing name updated to FLEQSUVY SUSP Brand remains at Level 3, PA (Prior Authorization Required for members age 9 or older)
SELZENTRY TAB	2/16/22	Brand added at Level 3 Generic added at Level 1
RESTASIS MULTI-DOSE	2/16/22	Brand added at Level 2, RS (Ophthalmology or Optometrist Specialist)
RESTASIS OPHTH EMULSION	2/16/22	Brand added at Level 2, RS (Ophthalmology or Optometrist Specialist) Generic added at Level NC (Post-Patent Setup)
TALZENNA CAP 0.5MG, 0.75MG, 1MG	2/9/22	Brand added at Level 2, PA, QL= 1 cap/day, SF, SP
TRAMADOL HCL ER TAB	2/9/22	Brand added at Level 3 Generic remains at Level 1
XYREM SOLN	2/1/22	Brand moved to Level 2, LD (Xyrem Central Pharmacy), PA, QL= 540ml/30 days
PRADAXA CAP	2/1/22	Brand moved to Level 3
everolimus tab	2/1/22	Generic moved to Level 1, PA, QL= 1 tab/day, SP Brand remains at Level Not Covered (NC)
EPRONTIA SOLN	2/1/22	Brand moved to Level 3, PA (Prior Authorization Required for members age 9 or older)
EPOGEN INJ	2/1/22	Brand moved to Level 2

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### FORMULARY CHANGE NOTIFICATION

DENGVAXIA SUSP	2/1/22	Brand added at Level Excluded (EXC), VAC
AMBIEN CR TAB	2/1/22	Brand moved to Level 3, QL= 1 tab/day Generic remains at Level 1, QL- 1 tab/day
BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN	1/19/22	Brand added at Level Not Covered (NC)
COMBIGAN OPHTH SOLN	1/19/22	Brand added at Level 2
PREHEVBRIO SUSP	1/19/22	Brand add at Level Excluded (EXC), VAC
glycopyrrolate oral soln (CUVPOSA Equiv)	1/12/22	Generic added at Level 1 Brand remains at Level 3
PAXLOVID TAB	1/6/22	Brand added at Level \$0, QL= 30 tabs/fill

**Please refer to the complete formulary listing for other formulary options or call  
Customer Care toll-free at 877-908-6024.**

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