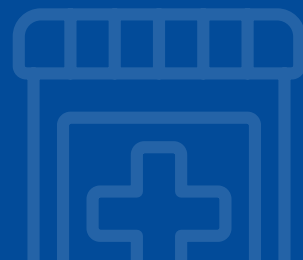


2023 Mid-year Formulary Changes

Effective July 1, 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
Acute Migraine Treatment	diclofenac 50 mg tablets, generic NSAIDs	CAMBIA
Antipsychotics (Oral)	lurasidone	LATUDA
Cardiovascular - Antianginal	nitroglycerin 0.4 mg/spray	NITROMIST 400 MCG/SPRAY
Cystic Fibrosis	TOBI PODHALER, tobramycin	KITABIS PAK
Dermatology - Plaque Psoriasis	tazarotene gel, tazarotene cream, TAZORAC CREAM 0.05%	TAZORAC 0.05%, TAZORAC 1% GEL
Dermatology - Herpes Labialis	penciclovir	DENAVIR 1% CREAM
Gastrointestinal - Proton Pump Inhibitor	dexlansoprazole	DEXILANT
Hormone Replacement Therapy	TLANDO, testosterone cypionate, testosterone enanthate	JATENZO
Infertility	fyremadel, NOVAREL	CETRORELIX
Movement Disorder Agents	AUSTEDO	INGREZZA
Multiple Sclerosis	dimethyl fumarate, fingolimod, glatiramer, teriflunomide	AUBAGIO, GILENYA
Ophthalmic Agents	pilocarpine 1% solution	VUITY 1.25%
Ophthalmic Agents	tetrahydrozoline 0.05% solution	UPNEEQ 0.1%
Pulmonary Fibrosis Agents	pirfenidone	ESBRIET CAPSULE
Weight Loss	QSYMIA[NP], SAXENDA[NP], WEGOVY[NP]	CONTRAVE

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

2023 Mid-year Formulary Changes (continued)

TIERING CHANGES

The medications shown in the chart below will move to non-preferred status as of July 1, 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
Antipsychotics (Oral)	lurasidone	LATUDA
Dermatology - Plaque Psoriasis	tazarotene gel, tazarotene cream, TAZORAC CREAM 0.05%	TAZORAC 0.05%, TAZORAC 1% GEL
Multiple Sclerosis	dimethyl fumarate, fingolimod, glatiramer, teriflunomide	AUBAGIO, GILENYA
Osteoarthritis - Viscosupplements	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ	SYNVISC, SYNVISC ONE

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

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