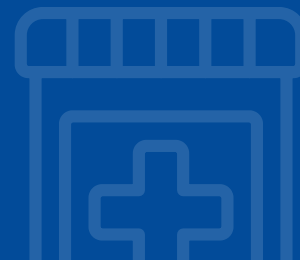


# Formulary Changes for 2024



## 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
Analgesics/Anti-inflammatory	Cosentyx, Enbrel, Humira, Stelara, Tremfya, Otezla, Xeljanz, Xeljanz XR	Simponi Aria
Antibiotic	doxycycline	Doryx MPC Tab
Anticonvulsants	lamotrigine tablet, zonisamide capsules	Lamictal ODT, lamotrigine ODT, Zoniside Sus 100 mg/5 ml
Cardiovascular - Antihypertensives	candesartan, irbesartan, losartan, losartan/HCTZ, olmesartan, telmisartan, valsartan, valsartan/HCTZ	Edarbi, Edarbyclor, telmisartan/HCTZ
Cardiovascular - Antihyperlipidemics	colesevelam tablet	colesevelam packet
Corticosteroids	prednisone	Rayos
Dermatology - Cosmetic	No alternative, cosmetic use not covered/ Benefit election	Botox Cosmetic
Dermatology - Acne	isotretinoin 20 mg, 30 mg	isotretinoin 25 mg, 35 mg
Diabetes - GLP-1 Agonist	Mounjaro, Ozempic, Rybelsus, Trulicity	Victoza
Endocrine	calcitriol capsule, pheburance, sapropterin	calcitriol solution, doxercalciferol, javygtor packet, powder, paricalcitol, Ravicti
Infertility	Pregnyl	Novarel, Chorionic Gonadotropin
Oncology - Hematopoietic	Ziextenzo	Fulphila
Ophthalmic - Anti-infective/Steroid	neomycin/polymyxin/dexamethasone	Neomycin/Poly/Hc
Osteoporosis	risedronate IR	risedronate 35 mg DR
Respiratory - Inhaled corticosteroids	Arnuity, Asmanex, Qvar	Flovent Diskus, Flovent HFA
Respiratory - Combination Inhalers	breyna, budesonide/formoterol	Symbicort
Sleep Disorder Agents	sodium oxybate, Xywav	Xyrem
Urinary Agents	dutasteride and tamsulosin separately	dutasteride/tamsulosin

Brand drugs = Capitalized; Generic drugs = lower case

## Formulary Changes for 2024 (continued)

### TIERING CHANGES

The medications shown in the chart below will move to non-preferred status in 2024. 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 - Moving to Non-Preferred Status

Therapeutic Category	Formulary Alternative	Non-Preferred Tier
Diabetes - GLP-1 Agonist	Mounjaro, Ozempic, Rybelsus, Trulicity	Victoza
Oncology - Hematopoietic	Ziextenzo	Fulphila
Respiratory - Inhaled corticosteroids	Arnuity, Asmanex, Qvar	Flovent Diskus, Flovent HFA
Respiratory - Combination Inhalers	breyna, budesonide/formoterol	Symbicort
Infertility	Pregnyl	Novarel, Chorionic Gonadotropin

#### National EX Formulary - Addition of Step Therapy *(Current utilizers will be grandfathered)*

Therapeutic Category	Preferred = Primary Treatment	NP = Secondary Treatment
Digestive Enzymes	Creon and Zenpep	Pancreaze, Perzyme, Viokace

Brand drugs = Capitalized; Generic drugs = lower case

### 2024 CHANGES TO BRAND PRODUCTS WITH GENERIC EQUIVALENTS

Brand Products with Generic Equivalents			
Cardizem LA	Hetlioz	Naftin gel 2%	Timoptic PF 0.25%
Dalisrep	Keveyis	Naprelan 750 mg	Trokendi XR
Delestrogen	Matzim LA 420 mg	Pradaxa 150 mg	Verlan PM
Divigel	Mirvaso 0.33% gel	Suprep	

National EX: Products moving to non-preferred tier  
Select EX: Products moving to exclude

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