

## EHB Prescription Drug List Updates Effective January 1, 2023

Please Note: These changes ONLY apply to members on the EHB Formulary. Group-specific benefit exceptions may apply.

### New Step Therapy Requirements

Members must try preferred alternatives before other drugs will be covered.

New Step Therapy Requirements		
Drug Class	Drugs Requiring a Trial of Alternative(s)	Preferred Alternatives (Try First)
Gastrointestinal Agents	Plenvu	Any of the following: Clenpiq, Suprep

### New Prior Authorization Requirements

New Prior Authorization Requirements	
Drug Class	Drugs Requiring Prior Authorization
Cardiovascular Agents	Dibenzylidine
Central Nervous System Agents	Botox
Gastrointestinal Agents	glycopyrrolate oral solution
Urea Cycle Disorder Treatment Agents	Carbaglu

### Specialty Drug Classification Changes

New pharmacy restrictions and copay changes may apply.

Now Classified as Specialty Drugs			
Arcalyst	Cetrotide	Chorionic Gonadotropin	Droxidopa
Follistim AQ	Gonal-F	Inbrija	Lupron Depot-Ped
Lysodren	Menopur	Mesnex	Mycapssa
Novarel	Ovidrel	Penicillamine	Pregnyl
Prevymis	Pulmozyme	Sodium Phenylbutyrate	Tobi Podhaler
Tobramycin	Tolvaptan	Valtoco	Vivitrol
Now Classified as Non-Specialty Drugs			
Deferasirox	Gocovri	Hemangeol	Livtensity
Megestrol Acetate	Otrexup	Rasuvo	Reditrex
Tosymra	Xatmep		

Please Note: The following tables report impact of formulary changes to the most utilized medications.

<b>Medications Moving to a Higher Tier</b>	
Accutane cap	adapalene/benzoyl gel
alprazolam tab ER/XR	amnesteem cap
balsalazide cap	betamethasone dip ointment
buprenorphine/naloxone mis	clindamycin/benzoyl
clorazepate dipotassium tab	difluprednate emulsion
enoxaparin inj	famotidine sus
levalbuterol neb	mesalamine cap/tab
mometasone spray	nebivolol tab
neomycin/polymyxin/hydrocortisone otic	pilocarpine tab
potassium citrate ER	rabeprazole tab
scopolamine patch	tacrolimus ointment
telmisartan tab	tolterodine cap
tretinoin cream	ursodiol cap
zolpidem tab ER	

### **New Excluded Medications with Alternatives**

<b>New Excluded Medications with Alternatives</b>	
<b>Excluded Medications</b>	<b>Covered Alternative(s)</b>
apo-varenicline	varenicline tab
azelaic acid	Consult your doctor for covered alternative(s)
BD Posiflush	sodium chloride flush
butalbital/apap/caffeine cap	butalbital/apap/caffeine tab
chlorzoxazone tab	cyclobenzaprine, tizanidine
Combigan	brimonidine and timolol ophthalmic solution
Dexilant	omeprazole, pantoprazole
dexlansoprazole	omeprazole, pantoprazole
Emgality	Aimovig
Fosfomycin pow	Consult your doctor for covered alternative(s)
ivermectin cream	Consult your doctor for covered alternative(s)
metaxalone	cyclobenzaprine, tizanidine
metronidazole gel	Consult your doctor for covered alternative(s)
sucralfate sus	sucralfate tab
temazepam cap	diazepam, temazepam cap 15mg, 30mg, lorazepam
triazolam tab	Consult your doctor for covered alternative(s)
Vemlidy	Consult your doctor for covered alternative(s)