

## Valor Health Plan 2023 Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,  
QL – Quantity Limit per 30 Days, ST - Step Therapy**

### 2023 FORMULARY CHANGES

| Drug Name   | Current Drug Tier | New Drug Tier | Reason For Change     | Alternative Drug, Alternative Drug Tier |
|---|-------------------|---------------|-----------------------|---|
| <b>EFFECTIVE 01/01/2023</b>                                       |                   |               |                       |   |
| Caziant TABLET 0.1/0.125/0.15 - 0.025 MG Oral                     | 1                 | NF            | CMS Required Deletion | N/A                                     |
| Digox Tablet 125 MCG Oral   | 1 + QL 30         | NF            | CMS Required Deletion | N/A                                     |
| Digox Tablet 250 MCG Oral   | 1                 | NF            | CMS Required Deletion | N/A                                     |
| Engerix-B Suspension 20 MCG/ML Injection                          | NF                | 1 + BvD       | Formulary Enhancement | N/A                                     |
| Lindane Shampoo 1 % External                                      | 1                 | NF            | CMS Required Deletion | N/A                                     |
| Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral | NF                | 1             | Formulary Enhancement | N/A                                     |
| Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous        | NF                | 1 + PA        | Formulary Enhancement | N/A                                     |
| Pentacel SUSPENSION RECONSTITUTED Intramuscular                   | NF                | 1             | Formulary Enhancement | N/A                                     |
| Priorix Suspension Reconstituted Subcutaneous                     | NF                | 1             | Formulary Enhancement | N/A                                     |
| Procalamine Solution 3 % Intravenous                              | 1 + BvD           | NF            | CMS Required Deletion | N/A                                     |
| Quadracel Suspension Prefilled Syringe 0.5 ML Intramuscular       | NF                | 1             | Formulary Enhancement | N/A                                     |
| Recombivax HB SUSPENSION 5 MCG/0.5ML INJECTION                    | NF                | 1 + BvD       | Formulary Enhancement | N/A                                     |
| Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous              | NF                | 1 + PA        | Formulary Enhancement | N/A                                     |
| Tenivac INJECTABLE 5-2 LFU Intramuscular                          | NF                | 1 + BvD       | Formulary Enhancement | N/A                                     |
| Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular | NF                | 1             | Formulary Enhancement | N/A                                     |
| YF-VAX INJECTABLE Subcutaneous                                    | NF                | 1             | Formulary Enhancement | N/A                                     |
| <b>EFFECTIVE 02/01/2023</b>                                       |                   |               |                       |   |

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|---|-------------------|-----------------|-----------------------|--|
| Adefovir Dipivoxil Tablet 10 MG Oral                    | 1 + QL 30 + PA    | 1 + QL 30       | Formulary Enhancement | N/A  |
| Baraclude SOLUTION 0.05 MG/ML ORAL                      | 1 + QL 600 + PA   | 1 + QL 600      | Formulary Enhancement | N/A  |
| Calquence Tablet 100 MG Oral                            | NF                | 1 + QL 60 + PA  | Formulary Enhancement | N/A  |
| Caplyta Capsule 10.5 MG Oral                            | NF                | 1 + QL 30 + PA  | Formulary Enhancement | N/A  |
| Caplyta Capsule 21 MG Oral                              | NF                | 1 + QL 30 + PA  | Formulary Enhancement | N/A  |
| Daliresp Tablet 500 MCG Oral                            | 1                 | NF              | Formulary Update      | roflumilast tablet 500 mcg oral, 1         |
| Descovy Tablet 120-15 MG Oral                           | NF                | 1               | Formulary Enhancement | N/A  |
| Digitek TABLET 125 MCG ORAL                             | 1 + QL 30         | NF              | CMS Required Deletion | N/A  |
| Enbrel Solution Reconstituted 25 MG Subcutaneous        | 1 + PA            | NF              | CMS Required Deletion | N/A  |
| Entecavir Tablet 0.5 MG Oral                            | 1 + QL 30 + PA    | 1 + QL 30       | Formulary Enhancement | N/A  |
| Entecavir Tablet 1 MG Oral                              | 1 + QL 30 + PA    | 1 + QL 30       | Formulary Enhancement | N/A  |
| Fingolimod HCl Capsule 0.5 MG Oral                      | NF                | 1 + PA          | Formulary Enhancement | N/A  |
| Furosemide SOLUTION 10 MG/ML INJECTION (4ML SYRINGE)    | 1                 | NF              | CMS Required Deletion | N/A  |
| Gilenya CAPSULE 0.5 MG ORAL                             | 1 + PA            | NF              | Formulary Update      | fingolimod hcl capsule 0.5 mg oral, 1 + PA |
| Hyftor Gel 0.2 % External                               | NF                | 1 + PA          | Formulary Enhancement | N/A  |
| Imbruvica Suspension 70 MG/ML Oral                      | NF                | 1 + QL 240 + PA | Formulary Enhancement | N/A  |
| Intron A Solution Reconstituted 18000000 UNIT Injection | 1 + PA            | NF              | CMS Required Deletion | N/A  |

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|--|-------------------|-------------------|-----------------------|--|
| Jynneos Suspension 0.5 ML Subcutaneous   | NF                | 1                 | Formulary Enhancement | N/A                                      |
| Larissia Tablet 0.1-20 MG-MCG Oral   | 1                 | NF                | CMS Required Deletion | N/A                                      |
| Lenalidomide Capsule 2.5 MG Oral   | NF                | 1 + PA            | Formulary Enhancement | N/A                                      |
| Lenalidomide Capsule 20 MG Oral  | NF                | 1 + PA            | Formulary Enhancement | N/A                                      |
| Noxafil Packet 300 MG Oral   | NF                | 1 + PA            | Formulary Enhancement | N/A                                      |
| Orkambi Packet 75-94 MG Oral   | NF                | 1 + QL 56/28 + PA | Formulary Enhancement | N/A                                      |
| Pentacel Suspension Reconstituted Intramuscular (96-30-68-1-80-2-16-3-64-20 var units) | 1                 | NF                | CMS Required Deletion | N/A                                      |
| Pirfenidone Tablet 534 MG Oral   | NF                | 1 + PA            | Formulary Enhancement | N/A                                      |
| Pred-G SUSPENSION 0.3-1 % OPTHALMIC  | 1                 | NF                | CMS Required Deletion | N/A                                      |
| ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation                           | 1                 | NF                | CMS Required Deletion | N/A                                      |
| Revlimid Capsule 2.5 MG Oral   | 1 + PA            | NF                | Formulary Update      | lenalidomide capsule 2.5 mg oral, 1 + PA |
| Revlimid Capsule 20 MG Oral  | 1 + PA            | NF                | Formulary Update      | lenalidomide capsule 20 mg oral, 1 + PA  |
| Roflumilast Tablet 500 MCG Oral  | NF                | 1                 | Formulary Enhancement | N/A                                      |
| Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous                  | 1 + PA            | NF                | CMS Required Deletion | N/A                                      |
| Tazarotene Gel 0.05 % External   | NF                | 1 + PA            | Formulary Enhancement | N/A                                      |
| Tazarotene Gel 0.1 % External  | NF                | 1 + PA            | Formulary Enhancement | N/A                                      |
| Tazorac Gel 0.05 % External  | 1 + PA            | NF                | Formulary Update      | tazarotene gel 0.05 % external, 1 + PA   |

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|---|-------------------|---------------|-----------------------|---|
| Tazorac Gel 0.1 % External  | 1 + PA            | NF            | Formulary Update      | tazarotene gel 0.1 % external, 1 + PA   |
| Vemlidy TABLET 25 MG ORAL   | 1 + PA            | 1             | Formulary Enhancement | N/A                                     |
| Venlafaxine Besylate ER Tablet Extended Release 24 Hour 112.5 MG Oral | NF                | 1             | Formulary Enhancement | N/A                                     |
| Zonisade Suspension 100 MG/5ML Oral                                   | NF                | 1             | Formulary Enhancement | N/A                                     |
| <b>EFFECTIVE 03/01/2023</b>   |                   |               |                       |   |
| Auvelity Tablet Extended Release 45-105 MG Oral                       | NF                | 1 + QL 60     | Formulary Enhancement | N/A                                     |
| Daliresp Tablet 250 MCG Oral  | 1                 | NF            | Formulary Update      | roflumilast tablet 250 mcg oral, 1      |
| Gleostine CAPSULE 10 MG ORAL  | NF                | 1 + PA        | Formulary Enhancement | N/A                                     |
| Gleostine CAPSULE 100 MG ORAL   | NF                | 1 + PA        | Formulary Enhancement | N/A                                     |
| Gleostine CAPSULE 40 MG ORAL  | NF                | 1 + PA        | Formulary Enhancement | N/A                                     |
| Intron A Solution Reconstituted 10000000 UNIT Injection               | 1 + PA            | NF            | CMS Required Deletion | N/A                                     |
| Intron A Solution Reconstituted 50000000 UNIT Injection               | 1 + PA            | NF            | CMS Required Deletion | N/A                                     |
| Menest Tablet 2.5 MG Oral   | NF                | 1             | Formulary Enhancement | N/A                                     |
| Paser PACKET 4 GM ORAL  | 1                 | NF            | CMS Required Deletion | N/A                                     |
| Roflumilast Tablet 250 MCG Oral                                       | NF                | 1             | Formulary Enhancement | N/A                                     |
| Skyrizi Solution Cartridge 180 MG/1.2ML Subcutaneous                  | NF                | 1 + PA        | Formulary Enhancement | N/A                                     |
| <b>EFFECTIVE 04/01/2023</b>   |                   |               |                       |   |
| Digitek TABLET 250 MCG ORAL   | 1                 | NF            | CMS Required Deletion | N/A                                     |
| Esbriet Capsule 267 MG Oral   | 1 + PA            | NF            | Formulary Update      | pirfenidone capsule 267 mg oral, 1 + PA |

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|---|-------------------|-----------------|-----------------------|---|
| Femynor Tablet 0.25-35 MG-MCG Oral  | 1                 | NF              | CMS Required Deletion | N/A   |
| Heplisav-B Solution Prefilled Syringe 20 MCG/0.5ML Intramuscular          | NF                | 1 + BVD         | Formulary Enhancement | N/A   |
| Krazati Tablet 200 MG Oral  | NF                | 1 + PA          | Formulary Enhancement | N/A   |
| Leuprolide Acetate Injectable 22.5 MG Intramuscular                       | NF                | 1 + PA          | Formulary Enhancement | N/A   |
| Norvir SOLUTION 80 MG/ML ORAL   | 1                 | NF              | CMS Required Deletion | N/A   |
| Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/3ML Subcutaneous | NF                | 1               | Formulary Enhancement | N/A   |
| Pirfenidone Capsule 267 MG Oral   | NF                | 1 + PA          | Formulary Enhancement | N/A   |
| Sodium Oxybate Solution 500 MG/ML Oral                                    | NF                | 1 + QL 540 + PA | Formulary Enhancement | N/A   |
| Sunlenca Tablet Therapy Pack 4 x 300 MG Oral                              | NF                | 1               | Formulary Enhancement | N/A   |
| Sunlenca Tablet Therapy Pack 5 x 300 MG Oral                              | NF                | 1               | Formulary Enhancement | N/A   |
| <b>EFFECTIVE 05/01/2023</b>   |                   |                 |                       |   |
| Jaypirca Tablet 100 MG Oral   | NF                | 1 + QL 60 + PA  | Formulary Enhancement | N/A   |
| Jaypirca Tablet 50 MG Oral  | NF                | 1 + QL 60 + PA  | Formulary Enhancement | N/A   |
| lamoTRIGine Kit 21 x 25 MG & 7 x 50 MG Oral                               | NF                | 1               | Formulary Enhancement | N/A   |
| lamoTRIGine Kit 42 x 50 MG & 14x100 MG Oral                               | NF                | 1               | Formulary Enhancement | N/A   |
| Latuda Tablet 120 MG Oral   | 1 + QL 30 + PA    | NF              | Formulary Update      | lurasidone hcl tablet 120 mg oral, 1 + QL 30 + PA |

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|--|-------------------|--------------------|-----------------------|--|
| Latuda Tablet 20 MG Oral                                 | 1 + QL 30 + PA    | NF                 | Formulary Update      | lurasidone hcl tablet 20 mg oral, 1 + QL 30 + PA |
| Latuda Tablet 40 MG Oral                                 | 1 + QL 30 + PA    | NF                 | Formulary Update      | lurasidone hcl tablet 40 mg oral, 1 + QL 30 + PA |
| Latuda Tablet 60 MG Oral                                 | 1 + QL 30 + PA    | NF                 | Formulary Update      | lurasidone hcl tablet 60 mg oral, 1 + QL 30 + PA |
| Latuda Tablet 80 MG Oral                                 | 1 + QL 60 + PA    | NF                 | Formulary Update      | lurasidone hcl tablet 80 mg oral, 1 + QL 60 + PA |
| Lurasidone HCl Tablet 120 MG Oral                        | NF                | 1 + QL 30 + PA     | Formulary Enhancement | N/A  |
| Lurasidone HCl Tablet 20 MG Oral                         | NF                | 1 + QL 30 + PA     | Formulary Enhancement | N/A  |
| Lurasidone HCl Tablet 40 MG Oral                         | NF                | 1 + QL 30 + PA     | Formulary Enhancement | N/A  |
| Lurasidone HCl Tablet 60 MG Oral                         | NF                | 1 + QL 30 + PA     | Formulary Enhancement | N/A  |
| Lurasidone HCl Tablet 80 MG Oral                         | NF                | 1 + QL 60 + PA     | Formulary Enhancement | N/A  |
| Lytgobi (12 MG Daily Dose) Tablet Therapy Pack 4 MG Oral | NF                | 1 + QL 84/28 + PA  | Formulary Enhancement | N/A  |
| Lytgobi (16 MG Daily Dose) Tablet Therapy Pack 4 MG Oral | NF                | 1 + QL 112/28 + PA | Formulary Enhancement | N/A  |
| Lytgobi (20 MG Daily Dose) Tablet Therapy Pack 4 MG Oral | NF                | 1 + QL 140/28 + PA | Formulary Enhancement | N/A  |
| Orserdu Tablet 345 MG Oral                               | NF                | 1 + PA             | Formulary Enhancement | N/A  |
| Orserdu Tablet 86 MG Oral                                | NF                | 1 + PA             | Formulary Enhancement | N/A  |

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| Pirmella 1/35 Tablet 1-35 MG-MCG Oral                      | 1                 | NF             | CMS Required Deletion | N/A                                     |
| QUetiapine Fumarate Tablet 150 MG Oral                     | NF                | 1 + QL 60 + PA | Formulary Enhancement | N/A                                     |
| Rezlidhia Capsule 150 MG Oral                              | NF                | 1 + PA         | Formulary Enhancement | N/A                                     |
| Takhzyro Solution Prefilled Syringe 150 MG/ML Subcutaneous | NF                | 1 + PA         | Formulary Enhancement | N/A                                     |
| Ztalmy Suspension 50 MG/ML Oral                            | NF                | 1              | Formulary Enhancement | N/A                                     |
| <b>EFFECTIVE 06/01/2023</b>                                |                   |                |                       |   |
| Azelastine HCl SOLUTION 0.15 % NASAL                       | 1                 | NF             | CMS Required Deletion | N/A                                     |
| Erleada Tablet 240 MG Oral                                 | NF                | 1 + QL 30 + PA | Formulary Enhancement | N/A                                     |
| Fluticasone-Salmeterol Aerosol 115-21 MCG/ACT Inhalation   | NF                | 1              | Formulary Enhancement | N/A                                     |
| Fluticasone-Salmeterol Aerosol 230-21 MCG/ACT Inhalation   | NF                | 1              | Formulary Enhancement | N/A                                     |
| Fluticasone-Salmeterol Aerosol 45-21 MCG/ACT Inhalation    | NF                | 1              | Formulary Enhancement | N/A                                     |
| Gentak Ointment 0.3 % Ophthalmic                           | 1                 | NF             | CMS Required Deletion | N/A                                     |
| Olopatadine HCl SOLUTION 0.2 % Ophthalmic                  | 1                 | NF             | CMS Required Deletion | N/A                                     |
| Oxandrolone TABLET 10 MG ORAL                              | 1 + PA            | NF             | CMS Required Deletion | N/A                                     |
| Oxandrolone TABLET 2.5 MG ORAL                             | 1 + PA            | NF             | CMS Required Deletion | N/A                                     |
| Prednicarbate Ointment 0.1 % External                      | 1                 | NF             | CMS Required Deletion | N/A                                     |

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