



2024 Pharmacy Benefit Formulary Changes

We want to keep you informed about changes to your prescription drug benefit for the 2024 plan year. These changes may impact the coverage of certain medications, and it is essential to keep you informed and prepared.

- Effective January 1, 2024, **Navitus Health Solutions** will be the Pharmacy Benefit Manager for OhioHealthy.
- You will notice some medications are covered differently than they have in the past.
- These changes are part of our ongoing efforts to manage costs and provide the best possible coverage to our members.
- While we understand that any formulary changes can be challenging, we want to ensure that you have all the information you need to navigate this transition smoothly.

Some of the larger changes are outlined below. These include medications no longer covered by the plan. **Please note this is not an exhaustive list of changes.** We recommend that you review the changes below and the updated prescription drug list located on OhioHealthRewards.com to see how your medications may be impacted.

Below is a list of medications NOT COVERED through the pharmacy benefit. Alternative lower cost items are listed to the right. Please note, the not covered medications listed below may be available through the Exception to Coverage Process if medically necessary. Impacted members will receive more information on how to request coverage following open enrollment.

| Drugs Not Covered | Lower Cost Covered Alternative(s) |
|---|---|
| Acne Creams, Lotions, & Ointments (i.e., Aczone, Aklief, Amzeeq, Arazlo, Cleocin, Dapsone, Differin, Duac, Epiduo, Evoclin, Epsolay, Fabior, Onexton, Trentinoin...) | Topical Acne Products Not Covered by Plan |
| Altabax Ointment | Mupirocin Ointment |
| Amjevita Auto-Injector (2 Pen Pack) | Biosimilar Alternatives |
| Amphetamine Tab (Evekeo Equivalent) | Amphetamine/Dextroamphetamine ER Cap Lisdexamfetamine Dimesylate Cap Methylphenidate ER Tablet |
| Aubagio | Generic Teriflunomide |
| Azathioprine Tab 100mg (Azasan Equivalent) | Azathioprine Tab (IMURAN TAB Equivalent) |
| Belbuca Film | Morphine Sulfate ER Tab (Chronic Pain) Buprenorphine SL Tab (Sud) |
| Benzphetamine Tab | Phentermine |
| Betamethasone Valerate Foam (Luxiq Equivalent) | Betamethasone Dipropionate Cream Betamethasone Valerate Lotion |
| Bijuva Cap | Prempro Tabs Estradiol/Norethindrone Tab (Activella Equivalent) Jinteli Tab (Femhrt Equivalent) |
| Candesartan/Hydrochlorothiazide Tab (Atacand HCT Equivalent) | Losartan/HCTZ Tab Valsartan/HCTZ Tab Olmesartan/HCTZ Tab Irbesartan/HCTZ Tab Amlodipine/Valsartan Tab |
| Carvedilol Phosphate ER Cap (Coreg CR Equivalent) | Carvedilol Tab |
| Chlordiazepoxide/Amitriptyline Tab | Chlordiazepoxide Cap + Amitriptyline Tab |
| Climara Pro Patch | Prempro Tabs Estradiol/Norethindrone Tab (Activella Equivalent) Jinteli Tab (Femhrt Equivalent) |

| Drugs Not Covered | Lower Cost Covered Alternative(s) |
|---|---|
| Clotrimazole/Betamethasone Lotion (Lotrisone) | Clotrimazole/Betamethasone Cream |
| Combipatch | Prempro Tabs Estradiol/Norethindrone Tab (Activella Equivalent) Jinteli Tab (Femhrt Equivalent) |
| Contour Next Blood Glucos Strip | Accu-Chek Test Strip Onetouch Test Strip *New Meters Are Free With A Prescription* |
| Copaxone | Generic Glatiramer |
| Cosentyx Inj (All Formulations) | Taltz Inj |
| Dermacinrx Tab | Prenatal Vitamins |
| Desonide Lotion (Desowen Equivalent) | Desonide Cream Desonide Ointment |
| Diethylpropion ER Tab | Phentermine |
| Diethylpropion Tab | Phentermine |
| Doxepin Tab (Silenor Equivalent) | Zolpidem Tab Eszopiclone Tab Zaleplon Cap Zolpidem ER Tab Ramelteon Tab |
| Duloxetine Cap 40mg (IRENKA Equivalent) | Duloxetine Cap (Cymbalta Equivalent) |
| Dutasteride/Tamsulosin Cap (Jalyn Equivalent) | Tamsulosin Cap + Dutasteride Cap |
| Dymista | Nasal Allergy Products Not Covered by Plan |
| Edarbi Tab | Losartan Tab Irbesartan Tab Valsartan Tab Olmesartan Tab Candesartan Tab |
| Edarbyclor Tab | Losartan/Hctz Tab Valsartan/Hctz Tab Olmesartan/Hctz Tab Irbesartan/Hctz Tab Amlodipine/Valsartan Tab |
| Envarsus Xr Tab | Tacrolimus Cap |
| EstroGel Gel | Estradiol Patch |
| Eucrisa Ointment | Tacrolimus Ointment Pimecrolimus Cream |
| Eysuvis Ophth Susp | Alrex Ophth Susp Loteprednol Ophth Susp Lotemax Ophth Gel Loteprednol Etabonate Ophth Gel |
| Fentanyl Pt72 (Fentanyl Equivalent) | Morphine Sulfate ER Tab |
| Flavoxate Tab (Urispas Equivalent) | Oxybutynin ER Tab MYRBETRIQ TAB Solifenacin Tab Oxybutynin Tab Tolterodine SR Cap |
| Forteo | Generic Teriparatide |
| Gilenya | Generic Fingolimod HCL Cap |
| Humatrope Cart | Genotropin Inj |
| Hydrocortisone Valerate Cream (Westcort Equivalent) | Triamcinolone Cream Betamethasone Dipropionate Cream Betamethasone Valerate Lotion |

| Drugs Not Covered | Lower Cost Covered Alternative(s) |
|---|---|
| Ibrance Tab | Verzenio Tab Kisqali Tab |
| Icosapent Ethyl Cap (Vascepa Equivalent) | Vascepa Cap Omega-3-Acid Ethyl Esters Cap (Lovaza Equivalent) |
| Imbruvica Tab 280mg | Imbruvica Cap 140mg |
| Imvexxy Supp | Estradiol Cream Premarin Vaginal Cream Yuvaferm Tabs |
| Intrarosa Supp | Estradiol Cream Premarin Vaginal Cream Yuvaferm Tabs |
| Jornay Pm Cap | Amphetamine/Dextroamphetamine ER Cap Lisdexamfetamine Dimesylate Cap Methylphenidate ER Tab |
| Kadian Cap | Morphine Sulfate ER Tab (MS Contin Equivalent) |
| Klisyri Ointment | Fluorouracil Cream Imiquimod Cream Diclofenac Gel Valchlor Gel |
| Lantus (All Formulations) | Semglee, Insulin Glargine-Yfgn |
| Lomaira Tab | Phentermine |
| Lyumjev Inj | Humalog |
| Lyumjev Kwikpen Inj | Humalog |
| Methylphenidate ER Cap (Aptensio XR Equivalent) | Amphetamine/Dextroamphetamine ER Cap Lisdexamfetamine Dimesylate Cap Methylphenidate ER Tab |
| Naproxen EC Tab 500mg (Naprosyn EC Equivalent) | Meloxicam Tab Celecoxib Cap Diclofenac Sodium EC Tab |
| Nasal Allergy Products: (i.e., Dymista, Flonase, Nasonex...) | Nasal Allergy Products Not Covered by Plan |
| Neulasta Inj | Fulphila Inj Ziextenzo Inj |
| Norditropin Flexpro Sopl | Genotropin |
| Olmesartan/Amlodipine/Hydrochlorothiazide Tab (Tribenzor Equivalent) | Losartan/HCTZ Tab Valsartan/HCTZ Tab Olmesartan/HCTZ Tab Irbesartan/HCTZ Tab Amlodipine/Valsartan Tab |
| Oxybutynin Solution | Oxybutynin ER Tab Myrbetriq Tab Solifenacin Tab Oxybutynin Tab Tolterodine Sr Cap |
| Oxycontin Cr Tab | Xtampza ER Cap |
| Oxymorphone ER Tab | Morphine Sulfate ER Tab (MS Contin Equivalent) |
| Oxymorphone Tab (Opana Equivalent) | Morphine Sulfate Tab |
| Pioglitazone/Metformin Tab (Actoplus Met Equivalent) | Pioglitazone Tab + Metformin Tab |
| Praluent Inj | Repatha Inj |
| Proton Pump Inhibitors: (i.e., Dexelant, Nexium, Prevacid) | Generic Alternatives with Prior Authorization Proton Pump Inhibitors Available Over The Counter |
| Pulmicort Flexhaler | Fluticasone Hfa, Arnuity Ellipta, Asmanex Hfa Inhaler |
| Rasuvo Soaj | Methotrexate Inj |

| Drugs Not Covered | Lower Cost Covered Alternative(s) |
|---|---|
| Restasis Multi-Dose | Cyclosporine Opth Solution (Unit Dose) |
| Rhopressa Opth Solution | Latanoprost Opth Solution Lumigan Opth Solution Travoprost Opth Solution Bimatoprost Opth Solution |
| Rocklatan Opth Solution | Latanoprost Opth Solution Lumigan Opth Solution Travoprost Opth Solution Bimatoprost Opth Solution |
| Sevelamer Hydrochloride Tab (Renagel Equivalent) | Sevelamer Tab (Renvela Tab Equivalent) Sevelamer Powder Pak (Renvela Pak Equivalent) |
| Seysara Tab | Doxycycline Hyclate Cap Doxycycline Monohydrate Cap 100mg Minocycline Cap |
| Spiriva Handihaler | Budesonide/Formoterol Inhaler Advair Diskus Inhaler Dulera Inhaler Breo Ellipta Inhaler |
| Spiriva Respimat Inhaler 2.5mcg/Act | Incruse Ellipta Inhaler |
| Telmisartan/Amlodipine Tab | Amlodipine/Valsartan Tab Losartan/Hctz Tab Valsartan/Hctz Tab Olmesartan/Hctz Tab Irbesartan/Hctz Tab |
| Telmisartan/Hydrochlorothiazide Tab (MICARDIS HCT Equivalent) | Losartan/HCTZ Tab Valsartan/HCTZ Tab Olmesartan/HCTZ Tab Irbesartan/HCTZ Tab Amlodipine/Valsartan Tab |
| Testosterone Gel 2% (Fortesta Equivalent) | Testosterone Gel Pump 1.62% (Androgel Equivalent) Androderm Patch |
| Tiotropium Bromide Cap Inhaler (Spiriva Equivalent) | Budesonide/Formoterol Inhaler Advair Diskus Inhaler Dulera Inhaler Breo Ellipta Inhaler |
| Tobramycin Neb Solution (Bethkis Equivalent) | Tobramycin Neb Solution (Tobi Equivalent) |
| Trazodone Tab 300mg (Desyrel Equivalent) | Trazodone Tab |
| Trexall Tab | Methotrexate Tab |
| Venlafaxine ER Tab | Venlafaxine ER Cap |
| Verapamil Er Cap 200mg | Verapamil Sr Tab (Calan Sr, Isoptin Sr Equivalent) Verapamil Sr Cap (Verelan Equivalent) |
| Vogelxo Pump | Testosterone Gel Pump 1.62%, Androderm Patch |
| Vumerity Cap | Dimethyl Fumarate Dr Cap |
| Xidra Opth Solution | Cyclosporine Opth Solution (Unit Dose) |
| Xtandi Cap | Abiraterone Tab 250mg (Zytiga Equivalent) Nubeqa Tab Erleada Tab |
| Xtandi Tab 80mg | Abiraterone Tab 250mg (Zytiga Equivalent) Nubeqa Tab Erleada Tab |
| Xyosted Inj | Testosterone Cypionate Inj (Depo-Testosterone Equivalent) |
| Zenpep Cpep | Creon Cap |