Formulary Actions Effective: 07/01/2025																
Drug Attributes								Formulary Status Marketplace (HIEX)		Utilization Management HIEX		Rationale of Changes				
Category	Brand Name	Generic Name	Strength	Dosage Form	Route	Brand Status	NDC	Current Status	Action	Current Status	Action	COMMERCIAL	Committee Actions	Optional Benefit Exclusion	Optional Formulary Exclusion (HIEX)	Client Communication - HIEX
AMYLINOMIMETICS	SYMLINPEN 120	PRAMLINTIDE ACETATE	2700/2.7ML	PEN INJCTR	SUBCUTANE.	SSB	310662702	2	C=3	NONE	NONE	Trade Relations Strategy	FDR JAN 2025			
INCRETIN MIMETICS	BYDUREON BCISE	EXENATIDE MICROSPHERES	2MG/0.85ML	AUTO INJET	SUBCUTANE.	SSR	310654001 310654004 310654085	2	C=3	PA	S=PA	Trade Relations Strategy	FDR JAN 2025			
RAPID-ACTING INSULINS	NOVOLOG	INSULIN ASPART	100/ML	MM.	SUBCUTANE.	MCD	169210011 169750111	3	C=NC	QL ST	S=QL S=ST	Low Net Cost Strategy	Miscellaneous		Multi-Source Brand Exclusion	
RAPID-ACTING INSULINS	NOVOLOG FLEXPEN	INSULIN ASPART	Strength	INSULN PEN	SUBCUTANE.	MSB	169210112 169210125 169633910	3	C=NC	QL ST	S=QL S=ST	Low Net Cost Strategy	Miscellaneous		Multi-Source Brand Exclusion	
RAPID-ACTING INSULINS	NOVOLOG MIX 70-30	INSULIN ASPART PROT/INSULN ASP	70-30/ML	VIAL	SUBCUTANE.	MSB	169220011 169368512	3	C=NC	QL ST	S=QL S=ST	Low Net Cost Strategy	Miscellaneous		Multi-Source Brand Exclusion	
RAPID-ACTING INSULINS	NOVOLOG MIX 70-30 FLEXPEN	INSULIN ASPART PROT/INSULN ASP	70-30/ML	INSULN PEN	SUBCUTANE.	MSB	169220125 169369619	3	C=NC	QL ST	S=QL S=ST	Low Net Cost Strategy	Miscellaneous		Multi-Source Brand Exclusion	
RAPID-ACTING INSULINS	NOVOLOG PENFILL	INSULIN ASPART	100/ML	CARTRIDGE	SUBCUTANE.	MSB	169330312	3	C=NC	QL ST	S=QL S=ST	Low Net Cost Strategy	Miscellaneous		Multi-Source Brand Exclusion	
THYROID AGENTS	ADTHYZA	THYROID,PORK	120 MG	TABLET	ORAL	MSB	24338000990	3	C=NC	ST	S=ST	Low Net Cost Strategy	Miscellaneous		Multi-Source Brand Exclusion	
THYROID AGENTS	ADTHYZA	THYROID,PORK	60 MG	TABLET	ORAL	MSB	24338000790	3	C=NC	ST	S=ST	Low Net Cost Strategy	Miscellaneous		Multi-Source Brand Exclusion	
THYROID AGENTS	ADTHYZA	THYROID,PORK	15 MG	TABLET	ORAL	MSB	24338000590	3	C=NC	ST	S=ST	Low Net Cost Strategy	Miscellaneous		Multi-Source Brand Exclusion	
THYROID AGENTS	ADTHYZA	THYROID,PORK	30 MG	TABLET	ORAL	MSR	24338000690	3	C=NC	E	S=E	Low Net Cost Strategy	Miscellaneous		Multi-Source Brand Exclusion	
THYROID AGENTS	ADTHYZA	THYROID, PORK	90 MG	TABLET	OTAL	MED	24338000890	3	C=NC	E	S=E	Low Net Cost Strategy	Miscellaneous		Multi-Source Brand Exclusion	

FORMU	JLARY	UTILIZATION MANA	AGEMENT (UM)	OPTIONAL BENEFIT EXCLUSION Coverage for each category will be a function of plan benefit design. These products may be excluded on client benefits. Formulary and UM decisions only apply for clients who choose to provide coverage for these drug categories.			
Formulary Status	Formulary Actions	UM Definition	UM Actions				
F = Formulary	C = Change	AGE = Age restriction	A = Add UM	Antiobesity			
NF = Non-Formulary	E = Excluded drug from formulary	QL = Quantity Limit	D = Delete UM	Cosmetic Indications			
E = Excluded	S = Sustain	ST = Step Therapy	C = Change UM	Dietary Supplements and Non-Drug Products			
NC = Not covered		PA = Prior Authorization	= Excluded drug from formulary	Drugs to Treat Impotency or Sexual Dysfunction			
S = Specialty		HST= Hard Step (Step without grandfathering member must try preferred agents)	S = Sustain UM	Infertility			
Non-S = Non-Specialty				Medical Foods: Dietary supplements, Enteral Feeding, Infant formula			
				Non-Self Administered Drug (NSA)			
				Ostomy Supplies			
				Class O = Over the Counter Products			
				Class Q = Products that are neither drugs nor devices, such as dietary supplements (including prenatal and other vitamins), medical foods, herbal preparations, and bulk flavorings or colorants			