2023 FRIDAY HEALTH PLAN Updates

January, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*lubiprostone*	*lubiprostone*	ADD TO FORMULARY		Non-Preferred Brands
01/01/2023	*clorazepate dipotassium*	*clorazepate dipotassium*	ADD TO FORMULARY		Non-Preferred Generics
01/01/2023	*imbruvica*	*ibrutinib*	ADD TO FORMULARY		Specialty
01/01/2023	*atropine sulfate*	*atropine sulfate (ophthalmic)*	ADD TO FORMULARY		Non-Preferred Brands
01/01/2023	*radicava ors*	*edaravone*	ADD TO FORMULARY		Specialty
01/01/2023	*dicyclomine hcl*	*dicyclomine hcl*	ADD TO FORMULARY		Preferred Generics
01/01/2023	*naloxone hcl*	*naloxone hcl*	ADD TO FORMULARY		Non-Preferred Generics
01/01/2023	*camzyos*	*mavacamten*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
01/01/2023	*levemir flexpen*	*insulin detemir*	ADD TO FORMULARY		Preferred Brands
01/01/2023	*skyrizi*	*risankizumab-rzaa (crohn's)*	ADD TO FORMULARY		Specialty
01/01/2023	*olumiant*	*baricitinib*	ADD TO FORMULARY		Specialty
01/01/2023	*everolimus*	*everolimus*	ADD TO FORMULARY		Specialty
01/01/2023	*olumiant*	*baricitinib*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
01/01/2023	*olmesartan medoxomil*	*olmesartan medoxomil*	ADD TO FORMULARY		Preferred Generics
01/01/2023	*ztalmy*	*ganaxolone*	ADD TO FORMULARY		Specialty
01/01/2023	*amitiza*	*lubiprostone*	UM AUTO RULE: CUSTOM		Alt: Symproic, Trulance

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2023	*fluconazole*	*fluconazole*	ADD TO FORMULARY		Preferred Generics
01/01/2023	*posaconazole*	*posaconazole*	ADD TO FORMULARY		Non-Preferred Generics
01/01/2023	*sorafenib tosylate*	*sorafenib tosylate*	ADD TO FORMULARY		Specialty
01/01/2023	*imbruvica*	*ibrutinib*	UM AUTO RULE: QUANTITY		216 / 30 day(s)
01/01/2023	*lubiprostone*	*lubiprostone*	UM AUTO RULE: CUSTOM		Alt: Symproic, Trulance
01/01/2023	*orkambi*	*lumacaftor-ivacaftor*	ADD TO FORMULARY		Specialty
01/01/2023	*camzyos*	*mavacamten*	ADD TO FORMULARY		Specialty
01/01/2023	*mekinist*	*trametinib dimethyl sulfoxide*	ADD TO FORMULARY		Specialty
01/01/2023	*radicava ors starter kit*	*edaravone*	ADD TO FORMULARY		Specialty
01/01/2023	*spironolactone*	*spironolactone*	ADD TO FORMULARY		Preferred Generics
01/01/2023	*gentamicin sulfate*	*gentamicin sulfate (topical)*	ADD TO FORMULARY		Non-Preferred Generics
01/04/2023	*dexcom g7 receiver*	*continuous blood glucose system receiver*	ADD UM: STEP		CGM
01/04/2023	*ozempic (0.25 or 0.5 mg/dose)*	*semaglutide*	UM AUTO RULE: QUANTITY		3 / 28 day(s)
01/04/2023	*dexcom g7 sensor*	*continuous blood glucose system sensor*	ADD UM: QUANTITY		3 / 30 day(s)
01/04/2023	*krazati*	*adagrasib*	UM AUTO RULE: QUANTITY		180 / 30 day(s)
01/06/2023	*sodium oxybate*	*sodium oxybate*	UM AUTO RULE: QUANTITY		540 / 30 day(s)

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/06/2023	*skyrizi*	*risankizumab-rzaa (crohn's)*	UM AUTO RULE: QUANTITYCUSTOM		1.2 / 56 days
01/06/2023	*xyrem*	*sodium oxybate*	UM AUTO RULE: QUANTITY		540 / 30 day(s)
01/06/2023	*amitiza*	*lubiprostone*	DRUG ATTR CHANGE OVERRIDE	Alt: Symproic, Trulance	Alt: Symproic, Trulance
01/06/2023	*trokendi xr*	*topiramate*	DRUG ATTR CHANGE OVERRIDE	30 / 30 DAYS	30 / 30 DAYS
01/06/2023	*tascenso odt*	*fingolimod lauryl sulfate*	TERM AUTO RULE		
01/06/2023	*lubiprostone*	*lubiprostone*	DRUG ATTR CHANGE OVERRIDE	Alt: Symproic, Trulance	Alt: Symproic, Trulance
01/06/2023	*tascenso odt*	*fingolimod lauryl sulfate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
01/06/2023	*hetlioz*	*tasimelteon*	DRUG ATTR CHANGE OVERRIDE	30 / 30 DAYS	30 / 30 DAYS
01/07/2023	*spikevax covid-19 vaccine*	*covid-19 (sars-cov-2) mrna virus vaccine*	UM AUTO RULE: AGE		At least 12 yrs old
01/07/2023	*moderna covid-19 vaccine*	*covid-19 (sars-cov-2) mrna virus vaccine*	UM AUTO RULE: AGE		At least 12 yrs old
01/08/2023	*co monitor*	*respiratory therapy supplies*	CHANGE TIER	Preferred Brands	Excluded
01/08/2023	*gabitril*	*tiagabine hcl*	TERM AUTO RULE		
01/08/2023	*fulphila*	*pegfilgrastim-jmdb*	TERM AUTO RULE		
01/08/2023	*tiagabine hcl*	*tiagabine hcl*	TERM AUTO RULE		
01/08/2023	*omnitrope pen 5 inj device*	*injection device*	CHANGE TIER	Preferred Brands	Excluded
01/08/2023	*nordipen 5 injection device*	*injection device*	CHANGE TIER	Preferred Brands	Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/08/2023	*in-check inspiratory flow mtr*	*respiratory therapy supplies*	CHANGE TIER	Preferred Brands	Excluded
01/08/2023	*fulphila*	*pegfilgrastim-jmdb*	CHANGE TIER	Excluded	Specialty
01/08/2023	*in-check dial flow trainer*	*respiratory therapy supplies*	CHANGE TIER	Preferred Brands	Excluded
01/08/2023	*aerobika*	*respiratory therapy supplies*	CHANGE TIER	Preferred Brands	Excluded
01/08/2023	*breatherite valved mdi chamber*	*spacer/aerosol-holding chambers*	CHANGE TIER	Preferred Brands	Excluded
01/09/2023	*sunlenca*	*lenacapavir sodium*	UM AUTO RULE: QUANTITYCUSTOM		4 / 365 days
01/09/2023	*hetlioz*	*tasimelteon*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
01/09/2023	*butalbital-acetaminophen*	*butalbital-acetaminophen*	UM AUTO RULE: QUANTITY		360 / 30 day(s)
01/09/2023	*allzital*	*butalbital-acetaminophen*	UM AUTO RULE: QUANTITY		360 / 30 day(s)
01/09/2023	*oxbryta*	*voxelotor*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
01/09/2023	*tasimelteon*	*tasimelteon*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
01/09/2023	*gabitril*	*tiagabine hcl*	UM AUTO RULE: SPECIALTY		Specialty Drug
01/12/2023	*depo-testosterone*	*testosterone cypionate*	ADD TO FORMULARY		Non-Preferred Generics
01/12/2023	*hetlioz*	*tasimelteon*	NEW AUTO RULE		Specialty
01/12/2023	*contour next one*	*blood glucose monitoring supplies*	ADD TO FORMULARY	Non-Formulary	Preferred Brands

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/12/2023	*lactulose*	*lactulose*	ADD TO FORMULARY		Non-Preferred Generics
01/12/2023	*contour next ez*	*blood glucose monitoring supplies*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/12/2023	*butalbital-aspirin-caffeine*	*butalbital-aspirin-caffeine*	ADD TO FORMULARY		Non-Preferred Generics
01/12/2023	*amoxicillin*	*amoxicillin*	ADD TO FORMULARY		Preferred Generics
01/12/2023	*oxbryta*	*voxelotor*	ADD TO FORMULARY		Specialty
01/12/2023	*tasimelteon*	*tasimelteon*	ADD TO FORMULARY		Non-Preferred Generics
01/12/2023	*dexamethasone*	*dexamethasone*	ADD TO FORMULARY		Preferred Generics
01/12/2023	*cvs nicotine polacrilex*	*nicotine polacrilex*	ADD TO FORMULARY		Non-Preferred Generics
01/12/2023	*contour next gen monitor*	*blood glucose monitoring supplies*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
01/12/2023	*tasimelteon*	*tasimelteon*	NEW AUTO RULE		Specialty
01/12/2023	*accutane*	*isotretinoin*	ADD TO FORMULARY		Non-Preferred Generics
01/12/2023	*duloxetine hcl*	*duloxetine hcl*	ADD TO FORMULARY		Preferred Generics
01/12/2023	*sod citrate-citric acid*	*sodium citrate & citric acid*	ADD TO FORMULARY		Non-Preferred Generics
01/12/2023	*oseltamivir phosphate*	*oseltamivir phosphate*	ADD TO FORMULARY		Non-Preferred Generics
01/12/2023	*lubiprostone*	*lubiprostone*	ADD TO FORMULARY		Non-Preferred Brands
01/13/2023	*allzital*	*butalbital-acetaminophen*	DRUG ATTR CHANGE OVERRIDE	360 / 30 day(s)	360 / 30 day(s)

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/13/2023	*treanda*	*bendamustine hcl*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
01/13/2023	*esbriet*	*pirfenidone*	DRUG ATTR CHANGE OVERRIDE	180 / 30 DAYS	180 / 30 DAYS
01/13/2023	*butalbital-acetaminophen*	*butalbital-acetaminophen*	DRUG ATTR CHANGE OVERRIDE	360 / 30 day(s)	360 / 30 day(s)
01/16/2023	*testosterone cypionate*	*testosterone cypionate*	ADD TO FORMULARY		Non-Preferred Generics
01/16/2023	*ferrous sulfate*	*ferrous sulfate*	ADD TO FORMULARY		Non-Preferred Generics
01/16/2023	*eszopiclone*	*eszopiclone*	ADD TO FORMULARY		Preferred Generics
01/16/2023	*betaine*	*betaine*	ADD TO FORMULARY		Specialty
01/16/2023	*nicardipine hcl*	*nicardipine hcl*	ADD TO FORMULARY		Non-Preferred Generics
01/16/2023	*levetiracetam*	*levetiracetam*	ADD TO FORMULARY		Non-Preferred Generics
01/16/2023	*potassium chloride*	*potassium chloride*	ADD TO FORMULARY		Non-Preferred Generics
01/16/2023	*lansoprazole*	*lansoprazole*	ADD TO FORMULARY		Preferred Generics
01/16/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY		Non-Preferred Generics
01/16/2023	*brimonidine tartrate*	*brimonidine tartrate (topical)*	ADD TO FORMULARY		Non-Preferred Generics
01/16/2023	*sapropterin dihydrochloride*	*sapropterin dihydrochloride*	ADD TO FORMULARY		Specialty
01/16/2023	*gabapentin*	*gabapentin*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/16/2023	*valacyclovir hcl*	*valacyclovir hcl*	ADD TO FORMULARY		Preferred Generics
01/16/2023	*lubiprostone*	*lubiprostone*	ADD TO FORMULARY		Non-Preferred Generics
01/16/2023	*sorafenib tosylate*	*sorafenib tosylate*	ADD TO FORMULARY		Specialty
01/16/2023	*prazosin hcl*	*prazosin hcl*	ADD TO FORMULARY		Preferred Generics
01/16/2023	*oxybutynin chloride er*	*oxybutynin chloride*	ADD TO FORMULARY		Preferred Generics
01/16/2023	*octreotide acetate*	*octreotide acetate*	ADD TO FORMULARY		Specialty
01/16/2023	*turalio*	*pexidartinib hcl*	ADD TO FORMULARY		Specialty
01/18/2023	*turalio*	*pexidartinib hcl*	UM AUTO RULE: QUANTITY		120 / 30 day(s)
01/18/2023	*allzital*	*butalbital-acetaminophen*	UM AUTO RULE: QUANTITY		360 / 30 day(s)
01/18/2023	*butalbital-acetaminophen*	*butalbital-acetaminophen*	UM AUTO RULE: QUANTITY		360 / 30 day(s)
01/18/2023	*lubiprostone*	*lubiprostone*	CHANGE TIER	Non-Preferred Brands	Non-Preferred Generics
01/18/2023	*topiramate er*	*topiramate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
01/18/2023	*trokendi xr*	*topiramate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
01/19/2023	*rolvedon*	*eflapegrastim-xnst*	UM AUTO RULE: SPECIALTY		Specialty Drug
01/19/2023	*pedmark*	*sodium thiosulfate (otoprotective)*	UM AUTO RULE: SPECIALTY		Specialty Drug
01/19/2023	*tyvaso dpi titration kit*	*treprostinil*	UM AUTO RULE: SPECIALTY		Specialty Drug

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/19/2023	*turalio*	*pexidartinib hcl*	UM AUTO RULE: SPECIALTY		Specialty Drug
01/19/2023	*pemetrexed disodium*	*pemetrexed disodium*	UM AUTO RULE: SPECIALTY		Specialty Drug
01/19/2023	*imjudo*	*tremelimumab-actl*	UM AUTO RULE: SPECIALTY		Specialty Drug
01/19/2023	*avonex pen*	*interferon beta-1a*	UM AUTO RULE: QUANTITY		1 / 28 day(s)
01/19/2023	*tecvayli*	*teclistamab-cqyv*	UM AUTO RULE: SPECIALTY		Specialty Drug
01/20/2023	*pirfenidone*	*pirfenidone*	UM AUTO RULE: QUANTITY		180 / 30 day(s)
01/20/2023	*zorvolex*	*diclofenac*	DRUG ATTR CHANGE OVERRIDE	HIM 2022 Oral NSAIDs	HIM 2022 Oral NSAIDs
01/20/2023	*esbriet*	*pirfenidone*	UM AUTO RULE: QUANTITY		180 / 30 day(s)
01/20/2023	*keveyis*	*dichlorphenamide*	DRUG ATTR CHANGE OVERRIDE	Keveyis	Keveyis
01/23/2023	*lactulose*	*lactulose*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*posaconazole*	*posaconazole*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*vitamin d (ergocalciferol)*	*ergocalciferol*	ADD TO FORMULARY		Preferred Generics
01/23/2023	*arformoterol tartrate*	*arformoterol tartrate*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*benztropine mesylate*	*benztropine mesylate*	ADD TO FORMULARY		Preferred Generics
01/23/2023	*amantadine hcl*	*amantadine hcl*	ADD TO FORMULARY		Non-Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/23/2023	*bd allergy syringe*	*tuberculin/allergy syringes*	ADD TO FORMULARY		Preferred Brands
01/23/2023	*valsartan*	*valsartan*	ADD TO FORMULARY		Preferred Generics
01/23/2023	*clobetasol propionate*	*clobetasol propionate*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*acetylcysteine*	*acetylcysteine*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*sodium oxybate*	*sodium oxybate*	ADD TO FORMULARY		Non-Preferred Brands
01/23/2023	*amlodipine besylate*	*amlodipine besylate*	ADD TO FORMULARY		Preferred Generics
01/23/2023	*roflumilast*	*roflumilast*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*pirfenidone*	*pirfenidone*	ADD TO FORMULARY		Specialty
01/23/2023	*lidocaine viscous hcl*	*lidocaine hcl (mouth-throat)*	ADD TO FORMULARY		Preferred Generics
01/23/2023	*chlorthalidone*	*chlorthalidone*	ADD TO FORMULARY		Preferred Generics
01/23/2023	*acetazolamide*	*acetazolamide*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*her style*	*levonorgestrel (emergency oc)*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*methotrexate sodium*	*methotrexate sodium*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*dicyclomine hcl*	*dicyclomine hcl*	ADD TO FORMULARY		Preferred Generics
01/23/2023	*cholestyramine light*	*cholestyramine light*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*cholestyramine*	*cholestyramine*	ADD TO FORMULARY		Non-Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/23/2023	*carglumic acid*	*carglumic acid*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*menest*	*esterified estrogens*	ADD TO FORMULARY		Non-Preferred Brands
01/23/2023	*enoxaparin sodium*	*enoxaparin sodium*	ADD TO FORMULARY		Non-Preferred Generics
01/23/2023	*citalopram hydrobromide*	*citalopram hydrobromide*	ADD TO FORMULARY		Preferred Generics
01/23/2023	*methyldopa*	*methyldopa*	ADD TO FORMULARY		Non-Preferred Brands
01/23/2023	*clonazepam*	*clonazepam*	ADD TO FORMULARY		Preferred Generics
01/26/2023	*enoxaparin sodium*	*enoxaparin sodium*	UM AUTO RULE: QUANTITYCUSTOM		30 / 90 days
01/26/2023	*carglumic acid*	*carglumic acid*	CHANGE TIER	Non-Preferred Generics	Specialty
01/26/2023	*carglumic acid*	*carglumic acid*	UM AUTO RULE: AUTHORIZATION		Carbaglu
01/26/2023	*lovenox*	*enoxaparin sodium*	UM AUTO RULE: QUANTITYCUSTOM		30 / 90 days
01/26/2023	*carbaglu*	*carglumic acid*	UM AUTO RULE: AUTHORIZATION		Carbaglu
01/27/2023	*dichlorphenamide*	*dichlorphenamide*	UM AUTO RULE: QUANTITY		120 / 30 day(s)
01/27/2023	*embrace pen needles*	*insulin pen needle*	DRUG ATTR CHANGE OVERRIDE	204 / 30 DAYS	204 / 30 DAYS
01/27/2023	*dexilant*	*dexlansoprazole*	DRUG ATTR CHANGE OVERRIDE	30 / 30 day(s)	30 / 30 day(s)
01/27/2023	*latuda*	*lurasidone hcl*	DRUG ATTR CHANGE OVERRIDE	30 / 30 DAYS	30 / 30 DAYS

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/27/2023	*keveyis*	*dichlorphenamide*	UM AUTO RULE: QUANTITY		120 / 30 day(s)
01/27/2023	*dexlansoprazole*	*dexlansoprazole*	DRUG ATTR CHANGE OVERRIDE	30 / 30 day(s)	30 / 30 day(s)
01/30/2023	*ursodiol*	*ursodiol*	ADD TO FORMULARY		Non-Preferred Generics
01/30/2023	*diltiazem hcl er*	*diltiazem hcl*	ADD TO FORMULARY		Non-Preferred Generics
01/30/2023	*potassium chloride crys er*	*potassium chloride microencapsulated crystals er*	ADD TO FORMULARY		Preferred Generics
01/30/2023	*atropine sulfate*	*atropine sulfate (ophthalmic)*	CHANGE TIER	Excluded	Non-Preferred Generics
01/30/2023	*dexlansoprazole*	*dexlansoprazole*	ADD TO FORMULARY		Non-Preferred Generics
01/30/2023	*bd eclipse needle*	*needle (disp) 25 g*	ADD TO FORMULARY		Preferred Brands
01/30/2023	*phenylephrine hcl*	*phenylephrine hcl (mydriatic)*	ADD TO FORMULARY		Non-Preferred Generics
01/30/2023	*mirtazapine*	*mirtazapine*	ADD TO FORMULARY		Non-Preferred Generics
01/30/2023	*caretouch hypodermic needle*	*needle (disp) 27 g*	ADD TO FORMULARY		Preferred Brands
01/30/2023	*pirfenidone*	*pirfenidone*	ADD TO FORMULARY		Specialty
01/30/2023	*doxazosin mesylate*	*doxazosin mesylate*	ADD TO FORMULARY		Preferred Generics
01/30/2023	*estradiol valerate*	*estradiol valerate*	ADD TO FORMULARY		Non-Preferred Generics
01/30/2023	*rosuvastatin calcium*	*rosuvastatin calcium*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/30/2023	*fluphenazine hcl*	*fluphenazine hcl*	ADD TO FORMULARY		Non-Preferred Generics
01/30/2023	*carbidopa-levodopa*	*carbidopa-levodopa*	ADD TO FORMULARY		Preferred Generics
01/30/2023	*quetiapine fumarate er*	*quetiapine fumarate*	ADD TO FORMULARY		Non-Preferred Generics
01/30/2023	*bd tb syringe*	*tuberculin/allergy syringes*	ADD TO FORMULARY		Preferred Brands
01/30/2023	*butalbital-acetaminophen*	*butalbital-acetaminophen*	ADD TO FORMULARY		Non-Preferred Generics
01/30/2023	*tretinoin*	*tretinoin*	ADD TO FORMULARY		Non-Preferred Generics
01/30/2023	*carisoprodol*	*carisoprodol*	ADD TO FORMULARY		Preferred Generics
01/30/2023	*azithromycin*	*azithromycin*	ADD TO FORMULARY		Preferred Generics
01/31/2023	*pennsaid*	*diclofenac sodium (topical)*	UM AUTO RULE: QUANTITY		224 / 28 day(s)
01/31/2023	*bupap*	*butalbital-acetaminophen*	UM AUTO RULE: QUANTITY		180 / 30 day(s)
01/31/2023	*butalbital-acetaminophen*	*butalbital-acetaminophen*	UM AUTO RULE: QUANTITY		180 / 30 day(s)
01/31/2023	*diclofenac sodium*	*diclofenac sodium (topical)*	UM AUTO RULE: QUANTITY		224 / 28 day(s)

2023 FRIDAY HEALTH PLAN Updates

February, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/02/2023	*embrace pen needles*	*insulin pen needle*	REMOVE UM: CUSTOM	ALT: Contour & Contour Next Test Strips	
02/02/2023	*embrace pen needles*	*insulin pen needle*	CHANGE TIER	Excluded	Preferred Brands
02/03/2023	*eulexin*	*flutamide*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
02/03/2023	*allzital*	*butalbital-acetaminophen*	DRUG ATTR CHANGE OVERRIDE	360 / 30 day(s)	360 / 30 day(s)
02/03/2023	*dexlansoprazole*	*dexlansoprazole*	UM AUTO RULE: CUSTOM		ALT: lansoprazole, omeprazole, pantoprazole
02/03/2023	*dexilant*	*dexlansoprazole*	UM AUTO RULE: CUSTOM		ALT: lansoprazole, omeprazole, pantoprazole
02/06/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*dexlansoprazole*	*dexlansoprazole*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*varenicline tartrate*	*varenicline tartrate*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*guanfacine hcl*	*guanfacine hcl*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*clindamycin phosphate*	*clindamycin phosphate (topical)*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*aspirin regimen*	*aspirin*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/06/2023	*vilazodone hcl*	*vilazodone hcl*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*lurasidone hcl*	*lurasidone hcl*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*temozolomide*	*temozolomide*	ADD TO FORMULARY		Specialty
02/06/2023	*gabapentin*	*gabapentin*	ADD TO FORMULARY		Preferred Generics
02/06/2023	*rosuvastatin calcium*	*rosuvastatin calcium*	ADD TO FORMULARY		Preferred Generics
02/06/2023	*lubiprostone*	*lubiprostone*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*diclofenac sodium*	*diclofenac sodium (topical)*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*prazosin hcl*	*prazosin hcl*	ADD TO FORMULARY		Preferred Generics
02/06/2023	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*pirfenidone*	*pirfenidone*	ADD TO FORMULARY		Specialty
02/06/2023	*solifenacin succinate*	*solifenacin succinate*	ADD TO FORMULARY		Preferred Generics
02/06/2023	*isradipine*	*isradipine*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*difluprednate*	*difluprednate*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*dexilant*	*dexlansoprazole*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
02/06/2023	*dexamethasone*	*dexamethasone*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*theophylline er*	*theophylline*	ADD TO FORMULARY		Non-Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/06/2023	*lurasidone hcl*	*lurasidone hcl*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
02/06/2023	*dexlansoprazole*	*dexlansoprazole*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
02/06/2023	*rivastigmine tartrate*	*rivastigmine tartrate*	ADD TO FORMULARY		Non-Preferred Generics
02/06/2023	*latuda*	*lurasidone hcl*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
02/06/2023	*lansoprazole*	*lansoprazole*	UM AUTO RULE: STEP		HIM 2022 PROTON PUMP INHIBITORS (PPIS)
02/06/2023	*cyproheptadine hcl*	*cyproheptadine hcl*	ADD TO FORMULARY		Preferred Generics
02/06/2023	*fluphenazine hcl*	*fluphenazine hcl*	ADD TO FORMULARY		Non-Preferred Generics
02/08/2023	*dexlansoprazole*	*dexlansoprazole*	CHANGE TIER	Excluded	Non-Preferred Generics
02/09/2023	*dexlansoprazole*	*dexlansoprazole*	UM AUTO RULE: CUSTOM		ALT: lansoprazole, omeprazole, pantoprazole
02/09/2023	*dexilant*	*dexlansoprazole*	UM AUTO RULE: CUSTOM		ALT: lansoprazole, omeprazole, pantoprazole
02/09/2023	*qdolo*	*tramadol hcl*	UM AUTO RULE: QUANTITY		2400 / 30 day(s)
02/09/2023	*tramadol hcl*	*tramadol hcl*	UM AUTO RULE: QUANTITY		2400 / 30 day(s)
02/13/2023	*metronidazole*	*metronidazole (topical)*	ADD TO FORMULARY		Non-Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/13/2023	*rezlidhia*	*olutasidenib*	UM AUTO RULE: SPECIALTY		Specialty Drug
02/13/2023	*metoprolol succinate er*	*metoprolol succinate*	ADD TO FORMULARY		Preferred Generics
02/13/2023	*ursodiol*	*ursodiol*	ADD TO FORMULARY		Non-Preferred Generics
02/13/2023	*covid-19 at-home test*	*covid-19 at home test*	ADD TO FORMULARY		Non-Preferred Brands
02/13/2023	*bd eclipse needle*	*needle (disp) 25 g*	ADD TO FORMULARY		Preferred Brands
02/13/2023	*bd syringe luer-lok*	*syringe (disposable)*	ADD TO FORMULARY		Preferred Brands
02/13/2023	*lytgobi (20 mg daily dose)*	*futibatinib*	UM AUTO RULE: SPECIALTY		Specialty Drug
02/13/2023	*embrace pen needles*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
02/13/2023	*tamsulosin hcl*	*tamsulosin hcl*	ADD TO FORMULARY		Preferred Generics
02/13/2023	*bd safetyglide shielded needle*	*needle (disp) 21 g*	ADD TO FORMULARY		Preferred Brands
02/13/2023	*furoscix*	*furosemide*	UM AUTO RULE: SPECIALTY		Specialty Drug
02/13/2023	*nabumetone*	*nabumetone*	ADD TO FORMULARY		Preferred Generics
02/13/2023	*memantine hcl*	*memantine hcl*	ADD TO FORMULARY		Preferred Generics
02/13/2023	*cevimeline hcl*	*cevimeline hcl*	ADD TO FORMULARY		Non-Preferred Generics
02/13/2023	*bd eclipse needle*	*needle (disp) 21 g*	ADD TO FORMULARY		Preferred Brands
02/13/2023	*jaypirca*	*pirtobrutinib*	UM AUTO RULE: QUANTITY		30 / 30 day(s)

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/13/2023	*rotarix*	*rotavirus vaccine, live oral*	ADD TO FORMULARY		Non-Preferred Brands
02/13/2023	*folotyn*	*pralatrexate*	UM AUTO RULE: SPECIALTY		Specialty Drug
02/13/2023	*flecainide acetate*	*flecainide acetate*	ADD TO FORMULARY		Non-Preferred Generics
02/13/2023	*ambrisentan*	*ambrisentan*	ADD TO FORMULARY		Specialty
02/13/2023	*bd safetyglide syringe/needle*	*syringe/needle (disp) 3 ml*	ADD TO FORMULARY		Preferred Brands
02/13/2023	*prednisone*	*prednisone*	ADD TO FORMULARY		Preferred Generics
02/13/2023	*elahere*	*mirvetuximab soravtansine-gynx*	UM AUTO RULE: SPECIALTY		Specialty Drug
02/13/2023	*rufinamide*	*rufinamide*	ADD TO FORMULARY		Non-Preferred Generics
02/13/2023	*orserdu*	*elacestrant hydrochloride*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
02/13/2023	*valganciclovir hcl*	*valganciclovir hcl*	ADD TO FORMULARY		Non-Preferred Generics
02/13/2023	*hydrochlorothiazide*	*hydrochlorothiazide*	ADD TO FORMULARY		Preferred Generics
02/13/2023	*skyrizi*	*risankizumab-rzaa (crohn's)*	ADD TO FORMULARY		Specialty
02/13/2023	*bd syringe slip tip*	*syringe (disposable)*	ADD TO FORMULARY		Preferred Brands
02/13/2023	*famotidine*	*famotidine*	ADD TO FORMULARY		Preferred Generics
02/13/2023	*lytgobi (16 mg daily dose)*	*futibatinib*	UM AUTO RULE: SPECIALTY		Specialty Drug
02/13/2023	*pralatrexate*	*pralatrexate*	UM AUTO RULE: SPECIALTY		Specialty Drug

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/13/2023	*hydrocortisone*	*hydrocortisone*	ADD TO FORMULARY		Non-Preferred Generics
02/13/2023	*venlafaxine hcl er*	*venlafaxine hcl*	ADD TO FORMULARY		Preferred Generics
02/13/2023	*lytgobi (12 mg daily dose)*	*futibatinib*	UM AUTO RULE: SPECIALTY		Specialty Drug
02/13/2023	*amjevita*	*adalimumab-atto*	UM AUTO RULE: QUANTITY		1.6 / 28 day(s)
02/20/2023	*sure comfort pen needles*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
02/20/2023	*estradiol*	*estradiol*	ADD TO FORMULARY		Non-Preferred Generics
02/20/2023	*estradiol*	*estradiol*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
02/20/2023	*aum pen needle*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
02/20/2023	*benazepril hcl*	*benazepril hcl*	ADD TO FORMULARY		Preferred Generics
02/20/2023	*terbinafine hcl*	*terbinafine hcl*	ADD TO FORMULARY		Preferred Generics
02/20/2023	*erythromycin ethylsuccinate*	*erythromycin ethylsuccinate*	ADD TO FORMULARY		Non-Preferred Generics
02/20/2023	*pravastatin sodium*	*pravastatin sodium*	ADD TO FORMULARY		Preferred Generics
02/20/2023	*divigel*	*estradiol*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
02/20/2023	*sertraline hcl*	*sertraline hcl*	ADD TO FORMULARY		Preferred Generics
02/20/2023	*acarbose*	*acarbose*	ADD TO FORMULARY		Non-Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/20/2023	*dicyclomine hcl*	*dicyclomine hcl*	ADD TO FORMULARY		Preferred Generics
02/20/2023	*diflunisal*	*diflunisal*	ADD TO FORMULARY		Non-Preferred Generics
02/20/2023	*doxercalciferol*	*doxercalciferol*	ADD TO FORMULARY		Non-Preferred Generics
02/20/2023	*comfort touch plus lancets 28g*	*lancets*	ADD TO FORMULARY		Preferred Brands
02/20/2023	*comfort touch lancets 31g*	*lancets*	ADD TO FORMULARY		Preferred Brands
02/20/2023	*ranolazine er*	*ranolazine*	ADD TO FORMULARY		Non-Preferred Generics
02/22/2023	*flolipid*	*simvastatin*	UM AUTO RULE: CUSTOM		ALT: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
02/22/2023	*ertaczo*	*sertaconazole nitrate*	UM AUTO RULE: CUSTOM		ALT: econazole, ketoconazole, oxiconazole
02/22/2023	*karbinal er*	*carbinoxamine maleate*	UM AUTO RULE: CUSTOM		ALT: carbinoxamine 4 mg tab
02/22/2023	*ultravate*	*halobetasol propionate*	UM AUTO RULE: CUSTOM		ALT: halobetasol 0.05% cream, betamethasone dipropionate aug 0.05% cream
02/22/2023	*baclofen*	*baclofen*	UM AUTO RULE: CUSTOM		ALT: baclofen 10 mg tab
02/22/2023	*loreev xr*	*lorazepam*	UM AUTO RULE: CUSTOM		ALT: lorazepam tab

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*alkindi sprinkle*	*hydrocortisone*	UM AUTO RULE: CUSTOM		ALT: hydrocortisone tab
02/22/2023	*conjupri*	*levamlodipine maleate*	UM AUTO RULE: CUSTOM		ALT: amlodipine, felodipine, nifedipine
02/22/2023	*cefaclor er*	*cefaclor monohydrate*	UM AUTO RULE: CUSTOM		ALT: cefadroxil cap, cefdinir cap, cephalexin cap
02/22/2023	*orphengesic forte*	*orphenadrine w/ aspirin & caff*	UM AUTO RULE: CUSTOM		ALT: orphenadrine ER 100 mg, aspirin 81 mg chew tab/tab DR, methocarbamol tab, tizanidine
02/22/2023	*dxevo 11-day*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab
02/22/2023	*simvastatin*	*simvastatin*	UM AUTO RULE: CUSTOM		ALT: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
02/22/2023	*ala scalp*	*hydrocortisone (topical)*	UM AUTO RULE: CUSTOM		ALT: hydrocortisone 2.5% lotion, hydrocortisone 2.5% cream, Ala-Cort 2.5%
02/22/2023	*lipofen*	*fenofibrate*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*amcinonide*	*amcinonide*	UM AUTO RULE: CUSTOM		ALT: Ala-Cort 2.5%, betamethasone dipropionate aug 0.05% cream, mometasone 0.1% ointment, triamcinolone 0.5% cream/ointment
02/22/2023	*ciprofloxacin hcl*	*ciprofloxacin hcl (otic)*	UM AUTO RULE: CUSTOM		ALT: ofloxacin solution
02/22/2023	*kapspargo sprinkle*	*metoprolol succinate*	UM AUTO RULE: CUSTOM		ALT: metoprolol succinate tab ER
02/22/2023	*tekturna hct*	*aliskiren-hydrochlorothiazide*	UM AUTO RULE: CUSTOM		ALT: amlodipine-benazepril, amlodipine-valsartan-hydrochlorothiazide, hydrochlorothiazide, benazepril-hydrochlorothiazide
02/22/2023	*naftin*	*naftifine hcl*	UM AUTO RULE: CUSTOM		ALT: naftitine 2% cream
02/22/2023	*pliaglis*	*lidocaine-tetracaine*	UM AUTO RULE: CUSTOM		ALT: lidocaine-prilocaine 2.5-2.5% cream
02/22/2023	*valsartan*	*valsartan*	UM AUTO RULE: CUSTOM		ALT: valsartan tab
02/22/2023	*fluoridex sensitivity relief*	*sodium fluoride-potassium nitrate*	UM AUTO RULE: CUSTOM		ALT: Fluoridex, Sodium Fluoride 5000 Sensitive

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*cordran*	*flurandrenolide*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionoate 0.05% cream/lotion/ointment, betamethasone valerate 0.1% cream/lotion/ointment, mometasone, triamcinolone 0.1%, 0.025% cream/lotion/ointment
02/22/2023	*calcipotriene*	*calcipotriene*	UM AUTO RULE: CUSTOM		ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin cream/gel
02/22/2023	*lazanda*	*fentanyl citrate*	UM AUTO RULE: CUSTOM		ALT: fentanyl lozenge, fentanyl 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr patch

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*sprix*	*ketorolac tromethamine*	UM AUTO RULE: CUSTOM		ALT: ibuprofen 400 mg, 600 mg, 800 mg tab, diclofenac tab, indomethacin cap, naproxen 250 mg, 275 mg, 375 mg, 500 mg, 550 mg tab, sulindac 150 mg, 200 mg tab
02/22/2023	*doxepin hcl*	*doxepin hcl (antipruritic)*	UM AUTO RULE: CUSTOM		ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment
02/22/2023	*namenda xr titration pack*	*memantine hcl*	UM AUTO RULE: CUSTOM		ALT: memantine 5 mg, 10 mg tab
02/22/2023	*osmolex er*	*amantadine hcl*	UM AUTO RULE: CUSTOM		ALT: amantadine 100 mg cap, amantadine 50 mg/5ml solution
02/22/2023	*cortisporin-tc*	*neomycin-colistin-hc-thonzonium*	UM AUTO RULE: CUSTOM		ALT: ciprofloxacin-dexamethasone, neomycin-polymyxin-HC
02/22/2023	*tuzistra xr*	*codeine polistirex-chlorpheniramine polistirex*	UM AUTO RULE: CUSTOM		ALT: hydrocodone poli-chlorphe poli susp

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*ketorolac tromethamine*	*ketorolac tromethamine*	UM AUTO RULE: CUSTOM		ALT: ibuprofen 400 mg, 600 mg, 800 mg tab, diclofenac tab, indomethacin cap, naproxen 250 mg, 275 mg, 375 mg, 500 mg, 550 mg tab, sulindac 150 mg, 200 mg tab
02/22/2023	*meloxicam*	*meloxicam*	UM AUTO RULE: CUSTOM		ALT: ibuprofen, diclofenac, indomethacin, naproxen, sulindac
02/22/2023	*doral*	*quazepam*	UM AUTO RULE: CUSTOM		ALT: temazepam 15 mg, 30 mg cap
02/22/2023	*methocarbamol*	*methocarbamol*	UM AUTO RULE: CUSTOM		ALT: methocarbamol 500 mg, 750 mg tab
02/22/2023	*edluar*	*zolpidem tartrate*	UM AUTO RULE: CUSTOM		ALT: zolpidem 5 mg, 10 mg tab
02/22/2023	*savella titration pack*	*milnacipran hcl*	UM AUTO RULE: CUSTOM		ALT: amitriptyline, citalopram tab, duloxetine, fluoxetine 10 mg, 20 mg, 40 mg cap, sertraline, paroxetine

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*prolate*	*oxycodone w/ acetaminophen*	UM AUTO RULE: CUSTOM		ALT: oxycodone-acetaminophen 5-325 mg tab
02/22/2023	*thalitone*	*chlorthalidone*	UM AUTO RULE: CUSTOM		ALT: chlorthalidone 25 mg, 50 mg tab
02/22/2023	*testosterone*	*testosterone*	UM AUTO RULE: CUSTOM		ALT: testosterone 30 mg/act solution, testosterone 1%, 1.62% gel, testosterone cypionate 200 mg/ml solution
02/22/2023	*betoptic-s*	*betaxolol hcl (ophth)*	UM AUTO RULE: CUSTOM		ALT: betaxolol 0.5% solution
02/22/2023	*vivjoa*	*oteseconazole*	UM AUTO RULE: CUSTOM		ALT: fluconazole 50 mg, 100 mg, 150 mg, 200 mg tab
02/22/2023	*hemady*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab
02/22/2023	*bronchitol*	*mannitol (cystic fibrosis)*	UM AUTO RULE: CUSTOM		ALT: Pulmozyme
02/22/2023	*exelderm*	*sulconazole nitrate*	UM AUTO RULE: CUSTOM		ALT: ketoconazole 2% cream, econazole 1% cream
02/22/2023	*morphine sulfate er beads*	*morphine sulfate beads*	UM AUTO RULE: CUSTOM		ALT: morphine sulfate ER 15 mg tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*clemastine fumarate*	*clemastine fumarate*	UM AUTO RULE: CUSTOM		ALT: clemastine fumarate 2.68 mg tab, carbinoxamine 4 mg, cyproheptadine, desloratadine
02/22/2023	*zyflo*	*zileuton*	UM AUTO RULE: CUSTOM		ALT: montelukast 10 mg tab, montelukast 4 mg, 5 mg chew tab
02/22/2023	*naprelan*	*naproxen sodium*	UM AUTO RULE: CUSTOM		ALT: naproxen 250 mg, 275 mg, 375 mg, 500 mg, 550 mg tab
02/22/2023	*verdeso*	*desonide*	UM AUTO RULE: CUSTOM		ALT: Ala-Cort 2.5%, betamethasone dipropionate aug 0.05% cream, mometasone 0.1% ointment, triamcinolone 0.5% cream/ointment
02/22/2023	*sotylize*	*sotalol hcl*	UM AUTO RULE: CUSTOM		ALT: sotalol tab
02/22/2023	*emflaza*	*deflazacort*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab, methylprednisolone tab, prednisolone tab, prednisone tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*gocovri*	*amantadine hcl*	UM AUTO RULE: CUSTOM		ALT: amantadine 100 mg cap, amantadine 50 mg/5ml solution
02/22/2023	*synera*	*lidocaine-tetracaine*	UM AUTO RULE: CUSTOM		ALT: lidocaine-prilocaine 2.5-2.5% cream
02/22/2023	*ecoza*	*econazole nitrate*	UM AUTO RULE: CUSTOM		ALT: nystatin
02/22/2023	*altabax*	*retapamulin*	UM AUTO RULE: CUSTOM		ALT: mupirocin ointment
02/22/2023	*levamlodipine maleate*	*levamlodipine maleate*	UM AUTO RULE: CUSTOM		ALT: amlodipine, felodipine, nifedipine
02/22/2023	*emverm*	*mebendazole*	UM AUTO RULE: CUSTOM		ALT: benzidazole, albendazole
02/22/2023	*naftifine hcl*	*naftifine hcl*	UM AUTO RULE: CUSTOM		ALT: naftitine 2% cream
02/22/2023	*meclofenamate sodium*	*meclofenamate sodium*	UM AUTO RULE: CUSTOM		ALT: ibuprofen, diclofenac, indomethacin, naproxen, sulindac
02/22/2023	*accrufer*	*ferric maltol*	UM AUTO RULE: CUSTOM		ALT: ferrous sulfate 220 mg/5 ml elixir, 75 mg/ml solution, 300 mg/5 ml syrup
02/22/2023	*fosamax plus d*	*alendronate sodium-cholecalciferol*	UM AUTO RULE: CUSTOM		ALT: alendronate 70 mg tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*ryaltris*	*olopatadine hcl-mometasone furoate*	UM AUTO RULE: CUSTOM		ALT: azelastine 0.1% solution, 137 mcg/spray solution, fluticasone 50 mcg/act suspension
02/22/2023	*semprex-d*	*acrivastine & pseudoephedrine*	UM AUTO RULE: CUSTOM		ALT: clemastine fumarate 2.68 mg tab, carbinoxamine 4 mg tab, cyproheptadine 2mg/5ml syrup, desloratadine 5 mg tab
02/22/2023	*imitrex statdose refill*	*sumatriptan succinate*	UM AUTO RULE: CUSTOM		ALT: sumatriptan 25 mg, 50 mg 100 mg tab
02/22/2023	*quetiapine fumarate*	*quetiapine fumarate*	UM AUTO RULE: CUSTOM		ALT: quetiapine 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg tab
02/22/2023	*tuxarin er*	*chlorpheniramine w/ codeine*	UM AUTO RULE: CUSTOM		ALT: hydrocodone poli-chlorphe poli susp
02/22/2023	*lactulose*	*lactulose*	UM AUTO RULE: CUSTOM		ALT: lactulose 10 g/15 ml solution
02/22/2023	*cetraxal*	*ciprofloxacin hcl (otic)*	UM AUTO RULE: CUSTOM		ALT: ofloxacin solution

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*niacin (antihyperlipidemic)*	*niacin (antihyperlipidemic)*	UM AUTO RULE: CUSTOM		ALT: Niacin Er (Antihyperlipidemic) 500 mg, 750 mg, 1000 mg tab ER
02/22/2023	*bryhali*	*halobetasol propionate*	UM AUTO RULE: CUSTOM		ALT: halobetasol 0.05% cream, betamethasone dipropionate aug 0.05% cream
02/22/2023	*niacor*	*niacin (antihyperlipidemic)*	UM AUTO RULE: CUSTOM		ALT: Niacin Er (Antihyperlipidemic) 500 mg, 750 mg, 1000 mg tab ER
02/22/2023	*texacort*	*hydrocortisone (topical)*	UM AUTO RULE: CUSTOM		ALT: hydrocortisone 2.5% lotion, hydrocortisone 2.5% cream, Ala-Cort 2.5%
02/22/2023	*vectical*	*calcitriol (topical)*	UM AUTO RULE: CUSTOM		ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin cream/gel
02/22/2023	*capex*	*fluocinolone acetonide*	UM AUTO RULE: CUSTOM		ALT: fluocinonolone acetonide scalp 0.01% oil

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*levofloxacin*	*levofloxacin (ophth)*	UM AUTO RULE: CUSTOM		ALT: ciprofloxacin solution, ofloxacin solution
02/22/2023	*tolsura*	*itraconazole*	UM AUTO RULE: CUSTOM		ALT: itraconazole 100 mg cap
02/22/2023	*ketoprofen*	*ketoprofen*	UM AUTO RULE: CUSTOM		ALT: ibuprofen 400 mg, 600 mg, 800 mg tab, diclofenac tab, indomethacin cap, naproxen 250 mg, 275 mg, 375 mg, 500 mg, 550 mg tab, sulindac 150 mg, 200 mg tab
02/22/2023	*innopran xl*	*propranolol hcl sustained-release beads*	UM AUTO RULE: CUSTOM		ALT: propranolol 10 mg, 20 mg, 40 mg tab
02/22/2023	*tosymra*	*sumatriptan*	UM AUTO RULE: CUSTOM		ALT: sumatriptan 25 mg, 50 mg 100 mg tab
02/22/2023	*cardura xl*	*doxazosin mesylate (bph)*	UM AUTO RULE: CUSTOM		ALT: tamsulosin, alfuzosin
02/22/2023	*apexicon e*	*diflorasone diacetate emollient base*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate aug 0.05% cream, mometasone 0.1% ointment, triamcinolone 0.025%, 0.1% cream/ointment

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*nuplazid*	*pimavanserin tartrate*	UM AUTO RULE: CUSTOM		ALT: amlodipine-benazepril, amlodipine, benazepril, lisinopril
02/22/2023	*binosto*	*alendronate sodium*	UM AUTO RULE: CUSTOM		ALT: alendronate 70 mg tab
02/22/2023	*butalbital-acetaminophen*	*butalbital-acetaminophen*	UM AUTO RULE: CUSTOM		ALT: butalbital-acetaminophen 50-325 mg tab
02/22/2023	*cefaclor*	*cefaclor*	UM AUTO RULE: CUSTOM		ALT: cefadroxil cap, cefdinir cap, cephalexin cap
02/22/2023	*azelex*	*azelaic acid (acne)*	UM AUTO RULE: CUSTOM		ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin 0.01%, 0.025% gel, tretinoin 0.025%, 0.1%, 0.5% cream
02/22/2023	*veregen*	*sinecatechins*	UM AUTO RULE: CUSTOM		ALT: podofilox solution
02/22/2023	*hemangeol*	*propranolol hcl*	UM AUTO RULE: CUSTOM		ALT: propranolol 10 mg, 20 mg, 40 mg tab
02/22/2023	*ztlido*	*lidocaine*	UM AUTO RULE: CUSTOM		ALT: lidocaine 5% patch

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*quazepam*	*quazepam*	UM AUTO RULE: CUSTOM		ALT: temazepam 15 mg, 30 mg cap
02/22/2023	*tiglutik*	*riluzole*	UM AUTO RULE: CUSTOM		ALT: riluzole tab
02/22/2023	*fentanyl citrate*	*fentanyl citrate*	UM AUTO RULE: CUSTOM		ALT: fentanyl lozenge, fentanyl 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr patch
02/22/2023	*maprotiline hcl*	*maprotiline hcl*	UM AUTO RULE: CUSTOM		ALT: amitriptyline, fluoxetine, nortriptyline
02/22/2023	*ryvent*	*carbinoxamine maleate*	UM AUTO RULE: CUSTOM		ALT: carbinoxamine 4 mg tab
02/22/2023	*zcort 7-day*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab
02/22/2023	*millipred dp*	*prednisolone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab, methylprednisolone tab, prednisolone tab, prednisone tab
02/22/2023	*apadaz*	*benzhydrocodone hcl-acetaminophen*	UM AUTO RULE: CUSTOM		ALT: Endocet 5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*fenortho*	*fenoprofen calcium*	UM AUTO RULE: CUSTOM		ALT: ibuprofen 400 mg, 600 mg, 800 mg tab, diclofenac tab DR, indomethacin 25 mg, 50 mg cap, naproxen 250 mg, 375 mg, 500 mg tab, sulindac
02/22/2023	*fentora*	*fentanyl citrate*	UM AUTO RULE: CUSTOM		ALT: fentanyl lozenge, fentanyl 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr patch
02/22/2023	*abstral*	*fentanyl citrate*	UM AUTO RULE: CUSTOM		ALT: fentanyl lozenge, fentanyl 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr patch
02/22/2023	*tussicaps*	*hydrocodone polistirex-chlorpheniramine polistirex*	UM AUTO RULE: CUSTOM		ALT: hydrocodone poli-chlorphe poli susp
02/22/2023	*fenofibrate micronized*	*fenofibrate micronized*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
02/22/2023	*nexiclon xr*	*clonidine hcl*	UM AUTO RULE: CUSTOM		ALT: clonidine 0.1 mg, 0.2 mg, 0.3 mg tabs

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*pyridostigmine bromide*	*pyridostigmine bromide*	UM AUTO RULE: CUSTOM		ALT: pyridostigmine 60 mg tab, pyridostigmide ER 180 mg tab, pyridostigmine solution
02/22/2023	*nocdurna*	*desmopressin acetate*	UM AUTO RULE: CUSTOM		ALT: Stimate, desmopressin tab
02/22/2023	*lexette*	*halobetasol propionate*	UM AUTO RULE: CUSTOM		ALT: halobetasol 0.05% cream, betamethasone dipropionate aug 0.05% cream
02/22/2023	*sorilux*	*calcipotriene*	UM AUTO RULE: CUSTOM		ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin cream/gel
02/22/2023	*glycopyrrolate*	*glycopyrrolate*	UM AUTO RULE: CUSTOM		ALT: glycopyrrolate 1 mg, 2 mg tab
02/22/2023	*ryclora*	*dexchlorpheniramine maleate*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab
02/22/2023	*nalocet*	*oxycodone w/ acetaminophen*	UM AUTO RULE: CUSTOM		ALT: oxycodone-acetaminophen 2.5-325 mg tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*diflorasone diacetate*	*diflorasone diacetate*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate aug 0.05% cream, mometasone 0.1% ointment, triamcinolone 0.025%, 0.1% cream/ointment
02/22/2023	*zuplenz*	*ondansetron*	UM AUTO RULE: CUSTOM		ALT: ondansetron 4 mg, 8 mg tab
02/22/2023	*altreno*	*tretinoin*	UM AUTO RULE: CUSTOM		ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin 0.01%, 0.025% gel, tretinoin 0.025%, 0.1%, 0.5% cream
02/22/2023	*durlaza*	*aspirin (platelet aggregation inhibitor)*	UM AUTO RULE: CUSTOM		ALT: cilostazol, clopidogrel 75 mg tab, aspirin low dose (81 mg) chew/DR tab
02/22/2023	*reltone*	*ursodiol*	UM AUTO RULE: CUSTOM		ALT: ursodiol 300 mg cap, ursodiol 250 mg, 500 mg tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*kristalose*	*lactulose*	UM AUTO RULE: CUSTOM		ALT: lactulose 10 g/15 ml solution
02/22/2023	*dexamethasone*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab
02/22/2023	*striant*	*testosterone*	UM AUTO RULE: CUSTOM		ALT: testosterone 30 mg/act solution, testosterone 1%, 1.62% gel, testosterone cypionate 200 mg/ml solution
02/22/2023	*prudoxin*	*doxepin hcl (antipruritic)*	UM AUTO RULE: CUSTOM		ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment
02/22/2023	*entadfi*	*finasteride-tadalafil*	UM AUTO RULE: CUSTOM		ALT: dutasteride-tamsulosin, dutasteride, alfuzosin, finasteride, tamsulosin
02/22/2023	*clonidine hcl er*	*clonidine hcl*	UM AUTO RULE: CUSTOM		ALT: clonidine 0.1 mg, 0.2 mg, 0.3 mg tabs
02/22/2023	*fenofibrate*	*fenofibrate*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
02/22/2023	*aemcolo*	*rifamycin sodium*	UM AUTO RULE: CUSTOM		ALT: azithromycin tab, Xifaxan

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*savella*	*milnacipran hcl*	UM AUTO RULE: CUSTOM		ALT: amitriptyline, citalopram tab, duloxetine, fluoxetine 10 mg, 20 mg, 40 mg cap, sertraline, paroxetine
02/22/2023	*zonalon*	*doxepin hcl (antipruritic)*	UM AUTO RULE: CUSTOM		ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment
02/22/2023	*zelapar*	*selegiline hcl*	UM AUTO RULE: CUSTOM		ALT: rasagiline, selegiline cap/tab
02/22/2023	*cycloset*	*bromocriptine mesylate (diabetes)*	UM AUTO RULE: CUSTOM		ALT: Farxiga, glipizide, glimepiride, glyburide, glyburide-metformin, Glyxambi, metformin 500 mg, 100 mg, 850 mg tab, Januvia, Jardiance, Synjardy, Xigduo XR
02/22/2023	*millipred*	*prednisolone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab, methylprednisolone tab, prednisolone tab, prednisone tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*taperdex 7-day*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab
02/22/2023	*riomet er*	*metformin hcl*	UM AUTO RULE: CUSTOM		ALT: metformin 500 mg, 850 mg, 1000 mg tab
02/22/2023	*indocin*	*indomethacin*	UM AUTO RULE: CUSTOM		ALT: indomethacin 25 mg, 50 mg cap
02/22/2023	*luzu*	*luliconazole*	UM AUTO RULE: CUSTOM		ALT: clotrimazole 1% cream, ketoconazole 2% cream, econazole 1% cream
02/22/2023	*condylox*	*podofilox*	UM AUTO RULE: CUSTOM		ALT: podofilox solution
02/22/2023	*subsys*	*fentanyl*	UM AUTO RULE: CUSTOM		ALT: fentanyl lozenge, fentanyl 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr patch
02/22/2023	*millipred dp 12-day*	*prednisolone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab, methylprednisolone tab, prednisolone tab, prednisone tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*apap-caff-dihydrocodeine*	*acetaminophen-caff-dihydrocod*	UM AUTO RULE: CUSTOM		ALT: acetaminophen-codeine 300-15 mg, 300-30, 300-60 mg tab, acetaminophen-codeine 120-12 mg/5ml solution
02/22/2023	*taperdex 12-day*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab
02/22/2023	*vogelxo pump*	*testosterone*	UM AUTO RULE: CUSTOM		ALT: testosterone 30 mg/act solution, testosterone 1%, 1.62% gel, testosterone cypionate 200 mg/ml solution
02/22/2023	*androderm*	*testosterone*	UM AUTO RULE: CUSTOM		ALT: testosterone 30 mg/act solution, testosterone 1%, 1.62% gel, testosterone cypionate 200 mg/ml solution
02/22/2023	*otovel*	*ciprofloxacin-fluocinolone acetonide*	UM AUTO RULE: CUSTOM		ALT: ciprofloxacin-dexamethasone
02/22/2023	*timoptic ocudose*	*timolol maleate (ophth)*	UM AUTO RULE: CUSTOM		ALT: Generic Covered
02/22/2023	*repatha pushtronex system*	*evolocumab*	UM AUTO RULE: QUANTITY		7 / 28 day(s)

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*zolpimist*	*zolpidem tartrate*	UM AUTO RULE: CUSTOM		ALT: zolpidem 5 mg, 10 mg tab
02/22/2023	*ursodiol*	*ursodiol*	UM AUTO RULE: CUSTOM		ALT: ursodiol 300 mg cap, ursodiol 250 mg, 500 mg tab
02/22/2023	*hydrocortisone butyrate*	*hydrocortisone butyrate*	UM AUTO RULE: CUSTOM		ALT: mometasone furoate 0.1 % ointment, triamcinolone acetonide 0.5 % cream or ointment
02/22/2023	*dexabliss*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab
02/22/2023	*inderal xl*	*propranolol hcl sustained-release beads*	UM AUTO RULE: CUSTOM		ALT: propranolol 10 mg, 20 mg, 40 mg tab
02/22/2023	*xolegel*	*ketoconazole (topical)*	UM AUTO RULE: CUSTOM		ALT: ketoconazole 2% cream
02/22/2023	*carbinoxamine maleate*	*carbinoxamine maleate*	UM AUTO RULE: CUSTOM		ALT: carbinoxamine 4 mg tab
02/22/2023	*metformin hcl*	*metformin hcl*	UM AUTO RULE: CUSTOM		ALT: metformin 500 mg, 850 mg, 1000 mg tab
02/22/2023	*neo-synalar*	*neomycin sulfate-fluocinolone acetonide*	UM AUTO RULE: CUSTOM		ALT: mupirocin ointment

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*prestalia*	*perindopril arginine-amlodipine besylate*	UM AUTO RULE: CUSTOM		ALT: amlodipine-benazepril, amlodipine, benazepril, lisinopril
02/22/2023	*oxaydo*	*oxycodone hcl*	UM AUTO RULE: CUSTOM		ALT: oxycodone 5 mg, 10 mg, 15 mg, 20 mg, 30 mg tab
02/22/2023	*natesto*	*testosterone*	UM AUTO RULE: CUSTOM		ALT: testosterone 30 mg/act solution, testosterone 1%, 1.62% gel, testosterone cypionate 200 mg/ml solution
02/22/2023	*ciprofloxacin-fluocinolone pf*	*ciprofloxacin-fluocinolone acetonide*	UM AUTO RULE: CUSTOM		ALT: ciprofloxacin-dexamethasone
02/22/2023	*firvanq*	*vancomycin hcl*	UM AUTO RULE: CUSTOM		ALT: vancomycin 125 mg, 250 mg cap
02/22/2023	*kyzatrex*	*testosterone undecanoate*	UM AUTO RULE: CUSTOM		ALT: testosterone 30 mg/act solution, testosterone 1%, 1.62% gel, testosterone cypionate 200 mg/ml solution

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*halobetasol propionate*	*halobetasol propionate*	UM AUTO RULE: CUSTOM		ALT: halobetasol 0.05% cream, betamethasone dipropionate aug 0.05% cream
02/22/2023	*glycate*	*glycopyrrolate*	UM AUTO RULE: CUSTOM		ALT: glycopyrrolate 1 mg, 2 mg tab
02/22/2023	*primlev*	*oxycodone w/ acetaminophen*	UM AUTO RULE: CUSTOM		ALT: oxycodone-acetaminophen 5-325 mg tab
02/22/2023	*xadago*	*safinamide mesylate*	UM AUTO RULE: CUSTOM		ALT: rasagiline, selegiline cap/tab
02/22/2023	*flutamide*	*flutamide*	UM AUTO RULE: CUSTOM		ALT: flutamide 125 mg cap
02/22/2023	*brexafemme*	*ibrexafungerp citrate*	UM AUTO RULE: CUSTOM		ALT: fluconazole 50 mg, 100 mg, 150 mg, 200 mg tab
02/22/2023	*bronchitol tolerance test*	*mannitol (cystic fibrosis)*	UM AUTO RULE: CUSTOM		ALT: Pulmozyme
02/22/2023	*furosemide*	*furosemide*	UM AUTO RULE: CUSTOM		ALT: furosemide 10 mg/ml solution
02/22/2023	*calcitriol*	*calcitriol (topical)*	UM AUTO RULE: CUSTOM		ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin cream/gel

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*ketoprofen er*	*ketoprofen*	UM AUTO RULE: CUSTOM		ALT: ibuprofen 400 mg, 600 mg, 800 mg tab, diclofenac tab, indomethacin cap, naproxen 250 mg, 275 mg, 375 mg, 500 mg, 550 mg tab, sulindac 150 mg, 200 mg tab
02/22/2023	*fluorimax 5000 sensitive*	*sodium fluoride-potassium nitrate*	UM AUTO RULE: CUSTOM		ALT: Fluoridex, Sodium Fluoride 5000 Sensitive
02/22/2023	*benzhydrocodone-acetaminophen*	*benzhydrocodone hcl-acetaminophen*	UM AUTO RULE: CUSTOM		ALT: Endocet 5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab
02/22/2023	*oxycodone-acetaminophen*	*oxycodone w/ acetaminophen*	UM AUTO RULE: CUSTOM		ALT: oxycodone-acetaminophen 2.5-325 mg tab
02/22/2023	*xyosted*	*testosterone enanthate*	UM AUTO RULE: CUSTOM		ALT: testosterone 30 mg/act solution, testosterone 1%, 1.62% gel, testosterone cypionate 200 mg/ml solution
02/22/2023	*sulconazole nitrate*	*sulconazole nitrate*	UM AUTO RULE: CUSTOM		ALT: ketoconazole 2% cream, econazole 1% cream

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*fenofibric acid*	*fenofibric acid*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
02/22/2023	*fenoprofen calcium*	*fenoprofen calcium*	UM AUTO RULE: CUSTOM		ALT: ibuprofen 400 mg, 600 mg, 800 mg tab, diclofenac tab DR, indomethacin 25 mg, 50 mg cap, naproxen 250 mg, 375 mg, 500 mg tab, sulindac
02/22/2023	*luliconazole*	*luliconazole*	UM AUTO RULE: CUSTOM		ALT: clotrimazole 1% cream, ketoconazole 2% cream, econazole 1% cream
02/22/2023	*trezix*	*acetaminophen-caff-dihydrocod*	UM AUTO RULE: CUSTOM		ALT: acetaminophen-codeine 300-15 mg, 300-30, 300-60 mg tab, acetaminophen-codeine 120-12 mg/5ml solution
02/22/2023	*ulesfia*	*benzyl alcohol (pediculicide)*	UM AUTO RULE: CUSTOM		ALT: ivermectin 0.5% lotion, lindane 1% shampoo, malathion 0.5% lotion, Natroba/Spinosad 0.9% suspension

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*aktipak*	*benzoyl peroxide-erythromycin*	UM AUTO RULE: CUSTOM		ALT: benzoyl peroxide-erythromycin 5-3% gel
02/22/2023	*sumatriptan succinate refill*	*sumatriptan succinate*	UM AUTO RULE: CUSTOM		ALT: sumatriptan 25 mg, 50 mg 100 mg tab
02/22/2023	*ozobax*	*baclofen*	UM AUTO RULE: CUSTOM		ALT: baclofen 10 mg tab
02/22/2023	*vancomycin hcl*	*vancomycin hcl*	UM AUTO RULE: CUSTOM		ALT: vancomycin 125 mg, 250 mg cap
02/22/2023	*sancuso*	*granisetron*	UM AUTO RULE: CUSTOM		ALT: ondansetron tab
02/22/2023	*lortab*	*hydrocodone-acetaminophen*	UM AUTO RULE: CUSTOM		ALT: hydrocodone-acetaminophen 5-325 mg, 7.5-325 mg tab
02/22/2023	*morphine sulfate er*	*morphine sulfate*	UM AUTO RULE: CUSTOM		ALT: morphine sulfate ER 15 mg tab
02/22/2023	*oxistat*	*oxiconazole nitrate*	UM AUTO RULE: CUSTOM		ALT: clotrimazole 1% cream, ketoconazole 2% cream, econazole 1% cream
02/22/2023	*lidocaine-tetracaine*	*lidocaine-tetracaine*	UM AUTO RULE: CUSTOM		ALT: lidocaine-prilocaine 2.5-2.5% cream
02/22/2023	*impeklo*	*clobetasol propionate*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate aug 0.05 % cream

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*antara*	*fenofibrate micronized*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
02/22/2023	*nourianz*	*istradefylline*	UM AUTO RULE: CUSTOM		ALT: tolcapone, entacapone
02/22/2023	*gonitro*	*nitroglycerin*	UM AUTO RULE: CUSTOM		ALT: nitroglycerin SL tab
02/22/2023	*clarinex-d 12 hour*	*desloratadine-pseudoephedrine*	UM AUTO RULE: CUSTOM		ALT: clemastine fumarate 2.68 mg tab, carbinoxamine 4 mg tab, cyproheptadine 2mg/5ml syrup, desloratadine 5 mg tab
02/22/2023	*fibricor*	*fenofibric acid*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
02/22/2023	*jatenzo*	*testosterone undecanoate*	UM AUTO RULE: CUSTOM		ALT: testosterone 30 mg/act solution, testosterone 1%, 1.62% gel, testosterone cypionate 200 mg/ml solution

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/22/2023	*vogelxo*	*testosterone*	UM AUTO RULE: CUSTOM		ALT: testosterone 30 mg/act solution, testosterone 1%, 1.62% gel, testosterone cypionate 200 mg/ml solution
02/22/2023	*pandel*	*hydrocortisone probutate*	UM AUTO RULE: CUSTOM		ALT: mometasone furoate 0.1 % ointment, triamcinolone acetonide 0.5 % cream or ointment
02/22/2023	*orphenadrine-aspirin-caffeine*	*orphenadrine w/ aspirin & caff*	UM AUTO RULE: CUSTOM		ALT: orphenadrine ER 100 mg, aspirin 81 mg chew tab/tab DR, methocarbamol tab, tizanidine
02/22/2023	*ongentys*	*opicapone*	UM AUTO RULE: CUSTOM		ALT: entacapone, tolcapone
02/22/2023	*psorcon*	*diflorasone diacetate*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate aug 0.05% cream, mometasone 0.1% ointment, triamcinolone 0.025%, 0.1% cream/ointment
02/22/2023	*recorlev*	*levoketoconazole*	UM AUTO RULE: CUSTOM		ALT: ketoconazole tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/23/2023	*betimol*	*timolol*	UM AUTO RULE: CUSTOM		ALT: timolol 0.25% solution
02/23/2023	*oxaydo*	*oxycodone hcl*	UM AUTO RULE: CUSTOM		ALT: oxycodone 5 mg tab
02/23/2023	*dojolvi*	*triheptanoin*	UM AUTO RULE: CUSTOM		RX product with OTC alternative - purchase OTC MCT oil
02/23/2023	*ferriprox twice-a-day*	*deferiprone*	UM AUTO RULE: CUSTOM		ALT: deferiprone 1000 mg tab
02/23/2023	*fluoxetine hcl (pmdd)*	*fluoxetine hcl (pmdd)*	UM AUTO RULE: CUSTOM		ALT: fluoxetine 10 mg cap
02/23/2023	*sarafem*	*fluoxetine hcl (pmdd)*	UM AUTO RULE: CUSTOM		ALT: fluoxetine 10 mg cap
02/23/2023	*centany*	*mupirocin*	UM AUTO RULE: CUSTOM		ALT: mupirocin 2% ointment
02/24/2023	*carbinoxamine maleate*	*carbinoxamine maleate*	ADD TO FORMULARY		Excluded
02/24/2023	*alkindi sprinkle*	*hydrocortisone*	ADD TO FORMULARY		Excluded
02/24/2023	*fluorimax 5000 sensitive*	*sodium fluoride-potassium nitrate*	ADD TO FORMULARY		Excluded
02/24/2023	*levamlodipine maleate*	*levamlodipine maleate*	ADD TO FORMULARY		Excluded
02/24/2023	*orphengesic forte*	*orphenadrine w/ aspirin & caff*	ADD TO FORMULARY		Excluded
02/24/2023	*millipred*	*prednisolone*	ADD TO FORMULARY		Excluded
02/24/2023	*luzu*	*luliconazole*	ADD TO FORMULARY		Excluded
02/24/2023	*conjupri*	*levamlodipine maleate*	ADD TO FORMULARY		Excluded
02/24/2023	*lazanda*	*fentanyl citrate*	ADD TO FORMULARY		Excluded

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/24/2023	*doxepin hcl*	*doxepin hcl (antipruritic)*	DRUG ATTR CHANGE OVERRIDE	ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment	ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment
02/24/2023	*morphine sulfate er*	*morphine sulfate*	ADD TO FORMULARY		Excluded
02/24/2023	*durlaza*	*aspirin (platelet aggregation inhibitor)*	ADD TO FORMULARY		Excluded
02/24/2023	*sorilux*	*calcipotriene*	ADD TO FORMULARY		Excluded
02/24/2023	*levofloxacin*	*levofloxacin (ophth)*	ADD TO FORMULARY		Excluded
02/24/2023	*morphine sulfate er beads*	*morphine sulfate beads*	ADD TO FORMULARY		Excluded
02/24/2023	*millipred dp 12-day*	*prednisolone*	ADD TO FORMULARY		Excluded
02/24/2023	*vogelxo*	*testosterone*	ADD TO FORMULARY		Excluded
02/24/2023	*fenortho*	*fenoprofen calcium*	ADD TO FORMULARY		Excluded
02/24/2023	*lactulose*	*lactulose*	ADD TO FORMULARY		Excluded
02/24/2023	*desvenlafaxine er*	*desvenlafaxine*	UM AUTO RULE: CUSTOM		ALT: desvenlafaxine succinate ER tab
02/24/2023	*bronchitol tolerance test*	*mannitol (cystic fibrosis)*	ADD TO FORMULARY		Excluded
02/24/2023	*apap-caff-dihydrocodeine*	*acetaminophen-caff-dihydrocod*	ADD TO FORMULARY		Excluded
02/24/2023	*cefaclor*	*cefaclor*	ADD TO FORMULARY		Excluded
02/24/2023	*zonalon*	*doxepin hcl (antipruritic)*	ADD TO FORMULARY		Excluded
02/24/2023	*ozobax*	*baclofen*	ADD TO FORMULARY		Excluded
02/24/2023	*oxaydo*	*oxycodone hcl*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/24/2023	*bryhali*	*halobetasol propionate*	ADD TO FORMULARY		Excluded
02/24/2023	*imitrex statdose refill*	*sumatriptan succinate*	ADD TO FORMULARY		Excluded
02/24/2023	*vancomycin hcl*	*vancomycin hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*lidocaine-tetracaine*	*lidocaine-tetracaine*	ADD TO FORMULARY		Excluded
02/24/2023	*bronchitol*	*mannitol (cystic fibrosis)*	ADD TO FORMULARY		Excluded
02/24/2023	*ursodiol*	*ursodiol*	ADD TO FORMULARY		Excluded
02/24/2023	*zolpimist*	*zolpidem tartrate*	ADD TO FORMULARY		Excluded
02/24/2023	*tuxarin er*	*chlorpheniramine w/ codeine*	ADD TO FORMULARY		Excluded
02/24/2023	*cordran*	*flurandrenolide*	ADD TO FORMULARY		Excluded
02/24/2023	*thalitone*	*chlorthalidone*	ADD TO FORMULARY		Excluded
02/24/2023	*cefaclor er*	*cefaclor monohydrate*	ADD TO FORMULARY		Excluded
02/24/2023	*sprix*	*ketorolac tromethamine*	ADD TO FORMULARY		Excluded
02/24/2023	*ala scalp*	*hydrocortisone (topical)*	ADD TO FORMULARY		Excluded
02/24/2023	*fenofibrate*	*fenofibrate*	ADD TO FORMULARY		Excluded
02/24/2023	*timolol maleate*	*timolol maleate (ophth)*	UM AUTO RULE: CUSTOM		ALT: timolol 0.25% solution
02/24/2023	*namenda xr titration pack*	*memantine hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*khedezla*	*desvenlafaxine*	UM AUTO RULE: CUSTOM		ALT: desvenlafaxine succinate ER tab
02/24/2023	*gonitro*	*nitroglycerin*	ADD TO FORMULARY		Excluded
02/24/2023	*taperdex 7-day*	*dexamethasone*	ADD TO FORMULARY		Excluded
02/24/2023	*desvenlafaxine er*	*desvenlafaxine*	ADD TO FORMULARY		Excluded
02/24/2023	*emflaza*	*deflazacort*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/24/2023	*xyosted*	*testosterone enanthate*	ADD TO FORMULARY		Excluded
02/24/2023	*prolate*	*oxycodone w/ acetaminophen*	ADD TO FORMULARY		Excluded
02/24/2023	*fenoprofen calcium*	*fenoprofen calcium*	ADD TO FORMULARY		Excluded
02/24/2023	*tiglutik*	*riluzole*	ADD TO FORMULARY		Excluded
02/24/2023	*simvastatin*	*simvastatin*	ADD TO FORMULARY		Excluded
02/24/2023	*trezix*	*acetaminophen-caff-dihydrocod*	ADD TO FORMULARY		Excluded
02/24/2023	*ketoprofen*	*ketoprofen*	ADD TO FORMULARY		Excluded
02/24/2023	*jatenzo*	*testosterone undecanoate*	ADD TO FORMULARY		Excluded
02/24/2023	*zcort 7-day*	*dexamethasone*	ADD TO FORMULARY		Excluded
02/24/2023	*binosto*	*alendronate sodium*	ADD TO FORMULARY		Excluded
02/24/2023	*lortab*	*hydrocodone-acetaminophen*	ADD TO FORMULARY		Excluded
02/24/2023	*quetiapine fumarate*	*quetiapine fumarate*	ADD TO FORMULARY		Excluded
02/24/2023	*baclofen*	*baclofen*	ADD TO FORMULARY		Excluded
02/24/2023	*fluoxetine hcl (pmdd)*	*fluoxetine hcl (pmdd)*	ADD TO FORMULARY		Excluded
02/24/2023	*pyridostigmine bromide*	*pyridostigmine bromide*	ADD TO FORMULARY		Excluded
02/24/2023	*dexamethasone*	*dexamethasone*	ADD TO FORMULARY		Excluded
02/24/2023	*ryaltris*	*olopatadine hcl-mometasone furoate*	ADD TO FORMULARY		Excluded
02/24/2023	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD TO FORMULARY		Excluded
02/24/2023	*clonidine hcl er*	*clonidine hcl*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/24/2023	*nuplazid*	*pimavanserin tartrate*	ADD TO FORMULARY		Excluded
02/24/2023	*quazepam*	*quazepam*	ADD TO FORMULARY		Excluded
02/24/2023	*ultravate*	*halobetasol propionate*	ADD TO FORMULARY		Excluded
02/24/2023	*amcinonide*	*amcinonide*	ADD TO FORMULARY		Excluded
02/24/2023	*prudoxin*	*doxepin hcl (antipruritic)*	ADD TO FORMULARY		Excluded
02/24/2023	*fenofibrate micronized*	*fenofibrate micronized*	ADD TO FORMULARY		Excluded
02/24/2023	*entadfi*	*finasteride-tadalafil*	ADD TO FORMULARY		Excluded
02/24/2023	*ecoza*	*econazole nitrate*	ADD TO FORMULARY		Excluded
02/24/2023	*indocin*	*indomethacin*	ADD TO FORMULARY		Excluded
02/24/2023	*hemady*	*dexamethasone*	ADD TO FORMULARY		Excluded
02/24/2023	*primlev*	*oxycodone w/ acetaminophen*	ADD TO FORMULARY		Excluded
02/24/2023	*flolipid*	*simvastatin*	ADD TO FORMULARY		Excluded
02/24/2023	*cardura xl*	*doxazosin mesylate (bph)*	ADD TO FORMULARY		Excluded
02/24/2023	*fentora*	*fentanyl citrate*	ADD TO FORMULARY		Excluded
02/24/2023	*abstral*	*fentanyl citrate*	ADD TO FORMULARY		Excluded
02/24/2023	*tosymra*	*sumatriptan*	ADD TO FORMULARY		Excluded
02/24/2023	*ztlido*	*lidocaine*	ADD TO FORMULARY		Excluded
02/24/2023	*pliaglis*	*lidocaine-tetracaine*	ADD TO FORMULARY		Excluded
02/24/2023	*oxistat*	*oxiconazole nitrate*	ADD TO FORMULARY		Excluded
02/24/2023	*orphenadrine-aspirin-caffeine*	*orphenadrine w/ aspirin & caff*	ADD TO FORMULARY		Excluded
02/24/2023	*condylox*	*podofilox*	ADD TO FORMULARY		Excluded
02/24/2023	*testosterone*	*testosterone*	ADD TO FORMULARY		Excluded
02/24/2023	*glycate*	*glycopyrrolate*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/24/2023	*clarinex-d 12 hour*	*desloratadine-pseudoephedrine*	ADD TO FORMULARY		Excluded
02/24/2023	*furosemide*	*furosemide*	ADD TO FORMULARY		Excluded
02/24/2023	*ryvent*	*carbinoxamine maleate*	ADD TO FORMULARY		Excluded
02/24/2023	*metformin hcl*	*metformin hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*clemastine fumarate*	*clemastine fumarate*	ADD TO FORMULARY		Excluded
02/24/2023	*prudoxin*	*doxepin hcl (antipruritic)*	DRUG ATTR CHANGE OVERRIDE	ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment	ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment
02/24/2023	*loreev xr*	*lorazepam*	ADD TO FORMULARY		Excluded
02/24/2023	*psorcon*	*diflorasone diacetate*	ADD TO FORMULARY		Excluded
02/24/2023	*halobetasol propionate*	*halobetasol propionate*	ADD TO FORMULARY		Excluded
02/24/2023	*fentanyl citrate*	*fentanyl citrate*	ADD TO FORMULARY		Excluded
02/24/2023	*aktipak*	*benzoyl peroxide-erythromycin*	ADD TO FORMULARY		Excluded
02/24/2023	*zyflo*	*zileuton*	ADD TO FORMULARY		Excluded
02/24/2023	*fibricor*	*fenofibric acid*	ADD TO FORMULARY		Excluded
02/24/2023	*glycopyrrolate*	*glycopyrrolate*	ADD TO FORMULARY		Excluded
02/24/2023	*naprelan*	*naproxen sodium*	ADD TO FORMULARY		Excluded
02/24/2023	*cycloset*	*bromocriptine mesylate (diabetes)*	ADD TO FORMULARY		Excluded
02/24/2023	*capex*	*fluocinolone acetonide*	ADD TO FORMULARY		Excluded
02/24/2023	*allzital*	*butalbital-acetaminophen*	ADD TO FORMULARY		Excluded
02/24/2023	*dexabliss*	*dexamethasone*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/24/2023	*centany*	*mupirocin*	ADD TO FORMULARY		Excluded
02/24/2023	*keveyis*	*dichlorphenamide*	ADD TO FORMULARY		Excluded
02/24/2023	*butalbital-acetaminophen*	*butalbital-acetaminophen*	ADD TO FORMULARY		Excluded
02/24/2023	*timolol maleate*	*timolol maleate (ophth)*	ADD TO FORMULARY		Excluded
02/24/2023	*nocdurna*	*desmopressin acetate*	ADD TO FORMULARY		Excluded
02/24/2023	*edluar*	*zolpidem tartrate*	ADD TO FORMULARY		Excluded
02/24/2023	*altreno*	*tretinoin*	ADD TO FORMULARY		Excluded
02/24/2023	*niacor*	*niacin (antihyperlipidemic)*	ADD TO FORMULARY		Excluded
02/24/2023	*methocarbamol*	*methocarbamol*	ADD TO FORMULARY		Excluded
02/24/2023	*calcipotriene*	*calcipotriene*	ADD TO FORMULARY		Excluded
02/24/2023	*androderm*	*testosterone*	ADD TO FORMULARY		Excluded
02/24/2023	*tolmetin sodium*	*tolmetin sodium*	ADD TO FORMULARY		Excluded
02/24/2023	*nourianz*	*istradefylline*	ADD TO FORMULARY		Excluded
02/24/2023	*karbinal er*	*carbinoxamine maleate*	ADD TO FORMULARY		Excluded
02/24/2023	*semprex-d*	*acrivastine & pseudoephedrine*	ADD TO FORMULARY		Excluded
02/24/2023	*eulexin*	*flutamide*	ADD TO FORMULARY		Excluded
02/24/2023	*accrufer*	*ferric maltol*	ADD TO FORMULARY		Excluded
02/24/2023	*nexiclon xr*	*clonidine hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*vogelxo pump*	*testosterone*	ADD TO FORMULARY		Excluded
02/24/2023	*lexette*	*halobetasol propionate*	ADD TO FORMULARY		Excluded
02/24/2023	*betimol*	*timolol*	ADD TO FORMULARY		Excluded
02/24/2023	*pandel*	*hydrocortisone probutate*	ADD TO FORMULARY		Excluded
02/24/2023	*texacort*	*hydrocortisone (topical)*	ADD TO FORMULARY		Excluded

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/24/2023	*vectical*	*calcitriol (topical)*	ADD TO FORMULARY		Excluded
02/24/2023	*doral*	*quazepam*	ADD TO FORMULARY		Excluded
02/24/2023	*tekturna hct*	*aliskiren-hydrochlorothiazide*	ADD TO FORMULARY		Excluded
02/24/2023	*betoptic-s*	*betaxolol hcl (ophth)*	ADD TO FORMULARY		Excluded
02/24/2023	*ongentys*	*opicapone*	ADD TO FORMULARY		Excluded
02/24/2023	*nalocet*	*oxycodone w/ acetaminophen*	ADD TO FORMULARY		Excluded
02/24/2023	*azelex*	*azelaic acid (acne)*	ADD TO FORMULARY		Excluded
02/24/2023	*striant*	*testosterone*	ADD TO FORMULARY		Excluded
02/24/2023	*zonalon*	*doxepin hcl (antipruritic)*	DRUG ATTR CHANGE OVERRIDE	ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment	ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment
02/24/2023	*oxycodone-acetaminophen*	*oxycodone w/ acetaminophen*	ADD TO FORMULARY		Excluded
02/24/2023	*kapspargo sprinkle*	*metoprolol succinate*	ADD TO FORMULARY		Excluded
02/24/2023	*inderal xl*	*propranolol hcl sustained-release beads*	ADD TO FORMULARY		Excluded
02/24/2023	*kristalose*	*lactulose*	ADD TO FORMULARY		Excluded
02/24/2023	*zuplenz*	*ondansetron*	ADD TO FORMULARY		Excluded
02/24/2023	*dxevo 11-day*	*dexamethasone*	ADD TO FORMULARY		Excluded
02/24/2023	*hemangeol*	*propranolol hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*tussicaps*	*hydrocodone polistirex-chlorpheniramine polistirex*	ADD TO FORMULARY		Excluded
02/24/2023	*kyzatrex*	*testosterone undecanoate*	ADD TO FORMULARY		Excluded
02/24/2023	*reltone*	*ursodiol*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/24/2023	*brexafemme*	*ibrexafungerp citrate*	ADD TO FORMULARY		Excluded
02/24/2023	*taperdex 12-day*	*dexamethasone*	ADD TO FORMULARY		Excluded
02/24/2023	*meloxicam*	*meloxicam*	ADD TO FORMULARY		Excluded
02/24/2023	*niacin (antihyperlipidemic)*	*niacin (antihyperlipidemic)*	ADD TO FORMULARY		Excluded
02/24/2023	*naftin*	*naftifine hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*ferriprox twice-a-day*	*deferiprone*	ADD TO FORMULARY		Excluded
02/24/2023	*xadago*	*safinamide mesylate*	ADD TO FORMULARY		Excluded
02/24/2023	*khedezla*	*desvenlafaxine*	ADD TO FORMULARY		Excluded
02/24/2023	*apexicon e*	*diflorasone diacetate emollient base*	ADD TO FORMULARY		Excluded
02/24/2023	*dojolvi*	*triheptanoin*	ADD TO FORMULARY		Excluded
02/24/2023	*antara*	*fenofibrate micronized*	ADD TO FORMULARY		Excluded
02/24/2023	*aemcolo*	*rifamycin sodium*	ADD TO FORMULARY		Excluded
02/24/2023	*subsys*	*fentanyl*	ADD TO FORMULARY		Excluded
02/24/2023	*innopran xl*	*propranolol hcl sustained-release beads*	ADD TO FORMULARY		Excluded
02/24/2023	*riomet er*	*metformin hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*vivjoa*	*oteseconazole*	ADD TO FORMULARY		Excluded
02/24/2023	*zelapar*	*selegiline hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*timoptic ocudose*	*timolol maleate (ophth)*	ADD TO FORMULARY		Excluded
02/24/2023	*tolmetin sodium*	*tolmetin sodium*	UM AUTO RULE: CUSTOM		ALT: ibuprofen 400 mg, 600 mg, 800 mg tab, sulindac 150 mg, 200 mg tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/24/2023	*sotylize*	*sotalol hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*fenofibric acid*	*fenofibric acid*	ADD TO FORMULARY		Excluded
02/24/2023	*verdeso*	*desonide*	ADD TO FORMULARY		Excluded
02/24/2023	*millipred dp*	*prednisolone*	ADD TO FORMULARY		Excluded
02/24/2023	*impeklo*	*clobetasol propionate*	ADD TO FORMULARY		Excluded
02/24/2023	*tolsura*	*itraconazole*	ADD TO FORMULARY		Excluded
02/24/2023	*natesto*	*testosterone*	ADD TO FORMULARY		Excluded
02/24/2023	*recorlev*	*levoketoconazole*	ADD TO FORMULARY		Excluded
02/24/2023	*diflorasone diacetate*	*diflorasone diacetate*	ADD TO FORMULARY		Excluded
02/24/2023	*prestalia*	*perindopril arginine-amlodipine besylate*	ADD TO FORMULARY		Excluded
02/24/2023	*valsartan*	*valsartan*	ADD TO FORMULARY		Excluded
02/24/2023	*doxepin hcl*	*doxepin hcl (antipruritic)*	ADD TO FORMULARY		Excluded
02/24/2023	*gocovri*	*amantadine hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*osmolex er*	*amantadine hcl*	ADD TO FORMULARY		Excluded
02/24/2023	*xolegel*	*ketoconazole (topical)*	ADD TO FORMULARY		Excluded
02/27/2023	*adthyza*	*thyroid*	ADD TO FORMULARY		Non-Preferred Brands
02/27/2023	*lactulose*	*lactulose*	ADD TO FORMULARY		Non-Preferred Generics
02/27/2023	*trientine hcl*	*trientine hcl*	ADD TO FORMULARY		Specialty
02/27/2023	*isosorbide mononitrate er*	*isosorbide mononitrate*	ADD TO FORMULARY		Preferred Generics

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/27/2023	*prudoxin*	*doxepin hcl (antipruritic)*	UM AUTO RULE: CUSTOM		ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment
02/27/2023	*zonalon*	*doxepin hcl (antipruritic)*	UM AUTO RULE: CUSTOM		ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment
02/27/2023	*doxepin hcl*	*doxepin hcl*	ADD TO FORMULARY		Preferred Generics
02/27/2023	*takhzyro*	*lanadelumab-flyo*	UM AUTO RULE: QUANTITY		2 / 28 day(s)
02/27/2023	*rebinyn*	*coagulation factor ix (recombinant) glycopegylated*	ADD TO FORMULARY		Specialty
02/27/2023	*bisoprolol fumarate*	*bisoprolol fumarate*	ADD TO FORMULARY		Preferred Generics
02/27/2023	*levothyroxine sodium*	*levothyroxine sodium*	ADD TO FORMULARY		Preferred Generics
02/27/2023	*takhzyro*	*lanadelumab-flyo*	ADD TO FORMULARY		Specialty
02/27/2023	*brimonidine tartrate-timolol*	*brimonidine tartrate-timolol maleate*	ADD TO FORMULARY		Non-Preferred Generics
02/27/2023	*lurasidone hcl*	*lurasidone hcl*	ADD TO FORMULARY		Non-Preferred Generics
02/27/2023	*bd eclipse luer-lok needle*	*needle (disp) 30 g*	ADD TO FORMULARY		Preferred Brands
02/27/2023	*benazepril hcl*	*benazepril hcl*	ADD TO FORMULARY		Preferred Generics
02/27/2023	*allopurinol*	*allopurinol*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/27/2023	*pradaxa*	*dabigatran etexilate mesylate*	UM AUTO RULE: QUANTITY		60 / 30 day(s)
02/27/2023	*terazosin hcl*	*terazosin hcl*	ADD TO FORMULARY		Preferred Generics
02/27/2023	*cefpodoxime proxetil*	*cefpodoxime proxetil*	ADD TO FORMULARY		Non-Preferred Generics
02/27/2023	*doxepin hcl*	*doxepin hcl (antipruritic)*	UM AUTO RULE: CUSTOM		ALT: Ala-Cort 2.5%, hydrocortisone 2.5% cream/ointment
02/27/2023	*augmentin*	*amoxicillin & pot clavulanate*	ADD TO FORMULARY		Non-Preferred Brands
02/27/2023	*rebinyn*	*coagulation factor ix (recombinant) glycopegylated*	UM AUTO RULE: AUTHORIZATION		Hemophilia IX
02/27/2023	*desonide*	*desonide*	ADD TO FORMULARY		Non-Preferred Generics
02/28/2023	*clodan*	*clobetasol propionate*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate 0.05% cream/ointment/lotion
02/28/2023	*hydrocortisone butyrate*	*hydrocortisone butyrate*	UM AUTO RULE: CUSTOM		ALT: hydrocortisone 2.5% cream/ointment
02/28/2023	*timolol maleate pf*	*timolol maleate (ophth)*	ADD TO FORMULARY		Excluded
02/28/2023	*norethin ace-eth estrad-fe*	*norethin acet & estrad-fe*	ADD TO FORMULARY		Excluded
02/28/2023	*okebo*	*doxycycline (monohydrate)*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*hydroxychloroquine sulfate*	*hydroxychloroquine sulfate*	ADD TO FORMULARY		Excluded
02/28/2023	*imipramine pamoate*	*imipramine pamoate*	UM AUTO RULE: CUSTOM		ALT: imipramine tab
02/28/2023	*fentora*	*fentanyl citrate*	UM AUTO RULE: CUSTOM		ALT: fentanyl lozenge
02/28/2023	*hydrocortisone valerate*	*hydrocortisone valerate*	UM AUTO RULE: CUSTOM		ALT: hydrocortisone 2.5% cream/ointment
02/28/2023	*dvorah*	*acetaminophen-caff-dihydrocod*	ADD TO FORMULARY		Excluded
02/28/2023	*ketodan*	*ketoconazole (topical)*	UM AUTO RULE: CUSTOM		ALT: ketoconazole 2% shampoo/cream
02/28/2023	*cyclobenzaprine hcl*	*cyclobenzaprine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*hydromorphone hcl er*	*hydromorphone hcl*	UM AUTO RULE: CUSTOM		ALT: hydromorphone 2 mg, 4 mg, 8 mg tab
02/28/2023	*fenofibric acid*	*choline fenofibrate*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg tab
02/28/2023	*aliskiren fumarate*	*aliskiren fumarate*	ADD TO FORMULARY		Excluded
02/28/2023	*betamethasone valerate*	*betamethasone valerate*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate aug 0.05% cream
02/28/2023	*nolix*	*flurandrenolide*	ADD TO FORMULARY		Excluded

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*hidex 6-day*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone 0.75 mg, 1.5 mg, 4 mg, 6 mg tab
02/28/2023	*hydroxychloroquine sulfate*	*hydroxychloroquine sulfate*	UM AUTO RULE: CUSTOM		ALT: hydroxychlorquine 200 mg tab
02/28/2023	*tovet*	*clobetasol propionate emulsion*	ADD TO FORMULARY		Excluded
02/28/2023	*butalbital-acetaminophen*	*butalbital-acetaminophen*	ADD TO FORMULARY		Excluded
02/28/2023	*timolol maleate*	*timolol maleate (ophth)*	ADD TO FORMULARY		Excluded
02/28/2023	*halobetasol propionate*	*halobetasol propionate*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate aug 0.05% cream
02/28/2023	*zebutal*	*butalbital-acetaminophen-caffeine*	ADD TO FORMULARY		Excluded
02/28/2023	*imipramine pamoate*	*imipramine pamoate*	ADD TO FORMULARY		Excluded
02/28/2023	*naftifine hcl*	*naftifine hcl*	UM AUTO RULE: CUSTOM		ALT: nystatin 100000 unit/gm cream/ointment, naftifine 2% cream
02/28/2023	*fenoprofen calcium*	*fenoprofen calcium*	UM AUTO RULE: CUSTOM		ALT: ibuprofen 400 mg, 600 mg, 800 mg tab, sulindac 150 mg, 200 mg tab
02/28/2023	*duloxetine hcl*	*duloxetine hcl*	UM AUTO RULE: CUSTOM		ALT: duloxetine 20 mg, 30 mg cap DR

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*diclofenac sodium er*	*diclofenac sodium*	UM AUTO RULE: CUSTOM		ALT: diclofenac 50 mg tab, diclofenac 75 mg tab DR
02/28/2023	*norethin ace-eth estrad-fe*	*norethin acet & estrad-fe*	UM AUTO RULE: CUSTOM		ALT: Aurovela 24 FE 1-20 mg-mcg tab, Blisovi 24 FE 1-20 mcg-mcg tab, Junel FE 1-20 mcg-mcg tab, Loestrin Fe 1-20 mcg-mcg tab
02/28/2023	*diflorasone diacetate*	*diflorasone diacetate*	UM AUTO RULE: CUSTOM		ALT: clobetasol 0.05% cream/gel/ointment, betamethasone dipropionate 0.05% cream/lotion/ointment, fluticasone 0.005% ointment
02/28/2023	*merzee*	*norethin acet & estrad-fe*	UM AUTO RULE: CUSTOM		ALT: Aurovela 24 FE 1-20 mg-mcg tab, Blisovi 24 FE 1-20 mcg-mcg tab, Junel FE 1-20 mcg-mcg tab, Loestrin Fe 1-20 mcg-mcg tab
02/28/2023	*nisoldipine er*	*nisoldipine*	ADD TO FORMULARY		Excluded
02/28/2023	*fexmid*	*cyclobenzaprine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*timolol maleate*	*timolol maleate (ophth)*	UM AUTO RULE: CUSTOM		ALT: timolol maleate 0.25%, 0.5% solution

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*metformin hcl er (osm)*	*metformin hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*fluvastatin sodium er*	*fluvastatin sodium*	UM AUTO RULE: CUSTOM		ALT: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
02/28/2023	*montelukast sodium*	*montelukast sodium*	ADD TO FORMULARY		Excluded
02/28/2023	*lidocaine*	*lidocaine*	UM AUTO RULE: CUSTOM		ALT: lidocaine 5% patch, lidocaine 4% solution
02/28/2023	*trianex*	*triamcinolone acetonide (topical)*	ADD TO FORMULARY		Excluded
02/28/2023	*dexamethasone*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone 0.75 mg, 1.5 mg, 4 mg, 6 mg tab
02/28/2023	*mupirocin calcium*	*mupirocin calcium (topical)*	UM AUTO RULE: CUSTOM		ALT: mupirocin 2% ointment
02/28/2023	*hidex 6-day*	*dexamethasone*	ADD TO FORMULARY		Excluded
02/28/2023	*fluvastatin sodium*	*fluvastatin sodium*	UM AUTO RULE: CUSTOM		ALT: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
02/28/2023	*venlafaxine hcl er*	*venlafaxine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*fluvoxamine maleate er*	*fluvoxamine maleate*	UM AUTO RULE: CUSTOM		ALT: fluvoxamine maleate 100 mg tab

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*mupirocin calcium*	*mupirocin calcium (topical)*	ADD TO FORMULARY		Excluded
02/28/2023	*hydrocortisone butyr lipo base*	*hydrocortisone butyrate hydrophilic lipo base*	UM AUTO RULE: CUSTOM		ALT: hydrocortisone 2.5% cream/ointment
02/28/2023	*doxycycline hyclate*	*doxycycline hyclate*	ADD TO FORMULARY		Excluded
02/28/2023	*tritocin*	*triamcinolone acetonide (topical)*	UM AUTO RULE: CUSTOM		ALT: triamcinolone 0.025%, 0.1%, 0.5% cream/ ointment
02/28/2023	*clobetasol propionate*	*clobetasol propionate*	ADD TO FORMULARY		Excluded
02/28/2023	*droxidopa*	*droxidopa*	UM AUTO RULE: CUSTOM		ALT: midodrine, pyridostigmine tab, fludrocortisone tab
02/28/2023	*ketoconazole*	*ketoconazole (topical)*	UM AUTO RULE: CUSTOM		ALT: ketoconazole 2% shampoo/cream
02/28/2023	*desoximetasone*	*desoximetasone*	ADD TO FORMULARY		Excluded
02/28/2023	*clobetasol propionate*	*clobetasol propionate*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate 0.05% cream/ointment/lotion
02/28/2023	*benzonatate*	*benzonatate*	ADD TO FORMULARY		Excluded

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*timolol maleate ocudose*	*timolol maleate (ophth)*	UM AUTO RULE: CUSTOM		ALT: timolol maleate 0.25%, 0.5% solution
02/28/2023	*clobetasol propionate emulsion*	*clobetasol propionate emulsion*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate 0.05% cream/ointment/lotion
02/28/2023	*ketodan*	*ketoconazole (topical)*	ADD TO FORMULARY		Excluded
02/28/2023	*tizanidine hcl*	*tizanidine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*mefenamic acid*	*mefenamic acid*	ADD TO FORMULARY		Excluded
02/28/2023	*tramadol hcl*	*tramadol hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*chlorzoxazone*	*chlorzoxazone*	UM AUTO RULE: CUSTOM		ALT: chlorzoxazone 500 mg tab
02/28/2023	*bupap*	*butalbital-acetaminophen*	UM AUTO RULE: CUSTOM		ALT: butalbital-apap-caffeine 50-325-40 mg tab, butalbital-acetaminophen 50-325 mg tab
02/28/2023	*ethacrynic acid*	*ethacrynic acid*	ADD TO FORMULARY		Excluded
02/28/2023	*lamotrigine*	*lamotrigine*	ADD TO FORMULARY		Excluded
02/28/2023	*taperdex 6-day*	*dexamethasone*	ADD TO FORMULARY		Excluded
02/28/2023	*clindamycin-tretinoin*	*clindamycin phosphate-tretinoin*	UM AUTO RULE: CUSTOM		ALT: tretinoin 0.01% gel, tretinoin 0.025%, 0.05%, 0.1% cream, clindamycin 1% gel/lotion/solution

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*butalbital-apap-caff-cod*	*butalbital-acetaminophen-caffeine w/ codeine*	ADD TO FORMULARY		Excluded
02/28/2023	*gemmily*	*norethin acet & estrad-fe*	UM AUTO RULE: CUSTOM		ALT: Aurovela 24 FE 1-20 mg-mcg tab, Blisovi 24 FE 1-20 mcg-mcg tab, Junel FE 1-20 mcg-mcg tab, Loestrin Fe 1-20 mcg-mcg tab
02/28/2023	*tretinoin microsphere pump*	*tretinoin microsphere*	ADD TO FORMULARY		Excluded
02/28/2023	*fenofibric acid*	*choline fenofibrate*	ADD TO FORMULARY		Excluded
02/28/2023	*lorzone*	*chlorzoxazone*	UM AUTO RULE: CUSTOM		ALT: chlorzoxazone 500 mg tab
02/28/2023	*ropinirole hcl er*	*ropinirole hydrochloride*	ADD TO FORMULARY		Excluded
02/28/2023	*tretinoin*	*tretinoin*	ADD TO FORMULARY		Excluded
02/28/2023	*fluticasone propionate*	*fluticasone propionate*	UM AUTO RULE: CUSTOM		ALT: fluticasone 0.05% cream/ointment
02/28/2023	*dihydroergotamine mesylate*	*dihydroergotamine mesylate*	ADD TO FORMULARY		Excluded
02/28/2023	*dexpak 10 day*	*dexamethasone*	ADD TO FORMULARY		Excluded
02/28/2023	*triamcinolone in absorbase*	*triamcinolone acetonide (topical)*	UM AUTO RULE: CUSTOM		ALT: triamcinolone 0.025%, 0.1%, 0.5% cream/ ointment

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*butalbital-acetaminophen*	*butalbital-acetaminophen*	UM AUTO RULE: CUSTOM		ALT: butalbital-apap-caffeine 50-325-40 mg tab, butalbital-acetaminophen 50-325 mg tab
02/28/2023	*tramadol hcl*	*tramadol hcl*	UM AUTO RULE: CUSTOM		ALT: tramadol 50 mg tab
02/28/2023	*taysofy*	*norethin acet & estrad-fe*	UM AUTO RULE: CUSTOM		ALT: Aurovela 24 FE 1-20 mg-mcg tab, Blisovi 24 FE 1-20 mcg-mcg tab, Junel FE 1-20 mcg-mcg tab, Loestrin Fe 1-20 mcg-mcg tab
02/28/2023	*trianex*	*triamcinolone acetonide (topical)*	UM AUTO RULE: CUSTOM		ALT: triamcinolone 0.025%, 0.1%, 0.5% cream/ ointment
02/28/2023	*beser*	*fluticasone propionate*	UM AUTO RULE: CUSTOM		ALT: fluticasone 0.05% cream/ointment
02/28/2023	*lamotrigine*	*lamotrigine*	UM AUTO RULE: CUSTOM		ALT: lamotrigine 25 mg, 100 mg, 150 mg, 200 mg tab
02/28/2023	*azelastine hcl*	*azelastine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*sucralfate*	*sucralfate*	UM AUTO RULE: CUSTOM		ALT: sucralfate 1 mg tab
02/28/2023	*ketoconazole*	*ketoconazole (topical)*	ADD TO FORMULARY		Excluded

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*benzoyl peroxide-erythromycin*	*benzoyl peroxide-erythromycin*	UM AUTO RULE: CUSTOM		ALT: clindamycin phos-benzoyl perox 1.2-5% gel, adapalene-benzoyl peroxide 0.1-2.5% gel, clindamycin 1% solution/gel
02/28/2023	*paroxetine hcl*	*paroxetine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*doxycycline monohydrate*	*doxycycline (monohydrate)*	UM AUTO RULE: CUSTOM		ALT: doxycycline monohydrate 50 mg, 100 mg cap
02/28/2023	*temazepam*	*temazepam*	ADD TO FORMULARY		Excluded
02/28/2023	*lidocaine*	*lidocaine*	ADD TO FORMULARY		Excluded
02/28/2023	*orphengesic forte*	*orphenadrine w/ aspirin & caff*	UM AUTO RULE: CUSTOM		ALT: orphenadrine tab, aspirin low dose
02/28/2023	*meloxicam*	*meloxicam*	ADD TO FORMULARY		Excluded
02/28/2023	*clindamycin phosphate*	*clindamycin phosphate (topical)*	UM AUTO RULE: CUSTOM		ALT: clindamycin 1% gel/lotion/solution, clindamycin phos-benzoyl peroxide 1.2-2.5% gel
02/28/2023	*nystatin-triamcinolone*	*nystatin-triamcinolone*	UM AUTO RULE: CUSTOM		ALT: nystatin 100000 unit/gm cream/ointment, triamcinolone 0.1% cream/ointment
02/28/2023	*butalbital-apap-caffeine*	*butalbital-acetaminophen-caffeine*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*metformin hcl er (mod)*	*metformin hcl*	UM AUTO RULE: CUSTOM		ALT: metformin ER 500 mg tab ER 24h
02/28/2023	*fluocinonide emulsified base*	*fluocinonide emulsified base*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate aug 0.05% cream, mometasone 0.1% ointment
02/28/2023	*memantine hcl er*	*memantine hcl*	UM AUTO RULE: CUSTOM		ALT: memantine 5 mg, 10 mg tab
02/28/2023	*amoxicill-clarithro-lansopraz*	*amoxicillin-clarithromycin w/ lansoprazole*	UM AUTO RULE: CUSTOM		ALT: amoxicillin cap/tab, clarithromycin tab, lansoprazole 30 mg cap
02/28/2023	*ethacrynic acid*	*ethacrynic acid*	UM AUTO RULE: CUSTOM		ALT: furosemide tab, bumetanide tab
02/28/2023	*frovatriptan succinate*	*frovatriptan succinate*	UM AUTO RULE: CUSTOM		ALT: rizatriptan tab, sumatriptan tab
02/28/2023	*clobetasol propionate emulsion*	*clobetasol propionate emulsion*	ADD TO FORMULARY		Excluded
02/28/2023	*droxidopa*	*droxidopa*	ADD TO FORMULARY		Excluded
02/28/2023	*brimonidine tartrate*	*brimonidine tartrate*	UM AUTO RULE: CUSTOM		ALT: brimonidine 0.2% solution
02/28/2023	*dvorah*	*acetaminophen-caff-dihydrocod*	UM AUTO RULE: CUSTOM		ALT: butalbital-APAP-Caff-Cod 50-325-40-30 mg cap

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*venlafaxine hcl er*	*venlafaxine hcl*	UM AUTO RULE: CUSTOM		ALT: venlafaxine ER 37.5 mg cap
02/28/2023	*metformin hcl*	*metformin hcl*	UM AUTO RULE: CUSTOM		ALT: metformin 500 mg tab
02/28/2023	*dorzolamide hcl-timolol mal pf*	*dorzolamide hcl-timolol maleate*	ADD TO FORMULARY		Excluded
02/28/2023	*metaxalone*	*metaxalone*	UM AUTO RULE: CUSTOM		ALT: methocarbamol 500 mg, 750 mg tab
02/28/2023	*doxycycline hyclate*	*doxycycline hyclate*	UM AUTO RULE: CUSTOM		ALT: doxycycline hyclate 100 mg tab
02/28/2023	*fluoxetine hcl*	*fluoxetine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*flurandrenolide*	*flurandrenolide*	UM AUTO RULE: CUSTOM		ALT: fluticasone 0.05% cream
02/28/2023	*triamcinolone acetonide*	*triamcinolone acetonide (topical)*	ADD TO FORMULARY		Excluded
02/28/2023	*methamphetamine hcl*	*methamphetamine hcl*	UM AUTO RULE: CUSTOM		ALT: dextroamphetamine 5 mg, 10 mg tab
02/28/2023	*dexpak 10 day*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone 0.75 mg, 1.5 mg, 4 mg, 6 mg tab
02/28/2023	*nolix*	*flurandrenolide*	UM AUTO RULE: CUSTOM		ALT: fluticasone 0.05% cream

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*tretinoin microsphere pump*	*tretinoin microsphere*	UM AUTO RULE: CUSTOM		ALT: tretinoin 0.025%, 0.05%, 0.1% cream, tretinoin 0.025%, 0.01% gel
02/28/2023	*lorzone*	*chlorzoxazone*	ADD TO FORMULARY		Excluded
02/28/2023	*diflorasone diacetate*	*diflorasone diacetate*	ADD TO FORMULARY		Excluded
02/28/2023	*cyclobenzaprine hcl er*	*cyclobenzaprine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*zebutal*	*butalbital-acetaminophen-caffeine*	UM AUTO RULE: CUSTOM		ALT: butalbital-APAP-caff-codeine 50-325-40-30 mg cap
02/28/2023	*vanatol lq*	*butalbital-acetaminophen-caffeine*	UM AUTO RULE: CUSTOM		ALT: Bac 50-325-40 mg tab
02/28/2023	*fenofibrate micronized*	*fenofibrate micronized*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg tab
02/28/2023	*aliskiren fumarate*	*aliskiren fumarate*	UM AUTO RULE: CUSTOM		ALT: losartan tab, valsartan tab, lisinopril tab
02/28/2023	*diclofenac potassium*	*diclofenac potassium*	ADD TO FORMULARY		Excluded
02/28/2023	*duloxetine hcl*	*duloxetine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*tretinoin microsphere*	*tretinoin microsphere*	UM AUTO RULE: CUSTOM		ALT: tretinoin 0.025%, 0.05%, 0.1% cream, tretinoin 0.025%, 0.01% gel
02/28/2023	*tretinoin microsphere*	*tretinoin microsphere*	ADD TO FORMULARY		Excluded

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*hydrocortisone butyrate*	*hydrocortisone butyrate*	ADD TO FORMULARY		Excluded
02/28/2023	*fentanyl*	*fentanyl*	UM AUTO RULE: CUSTOM		ALT: fentanyl 12mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch 72hr
02/28/2023	*fenofibrate*	*fenofibrate*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg tab
02/28/2023	*dihydroergotamine mesylate*	*dihydroergotamine mesylate*	UM AUTO RULE: CUSTOM		ALT: dihydroergotamine 1 mg/ml solution
02/28/2023	*fexmid*	*cyclobenzaprine hcl*	UM AUTO RULE: CUSTOM		ALT: cyclobenzaprine 5 mg, 10 mg tab
02/28/2023	*dexpak 6 day*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone 0.75 mg, 1.5 mg, 4 mg, 6 mg tab
02/28/2023	*clindamycin phosphate*	*clindamycin phosphate (topical)*	ADD TO FORMULARY		Excluded
02/28/2023	*orphenadrine-asa-caffeine*	*orphenadrine w/ aspirin & caff*	UM AUTO RULE: CUSTOM		ALT: orphenadrine tab, aspirin low dose

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*brimonidine tartrate-timolol*	*brimonidine tartrate-timolol maleate*	UM AUTO RULE: CUSTOM		ALT: betaxolol 0.5% solution, brimonidine tartrate 0.2% solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml soln, timolol maleate 0.5% solution, latanoprost 0.005% solution
02/28/2023	*timolol maleate*	*timolol maleate*	UM AUTO RULE: CUSTOM		ALT: nadolol tab, propranolol tab
02/28/2023	*vanatol lq*	*butalbital-acetaminophen-caffeine*	ADD TO FORMULARY		Excluded
02/28/2023	*almotriptan malate*	*almotriptan malate*	UM AUTO RULE: CUSTOM		ALT: rizatriptan tab, sumatriptan tab
02/28/2023	*memantine hcl er*	*memantine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*norgesic*	*orphenadrine w/ aspirin & caff*	ADD TO FORMULARY		Excluded
02/28/2023	*esgic*	*butalbital-acetaminophen-caffeine*	UM AUTO RULE: CUSTOM		ALT: butalbital-APAP-caff-codeine 50-325-40-30 mg cap
02/28/2023	*fentanyl citrate*	*fentanyl citrate*	UM AUTO RULE: CUSTOM		ALT: fentanyl lozenge
02/28/2023	*zileuton er*	*zileuton*	UM AUTO RULE: CUSTOM		ALT: montelukast sodium 10 mg tab, zafirlukast 10 mg, 20 mg tab
02/28/2023	*alosetron hcl*	*alosetron hcl*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*okebo*	*doxycycline (monohydrate)*	UM AUTO RULE: CUSTOM		ALT: doxycycline monohydrate 50 mg, 100 mg cap
02/28/2023	*mafenide acetate*	*mafenide acetate*	UM AUTO RULE: CUSTOM		ALT: silver sulfadiazine 1% cream
02/28/2023	*acyclovir*	*acyclovir topical*	ADD TO FORMULARY		Excluded
02/28/2023	*trazodone hcl*	*trazodone hcl*	UM AUTO RULE: CUSTOM		ALT: trazodone 150 mg tab
02/28/2023	*meloxicam*	*meloxicam*	UM AUTO RULE: CUSTOM		ALT: meloxicam 7.5 mg tab
02/28/2023	*dorzolamide hcl-timolol mal pf*	*dorzolamide hcl-timolol maleate*	UM AUTO RULE: CUSTOM		ALT: dorzolamide-timolol 22.3 - 6.8 mg/ml solution
02/28/2023	*orphenadrine-aspirin-caffeine*	*orphenadrine w/ aspirin & caff*	UM AUTO RULE: CUSTOM		ALT: cyclobenzaprine 5 mg, 10 mg tab
02/28/2023	*clindamycin phos-benzoyl perox*	*clindamycin phosphate-benzoyl peroxide*	ADD TO FORMULARY		Excluded
02/28/2023	*acyclovir*	*acyclovir topical*	UM AUTO RULE: CUSTOM		ALT: valacyclovir 500 mg tab
02/28/2023	*dapsone*	*dapsone (topical)*	ADD TO FORMULARY		Excluded
02/28/2023	*esgic*	*butalbital-acetaminophen-caffeine*	ADD TO FORMULARY		Excluded
02/28/2023	*tritocin*	*triamcinolone acetonide (topical)*	ADD TO FORMULARY		Excluded
02/28/2023	*tretinoin*	*tretinoin*	UM AUTO RULE: CUSTOM		ALT: tretinoin 0.05% cream

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*naproxen sodium er*	*naproxen sodium*	UM AUTO RULE: CUSTOM		ALT: naproxen 275 mg, 550 mg tab
02/28/2023	*vanatol s*	*butalbital-acetaminophen-caffeine*	ADD TO FORMULARY		Excluded
02/28/2023	*vanatol s*	*butalbital-acetaminophen-caffeine*	UM AUTO RULE: CUSTOM		ALT: Bac 50-325-40 mg tab
02/28/2023	*olopatadine hcl*	*olopatadine hcl (nasal)*	UM AUTO RULE: CUSTOM		ALT: azelastine hcl 0.1% solution
02/28/2023	*amantadine hcl*	*amantadine hcl*	UM AUTO RULE: CUSTOM		ALT: amantadine 100 mg cap
02/28/2023	*mefenamic acid*	*mefenamic acid*	UM AUTO RULE: CUSTOM		ALT: ibuprofen 400 mg, 600 mg, 800 mg tab
02/28/2023	*testosterone*	*testosterone*	UM AUTO RULE: CUSTOM		ALT: testosterone 25 mg/ 2.5 gm (1%) gel, testosterone 50 mg/ 5gm (1%) gel
02/28/2023	*bupap*	*butalbital-acetaminophen*	ADD TO FORMULARY		Excluded
02/28/2023	*temazepam*	*temazepam*	UM AUTO RULE: CUSTOM		ALT: temazepam 15 mg, 30 mg cap
02/28/2023	*levorphanol tartrate*	*levorphanol tartrate*	UM AUTO RULE: CUSTOM		ALT: methadone tab
02/28/2023	*fluvoxamine maleate er*	*fluvoxamine maleate*	ADD TO FORMULARY		Excluded
02/28/2023	*paroxetine hcl er*	*paroxetine hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*nisoldipine er*	*nisoldipine*	UM AUTO RULE: CUSTOM		ALT: nifedipine ER 30 mg tab
02/28/2023	*lofena*	*diclofenac potassium*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*ala scalp*	*hydrocortisone (topical)*	UM AUTO RULE: CUSTOM		ALT: hydrocortisone 2.5% lotion
02/28/2023	*zolmitriptan*	*zolmitriptan*	ADD TO FORMULARY		Excluded
02/28/2023	*dexpak 6 day*	*dexamethasone*	ADD TO FORMULARY		Excluded
02/28/2023	*paroxetine hcl er*	*paroxetine hcl*	UM AUTO RULE: CUSTOM		ALT: paroxetine tab
02/28/2023	*ec-naproxen*	*naproxen*	ADD TO FORMULARY		Excluded
02/28/2023	*metformin hcl er (mod)*	*metformin hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*prednisolone sodium phosphate*	*prednisolone sodium phosphate*	UM AUTO RULE: CUSTOM		ALT: methylprednisolone tab, prednisone tab
02/28/2023	*metyrosine*	*metyrosine*	ADD TO FORMULARY		Excluded
02/28/2023	*tizanidine hcl*	*tizanidine hcl*	UM AUTO RULE: CUSTOM		ALT: tizanidine 2 mg tab
02/28/2023	*naproxen sodium er*	*naproxen sodium*	ADD TO FORMULARY		Excluded
02/28/2023	*taperdex 6-day*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone 0.75 mg, 1.5 mg, 4 mg, 6 mg tab
02/28/2023	*silodosin*	*silodosin*	UM AUTO RULE: CUSTOM		ALT: tamsulosin 0.4 mg cap
02/28/2023	*doxycycline monohydrate*	*doxycycline (monohydrate)*	ADD TO FORMULARY		Excluded
02/28/2023	*ropinirole hcl er*	*ropinirole hydrochloride*	UM AUTO RULE: CUSTOM		ALT: ropinirole tab
02/28/2023	*dexpak 13 day*	*dexamethasone*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*premium lidocaine*	*lidocaine*	UM AUTO RULE: CUSTOM		ALT: lidocaine 5% patch, lidocaine 4% solution
02/28/2023	*flurandrenolide*	*flurandrenolide*	ADD TO FORMULARY		Excluded
02/28/2023	*timolol maleate ocudose*	*timolol maleate (ophth)*	ADD TO FORMULARY		Excluded
02/28/2023	*mondoxyne nl*	*doxycycline (monohydrate)*	ADD TO FORMULARY		Excluded
02/28/2023	*butalbital-apap-caffeine*	*butalbital-acetaminophen-caffeine*	UM AUTO RULE: CUSTOM		ALT: butalbital-APAP-caff-codeine 50-325-40-30 mg cap
02/28/2023	*mesalamine er*	*mesalamine*	UM AUTO RULE: CUSTOM		ALT: mesalamine 400 mg, 800 mg DR tab
02/28/2023	*clindamycin-tretinoin*	*clindamycin phosphate-tretinoin*	ADD TO FORMULARY		Excluded
02/28/2023	*targadox*	*doxycycline hyclate*	UM AUTO RULE: CUSTOM		ALT: doxycycline hyclate 100 mg tab
02/28/2023	*pramipexole dihydrochloride er*	*pramipexole dihydrochloride*	ADD TO FORMULARY		Excluded
02/28/2023	*ala scalp*	*hydrocortisone (topical)*	ADD TO FORMULARY		Excluded
02/28/2023	*pramipexole dihydrochloride er*	*pramipexole dihydrochloride*	UM AUTO RULE: CUSTOM		ALT: pramipexole tab
02/28/2023	*fluoxetine hcl*	*fluoxetine hcl*	UM AUTO RULE: CUSTOM		ALT: fluoxetine 40 mg cap
02/28/2023	*fenofibrate*	*fenofibrate*	ADD TO FORMULARY		Excluded
02/28/2023	*amantadine hcl*	*amantadine hcl*	ADD TO FORMULARY		Excluded

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*paroxetine hcl*	*paroxetine hcl*	UM AUTO RULE: CUSTOM		ALT: paroxetine tab
02/28/2023	*naproxen*	*naproxen*	UM AUTO RULE: CUSTOM		ALT: naproxen 375 mg tab
02/28/2023	*gemmily*	*norethin acet & estrad-fe*	ADD TO FORMULARY		Excluded
02/28/2023	*ciclopirox olamine*	*ciclopirox olamine*	UM AUTO RULE: CUSTOM		ALT: ciclopirox cream
02/28/2023	*clindacin*	*clindamycin phosphate (topical)*	UM AUTO RULE: CUSTOM		ALT: clindamycin 1% gel/lotion/solution, clindamycin phos-benzoyl peroxide 1.2-2.5% gel
02/28/2023	*mondoxyne nl*	*doxycycline (monohydrate)*	UM AUTO RULE: CUSTOM		ALT: doxycycline monohydrate 50 mg, 100 mg cap
02/28/2023	*montelukast sodium*	*montelukast sodium*	UM AUTO RULE: CUSTOM		ALT: montelukast 4 mg chew tab
02/28/2023	*benzonatate*	*benzonatate*	UM AUTO RULE: CUSTOM		RX product with OTC alternative - purchase OTC cough relief
02/28/2023	*buspirone hcl*	*buspirone hcl*	UM AUTO RULE: CUSTOM		ALT: buspirone 5 mg, 10 mg tab
02/28/2023	*trazodone hcl*	*trazodone hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*diclofenac sodium er*	*diclofenac sodium*	ADD TO FORMULARY		Excluded
02/28/2023	*brimonidine tartrate*	*brimonidine tartrate*	ADD TO FORMULARY		Excluded

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*dexpak 13 day*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone 0.75 mg, 1.5 mg, 4 mg, 6 mg tab
02/28/2023	*cyclobenzaprine hcl er*	*cyclobenzaprine hcl*	UM AUTO RULE: CUSTOM		ALT: cyclobenzaprine 5 mg, 10 mg tab
02/28/2023	*metyrosine*	*metyrosine*	UM AUTO RULE: CUSTOM		ALT: phenoxybenzamine 10 mg cap
02/28/2023	*lofena*	*diclofenac potassium*	UM AUTO RULE: CUSTOM		ALT: diclofenac 25 mg tab DR, diclofenac 50 mg tab
02/28/2023	*buspirone hcl*	*buspirone hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*fenoprofen calcium*	*fenoprofen calcium*	ADD TO FORMULARY		Excluded
02/28/2023	*desonide*	*desonide*	ADD TO FORMULARY		Excluded
02/28/2023	*naproxen*	*naproxen*	ADD TO FORMULARY		Excluded
02/28/2023	*hydrocodone bitartrate er*	*hydrocodone bitartrate*	ADD TO FORMULARY		Excluded
02/28/2023	*tovet*	*clobetasol propionate emulsion*	UM AUTO RULE: CUSTOM		ALT: betamethasone dipropionate 0.05% cream/ointment/lotion
02/28/2023	*butalbital-apap-caff-cod*	*butalbital-acetaminophen-caffeine w/ codeine*	UM AUTO RULE: CUSTOM		ALT: butalbital-APAP-caff-codeine 50-325-40-30 mg cap
02/28/2023	*dexamethasone*	*dexamethasone*	ADD TO FORMULARY		Excluded

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*fluticasone propionate*	*fluticasone propionate*	ADD TO FORMULARY		Excluded
02/28/2023	*clindamycin phos-benzoyl perox*	*clindamycin phosphate-benzoyl peroxide*	UM AUTO RULE: CUSTOM		ALT: clindamycin phos-benzoyl peroxide 1.2-5% gel, adapalene-benzoyl peroxide 0.1-2.5% gel, adapalene-benzoyl peroxide 1.2-2.5% gel, clindamycin phosphate 1% solution/gel/lotion
02/28/2023	*prednisolone sodium phosphate*	*prednisolone sodium phosphate*	ADD TO FORMULARY		Excluded
02/28/2023	*norgesic*	*orphenadrine w/ aspirin & caff*	UM AUTO RULE: CUSTOM		ALT: cyclobenzaprine 5 mg, 10 mg tab
02/28/2023	*merzee*	*norethin acet & estrad-fe*	ADD TO FORMULARY		Excluded
02/28/2023	*triamcinolone in absorbase*	*triamcinolone acetonide (topical)*	ADD TO FORMULARY		Excluded
02/28/2023	*dapsone*	*dapsone (topical)*	UM AUTO RULE: CUSTOM		ALT: clindamycin 1% gel/lotion/solution, erythromycin 2% gel/solution
02/28/2023	*hydrocortisone butyr lipo base*	*hydrocortisone butyrate hydrophilic lipo base*	ADD TO FORMULARY		Excluded

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*triamcinolone acetonide*	*triamcinolone acetonide (topical)*	UM AUTO RULE: CUSTOM		ALT: triamcinolone 0.025%, 0.1%, 0.5% cream/ ointment
02/28/2023	*fenofibrate micronized*	*fenofibrate micronized*	ADD TO FORMULARY		Excluded
02/28/2023	*paroxetine mesylate*	*paroxetine mesylate (vasomotor)*	ADD TO FORMULARY		Excluded
02/28/2023	*azelastine hcl*	*azelastine hcl*	UM AUTO RULE: CUSTOM		ALT: azelastine 0.1% solution
02/28/2023	*chlorzoxazone*	*chlorzoxazone*	ADD TO FORMULARY		Excluded
02/28/2023	*beser*	*fluticasone propionate*	ADD TO FORMULARY		Excluded
02/28/2023	*mesalamine er*	*mesalamine*	ADD TO FORMULARY		Excluded
02/28/2023	*levorphanol tartrate*	*levorphanol tartrate*	ADD TO FORMULARY		Excluded
02/28/2023	*sucralfate*	*sucralfate*	ADD TO FORMULARY		Excluded
02/28/2023	*taysofy*	*norethin acet & estrad-fe*	ADD TO FORMULARY		Excluded
02/28/2023	*zolmitriptan*	*zolmitriptan*	UM AUTO RULE: CUSTOM		ALT: sumatriptan 25 mg, 50 mg, 100 mg tab, eliptriptan hydrobromide 20 mg, 40 mg tab
02/28/2023	*alosetron hcl*	*alosetron hcl*	UM AUTO RULE: CUSTOM		ALT: balsalazide, mesalamine tab/suppository, metoclopramide tab, sulfasalazine tab
02/28/2023	*ec-naproxen*	*naproxen*	UM AUTO RULE: CUSTOM		ALT: naproxen 375 mg tab

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*timolol maleate pf*	*timolol maleate (ophth)*	UM AUTO RULE: CUSTOM		ALT: timolol maleate 0.25%, 0.5% solution
02/28/2023	*desrx*	*desonide*	UM AUTO RULE: CUSTOM		ALT: alclometasone 0.05% cream/ointment, fluicinolone 0.01% solution/cream
02/28/2023	*fentanyl*	*fentanyl*	ADD TO FORMULARY		Excluded
02/28/2023	*paroxetine mesylate*	*paroxetine mesylate (vasomotor)*	UM AUTO RULE: CUSTOM		ALT: paroxetine tab
02/28/2023	*metformin hcl er (osm)*	*metformin hcl*	UM AUTO RULE: CUSTOM		ALT: metformin ER 500 mg tab ER 24h
02/28/2023	*desoximetasone*	*desoximetasone*	UM AUTO RULE: CUSTOM		ALT: clobetasol 0.05% cream/solution, betamethasone dipropionate 0.05% cream
02/28/2023	*orphenadrine-aspirin-caffeine*	*orphenadrine w/ aspirin & caff*	ADD TO FORMULARY		Excluded
02/28/2023	*testosterone*	*testosterone*	ADD TO FORMULARY		Excluded
02/28/2023	*diclofenac potassium*	*diclofenac potassium*	UM AUTO RULE: CUSTOM		ALT: diclofenac 25 mg tab DR, diclofenac 50 mg tab
02/28/2023	*desrx*	*desonide*	ADD TO FORMULARY		Excluded
02/28/2023	*cyclobenzaprine hcl*	*cyclobenzaprine hcl*	UM AUTO RULE: CUSTOM		ALT: cyclobenzaprine 5 mg, 10 mg tab

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/28/2023	*targadox*	*doxycycline hyclate*	ADD TO FORMULARY		Excluded
02/28/2023	*desonide*	*desonide*	UM AUTO RULE: CUSTOM		ALT: alclometasone 0.05% cream/ointment, fluicinolone 0.01% solution/cream
02/28/2023	*metformin hcl*	*metformin hcl*	ADD TO FORMULARY		Excluded
02/28/2023	*fentanyl citrate*	*fentanyl citrate*	ADD TO FORMULARY		Excluded
02/28/2023	*hydrocodone bitartrate er*	*hydrocodone bitartrate*	UM AUTO RULE: CUSTOM		ALT: oxycodone tabs

2023 FRIDAY HEALTH PLAN Updates

March, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/03/2023	*fludarabine phosphate*	*fludarabine phosphate*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
03/03/2023	*advair hfa*	*fluticasone-salmeterol*	DRUG ATTR CHANGE OVERRIDE	12 / 30 DAYS	12 / 30 DAYS
03/03/2023	*antara*	*fenofibrate micronized*	DRUG ATTR CHANGE OVERRIDE	ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil	ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
03/03/2023	*hyftor*	*sirolimus (topical)*	NEW AUTO RULE		Non-Preferred Brands
03/03/2023	*levorphanol tartrate*	*levorphanol tartrate*	DRUG ATTR CHANGE OVERRIDE	ALT: methadone tab	ALT: methadone tab
03/04/2023	*fluticasone-salmeterol*	*fluticasone-salmeterol*	UM AUTO RULE: QUANTITY		12 / 30 day(s)
03/04/2023	*fludarabine phosphate*	*fludarabine phosphate*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/04/2023	*advair hfa*	*fluticasone-salmeterol*	UM AUTO RULE: QUANTITY		12 / 30 day(s)
03/06/2023	*lacosamide*	*lacosamide*	ADD TO FORMULARY		Non-Preferred Generics
03/06/2023	*clopidogrel bisulfate*	*clopidogrel bisulfate*	ADD TO FORMULARY		Preferred Generics
03/06/2023	*aum pen needle*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
03/06/2023	*dupixent*	*dupilumab*	ADD TO FORMULARY		Specialty
03/06/2023	*telmisartan*	*telmisartan*	ADD TO FORMULARY		Non-Preferred Generics
03/06/2023	*doxepin hcl*	*doxepin hcl (antipruritic)*	UM AUTO RULE: QUANTITY		45 / 30 day(s)

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/06/2023	*aum insulin safety pen needle*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
03/06/2023	*plegridy*	*peginterferon beta-1a*	ADD TO FORMULARY		Specialty
03/06/2023	*erleada*	*apalutamide*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
03/06/2023	*erleada*	*apalutamide*	ADD TO FORMULARY		Specialty
03/06/2023	*pro comfort safety lancets 30g*	*lancets*	ADD TO FORMULARY		Preferred Brands
03/06/2023	*theophylline er*	*theophylline*	ADD TO FORMULARY		Non-Preferred Generics
03/06/2023	*desvenlafaxine succinate er*	*desvenlafaxine succinate*	ADD TO FORMULARY		Non-Preferred Generics
03/06/2023	*lurasidone hcl*	*lurasidone hcl*	ADD TO FORMULARY		Non-Preferred Generics
03/06/2023	*prudoxin*	*doxepin hcl (antipruritic)*	UM AUTO RULE: QUANTITY		45 / 30 day(s)
03/06/2023	*acyclovir*	*acyclovir*	ADD TO FORMULARY		Preferred Generics
03/06/2023	*copiktra*	*duvelisib*	ADD TO FORMULARY		Specialty
03/06/2023	*verifine insulin pen needle*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
03/06/2023	*verifine universal lancets 30g*	*lancets*	ADD TO FORMULARY		Preferred Brands
03/06/2023	*zonalon*	*doxepin hcl (antipruritic)*	UM AUTO RULE: QUANTITY		45 / 30 day(s)
03/06/2023	*levofloxacin*	*levofloxacin*	ADD TO FORMULARY		Preferred Generics
03/06/2023	*verapamil hcl er*	*verapamil hcl*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/09/2023	*mounjaro*	*tirzepatide*	UM AUTO RULE: QUANTITY		2 / 28 day(s)
03/10/2023	*orenitram month 2*	*treprostinil diolamine*	UM AUTO RULE: QUANTITYCUSTOM		336 / 180 days
03/10/2023	*lumakras*	*sotorasib*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
03/10/2023	*konvomep*	*omeprazole-sodium bicarbonate*	UM AUTO RULE: QUANTITY		600 / 30 day(s)
03/10/2023	*orenitram month 1*	*treprostinil diolamine*	UM AUTO RULE: QUANTITYCUSTOM		168 / 180 days
03/10/2023	*orenitram month 3*	*treprostinil diolamine*	UM AUTO RULE: QUANTITYCUSTOM		252 / 180 days
03/11/2023	*aubagio*	*teriflunomide*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
03/11/2023	*aubagio*	*teriflunomide*	DRUG ATTR CHANGE OVERRIDE	30 / 30 DAYS	30 / 30 DAYS
03/11/2023	*teriflunomide*	*teriflunomide*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
03/13/2023	*cvs nicotine*	*nicotine polacrilex*	ADD TO FORMULARY		Non-Preferred Generics
03/13/2023	*orenitram month 3*	*treprostinil diolamine*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/13/2023	*orenitram month 2*	*treprostinil diolamine*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/13/2023	*orenitram month 1*	*treprostinil diolamine*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/13/2023	*twist top lancets 30g*	*lancets*	ADD TO FORMULARY		Preferred Brands
03/13/2023	*lumakras*	*sotorasib*	UM AUTO RULE: SPECIALTY		Specialty Drug

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/13/2023	*orenitram month 3*	*treprostinil diolamine*	ADD TO FORMULARY		Specialty
03/13/2023	*orenitram month 2*	*treprostinil diolamine*	ADD TO FORMULARY		Specialty
03/13/2023	*orenitram month 1*	*treprostinil diolamine*	ADD TO FORMULARY		Specialty
03/13/2023	*orenitram*	*treprostinil diolamine*	ADD TO FORMULARY		Specialty
03/13/2023	*lumakras*	*sotorasib*	ADD TO FORMULARY		Specialty
03/13/2023	*amoxicillin-pot clavulanate*	*amoxicillin & pot clavulanate*	ADD TO FORMULARY		Preferred Generics
03/13/2023	*cyproheptadine hcl*	*cyproheptadine hcl*	ADD TO FORMULARY		Preferred Generics
03/13/2023	*amethyst*	*levonorgestrel-ethinyl estradiol (continuous)*	ADD TO FORMULARY		Non-Preferred Generics
03/13/2023	*konvomep*	*omeprazole-sodium bicarbonate*	UM AUTO RULE: STEP		HIM 2022 PROTON PUMP INHIBITORS (PPIS)
03/13/2023	*atropine sulfate*	*atropine sulfate (ophthalmic)*	ADD TO FORMULARY		Non-Preferred Brands
03/13/2023	*lacosamide*	*lacosamide*	ADD TO FORMULARY		Non-Preferred Generics
03/13/2023	*sulfasalazine*	*sulfasalazine*	ADD TO FORMULARY		Non-Preferred Generics
03/14/2023	*rebyota*	*fecal microbiota, live-jslm*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/14/2023	*austedo patient titration kit*	*deutetrabenazine*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/14/2023	*sunlenca*	*lenacapavir sodium*	UM AUTO RULE: SPECIALTY		Specialty Drug

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/14/2023	*tzield*	*teplizumab-mzwv*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/14/2023	*briumvi*	*ublituximab-xiiy*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/14/2023	*amjevita*	*adalimumab-atto*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/14/2023	*krazati*	*adagrasib*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/15/2023	*dimethyl fumarate*	*dimethyl fumarate*	NEW AUTO RULE		Specialty
03/16/2023	*mytesi*	*crofelemer*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/17/2023	*rezvoglar kwikpen*	*insulin glargine-aglr*	UM AUTO RULE: QUANTITY		100 / 30 day(s)
03/17/2023	*altuviiio*	*antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl*	UM AUTO RULE: AUTHORIZATION		FACTOR VIII AND VON WILLEBRAND FACTOR
03/20/2023	*posaconazole*	*posaconazole*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*covid-19 at home antigen test*	*covid-19 at home test*	ADD TO FORMULARY		Non-Preferred Brands
03/20/2023	*amoxicillin-pot clavulanate*	*amoxicillin & pot clavulanate*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*fenofibrate*	*fenofibrate*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*amphetamine-dextroamphetamine*	*amphetamine-dextroamphetamine*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*prednisone*	*prednisone*	ADD TO FORMULARY		Preferred Generics

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/20/2023	*zileuton er*	*zileuton*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*tramadol hcl*	*tramadol hcl*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*finasteride*	*finasteride*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*octreotide acetate*	*octreotide acetate*	ADD TO FORMULARY		Specialty
03/20/2023	*levorphanol tartrate*	*levorphanol tartrate*	UM AUTO RULE: QUANTITY		120 / 30 day(s)
03/20/2023	*testosterone*	*testosterone*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*promethazine hcl*	*promethazine hcl*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*oxybutynin chloride er*	*oxybutynin chloride*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*memantine hcl*	*memantine hcl*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*bromfenac sodium (once-daily)*	*bromfenac sodium (ophth)*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*mycophenolate sodium*	*mycophenolate sodium*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*accutane*	*isotretinoin*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*venlafaxine hcl er*	*venlafaxine hcl*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*alfuzosin hcl er*	*alfuzosin hcl*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*lenalidomide*	*lenalidomide*	ADD TO FORMULARY		Specialty

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/20/2023	*loxapine succinate*	*loxapine succinate*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*lisinopril*	*lisinopril*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*cycloserine*	*cycloserine*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*cephalexin*	*cephalexin*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*bd safetyglide needle*	*syringe/needle (disp) 3 ml*	ADD TO FORMULARY		Preferred Brands
03/20/2023	*trimipramine maleate*	*trimipramine maleate*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*dextroamphetamine sulfate*	*dextroamphetamine sulfate*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*terbutaline sulfate*	*terbutaline sulfate*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*teriflunomide*	*teriflunomide*	ADD TO FORMULARY		Specialty
03/20/2023	*colesevelam hcl*	*colesevelam hcl*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*escitalopram oxalate*	*escitalopram oxalate*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*linezolid*	*linezolid*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*dantrolene sodium*	*dantrolene sodium*	ADD TO FORMULARY		Non-Preferred Generics
03/20/2023	*bd syringe luer-lok*	*syringe (disposable)*	ADD TO FORMULARY		Preferred Brands
03/20/2023	*eligard*	*leuprolide acetate (6 month)*	ADD TO FORMULARY		Specialty
03/20/2023	*doxycycline hyclate*	*doxycycline hyclate*	ADD TO FORMULARY		Non-Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/20/2023	*metformin hcl*	*metformin hcl*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*methimazole*	*methimazole*	ADD TO FORMULARY		Preferred Generics
03/20/2023	*baclofen*	*baclofen*	ADD TO FORMULARY		Preferred Generics
03/22/2023	*aminocaproic acid*	*aminocaproic acid*	ADD TO FORMULARY	Non-Formulary	Excluded
03/24/2023	*millipred*	*prednisolone*	DRUG ATTR CHANGE OVERRIDE	ALT: dexamethasone tab, methylprednisolone tab, prednisolone tab, prednisone tab	ALT: dexamethasone tab, methylprednisolone tab, prednisolone tab, prednisone tab
03/25/2023	*hepagam b*	*hepatitis b immune globulin (human)*	UM AUTO RULE: SPECIALTY		Specialty Drug
03/27/2023	*stiolto respimat*	*tiotropium bromide-olodaterol hcl*	ADD UM: CUSTOM		NDC not covered, try alternative NDC
03/27/2023	*repatha sureclick*	*evolocumab*	ADD TO FORMULARY	Non-Formulary	Excluded
03/27/2023	*repatha sureclick*	*evolocumab*	ADD UM: CUSTOM		NDC not covered, try alternative NDC
03/27/2023	*stiolto respimat*	*tiotropium bromide-olodaterol hcl*	ADD TO FORMULARY	Non-Formulary	Excluded
03/27/2023	*methylphenidate hcl er*	*methylphenidate hcl*	ADD TO FORMULARY	Non-Formulary	Excluded
03/27/2023	*methylphenidate hcl er*	*methylphenidate hcl*	ADD UM: CUSTOM		NDC not covered, try alternative NDC

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/28/2023	*potassium chloride*	*potassium chloride*	ADD TO FORMULARY		Non-Preferred Generics
03/28/2023	*fastep covid-19 antigen test*	*covid-19 at home test*	ADD TO FORMULARY		Non-Preferred Brands
03/28/2023	*betaine*	*betaine*	ADD TO FORMULARY		Specialty
03/28/2023	*dapsone*	*dapsone*	ADD TO FORMULARY		Non-Preferred Generics
03/28/2023	*telmisartan*	*telmisartan*	ADD TO FORMULARY		Non-Preferred Generics
03/28/2023	*temazepam*	*temazepam*	ADD TO FORMULARY		Preferred Generics
03/28/2023	*niacin er (antihyperlipidemic)*	*niacin (antihyperlipidemic)*	ADD TO FORMULARY		Non-Preferred Generics
03/28/2023	*levothyroxine sodium*	*levothyroxine sodium*	ADD TO FORMULARY		Preferred Generics
03/28/2023	*methazolamide*	*methazolamide*	ADD TO FORMULARY		Non-Preferred Generics
03/28/2023	*clonidine hcl*	*clonidine hcl*	ADD TO FORMULARY		Preferred Generics
03/28/2023	*oxcarbazepine*	*oxcarbazepine*	ADD TO FORMULARY		Non-Preferred Generics
03/28/2023	*aq insulin syringe*	*insulin syringe/needle u-100*	ADD TO FORMULARY		Preferred Brands
03/28/2023	*clonazepam*	*clonazepam*	ADD TO FORMULARY		Preferred Generics
03/28/2023	*protonix*	*pantoprazole sodium*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
03/28/2023	*aqinject pen needle*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/28/2023	*lactulose*	*lactulose*	ADD TO FORMULARY		Non-Preferred Generics
03/28/2023	*isosorbide dinitrate*	*isosorbide dinitrate*	ADD TO FORMULARY		Non-Preferred Generics
03/28/2023	*pantoprazole sodium*	*pantoprazole sodium*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
03/28/2023	*diltiazem hcl er*	*diltiazem hcl*	ADD TO FORMULARY		Non-Preferred Generics
03/28/2023	*teriflunomide*	*teriflunomide*	ADD TO FORMULARY		Specialty

2023 FRIDAY HEALTH PLAN Updates

April, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*noxafil*	*posaconazole*	UM AUTO RULE: AUTHORIZATION		Antifungal (Cresemba/Noxafil/Vfend)
04/01/2023	*fragmin*	*dalteparin sodium*	DRUG ATTR CHANGE OVERRIDE	30 / 90 day(s)	30 / 90 day(s)
04/01/2023	*promethazine vc/codeine*	*promethazine-phenylephrine-codeine*	UM AUTO RULE: AGE		At least 6 yrs old
04/01/2023	*firazyr*	*icatibant acetate*	DRUG ATTR CHANGE OVERRIDE	18 / 30 DAYS	18 / 30 DAYS
04/01/2023	*yonsa*	*abiraterone acetate*	UM AUTO RULE: QUANTITY		120 / 30 day(s)
04/01/2023	*zomig*	*zolmitriptan*	UM AUTO RULE: QUANTITYCUSTOM		12 / 30 days
04/01/2023	*hyftor*	*sirolimus (topical)*	NEW AUTO RULE		Non-Preferred Brands
04/01/2023	*fragmin*	*dalteparin sodium*	UM AUTO RULE: QUANTITY		30 / 90 day(s)
04/01/2023	*promethazine vc*	*promethazine & phenylephrine*	UM AUTO RULE: AGE		At least 2 yrs old
04/01/2023	*yonsa*	*abiraterone acetate*	DRUG ATTR CHANGE OVERRIDE	120 / 30 DAYS	120 / 30 DAYS
04/01/2023	*amoxicill-clarithro-lansopraz*	*amoxicillin-clarithromycin w/ lansoprazole*	UM AUTO RULE: CUSTOM		ALT: amoxicillin cap/tab, clarithromycin tab, lansoprazole 30 mg cap
04/01/2023	*trokendi xr*	*topiramate*	UM AUTO RULE: QUANTITY		60 / 30 day(s)

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*trokendi xr*	*topiramate*	DRUG ATTR CHANGE OVERRIDE	60 / 30 DAYS	60 / 30 DAYS
04/01/2023	*omnipod go*	*insulin infusion disposable pump*	UM AUTO RULE: AUTHORIZATION		Insulin Pump
04/01/2023	*firazyr*	*icatibant acetate*	UM AUTO RULE: QUANTITY		18 / 30 day(s)
04/01/2023	*topiramate er*	*topiramate*	UM AUTO RULE: QUANTITY		60 / 30 day(s)
04/01/2023	*noxafil*	*posaconazole*	DRUG ATTR CHANGE OVERRIDE	Antifungal (Cresemba/Noxafil/Vfend)	Antifungal (Cresemba/Noxafil/Vfend)
04/01/2023	*v-go 20*	*insulin infusion disposable pump*	DRUG ATTR CHANGE OVERRIDE	Insulin Pump	Insulin Pump
04/01/2023	*bortezomib*	*bortezomib*	UM AUTO RULE: SPECIALTY		Specialty Drug
04/01/2023	*promethazine-phenylephrine*	*promethazine & phenylephrine*	UM AUTO RULE: AGE		At least 2 yrs old
04/01/2023	*v-go 30*	*insulin infusion disposable pump*	DRUG ATTR CHANGE OVERRIDE	Insulin Pump	Insulin Pump
04/01/2023	*cetrotide*	*cetrorelix acetate*	UM AUTO RULE: AUTHORIZATION		Gonadotropin Hormones
04/01/2023	*v-go 40*	*insulin infusion disposable pump*	DRUG ATTR CHANGE OVERRIDE	Insulin Pump	Insulin Pump
04/01/2023	*v-go 20*	*insulin infusion disposable pump*	UM AUTO RULE: AUTHORIZATION		Insulin Pump
04/01/2023	*v-go 30*	*insulin infusion disposable pump*	UM AUTO RULE: AUTHORIZATION		Insulin Pump

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*amoxicill-clarithro-lansopraz*	*amoxicillin-clarithromycin w/ lansoprazole*	DRUG ATTR CHANGE OVERRIDE	ALT: amoxicillin cap/tab, clarithromycin tab, lansoprazole 30 mg cap	ALT: amoxicillin cap/tab, clarithromycin tab, lansoprazole 30 mg cap
04/01/2023	*sajazir*	*icatibant acetate*	UM AUTO RULE: QUANTITY		18 / 30 day(s)
04/01/2023	*v-go 40*	*insulin infusion disposable pump*	UM AUTO RULE: AUTHORIZATION		Insulin Pump
04/01/2023	*sajazir*	*icatibant acetate*	DRUG ATTR CHANGE OVERRIDE	18 / 30 DAYS	18 / 30 DAYS
04/01/2023	*acetaminophen-codeine*	*acetaminophen w/ codeine*	DRUG ATTR CHANGE OVERRIDE	2700 / 30 DAYS	2700 / 30 DAYS
04/01/2023	*cetrotide*	*cetrorelix acetate*	DRUG ATTR CHANGE OVERRIDE	Gonadotropin Hormones	Gonadotropin Hormones
04/01/2023	*icatibant acetate*	*icatibant acetate*	DRUG ATTR CHANGE OVERRIDE	18 / 30 DAYS	18 / 30 DAYS
04/01/2023	*promethazine-phenyleph-codeine*	*promethazine-phenylephrine-codeine*	UM AUTO RULE: AGE		At least 6 yrs old
04/01/2023	*zomig*	*zolmitriptan*	DRUG ATTR CHANGE OVERRIDE	12 / 30 days	12 / 30 days
04/01/2023	*posaconazole*	*posaconazole*	UM AUTO RULE: AUTHORIZATION		Antifungal (Cresemba/Noxafil/Vfend)
04/01/2023	*bortezomib*	*bortezomib*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
04/01/2023	*cetrorelix acetate*	*cetrorelix acetate*	UM AUTO RULE: AUTHORIZATION		Gonadotropin Hormones
04/01/2023	*promethazine vc*	*promethazine & phenylephrine*	DRUG ATTR CHANGE OVERRIDE	At least 2 yrs old	At least 2 yrs old

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2023	*acetaminophen-codeine*	*acetaminophen w/ codeine*	UM AUTO RULE: QUANTITY		2700 / 30 day(s)
04/01/2023	*icatibant acetate*	*icatibant acetate*	UM AUTO RULE: QUANTITY		18 / 30 day(s)
04/01/2023	*zolmitriptan*	*zolmitriptan*	UM AUTO RULE: QUANTITYCUSTOM		12 / 30 days
04/01/2023	*promethazine vc/codeine*	*promethazine-phenylephrine-codeine*	DRUG ATTR CHANGE OVERRIDE	At least 6 yrs old	At least 6 yrs old
04/03/2023	*gnp nicotine mini*	*nicotine polacrilex*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*amlodipine besylate-valsartan*	*amlodipine besylate-valsartan*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*diltiazem hcl er*	*diltiazem hcl*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*ryaltris*	*olopatadine hcl-mometasone furoate*	UM AUTO RULE: QUANTITY		29 / 30 day(s)
04/03/2023	*dexcom g7 receiver*	*continuous blood glucose system receiver*	ADD TO FORMULARY		Preferred Brands
04/03/2023	*genotropin*	*somatropin*	ADD TO FORMULARY		Specialty
04/03/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*topiramate er*	*topiramate*	UM AUTO RULE: QUANTITY		60 / 30 day(s)
04/03/2023	*atenolol*	*atenolol*	ADD TO FORMULARY		Preferred Generics
04/03/2023	*phenylephrine hcl*	*phenylephrine hcl (mydriatic)*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*amoxicillin-pot clavulanate*	*amoxicillin & pot clavulanate*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/03/2023	*cefuroxime axetil*	*cefuroxime axetil*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*haloperidol*	*haloperidol*	ADD TO FORMULARY		Preferred Generics
04/03/2023	*pregabalin*	*pregabalin*	ADD TO FORMULARY		Preferred Generics
04/03/2023	*everolimus*	*everolimus (immunosuppressant)*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*omeprazole*	*omeprazole*	ADD TO FORMULARY		Preferred Generics
04/03/2023	*ciprofloxacin*	*ciprofloxacin*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*naloxone hcl*	*naloxone hcl*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*pravastatin sodium*	*pravastatin sodium*	ADD TO FORMULARY		Preferred Generics
04/03/2023	*vivjoa*	*oteseconazole*	UM AUTO RULE: QUANTITYCUSTOM		18 / 180 days
04/03/2023	*lenalidomide*	*lenalidomide*	ADD TO FORMULARY		Specialty
04/03/2023	*trokendi xr*	*topiramate*	UM AUTO RULE: QUANTITY		60 / 30 day(s)
04/03/2023	*hyftor*	*sirolimus (topical)*	UM AUTO RULE: QUANTITYCUSTOM		70 / 84 days
04/03/2023	*dexcom g7 sensor*	*continuous blood glucose system sensor*	ADD TO FORMULARY		Preferred Brands
04/03/2023	*rotarix*	*rotavirus vaccine, live oral*	ADD TO FORMULARY		Non-Preferred Brands
04/03/2023	*sotyktu*	*deucravacitinib*	UM AUTO RULE: QUANTITY		30 / 30 day(s)

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/03/2023	*tadliq*	*tadalafil (pulmonary hypertension)*	UM AUTO RULE: QUANTITY		300 / 30 day(s)
04/03/2023	*venlafaxine besylate er*	*venlafaxine besylate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
04/03/2023	*sirolimus*	*sirolimus*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*ranolazine er*	*ranolazine*	ADD TO FORMULARY		Non-Preferred Generics
04/03/2023	*carbidopa-levodopa*	*carbidopa-levodopa*	ADD TO FORMULARY		Preferred Generics
04/03/2023	*vitrakvi*	*larotrectinib sulfate*	ADD TO FORMULARY		Specialty
04/03/2023	*gilenya*	*fingolimod hcl*	ADD TO FORMULARY		Specialty
04/03/2023	*genotropin miniquick*	*somatropin*	ADD TO FORMULARY		Specialty
04/03/2023	*prednisone*	*prednisone*	ADD TO FORMULARY		Preferred Generics
04/03/2023	*gilenya*	*fingolimod hcl*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
04/03/2023	*kyzatrex*	*testosterone undecanoate*	UM AUTO RULE: QUANTITY		60 / 30 day(s)
04/03/2023	*metolazone*	*metolazone*	ADD TO FORMULARY		Non-Preferred Generics
04/05/2023	*vtama*	*tapinarof*	ADD TO FORMULARY	Non-Formulary	Excluded
04/07/2023	*efavirenz*	*efavirenz*	DRUG ATTR CHANGE OVERRIDE	90 / 30 DAYS	90 / 30 DAYS
04/07/2023	*ribavirin*	*ribavirin (hepatitis c)*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
04/07/2023	*cimzia starter kit*	*certolizumab pegol*	REMOVE UM: QUANTITY	3 / 180 DAYS	

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/07/2023	*firvanq*	*vancomycin hcl*	DRUG ATTR CHANGE OVERRIDE	ALT: vancomycin 125 mg, 250 mg cap	ALT: vancomycin 125 mg, 250 mg cap
04/07/2023	*cimzia starter kit*	*certolizumab pegol*	UM AUTO RULE: QUANTITYCUSTOM		3 / 180 days
04/07/2023	*pemetrexed disodium*	*pemetrexed disodium*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
04/08/2023	*efavirenz*	*efavirenz*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
04/08/2023	*sustiva*	*efavirenz*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
04/10/2023	*ribavirin*	*ribavirin (hepatitis c)*	UM AUTO RULE: SPECIALTY		Specialty Drug
04/10/2023	*methocarbamol*	*methocarbamol*	ADD TO FORMULARY		Preferred Generics
04/10/2023	*nitrofurantoin macrocrystal*	*nitrofurantoin macrocrystal*	ADD TO FORMULARY		Non-Preferred Generics
04/10/2023	*hydrocortisone*	*hydrocortisone*	ADD TO FORMULARY		Non-Preferred Generics
04/10/2023	*everolimus*	*everolimus (immunosuppressant)*	ADD TO FORMULARY		Non-Preferred Generics
04/10/2023	*bd eclipse syringe/needle*	*syringe/needle (disp) 3 ml*	ADD TO FORMULARY		Preferred Brands
04/10/2023	*armodafinil*	*armodafinil*	ADD TO FORMULARY		Non-Preferred Generics
04/10/2023	*parodontax*	*stannous fluoride*	ADD TO FORMULARY		Non-Preferred Brands
04/10/2023	*prazosin hcl*	*prazosin hcl*	ADD TO FORMULARY		Preferred Generics
04/10/2023	*dicyclomine hcl*	*dicyclomine hcl*	ADD TO FORMULARY		Preferred Generics

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/10/2023	*dofetilide*	*dofetilide*	ADD TO FORMULARY		Non-Preferred Generics
04/10/2023	*posaconazole*	*posaconazole*	ADD TO FORMULARY		Non-Preferred Generics
04/10/2023	*insupen pen needles*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
04/10/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY		Non-Preferred Generics
04/10/2023	*novavax covid-19 vaccine*	*covid-19 (sars-cov-2) subunit (spike) protein virus vaccine*	NEW AUTO RULE		Preferred Brands
04/10/2023	*vancomycin hcl*	*vancomycin hcl*	UM AUTO RULE: CUSTOM		ALT: vancomycin 125 mg, 250 mg cap
04/10/2023	*ethosuximide*	*ethosuximide*	ADD TO FORMULARY		Non-Preferred Generics
04/10/2023	*tasimelteon*	*tasimelteon*	ADD TO FORMULARY		Specialty
04/10/2023	*vilazodone hcl*	*vilazodone hcl*	ADD TO FORMULARY		Non-Preferred Generics
04/10/2023	*benazepril hcl*	*benazepril hcl*	ADD TO FORMULARY		Preferred Generics
04/10/2023	*pemetrexed disodium*	*pemetrexed disodium*	UM AUTO RULE: SPECIALTY		Specialty Drug
04/10/2023	*glipizide er*	*glipizide*	ADD TO FORMULARY		Preferred Generics
04/10/2023	*firvanq*	*vancomycin hcl*	UM AUTO RULE: CUSTOM		ALT: vancomycin 125 mg, 250 mg cap
04/10/2023	*pregabalin*	*pregabalin*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/10/2023	*valacyclovir hcl*	*valacyclovir hcl*	ADD TO FORMULARY		Preferred Generics
04/10/2023	*sustiva*	*efavirenz*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
04/10/2023	*efavirenz*	*efavirenz*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
04/10/2023	*mupirocin*	*mupirocin*	ADD TO FORMULARY		Preferred Generics
04/10/2023	*ritonavir*	*ritonavir*	ADD TO FORMULARY		Non-Preferred Generics
04/10/2023	*osphena*	*ospemifene*	ADD TO FORMULARY		Non-Preferred Brands
04/10/2023	*danazol*	*danazol*	ADD TO FORMULARY		Non-Preferred Generics
04/11/2023	*aminocaproic acid*	*aminocaproic acid*	ADD TO FORMULARY	Non-Formulary	Excluded
04/13/2023	*lunsumio*	*mosunetuzumab-axgb*	UM AUTO RULE: SPECIALTY		Specialty Drug
04/13/2023	*jaypirca*	*pirtobrutinib*	UM AUTO RULE: SPECIALTY		Specialty Drug
04/13/2023	*tezspire*	*tezepelumab-ekko*	UM AUTO RULE: SPECIALTY		Specialty Drug
04/13/2023	*vegzelma*	*bevacizumab-adcd*	UM AUTO RULE: SPECIALTY		Specialty Drug
04/13/2023	*orserdu*	*elacestrant hydrochloride*	UM AUTO RULE: SPECIALTY		Specialty Drug
04/14/2023	*diethylpropion hcl er*	*diethylpropion hcl*	DRUG ATTR CHANGE OVERRIDE	Weight Loss Agents	Weight Loss Agents
04/14/2023	*omeprazole magnesium*	*omeprazole magnesium*	DRUG ATTR CHANGE OVERRIDE	30 / 30 DAYS	30 / 30 DAYS

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/14/2023	*depo-testosterone*	*testosterone cypionate*	DRUG ATTR CHANGE OVERRIDE	10 / 28 DAYS	10 / 28 DAYS
04/14/2023	*ribavirin*	*ribavirin (hepatitis c)*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
04/15/2023	*diethylpropion hcl er*	*diethylpropion hcl*	UM AUTO RULE: AUTHORIZATION		Weight Loss Agents
04/15/2023	*omeprazole magnesium*	*omeprazole magnesium*	REMOVE UM: QUANTITY	30 / 30 DAYS	
04/15/2023	*depo-testosterone*	*testosterone cypionate*	UM AUTO RULE: QUANTITY		10 / 28 day(s)
04/15/2023	*ribavirin*	*ribavirin (hepatitis c)*	UM AUTO RULE: SPECIALTY		Specialty Drug
04/15/2023	*testosterone cypionate*	*testosterone cypionate*	UM AUTO RULE: QUANTITY		10 / 28 day(s)
04/17/2023	*gnp nicotine polacrilex*	*nicotine polacrilex*	ADD TO FORMULARY		Non-Preferred Generics
04/17/2023	*anastrozole*	*anastrozole*	ADD TO FORMULARY		Preferred Generics
04/17/2023	*cyclogyl*	*cyclopentolate hcl*	ADD TO FORMULARY		Non-Preferred Brands
04/17/2023	*azithromycin*	*azithromycin*	ADD TO FORMULARY		Preferred Generics
04/17/2023	*ciprofloxacin*	*ciprofloxacin*	ADD TO FORMULARY		Non-Preferred Generics
04/17/2023	*tirosint*	*levothyroxine sodium*	ADD TO FORMULARY		Non-Preferred Brands
04/17/2023	*levocarnitine*	*levocarnitine (metabolic modifiers)*	ADD TO FORMULARY		Non-Preferred Generics
04/17/2023	*verapamil hcl er*	*verapamil hcl*	ADD TO FORMULARY		Non-Preferred Brands

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/17/2023	*metoclopramide hcl*	*metoclopramide hcl*	ADD TO FORMULARY		Non-Preferred Generics
04/17/2023	*dicyclomine hcl*	*dicyclomine hcl*	ADD TO FORMULARY		Preferred Generics
04/17/2023	*benazepril hcl*	*benazepril hcl*	ADD TO FORMULARY		Preferred Generics
04/17/2023	*teriflunomide*	*teriflunomide*	ADD TO FORMULARY		Specialty
04/17/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY		Non-Preferred Generics
04/17/2023	*gnp nicotine mini*	*nicotine polacrilex*	ADD TO FORMULARY		Non-Preferred Generics
04/17/2023	*carbidopa-levodopa*	*carbidopa-levodopa*	ADD TO FORMULARY		Preferred Generics
04/17/2023	*tadalafil*	*tadalafil*	ADD TO FORMULARY		Preferred Generics
04/17/2023	*dropsafe safety syringe/needle*	*insulin syringe/needle u-100*	ADD TO FORMULARY		Preferred Brands
04/17/2023	*depo-testosterone*	*testosterone cypionate*	ADD TO FORMULARY		Non-Preferred Generics
04/17/2023	*chloroquine phosphate*	*chloroquine phosphate*	ADD TO FORMULARY		Non-Preferred Generics
04/17/2023	*vitamin d (ergocalciferol)*	*ergocalciferol*	ADD TO FORMULARY		Preferred Generics
04/20/2023	*cvs covid-19 at home test kit*	*covid-19 at home test*	CHANGE TIER	Excluded	Non-Preferred Brands
04/20/2023	*tarpeyo*	*budesonide*	ADD TO FORMULARY	Non-Formulary	Excluded
04/20/2023	*diethylpropion hcl*	*diethylpropion hcl*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
04/20/2023	*venlafaxine hcl er*	*venlafaxine hcl*	UM AUTO RULE: QUANTITY		30 / 30 day(s)

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/20/2023	*diethylpropion hcl er*	*diethylpropion hcl*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
04/21/2023	*naftin*	*naftifine hcl*	DRUG ATTR CHANGE OVERRIDE	ALT: naftitine 2% cream	ALT: naftitine 2% cream
04/21/2023	*diethylpropion hcl er*	*diethylpropion hcl*	DRUG ATTR CHANGE OVERRIDE	30 / 30 day(s)	30 / 30 day(s)
04/22/2023	*naftin*	*naftifine hcl*	UM AUTO RULE: CUSTOM		ALT: naftitine 2% cream
04/22/2023	*diethylpropion hcl er*	*diethylpropion hcl*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
04/24/2023	*tranylcypromine sulfate*	*tranylcypromine sulfate*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*oxcarbazepine*	*oxcarbazepine*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*safety lancets 21g*	*lancets*	ADD TO FORMULARY		Preferred Brands
04/24/2023	*benazepril hcl*	*benazepril hcl*	ADD TO FORMULARY		Preferred Generics
04/24/2023	*rifampin*	*rifampin*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*posaconazole*	*posaconazole*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*benztropine mesylate*	*benztropine mesylate*	ADD TO FORMULARY		Preferred Generics
04/24/2023	*safety lancets 28g*	*lancets*	ADD TO FORMULARY		Preferred Brands
04/24/2023	*safety lancets 23g*	*lancets*	ADD TO FORMULARY		Preferred Brands
04/24/2023	*bupropion hcl er (xl)*	*bupropion hcl*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/24/2023	*carepoint safety 1st needle*	*needle (disp) 25 g*	ADD TO FORMULARY		Preferred Brands
04/24/2023	*bd syringe disposable*	*syringe (disposable)*	ADD TO FORMULARY		Preferred Brands
04/24/2023	*potassium chloride crys er*	*potassium chloride microencapsulated crystals er*	ADD TO FORMULARY		Preferred Generics
04/24/2023	*verifine universal lancets 33g*	*lancets*	ADD TO FORMULARY		Preferred Brands
04/24/2023	*sodium polystyrene sulfonate*	*sodium polystyrene sulfonate*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*potassium chloride*	*potassium chloride*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*carbidopa-levodopa*	*carbidopa-levodopa*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*verifine insulin pen needle*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
04/24/2023	*granisetron hcl*	*granisetron hcl*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*cyanocobalamin*	*cyanocobalamin*	ADD TO FORMULARY		Preferred Generics
04/24/2023	*potassium chloride er*	*potassium chloride*	ADD TO FORMULARY		Preferred Generics
04/24/2023	*verifine universal lancets 28g*	*lancets*	ADD TO FORMULARY		Preferred Brands
04/24/2023	*vancomycin hcl*	*vancomycin hcl*	ADD TO FORMULARY		Non-Preferred Brands
04/24/2023	*pregabalin*	*pregabalin*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*bd allergy syringe*	*tuberculin/allergy syringes*	ADD TO FORMULARY		Preferred Brands

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/24/2023	*carepoint safety 1st needle*	*needle (disp) 23 g*	ADD TO FORMULARY		Preferred Brands
04/24/2023	*cycloserine*	*cycloserine*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*lenalidomide*	*lenalidomide*	ADD TO FORMULARY		Specialty
04/24/2023	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*nicotine*	*nicotine*	ADD TO FORMULARY		Non-Preferred Generics
04/24/2023	*primidone*	*primidone*	ADD TO FORMULARY		Non-Preferred Brands
04/27/2023	*farydak*	*panobinostat lactate*	CHANGE TIER	Specialty	Excluded
04/28/2023	*prevident*	*sodium fluoride (dental)*	DRUG ATTR CHANGE OVERRIDE	ALT: Generic covered	ALT: Generic covered
04/28/2023	*austedo xr*	*deutetrabenazine*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
04/28/2023	*gralise*	*gabapentin (once-daily)*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
04/29/2023	*deltuss dmx*	*pseudoephedrine-dexchlorpheniramine-dextromethorphan*	UM AUTO RULE: AGE		At least 2 yrs old
04/29/2023	*abatuss dmx*	*pseudoephedrine-dexchlorpheniramine-dextromethorphan*	UM AUTO RULE: AGE		At least 2 yrs old

2023 FRIDAY HEALTH PLAN Updates

May, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2023	*vascepa*	*icosapent ethyl*	UM AUTO RULE: QUANTITY		240 / 30 day(s)
05/01/2023	*nebivolol hcl*	*nebivolol hcl*	ADD TO FORMULARY		Non-Preferred Generics
05/01/2023	*benazepril hcl*	*benazepril hcl*	ADD TO FORMULARY		Preferred Generics
05/01/2023	*triamterene-hctz*	*triamterene & hydrochlorothiazide*	ADD TO FORMULARY		Preferred Generics
05/01/2023	*theophylline er*	*theophylline*	ADD TO FORMULARY		Non-Preferred Generics
05/01/2023	*primidone*	*primidone*	ADD TO FORMULARY		Preferred Generics
05/01/2023	*northera*	*droxidopa*	UM AUTO RULE: QUANTITY		450 / 30 day(s)
05/01/2023	*felodipine er*	*felodipine*	ADD TO FORMULARY		Preferred Generics
05/01/2023	*prochlorperazine maleate*	*prochlorperazine maleate*	ADD TO FORMULARY		Preferred Generics
05/01/2023	*tadalafil*	*tadalafil*	ADD TO FORMULARY		Preferred Generics
05/01/2023	*nitrofurantoin*	*nitrofurantoin*	ADD TO FORMULARY		Non-Preferred Generics
05/01/2023	*testosterone cypionate*	*testosterone cypionate*	ADD TO FORMULARY		Non-Preferred Generics
05/01/2023	*roflumilast*	*roflumilast*	ADD TO FORMULARY		Non-Preferred Generics
05/01/2023	*cefpodoxime proxetil*	*cefpodoxime proxetil*	ADD TO FORMULARY		Non-Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2023	*potassium chloride er*	*potassium chloride*	ADD TO FORMULARY		Preferred Generics
05/01/2023	*droxidopa*	*droxidopa*	UM AUTO RULE: QUANTITY		450 / 30 day(s)
05/01/2023	*paliperidone er*	*paliperidone*	ADD TO FORMULARY		Non-Preferred Generics
05/01/2023	*levetiracetam*	*levetiracetam*	ADD TO FORMULARY		Preferred Generics
05/01/2023	*hydroxyzine hcl*	*hydroxyzine hcl*	ADD TO FORMULARY		Preferred Generics
05/01/2023	*oseltamivir phosphate*	*oseltamivir phosphate*	ADD TO FORMULARY		Non-Preferred Generics
05/01/2023	*icosapent ethyl*	*icosapent ethyl*	UM AUTO RULE: QUANTITY		240 / 30 day(s)
05/01/2023	*potassium chloride*	*potassium chloride*	ADD TO FORMULARY		Non-Preferred Generics
05/01/2023	*dexamethasone*	*dexamethasone*	ADD TO FORMULARY		Preferred Generics
05/01/2023	*onetouch ultrasoft 2 lancets*	*lancets*	ADD TO FORMULARY		Preferred Brands
05/01/2023	*aripiprazole*	*aripiprazole*	ADD TO FORMULARY		Non-Preferred Generics
05/05/2023	*iressa*	*gefitinib*	DRUG ATTR CHANGE OVERRIDE	30 / 30 DAYS	30 / 30 DAYS
05/05/2023	*mircera*	*methoxy polyethylene glycol-epoetin beta*	UM AUTO RULE: AUTHORIZATION		Erythropoietins
05/06/2023	*iressa*	*gefitinib*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
05/06/2023	*gefitinib*	*gefitinib*	UM AUTO RULE: QUANTITY		30 / 30 day(s)

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/08/2023	*lacosamide*	*lacosamide*	ADD TO FORMULARY		Non-Preferred Generics
05/08/2023	*roflumilast*	*roflumilast*	ADD TO FORMULARY		Non-Preferred Generics
05/08/2023	*clopidogrel bisulfate*	*clopidogrel bisulfate*	ADD TO FORMULARY		Preferred Generics
05/08/2023	*alomide*	*lodoxamide tromethamine*	ADD TO FORMULARY		Non-Preferred Brands
05/08/2023	*carepoint syringe luer lock*	*syringe (disposable)*	ADD TO FORMULARY		Preferred Brands
05/08/2023	*paroxetine hcl*	*paroxetine hcl*	ADD TO FORMULARY		Preferred Generics
05/08/2023	*nifedipine er osmotic release*	*nifedipine*	ADD TO FORMULARY		Preferred Generics
05/08/2023	*amphetamine-dextroamphetamine*	*amphetamine-dextroamphetamine*	ADD TO FORMULARY		Non-Preferred Generics
05/08/2023	*solifenacin succinate*	*solifenacin succinate*	ADD TO FORMULARY		Preferred Generics
05/08/2023	*tamsulosin hcl*	*tamsulosin hcl*	ADD TO FORMULARY		Preferred Generics
05/08/2023	*vuity*	*pilocarpine hcl*	UM AUTO RULE: QUANTITY		2.5 / 30 day(s)
05/08/2023	*mircera*	*methoxy polyethylene glycol-epoetin beta*	ADD TO FORMULARY		Non-Preferred Brands
05/08/2023	*bupropion hcl er (xl)*	*bupropion hcl*	ADD TO FORMULARY		Preferred Generics
05/08/2023	*levothyroxine sodium*	*levothyroxine sodium*	ADD TO FORMULARY		Non-Preferred Brands
05/08/2023	*pantoprazole sodium*	*pantoprazole sodium*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/08/2023	*cyclophosphamide*	*cyclophosphamide*	ADD TO FORMULARY		Specialty
05/11/2023	*fastep covid-19 antigen test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*carestart covid-19 home test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*ellume covid-19 home test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*covid-19 at-home test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*covid-19 at home antigen test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*speedy swab covid-19 antigen*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*pilot covid-19 at-home test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*cleardetect covid-19 ag home*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*on/go covid-19 antigen test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*flowflex covid-19 ag home test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*genabio covid-19 rapid test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*diatrust covid-19 home test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*covid-19 otc antigen 1-pack*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*cvs covid-19 at home test kit*	*covid-19 at home test*	NEW AUTO RULE		Excluded

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/11/2023	*ihealth covid-19 rapid test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*quickvue at-home covid-19 test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*binaxnow covid-19 ag home test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*prevident*	*sodium fluoride (dental)*	CHANGE TIER	Excluded	Non-Preferred Brands
05/11/2023	*indicaid covid-19 rapid test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*clinitest rapid covid-19 test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*on/go one covid-19 home test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*bd veritor home covid-19 test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*inteliswab covid-19 rapid test*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/11/2023	*covid-19 otc antigen 2-pack*	*covid-19 at home test*	NEW AUTO RULE		Excluded
05/12/2023	*omnipod go*	*insulin infusion disposable pump*	UM AUTO RULE: QUANTITY		10 / 30 day(s)
05/12/2023	*v-go 20*	*insulin infusion disposable pump*	UM AUTO RULE: QUANTITY		10 / 30 day(s)
05/12/2023	*v-go 30*	*insulin infusion disposable pump*	UM AUTO RULE: QUANTITY		10 / 30 day(s)
05/12/2023	*v-go 40*	*insulin infusion disposable pump*	UM AUTO RULE: QUANTITY		10 / 30 day(s)
05/12/2023	*abilify asimtufii*	*aripiprazole*	UM AUTO RULE: QUANTITYCUSTOM		2.4 / 56 days

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/12/2023	*orfadin*	*nitisinone*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
05/12/2023	*trikafta*	*elexacaftor-tezacaftor-ivacaftor*	UM AUTO RULE: QUANTITY		56 / 28 day(s)
05/13/2023	*nitisinone*	*nitisinone*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/13/2023	*orfadin*	*nitisinone*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/15/2023	*carepoint syringe catheter tip*	*syringe (disposable)*	ADD TO FORMULARY		Preferred Brands
05/15/2023	*linezolid*	*linezolid*	ADD TO FORMULARY		Non-Preferred Generics
05/15/2023	*verifine insulin syringe*	*insulin syringe/needle u-100*	ADD TO FORMULARY		Preferred Brands
05/15/2023	*heparin sodium (porcine)*	*heparin sodium (porcine)*	ADD TO FORMULARY		Non-Preferred Generics
05/15/2023	*dorzolamide hcl*	*dorzolamide hcl*	ADD TO FORMULARY		Preferred Generics
05/15/2023	*estradiol valerate*	*estradiol valerate*	ADD TO FORMULARY		Non-Preferred Generics
05/15/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY		Non-Preferred Generics
05/15/2023	*gefitinib*	*gefitinib*	ADD TO FORMULARY		Specialty
05/15/2023	*clonazepam*	*clonazepam*	ADD TO FORMULARY		Preferred Generics
05/15/2023	*carepoint syringe luer slip*	*syringe (disposable)*	ADD TO FORMULARY		Preferred Brands
05/15/2023	*heparin sodium (porcine) pf*	*heparin sodium (porcine)*	ADD TO FORMULARY		Non-Preferred Generics

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/15/2023	*albuterol sulfate*	*albuterol sulfate*	ADD TO FORMULARY		Non-Preferred Generics
05/19/2023	*sogroya*	*somapacitan-beco*	UM AUTO RULE: AUTHORIZATION		Growth Hormone
05/19/2023	*kalydeco*	*ivacaftor*	UM AUTO RULE: QUANTITY		60 / 30 day(s)
05/19/2023	*lumryz*	*sodium oxybate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
05/22/2023	*droxia*	*hydroxyurea (sickle cell disease)*	ADD TO FORMULARY		Specialty
05/22/2023	*doxepin hcl*	*doxepin hcl (sleep)*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
05/22/2023	*rosuvastatin calcium*	*rosuvastatin calcium*	ADD TO FORMULARY		Preferred Generics
05/22/2023	*ziprasidone hcl*	*ziprasidone hcl*	ADD TO FORMULARY		Non-Preferred Generics
05/22/2023	*cefdinir*	*cefdinir*	ADD TO FORMULARY		Preferred Generics
05/22/2023	*methsuximide*	*methsuximide*	ADD TO FORMULARY		Non-Preferred Generics
05/22/2023	*enoxaparin sodium*	*enoxaparin sodium*	ADD TO FORMULARY		Non-Preferred Generics
05/22/2023	*genotropin miniquick*	*somatropin*	UM AUTO RULE: AUTHORIZATION		Growth Hormone
05/22/2023	*cevimeline hcl*	*cevimeline hcl*	ADD TO FORMULARY		Non-Preferred Generics
05/22/2023	*tamoxifen citrate*	*tamoxifen citrate*	ADD TO FORMULARY		Non-Preferred Generics
05/22/2023	*triazolam*	*triazolam*	ADD TO FORMULARY		Non-Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/22/2023	*genotropin miniquick*	*somatropin*	ADD TO FORMULARY		Specialty
05/22/2023	*amlodipine besylate*	*amlodipine besylate*	ADD TO FORMULARY		Preferred Generics
05/22/2023	*kalydeco*	*ivacaftor*	ADD TO FORMULARY		Specialty
05/22/2023	*dentagel*	*sodium fluoride (dental)*	ADD TO FORMULARY		Preferred Generics
05/22/2023	*duloxetine hcl*	*duloxetine hcl*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
05/22/2023	*silenor*	*doxepin hcl (sleep)*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
05/22/2023	*potassium chloride crys er*	*potassium chloride microencapsulated crystals er*	ADD TO FORMULARY		Preferred Generics
05/22/2023	*ursodiol*	*ursodiol*	ADD TO FORMULARY		Non-Preferred Generics
05/22/2023	*benztropine mesylate*	*benztropine mesylate*	ADD TO FORMULARY		Preferred Generics
05/22/2023	*teriflunomide*	*teriflunomide*	ADD TO FORMULARY		Specialty
05/22/2023	*nitisinone*	*nitisinone*	ADD TO FORMULARY		Specialty
05/22/2023	*carepoint tubercln syr/luer sl*	*tuberculin/allergy syringes*	ADD TO FORMULARY		Preferred Brands
05/23/2023	*zolgensma 14.6-15.0 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*stimufend*	*pegfilgrastim-fpgk*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 16.1-16.5 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/23/2023	*zolgensma 18.6-19.0 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*filspari*	*sparsentan*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*kanjinti*	*trastuzumab-anns*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 13.6-14.0 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 15.1-15.5 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*skyclarys*	*omaveloxolone*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 16.6-17.0 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 17.1-17.5 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 19.6-20.0 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 14.1-14.5 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 20.1-20.5 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 20.6-21.0 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 15.6-16.0 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 18.1-18.5 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*zolgensma 19.1-19.5 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/23/2023	*zolgensma 17.6-18.0 kg*	*onasemnogene abeparvovec-xioi*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/23/2023	*lamzede*	*velmanase alfa-tycv*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/25/2023	*genotropin miniquick*	*somatropin*	UM AUTO RULE: SPECIALTY		Specialty Drug
05/26/2023	*amjevita*	*adalimumab-atto*	UM AUTO RULE: QUANTITY		0.4 / 28 day(s)
05/29/2023	*carepoint poly hub needle*	*needle (disp) 20 g*	ADD TO FORMULARY		Preferred Brands
05/29/2023	*clindamycin hcl*	*clindamycin hcl*	ADD TO FORMULARY		Preferred Generics
05/29/2023	*sucralfate*	*sucralfate*	ADD TO FORMULARY		Non-Preferred Generics
05/29/2023	*hydralazine hcl*	*hydralazine hcl*	ADD TO FORMULARY		Preferred Generics
05/29/2023	*rufinamide*	*rufinamide*	ADD TO FORMULARY		Non-Preferred Generics
05/29/2023	*atropine sulfate*	*atropine sulfate (ophthalmic)*	ADD TO FORMULARY		Non-Preferred Brands
05/29/2023	*carepoint poly hub needle*	*needle (disp) 18 g*	ADD TO FORMULARY		Preferred Brands
05/29/2023	*lenalidomide*	*lenalidomide*	ADD TO FORMULARY		Specialty
05/29/2023	*carepoint poly hub needle*	*needle (disp) 27 g*	ADD TO FORMULARY		Preferred Brands
05/29/2023	*daytrana*	*methylphenidate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
05/29/2023	*carepoint poly hub needle*	*needle (disp) 23 g*	ADD TO FORMULARY		Preferred Brands

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/29/2023	*rabeprazole sodium*	*rabeprazole sodium*	ADD TO FORMULARY		Non-Preferred Generics
05/29/2023	*desmopressin acetate*	*desmopressin acetate*	ADD TO FORMULARY		Non-Preferred Generics
05/29/2023	*dexamethasone*	*dexamethasone*	ADD TO FORMULARY		Preferred Brands
05/29/2023	*carepoint poly hub needle*	*needle (disp) 22 g*	ADD TO FORMULARY		Preferred Brands
05/29/2023	*amiodarone hcl*	*amiodarone hcl*	ADD TO FORMULARY		Non-Preferred Generics
05/29/2023	*dofetilide*	*dofetilide*	ADD TO FORMULARY		Non-Preferred Generics
05/29/2023	*niacin er (antihyperlipidemic)*	*niacin (antihyperlipidemic)*	ADD TO FORMULARY		Non-Preferred Generics
05/29/2023	*hydrochlorothiazide*	*hydrochlorothiazide*	ADD TO FORMULARY		Preferred Generics
05/29/2023	*carepoint poly hub needle*	*needle (disp) 21 g*	ADD TO FORMULARY		Preferred Brands
05/29/2023	*clopidogrel bisulfate*	*clopidogrel bisulfate*	ADD TO FORMULARY		Preferred Generics
05/29/2023	*clonidine hcl er*	*clonidine hcl (adhd)*	ADD TO FORMULARY		Non-Preferred Generics
05/29/2023	*carepoint poly hub needle*	*needle (disp) 30 g*	ADD TO FORMULARY		Preferred Brands
05/29/2023	*pure comfort safety pen needle*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
05/29/2023	*methylphenidate*	*methylphenidate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
05/29/2023	*isosorbide mononitrate er*	*isosorbide mononitrate*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/29/2023	*alendronate sodium*	*alendronate sodium*	ADD TO FORMULARY		Non-Preferred Generics
05/29/2023	*carepoint poly hub needle*	*needle (disp) 25 g*	ADD TO FORMULARY		Preferred Brands
05/29/2023	*nitroglycerin*	*nitroglycerin*	ADD TO FORMULARY		Preferred Generics
05/30/2023	*liqrev*	*sildenafil citrate (pulmonary hypertension)*	UM AUTO RULE: QUANTITY		244 / 30 day(s)
05/30/2023	*mekinist*	*trametinib dimethyl sulfoxide*	UM AUTO RULE: QUANTITY		1170 / 28 day(s)
05/30/2023	*zolpidem tartrate*	*zolpidem tartrate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
05/30/2023	*tafinlar*	*dabrafenib mesylate*	UM AUTO RULE: QUANTITY		840 / 28 day(s)

2023 FRIDAY HEALTH PLAN Updates

June, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2023	*zolpidem tartrate*	*zolpidem tartrate*	UM AUTO RULE: STEP		INSOMNIA
06/02/2023	*zavzpret*	*zavegepant hcl*	UM AUTO RULE: QUANTITYCUSTOM		8 / 30 days
06/02/2023	*relyvrio*	*sodium phenylbutyrate-taurursodiol*	UM AUTO RULE: QUANTITY		56 / 28 day(s)
06/02/2023	*lipofen*	*fenofibrate*	DRUG ATTR CHANGE OVERRIDE	ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil	ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
06/02/2023	*relyvrio*	*sodium phenylbutyrate-taurursodiol*	ADD TO FORMULARY	Non-Formulary	Specialty
06/02/2023	*fenofibrate*	*fenofibrate*	DRUG ATTR CHANGE OVERRIDE	ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil	ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
06/03/2023	*fenofibrate*	*fenofibrate*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
06/03/2023	*zofran*	*ondansetron hcl*	UM AUTO RULE: QUANTITYCUSTOM		21 / 30 days
06/03/2023	*prezista*	*darunavir*	UM AUTO RULE: QUANTITY		60 / 30 day(s)
06/03/2023	*darunavir*	*darunavir*	UM AUTO RULE: QUANTITY		60 / 30 day(s)
06/03/2023	*lipofen*	*fenofibrate*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/03/2023	*ondansetron hcl*	*ondansetron hcl*	UM AUTO RULE: QUANTITYCUSTOM		21 / 30 days
06/05/2023	*insulin syringe-needle u-100*	*insulin syringe/needle u-100*	ADD TO FORMULARY		Preferred Brands
06/05/2023	*prednisolone sodium phosphate*	*prednisolone sodium phosphate*	ADD TO FORMULARY		Preferred Generics
06/05/2023	*sertraline hcl*	*sertraline hcl*	ADD TO FORMULARY		Preferred Generics
06/05/2023	*securesafe insulin syringe*	*insulin syringe/needle u-100*	ADD TO FORMULARY		Preferred Brands
06/05/2023	*lactulose encephalopathy*	*lactulose (encephalopathy)*	ADD TO FORMULARY		Non-Preferred Generics
06/05/2023	*sucralfate*	*sucralfate*	ADD TO FORMULARY		Non-Preferred Generics
06/05/2023	*dicyclomine hcl*	*dicyclomine hcl*	ADD TO FORMULARY		Preferred Generics
06/05/2023	*venlafaxine hcl er*	*venlafaxine hcl*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
06/05/2023	*febuxostat*	*febuxostat*	ADD TO FORMULARY		Non-Preferred Generics
06/05/2023	*enalapril maleate*	*enalapril maleate*	ADD TO FORMULARY		Preferred Generics
06/05/2023	*topiramate er*	*topiramate*	ADD TO FORMULARY		Non-Preferred Generics
06/05/2023	*zegalogue*	*dasiglucagon hcl*	ADD TO FORMULARY		Preferred Brands
06/05/2023	*diclofenac sodium*	*diclofenac sodium*	ADD TO FORMULARY		Non-Preferred Generics
06/05/2023	*pregabalin*	*pregabalin*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/05/2023	*clonidine hcl*	*clonidine hcl*	ADD TO FORMULARY		Preferred Generics
06/05/2023	*sumatriptan succinate*	*sumatriptan succinate*	ADD TO FORMULARY		Non-Preferred Generics
06/05/2023	*clomipramine hcl*	*clomipramine hcl*	ADD TO FORMULARY		Non-Preferred Generics
06/05/2023	*pen needles*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
06/05/2023	*vilazodone hcl*	*vilazodone hcl*	ADD TO FORMULARY		Non-Preferred Generics
06/05/2023	*losartan potassium*	*losartan potassium*	ADD TO FORMULARY		Preferred Generics
06/05/2023	*isoniazid*	*isoniazid*	ADD TO FORMULARY		Non-Preferred Generics
06/09/2023	*fenofibrate*	*fenofibrate*	DRUG ATTR CHANGE OVERRIDE	ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil	ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
06/09/2023	*carbinoxamine maleate*	*carbinoxamine maleate*	DRUG ATTR CHANGE OVERRIDE	At least 2 yrs old	At least 2 yrs old
06/09/2023	*sorilux*	*calcipotriene*	DRUG ATTR CHANGE OVERRIDE	ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin cream/gel	ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin cream/gel

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/09/2023	*lipofen*	*fenofibrate*	DRUG ATTR CHANGE OVERRIDE	ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil	ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
06/09/2023	*calcipotriene*	*calcipotriene*	DRUG ATTR CHANGE OVERRIDE	ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin cream/gel	ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin cream/gel
06/10/2023	*sorilux*	*calcipotriene*	UM AUTO RULE: CUSTOM		ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin cream/gel
06/10/2023	*lipofen*	*fenofibrate*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/10/2023	*calcipotriene*	*calcipotriene*	UM AUTO RULE: CUSTOM		ALT: adapalene-benzoyl peroxide 0.1-2.5 % gel, benzoyl peroxide-erythromycin 5-3% gel, clindamycin phos-benzoyl perox 1.2-5% gel, tretinoin cream/gel
06/10/2023	*carbinoxamine maleate*	*carbinoxamine maleate*	UM AUTO RULE: AGE		At least 2 yrs old
06/10/2023	*fenofibrate*	*fenofibrate*	UM AUTO RULE: CUSTOM		ALT: fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tab, gemfibrozil
06/12/2023	*mesalamine*	*mesalamine*	ADD TO FORMULARY		Non-Preferred Generics
06/12/2023	*tazarotene*	*tazarotene*	ADD TO FORMULARY		Non-Preferred Generics
06/12/2023	*myleran*	*busulfan*	ADD TO FORMULARY		Specialty
06/12/2023	*fioricet*	*butalbital-acetaminophen-caffeine*	UM AUTO RULE: QUANTITY		180 / 30 day(s)
06/12/2023	*curae*	*levonorgestrel (emergency oc)*	ADD TO FORMULARY		Non-Preferred Generics
06/12/2023	*ziprasidone hcl*	*ziprasidone hcl*	ADD TO FORMULARY		Non-Preferred Generics
06/12/2023	*lurasidone hcl*	*lurasidone hcl*	ADD TO FORMULARY		Non-Preferred Generics
06/12/2023	*daytrana*	*methylphenidate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/12/2023	*roflumilast*	*roflumilast*	ADD TO FORMULARY		Non-Preferred Generics
06/12/2023	*leukeran*	*chlorambucil*	ADD TO FORMULARY		Specialty
06/12/2023	*ezetimibe*	*ezetimibe*	ADD TO FORMULARY		Preferred Generics
06/12/2023	*lidocaine viscous hcl*	*lidocaine hcl (mouth-throat)*	ADD TO FORMULARY		Preferred Generics
06/12/2023	*posaconazole*	*posaconazole*	ADD TO FORMULARY		Non-Preferred Generics
06/12/2023	*gefitinib*	*gefitinib*	ADD TO FORMULARY		Specialty
06/12/2023	*butalbital-apap-caffeine*	*butalbital-acetaminophen-caffeine*	UM AUTO RULE: QUANTITY		180 / 30 day(s)
06/12/2023	*aripiprazole*	*aripiprazole*	ADD TO FORMULARY		Non-Preferred Generics
06/12/2023	*clever choice comfort ez*	*lancets*	ADD TO FORMULARY		Preferred Brands
06/12/2023	*darunavir*	*darunavir*	ADD TO FORMULARY		Non-Preferred Generics
06/12/2023	*methylphenidate*	*methylphenidate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
06/12/2023	*tabloid*	*thioguanine*	ADD TO FORMULARY		Specialty
06/12/2023	*enoxaparin sodium*	*enoxaparin sodium*	ADD TO FORMULARY		Non-Preferred Generics
06/12/2023	*rosuvastatin calcium*	*rosuvastatin calcium*	ADD TO FORMULARY		Preferred Generics
06/12/2023	*acyclovir*	*acyclovir*	ADD TO FORMULARY		Non-Preferred Generics
06/16/2023	*zeposia 7-day starter pack*	*ozanimod hcl*	UM AUTO RULE: AUTHORIZATION		Zeposia

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/16/2023	*inpefa*	*sotagliflozin*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
06/16/2023	*zeposia starter kit*	*ozanimod hcl*	TERM AUTO RULE		
06/16/2023	*zeposia*	*ozanimod hcl*	TERM AUTO RULE		
06/16/2023	*zeposia 7-day starter pack*	*ozanimod hcl*	TERM AUTO RULE		
06/16/2023	*zeposia starter kit*	*ozanimod hcl*	UM AUTO RULE: QUANTITYCUSTOM		37 / 180 days
06/16/2023	*cisplatin*	*cisplatin*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
06/16/2023	*zeposia*	*ozanimod hcl*	UM AUTO RULE: AUTHORIZATION		Zeposia
06/16/2023	*noxafil*	*posaconazole*	DRUG ATTR CHANGE OVERRIDE	Antifungal (Cresemba/Noxafil/Vfend)	Antifungal (Cresemba/Noxafil/Vfend)
06/17/2023	*noxafil*	*posaconazole*	UM AUTO RULE: AUTHORIZATION		Antifungal (Cresemba/Noxafil/Vfend)
06/17/2023	*cisplatin*	*cisplatin*	UM AUTO RULE: SPECIALTY		Specialty Drug
06/17/2023	*posaconazole*	*posaconazole*	UM AUTO RULE: AUTHORIZATION		Antifungal (Cresemba/Noxafil/Vfend)
06/19/2023	*mexiletine hcl*	*mexiletine hcl*	ADD TO FORMULARY		Non-Preferred Generics
06/19/2023	*levetiracetam*	*levetiracetam*	ADD TO FORMULARY		Preferred Generics
06/19/2023	*estring*	*estradiol vaginal*	ADD TO FORMULARY		Preferred Brands
06/19/2023	*olmesartan medoxomil*	*olmesartan medoxomil*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/19/2023	*erlotinib hcl*	*erlotinib hcl*	ADD TO FORMULARY		Specialty
06/19/2023	*desipramine hcl*	*desipramine hcl*	ADD TO FORMULARY		Non-Preferred Generics
06/19/2023	*glyburide*	*glyburide*	ADD TO FORMULARY		Preferred Generics
06/19/2023	*pentamidine isethionate*	*pentamidine isethionate*	ADD TO FORMULARY		Non-Preferred Generics
06/19/2023	*metformin hcl er (mod)*	*metformin hcl*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
06/19/2023	*nitrofurantoin*	*nitrofurantoin*	ADD TO FORMULARY		Non-Preferred Generics
06/19/2023	*everolimus*	*everolimus (immunosuppressant)*	ADD TO FORMULARY		Non-Preferred Generics
06/19/2023	*glumetza*	*metformin hcl*	UM AUTO RULE: QUANTITY		90 / 30 day(s)
06/19/2023	*carbidopa-levodopa er*	*carbidopa-levodopa*	ADD TO FORMULARY		Non-Preferred Generics
06/19/2023	*acetazolamide*	*acetazolamide*	ADD TO FORMULARY		Non-Preferred Generics
06/19/2023	*azathioprine*	*azathioprine*	ADD TO FORMULARY		Non-Preferred Generics
06/19/2023	*acetazolamide er*	*acetazolamide*	ADD TO FORMULARY		Non-Preferred Generics
06/19/2023	*sumatriptan succinate*	*sumatriptan succinate*	ADD TO FORMULARY		Non-Preferred Generics
06/19/2023	*zeposia starter kit*	*ozanimod hcl*	ADD TO FORMULARY		Specialty
06/22/2023	*joenja*	*leniolisib phosphate*	UM AUTO RULE: SPECIALTY		Specialty Drug
06/22/2023	*zynyz*	*retifanlimab-dlwr*	UM AUTO RULE: SPECIALTY		Specialty Drug

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/22/2023	*leqembi*	*lecanemab-irmb*	UM AUTO RULE: SPECIALTY		Specialty Drug
06/22/2023	*daybue*	*trofinetide*	UM AUTO RULE: SPECIALTY		Specialty Drug
06/22/2023	*leuprolide acetate (3 month)*	*leuprolide acetate (3 month)*	UM AUTO RULE: SPECIALTY		Specialty Drug
06/22/2023	*cuvrior*	*trientine tetrahydrochloride*	UM AUTO RULE: SPECIALTY		Specialty Drug
06/22/2023	*udenyca*	*pegfilgrastim-cbqv*	UM AUTO RULE: SPECIALTY		Specialty Drug
06/22/2023	*austedo xr*	*deutetrabenazine*	UM AUTO RULE: SPECIALTY		Specialty Drug
06/23/2023	*olpruva (6 gm dose)*	*sodium phenylbutyrate*	UM AUTO RULE: AUTHORIZATION		Urea Cycle Disorders
06/23/2023	*olpruva (4 gm dose)*	*sodium phenylbutyrate*	UM AUTO RULE: AUTHORIZATION		Urea Cycle Disorders
06/23/2023	*olpruva (6.67 gm dose)*	*sodium phenylbutyrate*	UM AUTO RULE: AUTHORIZATION		Urea Cycle Disorders
06/23/2023	*olpruva (3 gm dose)*	*sodium phenylbutyrate*	UM AUTO RULE: AUTHORIZATION		Urea Cycle Disorders
06/23/2023	*olpruva (2 gm dose)*	*sodium phenylbutyrate*	UM AUTO RULE: AUTHORIZATION		Urea Cycle Disorders
06/23/2023	*olpruva (5 gm dose)*	*sodium phenylbutyrate*	UM AUTO RULE: AUTHORIZATION		Urea Cycle Disorders
06/26/2023	*metaxalone*	*metaxalone*	ADD TO FORMULARY		Non-Preferred Generics
06/26/2023	*diclofenac sodium*	*diclofenac sodium*	ADD TO FORMULARY		Preferred Generics
06/26/2023	*aspirin regimen*	*aspirin*	ADD TO FORMULARY		Preferred Generics

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/26/2023	*isotretinoin*	*isotretinoin*	ADD TO FORMULARY		Non-Preferred Generics
06/26/2023	*aspirin 81*	*aspirin*	ADD TO FORMULARY		Preferred Generics
06/26/2023	*amphetamine-dextroamphetamine*	*amphetamine-dextroamphetamine*	ADD TO FORMULARY		Non-Preferred Generics
06/26/2023	*octreotide acetate*	*octreotide acetate*	ADD TO FORMULARY		Specialty
06/26/2023	*fenofibrate*	*fenofibrate*	ADD TO FORMULARY		Preferred Generics
06/26/2023	*felodipine er*	*felodipine*	ADD TO FORMULARY		Preferred Generics
06/26/2023	*calcitriol*	*calcitriol*	ADD TO FORMULARY		Preferred Generics
06/26/2023	*dexlansoprazole*	*dexlansoprazole*	ADD TO FORMULARY		Non-Preferred Generics
06/26/2023	*safety lancets 28g*	*lancets*	ADD TO FORMULARY		Preferred Brands
06/26/2023	*ramelteon*	*ramelteon*	ADD TO FORMULARY		Non-Preferred Generics
06/26/2023	*cabergoline*	*cabergoline*	ADD TO FORMULARY		Non-Preferred Generics
06/26/2023	*desvenlafaxine succinate er*	*desvenlafaxine succinate*	ADD TO FORMULARY		Non-Preferred Generics
06/30/2023	*rinvoq*	*upadacitinib*	UM AUTO RULE: QUANTITYCUSTOM		84 / 365 days
06/30/2023	*zejula*	*niraparib tosylate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
06/30/2023	*talzenna*	*talazoparib tosylate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)

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2023 FRIDAY HEALTH PLAN Updates

July, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*ermeza*	*levothyroxine sodium*	ADD TO FORMULARY	Non-Formulary	Non-Preferred Brands
07/01/2023	*elahere*	*mirvetuximab soravtansine-gynx*	ADD TO FORMULARY	Non-Formulary	Specialty
07/01/2023	*furoscix*	*furosemide*	UM AUTO RULE: QUANTITYCUSTOM		8 / 180 days
07/01/2023	*amjevita*	*adalimumab-atto*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2023	*tascenso odt*	*fingolimod lauryl sulfate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
07/01/2023	*krazati*	*adagrasib*	ADD TO FORMULARY	Non-Formulary	Specialty
07/01/2023	*lytgobi (20 mg daily dose)*	*futibatinib*	ADD TO FORMULARY	Non-Formulary	Specialty
07/01/2023	*furoscix*	*furosemide*	ADD TO FORMULARY	Non-Formulary	Specialty
07/01/2023	*leuprolide acetate (3 month)*	*leuprolide acetate (3 month)*	ADD TO FORMULARY	Non-Formulary	Specialty
07/01/2023	*lytgobi (16 mg daily dose)*	*futibatinib*	ADD TO FORMULARY	Non-Formulary	Specialty
07/01/2023	*noxafil*	*posaconazole*	ADD TO FORMULARY	Non-Formulary	Preferred Brands
07/01/2023	*rezlidhia*	*olutasidenib*	ADD TO FORMULARY	Non-Formulary	Specialty
07/01/2023	*amjevita*	*adalimumab-atto*	ADD UM: CUSTOM		ALT: Amjevita NDCs 55513040001; 55513040002, Humira, Cyltezo
07/01/2023	*lytgobi (12 mg daily dose)*	*futibatinib*	ADD TO FORMULARY	Non-Formulary	Specialty

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2023	*leuprolide acetate (3 month)*	*leuprolide acetate (3 month)*	UM AUTO RULE: SPECIALTY		Specialty Drug
07/01/2023	*pheburane*	*sodium phenylbutyrate*	UM AUTO RULE: AUTHORIZATION		Urea Cycle Disorders
07/01/2023	*pheburane*	*sodium phenylbutyrate*	ADD TO FORMULARY	Non-Formulary	Specialty
07/03/2023	*everolimus*	*everolimus*	ADD TO FORMULARY		Specialty
07/03/2023	*pioglitazone hcl*	*pioglitazone hcl*	ADD TO FORMULARY		Preferred Generics
07/03/2023	*zejula*	*niraparib tosylate*	ADD TO FORMULARY		Specialty
07/03/2023	*lidocaine viscous hcl*	*lidocaine hcl (mouth-throat)*	ADD TO FORMULARY		Preferred Generics
07/03/2023	*altuviiio*	*antihemophilic factor (rcmb) fc-vwf-xten fusion protein-ehtl*	ADD TO FORMULARY		Specialty
07/03/2023	*doxazosin mesylate*	*doxazosin mesylate*	ADD TO FORMULARY		Preferred Generics
07/03/2023	*trikafta*	*elexacaftor-tezacaftor-ivacaftor*	ADD TO FORMULARY		Specialty
07/03/2023	*montelukast sodium*	*montelukast sodium*	ADD TO FORMULARY		Preferred Generics
07/03/2023	*gefitinib*	*gefitinib*	ADD TO FORMULARY		Specialty
07/03/2023	*amitriptyline hcl*	*amitriptyline hcl*	ADD TO FORMULARY		Preferred Generics
07/03/2023	*isosorbide mononitrate er*	*isosorbide mononitrate*	ADD TO FORMULARY		Preferred Generics
07/03/2023	*metoprolol succinate er*	*metoprolol succinate*	ADD TO FORMULARY		Preferred Generics
07/03/2023	*denta 5000 plus*	*sodium fluoride (dental)*	ADD TO FORMULARY		Preferred Generics

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/03/2023	*escitalopram oxalate*	*escitalopram oxalate*	ADD TO FORMULARY		Preferred Generics
07/07/2023	*cyltezo-psoriasis starter*	*adalimumab-adbm*	ADD UM: QUANTITYCUSTOM		3.2 / 180 days
07/07/2023	*vancomycin hcl*	*vancomycin hcl*	DRUG ATTR CHANGE OVERRIDE	ALT: vancomycin 125 mg, 250 mg cap	ALT: vancomycin 125 mg, 250 mg cap
07/07/2023	*cyltezo*	*adalimumab-adbm*	UM AUTO RULE: QUANTITY		0.4 / 28 day(s)
07/07/2023	*fleqsuvy*	*baclofen*	UM AUTO RULE: CUSTOM		ALT: Baclofen tablets
07/07/2023	*cyltezo-cd/uc/hs starter*	*adalimumab-adbm*	UM AUTO RULE: AUTHORIZATION		Biologic Immunomodulators
07/07/2023	*cyltezo*	*adalimumab-adbm*	ADD UM: QUANTITY		1.6 / 28 day(s)
07/07/2023	*idacio for plaque psoriasis*	*adalimumab-aacf*	UM AUTO RULE: AUTHORIZATION		Biologic Immunomodulators
07/07/2023	*adalimumab-fkjp*	*adalimumab-fkjp*	UM AUTO RULE: QUANTITY		1.6 / 28 day(s)
07/07/2023	*yusimry*	*adalimumab-aqvh*	UM AUTO RULE: QUANTITY		1.6 / 28 day(s)
07/07/2023	*idacio for plaque psoriasis*	*adalimumab-aacf*	ADD UM: QUANTITYCUSTOM		1.6 / 180 days
07/07/2023	*idacio*	*adalimumab-aacf*	UM AUTO RULE: QUANTITY		1.6 / 28 day(s)
07/07/2023	*baclofen*	*baclofen*	UM AUTO RULE: CUSTOM		ALT: Baclofen tablets
07/07/2023	*hadlima*	*adalimumab-bwwd*	UM AUTO RULE: QUANTITY		0.8 / 28 day(s)

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/07/2023	*hulio*	*adalimumab-fkjp*	UM AUTO RULE: QUANTITY		1.6 / 28 day(s)
07/07/2023	*idacio*	*adalimumab-aacf*	ADD UM: QUANTITY		1.6 / 28 day(s)
07/07/2023	*idacio for crohns disease/uc*	*adalimumab-aacf*	ADD UM: QUANTITYCUSTOM		2.4 / 180 days
07/07/2023	*hadlima pushtouch*	*adalimumab-bwwd*	UM AUTO RULE: QUANTITY		0.8 / 28 day(s)
07/07/2023	*idacio for crohns disease/uc*	*adalimumab-aacf*	UM AUTO RULE: AUTHORIZATION		Biologic Immunomodulators
07/07/2023	*yuflyma 1-pen kit*	*adalimumab-aaty*	UM AUTO RULE: QUANTITY		0.8 / 28 day(s)
07/07/2023	*yuflyma 2-pen kit*	*adalimumab-aaty*	UM AUTO RULE: QUANTITY		0.8 / 28 day(s)
07/07/2023	*cyltezo-cd/uc/hs starter*	*adalimumab-adbm*	ADD UM: QUANTITYCUSTOM		4.8 / 180 days
07/07/2023	*cyltezo-psoriasis starter*	*adalimumab-adbm*	UM AUTO RULE: AUTHORIZATION		Biologic Immunomodulators
07/10/2023	*acyclovir*	*acyclovir*	ADD TO FORMULARY		Preferred Generics
07/10/2023	*flecainide acetate*	*flecainide acetate*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*vigadrone*	*vigabatrin*	ADD TO FORMULARY		Specialty
07/10/2023	*mesalamine er*	*mesalamine*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*olmesartan medoxomil*	*olmesartan medoxomil*	ADD TO FORMULARY		Preferred Generics
07/10/2023	*lidocaine*	*lidocaine*	ADD TO FORMULARY		Non-Preferred Generics

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/10/2023	*valganciclovir hcl*	*valganciclovir hcl*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*colestipol hcl*	*colestipol hcl*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*thyquidity*	*levothyroxine sodium*	ADD TO FORMULARY		Non-Preferred Brands
07/10/2023	*fosinopril sodium*	*fosinopril sodium*	ADD TO FORMULARY		Preferred Generics
07/10/2023	*potassium chloride*	*potassium chloride*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*lidocaine hcl*	*lidocaine hcl*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*lamotrigine er*	*lamotrigine*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*metolazone*	*metolazone*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*lisinopril*	*lisinopril*	ADD TO FORMULARY		Preferred Generics
07/10/2023	*humatin*	*paromomycin sulfate*	ADD TO FORMULARY		Non-Preferred Brands
07/10/2023	*nicotine polacrilex*	*nicotine polacrilex*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*albuterol sulfate*	*albuterol sulfate*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*bupropion hcl er (smoking det)*	*bupropion hcl (smoking deterrent)*	ADD TO FORMULARY		Preferred Generics
07/10/2023	*pyrimethamine*	*pyrimethamine*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*rosuvastatin calcium*	*rosuvastatin calcium*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/10/2023	*allopurinol*	*allopurinol*	ADD TO FORMULARY		Preferred Generics
07/10/2023	*morphine sulfate (concentrate)*	*morphine sulfate*	ADD TO FORMULARY		Non-Preferred Generics
07/10/2023	*thyroid*	*thyroid*	ADD TO FORMULARY		Non-Preferred Brands
07/14/2023	*oxandrolone*	*oxandrolone*	DRUG ATTR CHANGE OVERRIDE	Androgen/Anabolic Steroids	Androgen/Anabolic Steroids
07/14/2023	*hyrimoz-crohns/uc starter pack*	*adalimumab-adaz*	ADD UM: QUANTITYCUSTOM		2.4 / 180 days
07/14/2023	*ifosfamide*	*ifosfamide*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
07/14/2023	*idacio for crohns disease/uc*	*adalimumab-aacf*	CHANGE UM: QUANTITYCUSTOM	2.4 / 180 days	4.8 / 180 days
07/14/2023	*litfulo*	*ritlecitinib tosylate*	UM AUTO RULE: QUANTITY		28 / 28 day(s)
07/14/2023	*hyrimoz-plaque psoriasis start*	*adalimumab-adaz*	UM AUTO RULE: QUANTITYCUSTOM		1.6 / 180 days
07/14/2023	*hyrimoz-crohns/uc starter pack*	*adalimumab-adaz*	UM AUTO RULE: AUTHORIZATION		Biologic Immunomodulators
07/14/2023	*hyrimoz*	*adalimumab-adaz*	UM AUTO RULE: QUANTITY		0.8 / 28 day(s)
07/14/2023	*hyrimoz-ped crohns starter*	*adalimumab-adaz*	UM AUTO RULE: QUANTITYCUSTOM		2.4 / 180 days
07/14/2023	*hyrimoz*	*adalimumab-adaz*	ADD UM: QUANTITY		1.6 / 28 day(s)
07/14/2023	*abilify mycite starter kit*	*aripiprazole with sensor, strips, & pod*	REMOVE UM: SPECIALTY	Specialty Drug	
07/14/2023	*idacio for plaque psoriasis*	*adalimumab-aacf*	CHANGE UM: QUANTITYCUSTOM	1.6 / 180 days	3.2 / 180 days

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/14/2023	*abilify mycite maintenance kit*	*aripiprazole with sensor, strips, & pod*	REMOVE UM: SPECIALTY	Specialty Drug	
07/14/2023	*adalimumab-adaz*	*adalimumab-adaz*	UM AUTO RULE: QUANTITY		0.8 / 28 day(s)
07/15/2023	*ifosfamide*	*ifosfamide*	UM AUTO RULE: SPECIALTY		Specialty Drug
07/15/2023	*oxandrolone*	*oxandrolone*	UM AUTO RULE: AUTHORIZATION		Androgen/Anabolic Steroids
07/17/2023	*digoxin*	*digoxin*	ADD TO FORMULARY		Preferred Generics
07/17/2023	*flulaval quadrivalent*	*influenza virus vaccine split quadrivalent*	ADD TO FORMULARY		Preferred Brands
07/17/2023	*famotidine*	*famotidine*	ADD TO FORMULARY		Non-Preferred Generics
07/17/2023	*nicotine polacrilex*	*nicotine polacrilex*	ADD TO FORMULARY		Non-Preferred Generics
07/17/2023	*doxepin hcl*	*doxepin hcl*	ADD TO FORMULARY		Preferred Generics
07/17/2023	*amantadine hcl*	*amantadine hcl*	ADD TO FORMULARY		Non-Preferred Generics
07/17/2023	*valacyclovir hcl*	*valacyclovir hcl*	ADD TO FORMULARY		Preferred Generics
07/17/2023	*talzenna*	*talazoparib tosylate*	ADD TO FORMULARY		Specialty
07/17/2023	*sevelamer hcl*	*sevelamer hcl*	ADD TO FORMULARY		Non-Preferred Generics
07/17/2023	*fluarix quadrivalent*	*influenza virus vaccine split quadrivalent*	ADD TO FORMULARY		Preferred Brands
07/17/2023	*metformin hcl*	*metformin hcl*	ADD TO FORMULARY		Preferred Generics

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/17/2023	*hadlima pushtouch*	*adalimumab-bwwd*	ADD TO FORMULARY		Specialty
07/17/2023	*hadlima*	*adalimumab-bwwd*	ADD TO FORMULARY		Specialty
07/21/2023	*austedo xr patient titration*	*deutetrabenazine*	UM AUTO RULE: QUANTITYCUSTOM		42 / 180 days
07/21/2023	*austedo patient titration kit*	*deutetrabenazine*	UM AUTO RULE: AUTHORIZATION		VMAT2 Inhibitor
07/21/2023	*plerixafor*	*plerixafor*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
07/21/2023	*bupropion hcl er (smoking det)*	*bupropion hcl (smoking deterrent)*	DRUG ATTR CHANGE OVERRIDE	60 / 30 DAYS	60 / 30 DAYS
07/21/2023	*mozobil*	*plerixafor*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
07/21/2023	*bupropion hcl er (smoking det)*	*bupropion hcl (smoking deterrent)*	UM AUTO RULE: QUANTITY		60 / 30 day(s)
07/21/2023	*plerixafor*	*plerixafor*	UM AUTO RULE: SPECIALTY		Specialty Drug
07/21/2023	*mozobil*	*plerixafor*	UM AUTO RULE: SPECIALTY		Specialty Drug
07/21/2023	*clemastine fumarate*	*clemastine fumarate*	UM AUTO RULE: CUSTOM		ALT: clemastine fumarate 2.68 mg tab, carbinoxamine 4 mg, cyproheptadine, desloratadine

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/21/2023	*clemastine fumarate*	*clemastine fumarate*	DRUG ATTR CHANGE OVERRIDE	ALT: clemastine fumarate 2.68 mg tab, carbinoxamine 4 mg, cyproheptadine, desloratadine	ALT: clemastine fumarate 2.68 mg tab, carbinoxamine 4 mg, cyproheptadine, desloratadine
07/24/2023	*tobramycin*	*tobramycin*	ADD TO FORMULARY		Specialty
07/24/2023	*fluad quadrivalent*	*influenza virus vacc types a & b surf antigen adjuvant quad*	ADD TO FORMULARY		Preferred Brands
07/24/2023	*promethazine hcl*	*promethazine hcl*	ADD TO FORMULARY		Preferred Generics
07/24/2023	*nitrofurantoin monohyd macro*	*nitrofurantoin monohyd macro*	ADD TO FORMULARY		Non-Preferred Generics
07/24/2023	*bd eclipse needle*	*needle (disp) 23 g*	ADD TO FORMULARY		Preferred Brands
07/24/2023	*zafemy*	*norelgestromin-ethinyl estradiol*	ADD TO FORMULARY		Non-Preferred Generics
07/24/2023	*diltiazem hcl*	*diltiazem hcl*	ADD TO FORMULARY		Non-Preferred Generics
07/24/2023	*afluria quadrivalent*	*influenza virus vaccine split quadrivalent*	ADD TO FORMULARY		Preferred Brands
07/24/2023	*comfort ez pro pen needles*	*insulin pen needle*	ADD TO FORMULARY		Preferred Brands
07/24/2023	*migranal*	*dihydroergotamine mesylate*	UM AUTO RULE: QUANTITY		8 / 28 day(s)
07/24/2023	*flumist quadrivalent*	*influenza virus vaccine live quadrivalent*	ADD TO FORMULARY		Preferred Brands
07/24/2023	*methazolamide*	*methazolamide*	ADD TO FORMULARY		Non-Preferred Generics

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/24/2023	*diclofenac sodium*	*diclofenac sodium*	ADD TO FORMULARY		Preferred Generics
07/24/2023	*dihydroergotamine mesylate*	*dihydroergotamine mesylate*	UM AUTO RULE: QUANTITY		8 / 28 day(s)
07/24/2023	*lisinopril*	*lisinopril*	ADD TO FORMULARY		Preferred Generics
07/24/2023	*ciprofloxacin hcl*	*ciprofloxacin hcl*	ADD TO FORMULARY		Preferred Generics
07/24/2023	*abiraterone acetate*	*abiraterone acetate*	ADD TO FORMULARY		Specialty
07/24/2023	*flucelvax quadrivalent*	*influenza virus vaccine tissue-cultured subunit quadrivalent*	ADD TO FORMULARY		Preferred Brands
07/24/2023	*ibandronate sodium*	*ibandronate sodium*	ADD TO FORMULARY		Preferred Generics
07/24/2023	*gabapentin*	*gabapentin*	ADD TO FORMULARY		Non-Preferred Generics
07/24/2023	*sorafenib tosylate*	*sorafenib tosylate*	ADD TO FORMULARY		Specialty
07/24/2023	*isotretinoin*	*isotretinoin*	ADD TO FORMULARY		Non-Preferred Generics
07/24/2023	*everolimus*	*everolimus*	ADD TO FORMULARY		Specialty
07/24/2023	*chlorhexidine gluconate*	*chlorhexidine gluconate (mouth-throat)*	ADD TO FORMULARY		Preferred Generics
07/28/2023	*brenzavvy*	*bexagliflozin*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
07/31/2023	*ketorolac tromethamine*	*ketorolac tromethamine*	ADD TO FORMULARY		Non-Preferred Generics
07/31/2023	*indapamide*	*indapamide*	ADD TO FORMULARY		Preferred Generics

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/31/2023	*benztropine mesylate*	*benztropine mesylate*	ADD TO FORMULARY		Preferred Generics
07/31/2023	*fluzone quadrivalent*	*influenza virus vaccine split quadrivalent*	ADD TO FORMULARY		Preferred Brands
07/31/2023	*omeprazole*	*omeprazole*	ADD TO FORMULARY		Preferred Generics
07/31/2023	*gabapentin*	*gabapentin*	ADD TO FORMULARY		Preferred Generics
07/31/2023	*duloxetine hcl*	*duloxetine hcl*	ADD TO FORMULARY		Preferred Generics
07/31/2023	*fluoxetine hcl*	*fluoxetine hcl*	ADD TO FORMULARY		Non-Preferred Generics
07/31/2023	*rosuvastatin calcium*	*rosuvastatin calcium*	ADD TO FORMULARY		Preferred Generics
07/31/2023	*chloroquine phosphate*	*chloroquine phosphate*	ADD TO FORMULARY		Non-Preferred Generics
07/31/2023	*anastrozole*	*anastrozole*	ADD TO FORMULARY		Preferred Generics
07/31/2023	*guanfacine hcl*	*guanfacine hcl*	ADD TO FORMULARY		Non-Preferred Generics
07/31/2023	*fluzone high-dose quadrivalent*	*influenza virus vac split high-dose quad preservative free*	ADD TO FORMULARY		Preferred Brands
07/31/2023	*bimatoprost*	*bimatoprost*	ADD TO FORMULARY		Non-Preferred Generics
07/31/2023	*flublok quadrivalent*	*influenza virus vac recomb hemagglutinin (ha) quadrivalent*	ADD TO FORMULARY		Preferred Brands

2023 FRIDAY HEALTH PLAN Updates

August, 2023

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/04/2023	*dexabliss*	*dexamethasone*	DRUG ATTR CHANGE OVERRIDE	ALT: dexamethasone tab	ALT: dexamethasone tab
08/04/2023	*symbicort*	*budesonide-formoterol fumarate dihydrate*	DRUG ATTR CHANGE OVERRIDE	10.2 / 30 DAYS	10.2 / 30 DAYS
08/04/2023	*onglyza*	*saxagliptin hcl*	DRUG ATTR CHANGE OVERRIDE	Excluded	Excluded
08/04/2023	*indocin*	*indomethacin*	DRUG ATTR CHANGE OVERRIDE	ALT: indomethacin 25 mg, 50 mg cap	ALT: indomethacin 25 mg, 50 mg cap
08/04/2023	*cosentyx*	*secukinumab*	UM AUTO RULE: QUANTITY		2 / 28 day(s)
08/04/2023	*vancomycin hcl*	*vancomycin hcl*	DRUG ATTR CHANGE OVERRIDE	ALT: vancomycin 125 mg, 250 mg cap	ALT: vancomycin 125 mg, 250 mg cap
08/04/2023	*melphalan*	*melphalan*	DRUG ATTR CHANGE OVERRIDE	Specialty Drug	Specialty Drug
08/04/2023	*firvanq*	*vancomycin hcl*	DRUG ATTR CHANGE OVERRIDE	ALT: vancomycin 125 mg, 250 mg cap	ALT: vancomycin 125 mg, 250 mg cap
08/04/2023	*vanflyta*	*quizartinib dihydrochloride*	UM AUTO RULE: QUANTITY		56 / 28 day(s)
08/04/2023	*budesonide-formoterol fumarate*	*budesonide-formoterol fumarate dihydrate*	DRUG ATTR CHANGE OVERRIDE	10.2 / 30 DAYS	10.2 / 30 DAYS
08/05/2023	*onglyza*	*saxagliptin hcl*	UM AUTO RULE: CUSTOM		ALT: Januvia
08/05/2023	*dxevo 11-day*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/05/2023	*dexabliss*	*dexamethasone*	UM AUTO RULE: CUSTOM		ALT: dexamethasone tab
08/05/2023	*indomethacin*	*indomethacin*	UM AUTO RULE: CUSTOM		ALT: indomethacin 25 mg, 50 mg cap
08/05/2023	*cytarabine (pf)*	*cytarabine*	UM AUTO RULE: SPECIALTY		Specialty Drug
08/05/2023	*melphalan*	*melphalan*	UM AUTO RULE: SPECIALTY		Specialty Drug
08/05/2023	*alkeran*	*melphalan*	UM AUTO RULE: SPECIALTY		Specialty Drug
08/05/2023	*indocin*	*indomethacin*	UM AUTO RULE: CUSTOM		ALT: indomethacin 25 mg, 50 mg cap
08/07/2023	*fluarix quadrivalent*	*influenza virus vaccine split quadrivalent*	NEW AUTO RULE		Preferred Brands
08/07/2023	*kourzeq*	*triamcinolone acetonide (mouth)*	ADD TO FORMULARY		Non-Preferred Generics
08/07/2023	*mesalamine er*	*mesalamine*	ADD TO FORMULARY		Non-Preferred Generics
08/07/2023	*onetouch delica safety lancing*	*lancet devices*	ADD TO FORMULARY		Preferred Brands
08/07/2023	*metronidazole*	*metronidazole vaginal*	ADD TO FORMULARY		Non-Preferred Generics
08/07/2023	*diltiazem hcl er*	*diltiazem hcl*	ADD TO FORMULARY		Non-Preferred Generics
08/07/2023	*afluria quadrivalent*	*influenza virus vaccine split quadrivalent*	NEW AUTO RULE		Preferred Brands
08/07/2023	*cromolyn sodium*	*cromolyn sodium*	ADD TO FORMULARY		Non-Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/07/2023	*vancomycin hcl*	*vancomycin hcl*	CHANGE TIER	Non-Preferred Brands	Non-Preferred Generics
08/07/2023	*clindamycin palmitate hcl*	*clindamycin palmitate hydrochloride*	ADD TO FORMULARY		Non-Preferred Generics
08/07/2023	*calcitriol*	*calcitriol (topical)*	ADD TO FORMULARY		Non-Preferred Brands
08/07/2023	*cosentyx*	*secukinumab*	ADD TO FORMULARY		Specialty
08/07/2023	*sunlenca*	*lenacapavir sodium*	ADD TO FORMULARY		Specialty
08/07/2023	*febuxostat*	*febuxostat*	ADD TO FORMULARY		Non-Preferred Generics
08/07/2023	*dicyclomine hcl*	*dicyclomine hcl*	ADD TO FORMULARY		Preferred Generics
08/07/2023	*fluzone quadrivalent*	*influenza virus vaccine split quadrivalent*	NEW AUTO RULE		Preferred Brands
08/07/2023	*ondansetron hcl*	*ondansetron hcl*	ADD TO FORMULARY		Preferred Generics
08/07/2023	*ibuprofen-famotidine*	*ibuprofen-famotidine*	ADD TO FORMULARY		Non-Preferred Generics
08/07/2023	*flulaval quadrivalent*	*influenza virus vaccine split quadrivalent*	NEW AUTO RULE		Preferred Brands
08/07/2023	*lacosamide*	*lacosamide*	ADD TO FORMULARY		Non-Preferred Generics
08/11/2023	*breyna*	*budesonide-formoterol fumarate dihydrate*	UM AUTO RULE: QUANTITY		10.2 / 30 day(s)
08/11/2023	*budesonide-formoterol fumarate*	*budesonide-formoterol fumarate dihydrate*	UM AUTO RULE: QUANTITY		10.2 / 30 day(s)
08/11/2023	*ngenla*	*somatrogon-ghla*	UM AUTO RULE: AUTHORIZATION		Growth Hormone

2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/11/2023	*symbicort*	*budesonide-formoterol fumarate dihydrate*	UM AUTO RULE: QUANTITY		10.2 / 30 day(s)
08/11/2023	*yuflyma 2-syringe kit*	*adalimumab-aaty*	UM AUTO RULE: QUANTITY		0.8 / 28 day(s)
08/14/2023	*dicyclomine hcl*	*dicyclomine hcl*	ADD TO FORMULARY		Preferred Generics
08/14/2023	*mesalamine*	*mesalamine*	ADD TO FORMULARY		Non-Preferred Generics
08/14/2023	*lacosamide*	*lacosamide*	ADD TO FORMULARY		Non-Preferred Generics
08/14/2023	*desmopressin acetate*	*desmopressin acetate*	ADD TO FORMULARY		Non-Preferred Generics
08/14/2023	*promethazine hcl*	*promethazine hcl*	ADD TO FORMULARY		Preferred Generics
08/14/2023	*atorvastatin calcium*	*atorvastatin calcium*	ADD TO FORMULARY		Preferred Generics
08/14/2023	*flucytosine*	*flucytosine*	ADD TO FORMULARY		Non-Preferred Generics
08/14/2023	*dexamethasone*	*dexamethasone*	ADD TO FORMULARY		Preferred Generics
08/14/2023	*levetiracetam*	*levetiracetam*	ADD TO FORMULARY		Preferred Generics
08/14/2023	*cevimeline hcl*	*cevimeline hcl*	ADD TO FORMULARY		Non-Preferred Generics
08/14/2023	*sod citrate-citric acid*	*sodium citrate & citric acid*	ADD TO FORMULARY		Non-Preferred Generics
08/14/2023	*desmopressin acetate pf*	*desmopressin acetate*	ADD TO FORMULARY		Non-Preferred Generics
08/14/2023	*sirolimus*	*sirolimus*	ADD TO FORMULARY		Non-Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/14/2023	*lidocan*	*lidocaine*	ADD TO FORMULARY		Non-Preferred Generics
08/14/2023	*emtricitabine*	*emtricitabine*	ADD TO FORMULARY		Non-Preferred Generics
08/14/2023	*donepezil hcl*	*donepezil hydrochloride*	ADD TO FORMULARY		Preferred Generics
08/14/2023	*mirtazapine*	*mirtazapine*	ADD TO FORMULARY		Non-Preferred Generics
08/14/2023	*triamcinolone acetonide*	*triamcinolone acetonide (topical)*	ADD TO FORMULARY		Preferred Generics
08/14/2023	*benazepril hcl*	*benazepril hcl*	ADD TO FORMULARY		Preferred Generics
08/14/2023	*oxcarbazepine*	*oxcarbazepine*	ADD TO FORMULARY		Non-Preferred Generics
08/18/2023	*spiriva handihaler*	*tiotropium bromide monohydrate*	DRUG ATTR CHANGE OVERRIDE	30 / 30 DAYS	30 / 30 DAYS
08/19/2023	*tiotropium bromide monohydrate*	*tiotropium bromide monohydrate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
08/19/2023	*spiriva handihaler*	*tiotropium bromide monohydrate*	UM AUTO RULE: QUANTITY		30 / 30 day(s)
08/21/2023	*dicyclomine hcl*	*dicyclomine hcl*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*prazosin hcl*	*prazosin hcl*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*sildenafil citrate*	*sildenafil citrate (pulmonary hypertension)*	ADD TO FORMULARY		Specialty
08/21/2023	*methocarbamol*	*methocarbamol*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*metformin hcl er*	*metformin hcl*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/21/2023	*lisinopril*	*lisinopril*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*guanfacine hcl*	*guanfacine hcl*	ADD TO FORMULARY		Non-Preferred Generics
08/21/2023	*atovaquone*	*atovaquone*	ADD TO FORMULARY		Non-Preferred Generics
08/21/2023	*quetiapine fumarate*	*quetiapine fumarate*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*tadalafil (pah)*	*tadalafil (pulmonary hypertension)*	ADD TO FORMULARY		Specialty
08/21/2023	*teriflunomide*	*teriflunomide*	ADD TO FORMULARY		Specialty
08/21/2023	*hydrochlorothiazide*	*hydrochlorothiazide*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*acetazolamide er*	*acetazolamide*	ADD TO FORMULARY		Non-Preferred Generics
08/21/2023	*niva thyroid*	*thyroid*	ADD TO FORMULARY		Non-Preferred Brands
08/21/2023	*prednisolone sodium phosphate*	*prednisolone sodium phosphate*	ADD TO FORMULARY		Non-Preferred Generics
08/21/2023	*doxycycline monohydrate*	*doxycycline (monohydrate)*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*bupropion hcl er (xl)*	*bupropion hcl*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*carbinoxamine maleate*	*carbinoxamine maleate*	ADD TO FORMULARY		Non-Preferred Generics
08/21/2023	*humatin*	*paromomycin sulfate*	CHANGE TIER	Non-Preferred Brands	Preferred Brands
08/21/2023	*aripiprazole*	*aripiprazole*	ADD TO FORMULARY		Preferred Generics

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2023 FRIDAY HEALTH PLAN Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/21/2023	*prednisone*	*prednisone*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*vancomycin hcl*	*vancomycin hcl*	ADD TO FORMULARY		Non-Preferred Generics
08/21/2023	*glimepiride*	*glimepiride*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*tadalafil*	*tadalafil*	ADD TO FORMULARY		Preferred Generics
08/21/2023	*lacosamide*	*lacosamide*	ADD TO FORMULARY		Non-Preferred Generics
08/21/2023	*carbamazepine er*	*carbamazepine*	ADD TO FORMULARY		Non-Preferred Generics
08/24/2023	*cabometyx*	*cabozantinib s-malate*	UM AUTO RULE: AUTHORIZATION		SA Oncology
08/24/2023	*qalsody*	*tofersen*	UM AUTO RULE: SPECIALTY		Specialty Drug
08/24/2023	*elfabrio*	*pegunigalsidase alfa-iwxj*	UM AUTO RULE: SPECIALTY		Specialty Drug
08/24/2023	*omisirge*	*omidubicel-onlv*	UM AUTO RULE: SPECIALTY		Specialty Drug
08/24/2023	*hemgenix*	*etranacogene dezaparvovec-drlb*	UM AUTO RULE: SPECIALTY		Specialty Drug
08/24/2023	*vowst*	*fecal microbiota spores, live-brpk*	UM AUTO RULE: SPECIALTY		Specialty Drug
08/24/2023	*syfovre*	*pegcetacoplan (ophthalmic)*	UM AUTO RULE: SPECIALTY		Specialty Drug