



Formulary Updates Effective January 1, 2023

Dear Valued Member,

The purpose of this communication is to provide you with updated drug formulary information for 2023 under your prescription drug benefit. HometownRx strives to provide quality and cost-effective prescription benefits to you and your family.

You have been identified as filling one or more of the medications below that will experience a change in copayment or coverage in 2023. You may want to contact your doctor to see if there is another medication on the formulary that will work for your condition.

You should always consult your physician before changing your treatment for any illness; and only you and your doctor can decide which medication(s) are right for you. At your next appointment, or before your next refill, please ask your doctor about alternatives.

Please note: Not all drugs listed may be covered under your prescription drug benefit. Certain drugs may have specific restrictions or special copay requirements depending on your plan. The formulary alternatives listed are examples of selected alternatives that are on the formulary. Other alternatives may be available. Members on a medication that will no longer be covered or preferred may want to talk to their healthcare providers about other options. Medications that do not have alternatives will be available at 100%-member coinsurance.

Preferred to Non-Preferred Tier

Drug	Disease State /Drug Class	Preferred Alternatives
ZORTRESS ¹	Prevention of Organ Transplant Rejection	everolimus (generic for ZORTRESS)

New Exclusions

Drug	Disease State / Drug Class	Preferred Alternatives
CONDYLOX	Genital Warts	podofilox solution (generic for CONDYLOX), imiquimod 5% cream (generic for ALDARA)
DOXYCYCLINE MONOHYDRATE 75 MG, 150 MG CAPSULES & 150 MG TABLETS	Infection	doxycycline (generic for VIBRAMYCIN)
DOXYCYCLINE HYCLATE DR 50 MG, 75 MG, 100 MG, 150 MG & 200 MG TABLETS	Infection	doxycycline (generic for VIBRAMYCIN)
DOXYCYCLINE HYCLATE 75 MG & 150 MG TABLETS	Infection	doxycycline (generic for VIBRAMYCIN)
DUREZOL ¹	Eye Inflammation	difluprednate (generic for DUREZOL)
ESBRIET TABLET ¹ & CAPSULE	Idiopathic Pulmonary Fibrosis (IPF)	pirfenidone tablet (generic for ESBRIET)



GNP ULTICARE PEN NEEDLES, NOVOFINE, KROGER PEN NEEDLES, RELION PEN NEEDLES & TRUEPLUS INSULIN SYRINGE ALL OTHER MANUFACTURES OF DIABETIC PEN NEEDLES & SYRINGES THAT ARE NOT LISTED AS PREFERRED	Diabetes	B-D INSULIN PEN NEEDLES & SYRINGES
INCRUSE ELLIPTA	Chronic Obstructive Pulmonary Disease (COPD)	SPIRIVA RESPIMAT, SPIRIVA HANDIHALER
KLONOPIN ¹	Anxiety, Seizures	clonazepam (generic for KLONOPIN)
LANSOPRAZOLE-AMOXICILLIN CLARITHROMYCIN	H. pylori Infection	amoxicillin (generic for AMOXIL), clarithromycin (generic for BIAXIN), lansoprazole (generic for PREVACID RX)
LANSOPRAZOLE TABLETS & ODT	Acid Reflux	lansoprazole capsule (generic for PREVACID RX)
MECLIZINE	Motion Sickness	Over-the-Counter (OTC) meclizine
NEVANAC	Eye Inflammation	bromfenac (generic for XIBROM), diclofenac (generic for VOLTAREN OPHTHA), ketorolac (generic for ACULAR)
NUCYNTA	Pain	tramadol (generic for ULTRAM), morphine sulfate ER (generic for MS CONTIN), OXYCONTIN
OLOPATADINE	Eye Allergies	Over-the-Counter (OTC) olopatadine
ONEXTON	Acne	clindamycin-benzoyl peroxide (generic for BENZACLIN)
ORACEA	Rosacea	doxycycline (generic for VIBRAMYCIN)
QBREXZA	Excessive Sweating	Over-the-Counter Products Containing Aluminum Chloride, XERAC-AC
RETIN-A MICRO & MICRO PUMP	Acne	tretinoin cream, gel (generic for RETIN-A)
RITALIN ¹	Attention Deficit Hyperactivity Disorder (ADHD)	methylphenidate (generic for RITALIN)
TAZORAC 0.05% CREAM, 0.05% & 0.1% GEL	Acne, Plaque Psoriasis	tazarotene cream 0.1% (generic for TAZORAC)
TOBRADEX	Eye Inflammation	tobramycin-dexamethasone (generic for TOBRADEX)
VIMPAT ¹	Seizures	lacosamide (generic for VIMPAT)
ZEGALOGUE	Diabetes	BAQSIMI, GLUCAGON EMERGENCY KIT (by Eli Lilly & Amphastar), GVOKE

Abbreviations: ODT – Oral Disintegrating Tablets

1. Brand with generic equivalent

We are here to help. Please feel free to contact HometownRx Pharmacy Member Services at 1-844-373-0970. Member Advocates are available to answer questions regarding this letter and all other pharmacy benefit questions you may have 24 hours a day/7 days a week.

Thank You,
HometownRx Pharmacy Team