

## **2025 Formulary Changes**

Following formulary changes will take place on 1/1/2025. If you are affected by formulary changes listed below, please speak with your provider to find an appropriate alternative or request coverage exception.

| <b>Product Name</b> | <b>Generic Name</b>   | Change   |
|---------------------|---|--|
| CIPRO               | Ciprofloxacin For Oral Susp 250<br>MG/5ML (5%) (5 GM/100ML)   | Brand product removed from the formulary               |
| CIPRO               | Ciprofloxacin For Oral Susp 500<br>MG/5ML (10%) (10 GM/100ML) | Brand product removed from the formulary               |
| POSACONAZOLE        | Posaconazole Susp 40 MG/ML                                    | Brand product removed. Generic product moved to Tier 3 |
| RUKOBIA             | Fostemsavir Tromethamine Tab<br>ER 12HR 600 MG                | Product removed from the formulary                     |
| DARUNAVIR           | Darunavir Tab 600 MG  | Brand product removed from the formulary               |
| DARUNAVIR           | Darunavir Tab 800 MG  | Brand product removed from the formulary               |
| BARACLUDE           | Entecavir Oral Soln 0.05 MG/ML                                | Product removed from the formulary                     |
| IRESSA              | Gefitinib Tab 250 MG  | Brand product removed from the formulary               |



| <b>Product Name</b> | Generic Name  | Change                                    |
|---------------------|---|---|
| VERZENIO            | Abemaciclib Tab 50 MG   | Quantity limit of 2 units per day added   |
| VERZENIO            | Abemaciclib Tab 100 MG  | Quantity limit of 2 units per day added   |
| VERZENIO            | Abemaciclib Tab 150 MG  | Quantity limit of 2 units per day added   |
| VERZENIO            | Abemaciclib Tab 200 MG  | Quantity limit of 2 units per day added   |
| KISQALI             | Ribociclib Succinate Tab Pack 200<br>MG Daily Dose              | Quantity limit of 2 units per day added   |
| KISQALI             | Ribociclib Succinate Tab Pack 400<br>MG Daily Dose (200 MG Tab) | Quantity limit of 2 units per day added   |
| KISQALI             | Ribociclib Succinate Tab Pack 600<br>MG Daily Dose (200 MG Tab) | Quantity limit of 2.5 units per day added |
| TAFINLAR            | Dabrafenib Mesylate Cap 50 MG (Base Equivalent)                 | Quantity limit of 4 units per day added   |
| TAFINLAR            | Dabrafenib Mesylate Cap 75 MG (Base Equivalent)                 | Quantity limit of 4 units per day added   |
| TAFINLAR            | Dabrafenib Mesylate Tab For Oral<br>Susp 10 MG (Base Equiv)     | Quantity limit of 30 units per day added  |
| BRAFTOVI            | Encorafenib Cap 75 MG   | Quantity limit of 6 units per day added   |



Droduct Name

| Product Name               | Generic Name   | Change                                    |
|----------------------------|--|---|
| ZELBORAF                   | Vemurafenib Tab 240 MG (Base<br>Equivalent)                    | Quantity limit of 8 units per day added   |
| VOTRIENT                   | Pazopanib HCl Tab 200 MG (Base<br>Equiv)                       | Brand product removed from the formulary  |
| MEKTOVI                    | Binimetinib Tab 15 MG  | Quantity limit of 6 units per day added   |
| MEKINIST                   | Trametinib Dimethyl Sulfoxide<br>Tab 0.5 MG (Base Equivalent)  | Quantity limit of 3 units per day added   |
| MEKINIST                   | Trametinib Dimethyl Sulfoxide<br>Tab 2 MG (Base Equivalent)    | Quantity limit of 1 unit per day added    |
| MEKINIST                   | Trametinib Dimethyl Sulfoxide<br>For Soln 0.05 MG/ML (Base Eq) | Add DD of 40/day                          |
| PIQRAY 200MG DAILY<br>DOSE | Alpelisib Tab Therapy Pack 200<br>MG Daily Dose                | Quantity limit of 1 unit per day added    |
| PIQRAY 250MG DAILY<br>DOSE | Alpelisib Tab Pack 250 MG Daily<br>Dose (200 MG & 50 MG Tabs)  | Quantity limit of 1 unit per day added    |
| PIQRAY 300MG DAILY<br>DOSE | Alpelisib Tab Pack 300 MG Daily<br>Dose (2x150 MG Tab)         | Quantity limit of 1 unit per day added    |
| KISQALI FEMARA 200<br>DOSE | Ribociclib 200 MG Dose (200 MG<br>Tab) & Letrozole 2.5 MG TBPK | Quantity limit of 2 units per day added   |
| KISQALI FEMARA 400<br>DOSE | Ribociclib 400 MG Dose (200 MG<br>Tab) & Letrozole 2.5 MG TBPK | Quantity limit of 2.5 units per day added |



| <b>Product Name</b>                                    | Generic Name   | Change                                    |
|--|--|---|
| KISQALI FEMARA 600<br>DOSE                             | Ribociclib 600 MG Dose (200 MG<br>Tab) & Letrozole 2.5 MG TBPK | Quantity limit of3.25 units per day added |
| EMFLAZA  | Deflazacort Tab 6 MG   | Brand product removed from the formulary  |
| EMFLAZA  | Deflazacort Tab 18 MG  | Brand product removed from the formulary  |
| EMFLAZA  | Deflazacort Tab 30 MG  | Brand product removed from the formulary  |
| EMFLAZA  | Deflazacort Tab 36 MG  | Brand product removed from the formulary  |
| ESTRADIOL VALERATE                                     | Estradiol Valerate IM in Oil 10<br>MG/ML                       | Brand product removed from the formulary  |
| LEVONORGESTREL/ETHIN YL ESTRADIOL/FERROUS BISGLYCINATE | Levonorgestrel-Ethinyl Estradiol-<br>FE Tab 0.1 MG-20 MCG (21) | Brand product removed from the formulary  |
| BASAGLAR KWIKPEN                                       | Insulin Glargine Soln Pen-Injector<br>100 Unit/ML              | Product removed from the formulary        |
| LEVEMIR  | Insulin Detemir Inj 100 Unit/ML                                | Product removed from the formulary        |
| LEVEMIR  | Insulin Detemir Soln Pen-injector                              | Product removed from the                  |
| FLEXPEN/FLEXTOUCH                                      | 100 Unit/ML  | formulary                                 |
| FORTEO   | Teriparatide (Recombinant) Soln<br>Pen-inj 600 MCG/2.4ML       | Product removed from the formulary        |



| <b>Product Name</b>      | Generic Name  | Change                             |
|--------------------------|---|------------------------------------|
| TERIPARATIDE             | Teriparatide (Recombinant) Soln<br>Pen-inj 620 MCG/2.48ML | Product removed from the formulary |
| SANDOSTATIN LAR<br>DEPOT | Octreotide Acetate For IM Inj Kit<br>10 MG                | Product removed from the formulary |
| SANDOSTATIN LAR<br>DEPOT | Octreotide Acetate For IM Inj Kit<br>20 MG                | Product removed from the formulary |
| SANDOSTATIN LAR<br>DEPOT | Octreotide Acetate For IM Inj Kit<br>30 MG                | Product removed from the formulary |
| SOMAVERT                 | Pegvisomant For Inj 10 MG (As<br>Protein)                 | Product removed from the formulary |
| SOMAVERT                 | Pegvisomant For Inj 15 MG (As<br>Protein)                 | Product removed from the formulary |
| SOMAVERT                 | Pegvisomant For Inj 20 MG (As<br>Protein)                 | Product removed from the formulary |
| SOMAVERT                 | Pegvisomant For Inj 25 MG (As<br>Protein)                 | Product removed from the formulary |
| SOMAVERT                 | Pegvisomant For Inj 30 MG (As<br>Protein)                 | Product removed from the formulary |
| GALAFOLD                 | Migalastat HCl Cap 123 MG (Base Equivalent)               | Product removed from the formulary |
| NAGLAZYME                | Galsulfase Soln For IV Infusion 1<br>MG/ML                | Product removed from the formulary |



| <b>Product Name</b> | Generic Name   | Change                                   |
|---------------------|--|--|
| SPIRIVA HANDIHALER  | Tiotropium Bromide<br>Monohydrate Inhal Cap 18 MCG<br>(Base Equiv) | Brand product removed from the formulary |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR<br>Cap 2600-8800-15200 Unit        | Product removed from the formulary       |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR<br>Cap 4200-10000-17500 Unit       | Product removed from the formulary       |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR<br>Cap 10500-25000-43750 Unit      | Product removed from the formulary       |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR<br>Cap 16800-40000-70000 Unit      | Product removed from the formulary       |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR<br>Cap 21000-37000-61000 Unit      | Product removed from the formulary       |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR<br>Cap 37000-97300-149900 Unit     | Product removed from the formulary       |
| PHOSLYRA            | Calcium Acetate (Phosphate<br>Binder) Oral Soln 667 MG/5ML         | Product removed from the formulary       |
| INTRAROSA           | Prasterone Vaginal Insert 6.5 MG                                   | Product removed from the formulary       |
| RISPERIDONE ER      | Risperidone Microspheres For IM<br>Extended Rel Susp 12.5 MG       | Brand product removed from the formulary |
| RISPERIDONE ER      | Risperidone Microspheres For IM<br>Extended Rel Susp 25 MG         | Brand product removed from the formulary |



| <b>Product Name</b>                 | Generic Name   | Change                                   |
|-------------------------------------|--|--|
| RISPERIDONE ER                      | Risperidone Microspheres For IM<br>Extended Rel Susp 37.5 MG | Brand product removed from the formulary |
| RISPERIDONE ER                      | Risperidone Microspheres For IM<br>Extended Rel Susp 50 MG   | Brand product removed from the formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 10 MG                     | Brand product removed from the formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 20 MG                     | Brand product removed from the formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 30 MG                     | Brand product removed from the formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 40 MG                     | Brand product removed from the formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 50 MG                     | Brand product removed from the formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 60 MG                     | Brand product removed from the formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 70 MG                     | Brand product removed from the formulary |
| METHYLPHENIDATE<br>HYDROCHLORIDE ER | Methylphenidate HCl Tab SA<br>OSM 27 MG                      | Brand product removed from the formulary |
| METHYLPHENIDATE<br>HYDROCHLORIDE ER | Methylphenidate HCl Tab SA<br>OSM 36 MG                      | Brand product removed from the formulary |



| <b>Product Name</b>                 | Generic Name  | Change                                   |
|-------------------------------------|---|--|
| METHYLPHENIDATE<br>HYDROCHLORIDE ER | Methylphenidate HCl Tab SA<br>OSM 54 MG                       | Brand product removed from the formulary |
| COPAXONE                            | Glatiramer Acetate Soln Prefilled<br>Syringe 20 MG/ML         | Product moved to Tier 4                  |
| COPAXONE                            | Glatiramer Acetate Soln Prefilled<br>Syringe 40 MG/ML         | Product moved to Tier 4                  |
| KESIMPTA                            | Ofatumumab Soln Auto-Injector<br>20 MG/0.4ML                  | Product removed from the formulary       |
| TEGSEDI                             | Inotersen Sod Subcutaneous Pref<br>Syr 284 MG/1.5ML (Base Eq) | Product removed from the formulary       |
| XTAMPZA ER                          | Oxycodone Cap ER 12HR Abuse-<br>Deterrent 9 MG                | Product removed from the formulary       |
| XTAMPZA ER                          | Oxycodone Cap ER 12HR Abuse-<br>Deterrent 13.5 MG             | Product removed from the formulary       |
| XTAMPZA ER                          | Oxycodone Cap ER 12HR Abuse-<br>Deterrent 18 MG               | Product removed from the formulary       |
| XTAMPZA ER                          | Oxycodone Cap ER 12HR Abuse-<br>Deterrent 27 MG               | Product removed from the formulary       |
| XTAMPZA ER                          | Oxycodone Cap ER 12HR Abuse-<br>Deterrent 36 MG               | Product removed from the formulary       |
| NUCYNTA                             | Tapentadol HCl Tab 50 MG                                      | Product removed from the formulary       |



| <b>Product Name</b> | Generic Name  | Change                                   |
|---------------------|---|--|
| NUCYNTA             | Tapentadol HCl Tab 75 MG                              | Product removed from the formulary       |
| NUCYNTA             | Tapentadol HCl Tab 100 MG                             | Product removed from the formulary       |
| NUCYNTA             | Tapentadol HCl Tab SR 12HR 50<br>MG                   | Product removed from the formulary       |
| NUCYNTA             | Tapentadol HCl Tab SR 12HR 100<br>MG                  | Product removed from the formulary       |
| NUCYNTA             | Tapentadol HCl Tab SR 12HR 150<br>MG                  | Product removed from the formulary       |
| NUCYNTA             | Tapentadol HCl Tab SR 12HR 200<br>MG                  | Product removed from the formulary       |
| NUCYNTA             | Tapentadol HCl Tab SR 12HR 250<br>MG                  | Product removed from the formulary       |
| CELONTIN            | Methsuximide Cap 300 MG                               | Brand product removed from the formulary |
| ARANESP             | Darbepoetin Alfa Soln Inj 25<br>MCG/ML                | Prior authorization requirement added    |
| MOZOBIL             | Plerixafor Subcutaneous Inj 24<br>MG/1.2ML (20 MG/ML) | Brand product removed from the formulary |
| OXBRYTA             | Voxelotor Tab 500 MG                                  | Product removed from the formulary       |



| <b>Product Name</b>   | Generic Name                                       | Change   |
|-----------------------|--|--|
| CABLIVI               | Caplacizumab-yhdp for Inj Kit 11<br>MG             | Product removed from the formulary   |
| AZASITE               | Azithromycin Ophth Soln 1%                         | Product removed from the formulary   |
| BUDESONIDE            | Budesonide Rectal Foam 2<br>MG/ACT                 | Brand product removed from the formulary                                   |
| RECTIV                | Nitroglycerin ointment 0.4%                        | Brand product removed from the formulary                                   |
| FERRIPROX             | Deferiprone Tab 500 MG                             | Product removed from the formulary   |
| TRUETRACK TEST STRIPS | TRUEtrack Test Strips                              | Product removed from the formulary   |
| SCEMBLIX              | Asciminib HCL 40 MG                                | Quantity limit updated to 2 units per day                                  |
| CORLANOR              | Ivabradine HCl Tab 5 MG                            | Brand product removed from the formulary & generic product moved to Tier 3 |
| CORLANOR              | Ivabradine HCl Tab 7.5 MG                          | Brand product removed from the formulary & generic product moved to Tier 3 |
| CORLANOR              | Ivabradine HCl Oral Soln 5<br>MG/5ML               | Brand product removed from the formulary & generic product moved to Tier 3 |
| HADLIMA PUSHTOUCH     | Adalimumab-bwwd Soln Auto-<br>injector 40 MG/0.4ML | Product removed from the formulary   |



| Product Name      | Generic Name  | Change                             |
|-------------------|---|------------------------------------|
| HADLIMA PUSHTOUCH | Adalimumab-bwwd Soln Auto-<br>injector 40 MG/0.8ML    | Product removed from the formulary |
| HADLIMA           | Adalimumab-bwwd Soln Prefilled<br>Syringe 40 MG/0.4ML | Product removed from the formulary |
| HADLIMA           | Adalimumab-bwwd Soln Prefilled Syringe 40 MG/0.8ML    | Product removed from the formulary |