



FROM



# 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>  | <b>Change</b>  |
|---------------------|--|--|
| CIPRO               | Ciprofloxacin For Oral Susp 250 MG/5ML (5%) (5 GM/100ML)   | Brand product removed from the formulary               |
| CIPRO               | Ciprofloxacin For Oral Susp 500 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 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                     |

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| <b>Product Name</b> | <b>Generic Name</b>  | <b>Change</b>                             |
|---------------------|--|---|
| IRESSA              | Gefitinib Tab 250 MG   | Brand product removed from the formulary  |
| 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 MG Daily Dose              | Quantity limit of 2 units per day added   |
| KISQALI             | Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab) | Quantity limit of 2 units per day added   |
| KISQALI             | Ribociclib Succinate Tab Pack 600 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   |

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|-------------------------|---|--|
| TAFINLAR                | Dabrafenib Mesylate Tab For Oral 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  |
| ZELBORAF                | Vemurafenib Tab 240 MG (Base Equivalent)                    | Quantity limit of 8 units per day added  |
| VOTRIENT                | Pazopanib HCl Tab 200 MG (Base Equiv)                       | Brand product removed from the formulary |
| MEKTOVI                 | Binimetinib Tab 15 MG                                       | Quantity limit of 6 units per day added  |
| MEKINIST                | Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)  | Quantity limit of 3 units per day added  |
| MEKINIST                | Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)    | Quantity limit of 1 unit per day added   |
| MEKINIST                | Trametinib Dimethyl Sulfoxide For Soln 0.05 MG/ML (Base Eq) | Add DD of 40/day                         |
| PIQRAY 200MG DAILY DOSE | Alpelisib Tab Therapy Pack 200 MG Daily Dose                | Quantity limit of 1 unit per day added   |
| PIQRAY 250MG DAILY DOSE | Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)  | Quantity limit of 1 unit per day added   |

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|---|---|--|
| PIQRAY 300MG DAILY DOSE                               | Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)         | Quantity limit of 1 unit per day added     |
| KISQALI FEMARA 200 DOSE                               | Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK | Quantity limit of 2 units per day added    |
| KISQALI FEMARA 400 DOSE                               | Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK | Quantity limit of 2.5 units per day added  |
| KISQALI FEMARA 600 DOSE                               | Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK | Quantity limit of 3.25 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 MG/ML                       | Brand product removed from the formulary   |
| LEVONORGESTREL/ETHINYL ESTRADIOL/FERROUS BISGLYCINATE | Levonorgestrel-Ethinyl Estradiol-FE Tab 0.1 MG-20 MCG (21)  | Brand product removed from the formulary   |

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| <b>Product Name</b>          | <b>Generic Name</b>                                       | <b>Change</b>                         |
|------------------------------|---|---------------------------------------|
| BASAGLAR KWIKPEN             | Insulin Glargine Soln Pen-Injector<br>100 Unit/ML         | Product removed from the<br>formulary |
| LEVEMIR                      | Insulin Detemir Inj 100 Unit/ML                           | Product removed from the<br>formulary |
| LEVEMIR<br>FLEXPEN/FLEXTOUCH | Insulin Detemir Soln Pen-injector<br>100 Unit/ML          | Product removed from the<br>formulary |
| FORTEO                       | Teriparatide (Recombinant) Soln<br>Pen-inj 600 MCG/2.4ML  | Product removed from the<br>formulary |
| TERIPARATIDE                 | Teriparatide (Recombinant) Soln<br>Pen-inj 620 MCG/2.48ML | Product removed from the<br>formulary |
| SANDOSTATIN LAR<br>DEPOT     | Octreotide Acetate For IM Inj Kit<br>10 MG                | Product removed from the<br>formulary |
| SANDOSTATIN LAR<br>DEPOT     | Octreotide Acetate For IM Inj Kit<br>20 MG                | Product removed from the<br>formulary |
| SANDOSTATIN LAR<br>DEPOT     | Octreotide Acetate For IM Inj Kit<br>30 MG                | Product removed from the<br>formulary |
| SOMAVERT                     | Pegvisomant For Inj 10 MG (As<br>Protein)                 | Product removed from the<br>formulary |
| SOMAVERT                     | Pegvisomant For Inj 15 MG (As<br>Protein)                 | Product removed from the<br>formulary |

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|---------------------|--|--|
| SOMAVERT            | Pegvisomant For Inj 20 MG (As Protein)                       | Product removed from the formulary       |
| SOMAVERT            | Pegvisomant For Inj 25 MG (As Protein)                       | Product removed from the formulary       |
| SOMAVERT            | Pegvisomant For Inj 30 MG (As 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 MG/ML                      | Product removed from the formulary       |
| SPIRIVA HANDIHALER  | Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv) | Brand product removed from the formulary |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR Cap 2600-8800-15200 Unit     | Product removed from the formulary       |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR Cap 4200-10000-17500 Unit    | Product removed from the formulary       |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-25000-43750 Unit   | Product removed from the formulary       |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-40000-70000 Unit   | Product removed from the formulary       |

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|---------------------|---|--|
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR Cap 21000-37000-61000 Unit  | Product removed from the formulary       |
| PANCREAZE           | Pancrelipase (Lip-Prot-Amyl) DR Cap 37000-97300-149900 Unit | Product removed from the formulary       |
| PHOSLYRA            | Calcium Acetate (Phosphate 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 Extended Rel Susp 12.5 MG   | Brand product removed from the formulary |
| RISPERIDONE ER      | Risperidone Microspheres For IM Extended Rel Susp 25 MG     | Brand product removed from the formulary |
| RISPERIDONE ER      | Risperidone Microspheres For IM Extended Rel Susp 37.5 MG   | Brand product removed from the formulary |
| RISPERIDONE ER      | Risperidone Microspheres For IM Extended Rel Susp 50 MG     | Brand product removed from the formulary |
| VYVANSE             | Lisdexamfetamine Dimesylate Cap 10 MG                       | Brand product removed from the formulary |
| VYVANSE             | Lisdexamfetamine Dimesylate Cap 20 MG                       | Brand product removed from the formulary |

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|-------------------------------------|---|---|
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 30 MG              | Brand product removed from the<br>formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 40 MG              | Brand product removed from the<br>formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 50 MG              | Brand product removed from the<br>formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 60 MG              | Brand product removed from the<br>formulary |
| VYVANSE                             | Lisdexamfetamine Dimesylate<br>Cap 70 MG              | Brand product removed from the<br>formulary |
| METHYLPHENIDATE<br>HYDROCHLORIDE ER | Methylphenidate HCl Tab SA<br>OSM 27 MG               | Brand product removed from the<br>formulary |
| METHYLPHENIDATE<br>HYDROCHLORIDE ER | Methylphenidate HCl Tab SA<br>OSM 36 MG               | Brand product removed from the<br>formulary |
| METHYLPHENIDATE<br>HYDROCHLORIDE ER | Methylphenidate HCl Tab SA<br>OSM 54 MG               | Brand product removed from the<br>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                     |

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|---------------------|---|---------------------------------------|
| KESIMPTA            | Ofatumumab Soln Auto-Injector<br>20 MG/0.4ML                  | Product removed from the<br>formulary |
| TEGSEDI             | Inotersen Sod Subcutaneous Pref<br>Syr 284 MG/1.5ML (Base Eq) | Product removed from the<br>formulary |
| XTAMPZA ER          | Oxycodone Cap ER 12HR Abuse-<br>Deterrent 9 MG                | Product removed from the<br>formulary |
| XTAMPZA ER          | Oxycodone Cap ER 12HR Abuse-<br>Deterrent 13.5 MG             | Product removed from the<br>formulary |
| XTAMPZA ER          | Oxycodone Cap ER 12HR Abuse-<br>Deterrent 18 MG               | Product removed from the<br>formulary |
| XTAMPZA ER          | Oxycodone Cap ER 12HR Abuse-<br>Deterrent 27 MG               | Product removed from the<br>formulary |
| XTAMPZA ER          | Oxycodone Cap ER 12HR Abuse-<br>Deterrent 36 MG               | Product removed from the<br>formulary |
| NUCYNTA             | Tapentadol HCl Tab 50 MG                                      | Product removed from the<br>formulary |
| NUCYNTA             | Tapentadol HCl Tab 75 MG                                      | Product removed from the<br>formulary |
| NUCYNTA             | Tapentadol HCl Tab 100 MG                                     | Product removed from the<br>formulary |

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|---------------------|--|--|
| NUCYNTA             | Tapentadol HCl Tab SR 12HR 50 MG                   | Product removed from the formulary       |
| NUCYNTA             | Tapentadol HCl Tab SR 12HR 100 MG                  | Product removed from the formulary       |
| NUCYNTA             | Tapentadol HCl Tab SR 12HR 150 MG                  | Product removed from the formulary       |
| NUCYNTA             | Tapentadol HCl Tab SR 12HR 200 MG                  | Product removed from the formulary       |
| NUCYNTA             | Tapentadol HCl Tab SR 12HR 250 MG                  | Product removed from the formulary       |
| CELONTIN            | Methsuximide Cap 300 MG                            | Brand product removed from the formulary |
| ARANESP             | Darbepoetin Alfa Soln Inj 25 MCG/ML                | Prior authorization requirement added    |
| MOZOBIL             | Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML) | Brand product removed from the formulary |
| OXBRYTA             | Voxelotor Tab 500 MG                               | Product removed from the formulary       |
| CABLIVI             | Caplacizumab-yhdp for Inj Kit 11 MG                | Product removed from the formulary       |

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|-----------------------|--|--|
| AZASITE               | Azithromycin Ophth Soln 1%                     | Product removed from the formulary   |
| BUDESONIDE            | Budesonide Rectal Foam 2 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 MG/5ML              | Brand product removed from the formulary & generic product moved to Tier 3 |
| HADLIMA PUSHTOUCH     | Adalimumab-bwwd Soln Auto-injector 40 MG/0.4ML | Product removed from the formulary   |

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|---------------------|--|------------------------------------|
| HADLIMA PUSHTOUCH   | Adalimumab-bwwd Soln Auto-injector 40 MG/0.8ML     | Product removed from the formulary |
| HADLIMA             | Adalimumab-bwwd Soln Prefilled 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 |

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