



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.

| Product Name | Generic Name | Change |
|---------------------|------------------------------------------------------------|--------------------------------------------------------|
| 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 |
| 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 |

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| Product Name | Generic Name | Change |
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| 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 |
| 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 |

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| 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 |
| 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 |

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| LEVONORGESTREL/ETHINYL ESTRADIOL/FERROUS BISGLYCINATE | Levonorgestrel-Ethinyl Estradiol-FE Tab 0.1 MG-20 MCG (21) | Brand product removed from the formulary |
| BASAGLAR KWIKPEN | Insulin Glargine Soln Pen-Injector 100 Unit/ML | Product removed from the formulary |
| LEVEMIR | Insulin Detemir Inj 100 Unit/ML | Product removed from the formulary |
| LEVEMIR FLEXPEN/FLEXTOUCH | Insulin Detemir Soln Pen-injector 100 Unit/ML | Product removed from the formulary |
| FORTEO | Teriparatide (Recombinant) Soln Pen-inj 600 MCG/2.4ML | Product removed from the formulary |
| TERIPARATIDE | Teriparatide (Recombinant) Soln Pen-inj 620 MCG/2.48ML | Product removed from the formulary |
| SANDOSTATIN LAR DEPOT | Octreotide Acetate For IM Inj Kit 10 MG | Product removed from the formulary |
| SANDOSTATIN LAR DEPOT | Octreotide Acetate For IM Inj Kit 20 MG | Product removed from the formulary |
| SANDOSTATIN LAR DEPOT | Octreotide Acetate For IM Inj Kit 30 MG | Product removed from the formulary |
| SOMAVERT | Pegvisomant For Inj 10 MG (As Protein) | Product removed from the formulary |
| SOMAVERT | Pegvisomant For Inj 15 MG (As Protein) | Product removed from the formulary |
| 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 |

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| Product Name | Generic Name | Change |
|---------------------|--------------------------------------------------------------|------------------------------------------|
| 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 |
| 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 |

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

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

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| 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 |
| 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 |

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|-----------------------|----------------------------------------------------|----------------------------------------------------------------------------|
| 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 |
| 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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