



2025 Formulary Changes

Date	Drug Name	Description of Change	Note
May 2025	Symbravo 20-10 MG	Quantity Limit Addition	
April 2025	Journavx 50 mg tablet	Quantity Limit Addition	Non-Formulary product
April 2025	Epinephrine auto-injectors pens all strengths	Quantity Limit Update	
April 2025	Sublocade injections (all strengths)	Quantity Limit removed	
4/7/2025	METRONIDAZOLE 0.75% CREAM	New PDL Drug Class- Rosacea agents Removed from supplemental formulary PDL addition- Preferred	
4/7/2025	METRONIDAZOLE TOPICAL 1% GEL and GEL PUMP	New PDL Drug Class- Rosacea agents Removed from supplemental formulary PDL addition- Preferred	
4/7/2025	METRONIDAZOLE TOPICAL 0.75% GL	New PDL Drug Class- Rosacea agents Removed from supplemental formulary PDL addition- Preferred	
4/7/2025	NORITATE CREAM 1% (Metronidazole 1% topical cream)	New PDL Drug Class- Rosacea agents Removed from supplemental formulary PDL addition- Non-Preferred	
4/1/2025	Enfit Syringe & Enfit Bottle Adapter	Supplemental Formulary and Quantity Limit Addition	
March 2025	Xromi solution 100mg/ml	Age edit applied	
3/25/2025	Narcotic cough syrups (excluding Tussionex products) Hydrocodone Bitartrate-Homatropine Methylbromide Solution Guaifenesin-Codeine Solution Promethazine w/ Codeine Syrup Guaifenesin-Codeine Liquid Hydrocodone-Guaifenesin Solution Hydrocodone w/ Homatropine Syrup Hydrocodone-Chlorpheniramine	Quantity Limit Addition	240ml per 30 days or 480ml per 90 days, unless the member has cancer.

	Solution Phenylephrine w/ Codeine Liquid Codeine-Pseudoephedrine- Chlorcyclizine Liq 9-30-12.5 MG/5ML Chlorpheniramine w/ Codeine Liquid Chlorpheniramine w/ Codeine Suspension Codeine Polist-Chlorphen Polist Extended Release Suspension Codeine-Chlorcyclizine Liquid		
3/25/2025	Tussionex (Hydrocod Polst-Chlorphen Polst Extended Release Suspension)	Quantity Limit Addition	120ml per 84 days or 480ml per 365 days, unless the member has cancer.
3/25/2025	Vraylar Capsules	Step Therapy Removed	
3/21/2025	Lagevrio 200mg capsule	Quantity Limit Addition	
3/21/2025	Paxlovid 150 MG-100 MG tab, 300 MG-100 MG tab	Quantity Limit Addition	
3/21/2025	Brixadi Solution Prefilled Syringe (all strengths)	Quantity Limit Addition	
3/1/2025	Moxifloxacin 400mg TABLET	Point of sale Diagnosis code added	ICD-10- A49.3, Still requires a Prior Auth if not this diagnosis.
1/10/2025	Covid-19 Vaccine	Age Minimum Change	Allow 3 years old and older
1/10/2025	Flu vaccines	Age Minimum Change	Allow 3 years old and older
1/6/2025	ADAPALENE 0.3% Gel Pump RX	Changed to Preferred PDL product	
1/6/2025	ADAPALENE 0.3% GEL RX	Changed to Preferred PDL product	
1/6/2025	AGAMREE 40 MG/ML SUSPENSION	PDL Addition-Non-Preferred	
1/6/2025	ALBUTEROL HFA (generic Ventolin HFA)	Changed to Non-Preferred PDL Product	
1/6/2025	ALLOPURINOL 200 MG TABLET	Changed to Non-Preferred PDL Product	
1/6/2025	APIDRA SOLOSTAR Pen	Changed to Non-Preferred PDL Product	
1/6/2025	APIDRA Vial	Changed to Non-Preferred PDL Product	
1/6/2025	APO-VARENICLINE (this is not a US FDA approved product- it is Canadian)	Changed to Non-Preferred PDL Product	
1/6/2025	AUSTEDO XR	Changed to Non-Preferred PDL Product	
1/6/2025	BETASERON KIT	Changed to Non-Preferred PDL Product	
1/6/2025	BIVIGAM 10 GM/100 ML (10%) VL	Changed to Preferred PDL Product	
1/6/2025	BIVIGAM 5 GM/50 ML (10%) VIAL	Changed to Preferred PDL Product	
1/6/2025	BUDESONIDE Nasal OTC	Changed to Non-Preferred PDL Product	
1/6/2025	CALCIPOTRIENE 0.005% FOAM	Changed to Non-Preferred PDL Product	

1/6/2025	CARBAGLU	PDL Addition-Non-Preferred	Generic preferred
1/6/2025	CARGLUMIC ACID TAB SUSP (Burel 35573 Labeler)	PDL Addition-Non-Preferred	
1/6/2025	CARGLUMIC ACID TAB SUSP -labeler code 71863 only	PDL Addition-Preferred	
1/6/2025	CELONTIN	Changed to Non-Preferred PDL Product	
1/6/2025	CINQAIR 100mg/10 ML Vial	PDL Addition-Non-Preferred	
1/6/2025	CLARITHROMYCIN TABLET	Changed to Preferred PDL Product	
1/6/2025	CLENPIQ 160 ML SOLUTION	Changed to Non-Preferred PDL Product	
1/6/2025	CLINDAMYCIN 1% gel	Changed to Preferred PDL Product	
1/6/2025	CLINDESSE VAG CREAM RX	Changed to Non-Preferred PDL Product	
1/6/2025	CONCERTA	Changed to Non-Preferred PDL Product	
1/6/2025	CUVITRU 1 GRAM/5 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	CUVITRU 10 GRAM/50 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	CUVITRU 2 GRAM/10 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	CUVITRU 4 GRAM/20 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	CUVITRU 8 GRAM/ 40 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	DESVENLAFAXINE ER TAB	Changed to Non-Preferred PDL Product	generic Desvenlafaxine ER (Pristiq) Preferred
1/6/2025	DICLOFENAC 1% gel RX	Changed to Non-Preferred PDL Product	OTC generic preferred
1/6/2025	DIFLUNISAL	PDL Addition- Non-Preferred	
1/6/2025	DILANTIN CAP	Changed to Non-Preferred PDL Product	
1/6/2025	DURYSTA	PDL Addition-Non-Preferred	
1/6/2025	ELIDEL	Changed to Non-Preferred PDL Product	
1/6/2025	EMGALITY 100MG	Changed to Non-Preferred PDL Product	
1/6/2025	EMTRICITABINE(generic Emtriva)	Changed to Preferred PDL Product	
1/6/2025	EMTRIVA Capsule	Changed to Non-Preferred PDL Product	Generic Preferred
1/6/2025	EMTRIVA Solution	Changed to Non-Preferred PDL Product	
1/6/2025	ENTYVIO	Changed to Preferred PDL Product	
1/6/2025	ENTYVIO PEN	Changed to Preferred PDL Product	
1/6/2025	EPOGEN	Changed to Non-Preferred PDL Product	
1/6/2025	Fenofibric Acid 35 MG , 105 MG tablets (generic Fibracor)	Changed to Non-Preferred PDL Product	

1/6/2025	FENOFIBRATE 40 MG, 120 MG tab (generic Fenoglide)	Changed to Non-Preferred PDL Product	
1/6/2025	FENOFIBRATE 50mg, 150 MG Cap (generic Lipofen)	Changed to Non-Preferred PDL Product	
1/6/2025	FENOFIBRATE cap 43 MG, 90 MG, 130 MG (generic Antara- fenofibrate micronized)	Changed to Non-Preferred PDL Product	
1/6/2025	FENOFIBRIC (gen Trilipix) 45 MG CAP, 135 MG CAP (generic Trilipix- Choline Fenofibrate Cap))	Changed to Non-Preferred PDL Product	
1/6/2025	FIRAZYR	Changed to Non-Preferred PDL Product	
1/6/2025	FULPHILA	Changed to Preferred PDL Product	
1/6/2025	GAMMAGARD LIQUID 10% VIAL	Changed to Preferred PDL Product	
1/6/2025	GAMMAGARD S-D 10 G (IGA<1) SOL	Changed to Preferred PDL Product	
1/6/2025	GAMMAGARD S-D 5 G (IGA<1) SOLN	Changed to Preferred PDL Product	
1/6/2025	Gen Trianex (Triamcinolone 0.05%	Changed to Non-Preferred PDL Product	
1/6/2025	Generic PRILOSEC OTC (omeprazole)	Changed to Non-Preferred PDL Product	Generic preferred
1/6/2025	GRANIX	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 1 GRAM/5 ML SYRINGE	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 1 GRAM/5 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 10 GRAM/50 ML SYRINGE	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 10 GRAM/50 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 2 GRAM/10 ML SYRINGE	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 2 GRAM/10 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 4 GRAM/20 ML SYRINGE	Changed to Non-Preferred PDL Product	
1/6/2025	HIZENTRA 4 GRAM/20 ML VIAL	Changed to Non-Preferred PDL Product	
1/6/2025	HYQVIA 10 GM-800 UNIT PACK	Changed to Non-Preferred PDL Product	
1/6/2025	HYQVIA 2.5 GM-200 UNIT PACK	Changed to Non-Preferred PDL Product	
1/6/2025	HYQVIA 20 GM-1,600 UNIT PACK	Changed to Non-Preferred PDL Product	
1/6/2025	HYQVIA 30 GM-2,400 UNIT PACK	Changed to Non-Preferred PDL Product	
1/6/2025	HYQVIA 5 GM-400 UNIT PACK	Changed to Non-Preferred PDL Product	
1/6/2025	IDOSE TR 75 MCG IMPLANT	PDL Addition-Non-Preferred	
1/6/2025	INSULIN DEGLUDEC 100 UNIT/ML vial	Changed to Non-Preferred PDL Product	

1/6/2025	INSULIN DEGLUDEC PEN (U-100)	Changed to Non-Preferred PDL Product	
1/6/2025	INSULIN DEGLUDEC PEN (U-200)	Changed to Non-Preferred PDL Product	
1/6/2025	LEVONORG-EE-FE BIS 0.1-0.02-36 (Generic Balcotra)	Changed to Non-Preferred PDL Product	
1/6/2025	LITFULO cap	PDL Addition-Non-Preferred	
1/6/2025	MICROGESTIN 24 FE 1 MG-20 MCG	Changed to Non-Preferred PDL Product	
1/6/2025	NEXICLON XR 0.17 MG TABLET	Changed to Non-Preferred PDL Product	Generic Preferred
1/6/2025	Nitrofurantoin macrocrystals 50mg (Generic Macrochantin)	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	NORVIR PWD PACK	Changed to Non-Preferred PDL Product	
1/6/2025	NUCALA 100 MG/ML POWDER VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	NUCALA 100 MG/ML POWDER VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	NUCALA 100 MG/ML SYRINGE [Asthma	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	NUCALA 100 MG/ML SYRINGE [EGPA	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	NUTROPIN AQ NUSPIN	Changed to Non-Preferred PDL Product	
1/6/2025	OHTUVAYRE 3 MG/2.5ML INHAL	PDL Addition-Non-Preferred	
1/6/2025	OLOPATADINE HCL 0.1% EYE DROPS	Changed to Non-Preferred PDL Product	
1/6/2025	OMVOH 100 MG/ML PEN	PDL Addition-Non-Preferred	
1/6/2025	OMVOH 300 MG/15 ML VIAL	PDL Addition-Non-Preferred	
1/6/2025	OPVEE 2.7 MG NASAL SPRAY	Changed to Non-Preferred PDL Product	
1/6/2025	PATADAY 0.1% OTC (twice daily)	Changed to Non-Preferred PDL Product	Generic OTC preferred
1/6/2025	PATADAY 0.2% OTC	Changed to Non-Preferred PDL Product	Generic OTC/RX preferred
1/6/2025	PATADAY 0.7% OTC (Pazeo OTC)	Changed to Non-Preferred PDL Product	
1/6/2025	PERSERIS	Changed to Non-Preferred PDL Product	
1/6/2025	PROTOPIC 0.03%	Changed to Non-Preferred PDL Product	Generic preferred with Prior Authorization
1/6/2025	PROAIR RESPIClick 90 MCG INHLR	Changed to Non-Preferred PDL Product	
1/6/2025	PROTOPIC 0.1%	Changed to Non-Preferred PDL Product	Generic preferred with Prior Authorization
1/6/2025	REBINYN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	RELEUKO	Changed to Non-Preferred PDL Product	
1/6/2025	RINVOQ	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	SAXENDA 18 MG/3 ML PEN	Changed to Non-Preferred PDL Product	
1/6/2025	SUFLAVE POWDER	PDL Addition-Non-Preferred	

1/6/2025	SYMTUZA	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	TEZSPIRE 210mg /1.91 MI Syringe	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	TIAGABINE	Changed to Non-Preferred PDL Product	
1/6/2025	Tramadol ER Tablet (Biphasic Release)	Changed to Non-Preferred PDL Product	
1/6/2025	TRIAMCINOLONE Nasal OTC	Changed to Non-Preferred PDL Product	
1/6/2025	TRLEPTAL SUSPENSION	Changed to Non-Preferred Product	Generic Preferred
1/6/2025	TRIPTODUR 22.5 MG KIT 22.5 mg	Changed to Non-Preferred PDL Product	
1/6/2025	TRIUMEQ PD 60-5-30 MG TAB SUSP (Ped Formulation)	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	TYENNE 162 MG/0.9 ML AUTOINJECT, SYRINGE	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	TYENNE vial	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	UB Toujeo Max SoloStar Pen	Changed to Non-Preferred PDL Product	Brand Toujeo max Solostar Preferred
1/6/2025	UB Toujeo SoloStar Pen	Changed to Non-Preferred PDL Product	Brand Toujeo Solostar Preferred
1/6/2025	VANCOMYCIN 25 MG/ML SOLUTION (Generic Firvanq)	Changed to Preferred PDL product	
1/6/2025	VANCOMYCIN 50 MG/ML SOLUTION	Changed to Preferred PDL product	
1/6/2025	VOQUEZNA DUAL PAK	PDL Addition-Non-Preferred	
1/6/2025	VOQUEZNA TRIPLE PAK	PDL Addition-Non-Preferred	
1/6/2025	XELJANZ 11MG XR	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XEMBIFY 20% (1 G/5 ML) VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XEMBIFY 20% (10 G/50 ML) VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XEMBIFY 20% (2 G/10 ML) VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XEMBIFY 20% (4 G/20 ML) VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XGEVA 120 MG/1.7 ML VIAL	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 150 MG/ML AUTOINJECTO	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 150 MG/ML AUTOINJECTO	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 300 MG/2 ML AUTOINJECT	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 300 MG/2 ML AUTOINJECT [Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 300 MG/2 ML SYRINGE [300mg	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 300 MG/2 ML SYRINGE [300mg	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	XOLAIR 75 MG/0.5 ML AUTOINJECT	Changed to Preferred PDL product	Prior Authorization Remains

1/6/2025	XOLAIR 75 MG/0.5 ML AUTOINJECT	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZADITOR OTC	Changed to Non-Preferred PDL Product	Generic OTC preferred
1/6/2025	ZEPBOUND 10 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZEPBOUND 12.5 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZEPBOUND 15 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZEPBOUND 2.5 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZEPBOUND 5 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZEPBOUND 7.5 MG/0.5 ML PEN	Changed to Preferred PDL product	Prior Authorization Remains
1/6/2025	ZIEXTENZO	Changed to Non-Preferred PDL Product	
1/6/2025	Xtampza ER	Changed to Non-Preferred PDL Product	
1/6/2025	XOPENEX HFA/Levalbuterol HFA	Changed to Non-Preferred PDL Product	
1/6/2025	8290328203 BD PEN NEEDL MIS 29GX12.7	PDL Deletion	
1/6/2025	8290320119 BD PEN NEEDL MIS 31GX5MM	PDL Deletion	
1/6/2025	8290320109 BD PEN NEEDL MIS 31GX8MM	PDL Deletion	
1/6/2025	8290320122 BD PEN NEEDL MIS 32GX4MM	PDL Deletion	
1/6/2025	8290320749 BD PEN NEEDL MIS 32GX6MM	PDL Deletion	
1/6/2025	ADRENALIN 1 MG/ML VIAL	PDL Deletion	
1/6/2025	DEPO-MEDROL 200 MG/5 ML VIAL	PDL Deletion	
1/6/2025	EPINEPHRINE 1 MG/ML VIAL	PDL Deletion	
1/6/2025	LEVOTHYROXINE 100 MCG VIAL	PDL Deletion	
1/6/2025	LEVOTHYROXINE 100 MCG/ML VIAL	PDL Deletion	
1/6/2025	LEVOTHYROXINE 200 MCG VIAL	PDL Deletion	
1/6/2025	LEVOTHYROXINE 500 MCG VIAL	PDL Deletion	
1/6/2025	PHENOBARBITAL 130 MG/ML VIAL	PDL Deletion	
1/6/2025	PILOCARPINE HCL 5 MG TABLET	PDL Deletion	Supplemental formulary Coverage
1/6/2025	PROMETHAZINE 6.25 MG/5 ML SOLN	PDL Deletion	Supplemental formulary Coverage
1/6/2025	VANCOMYCIN 1 GM VIAL	PDL Deletion	
1/6/2025	ECONTRA EZ 1.5 MG TABLET	PDL Deletion	
1/6/2025	ECONTRA ONE-STEP 1.5 MG TABLET	PDL Deletion	
1/6/2025	HER STYLE 1.5 MG TABLET	PDL Deletion	
1/6/2025	LEVONORGESTREL 1.5 MG TABLET	PDL Deletion	
1/6/2025	MY CHOICE 1.5 MG TABLET	PDL Deletion	
1/6/2025	MY WAY 1.5 MG TABLET	PDL Deletion	
1/6/2025	NEW DAY 1.5 MG TABLET	PDL Deletion	

1/6/2025	OPCICON ONE-STEP 1.5 MG TABLET	PDL Deletion	
1/6/2025	OPTION 2 1.5 MG TABLET	PDL Deletion	
1/6/2025	VUITY 1.25% EYE DROP	PDL Deletion	
1/6/2025	ALCOHOL 70% PREP PADS	PDL Deletion	Alcohol pads available on supplemental formulary
1/6/2025	SURE COMFORT ALCOHOL PREP PADS	PDL Deletion	Alcohol pads available on supplemental formulary
1/6/2025	Tobramycin 300MG/ 5 ML AMPULE	Prior Authorization Removed on Preferred Tobramycin Products	Tobramycin Clinical Policy Retired
1/1/2025	ANTICONVULSANTS- DILANTIN 100 MG CAPSULE , TEGRETOL Tablet, TEGRETOL 100 MG/5 ML SUSP, CARBATROL ER CAPSULES, LAMICTAL IR, XR, ODT TABLET, TRILEPTAL TABLET	Anticonvulsants- Seizure related ICD 10 codes will no longer bypass Prior authorization on Non-preferred Brands per DMMA requirement	
1/1/2025	Opioid Policy update	Policy updated MME limit from 90 MME to 50 MME per DMMA requirement	Opioid Policy Updated
December 2024	Lidocaine 5% patch	Prior Authorization Removed on Preferred lidocaine Products	Lidocaine Clinical Policy Retired