



### 2025 Formulary Changes

Effective Date of Change	Drug Name	Description of Change	Note
April 2025	Paxlovid tablets	QL addition	
April 2025	Lagevrio 200mg capsules	QL addition	
April 2025	Brixadi injections weekly and monthly formulations	QL addition	
February 2025	COVID-19 tests	Copay Change	NO COPAYS
1/6/2025	Adapalene-Benzoyl Peroxide 0.3%-2.5% Gel Pump (generic EpiDuo Forte)	Changed to Preferred Product	
1/6/2025	Memantine ER Capsule	Changed to Preferred Product	
1/6/2025	Antibiotic Plus ( <i>neomycin-polymyxin B-pramoxine</i> ) Cream	Changed to Preferred Product	
1/6/2025	Epidiolex (cannabidiol extract) Solution	Changed to Preferred Product	Prior authorization remains
1/6/2025	Doxylamine Succinate-Pyridoxine DR Tablet (generic Diclegis)	Changed to Preferred Product	Brand and generic are preferred
1/6/2025	Posaconazole DR Tablet	Changed to Preferred Product	
1/6/2025	Altuviiio injection	Changed to Preferred Product	Prior authorization remains
1/6/2025	Rykindo (risperidone) Vial	Changed to Preferred Product	
1/6/2025	Uzedy ER (risperidone) Syringe	Changed to Preferred Product	
1/6/2025	Zyprexa Relprevv ( <i>olanzapine</i> )	Changed to Non-Preferred	
1/6/2025	Contour Plus Blue Meter	Changed to Preferred Product	
1/6/2025	Contour Plus (50-count and 100-count)	Changed to Preferred Product	
1/6/2025	Nyvepria ( <i>pegfilgrastim-apgf</i> ) Syringe	Changed to Non-Preferred	
1/6/2025	Adalimumab-aacf 50 mg/ml Pen	Changed to Preferred Product	Prior authorization remains
1/6/2025	Adalimumab-aacf 50 mg/ml Syringe	Changed to Preferred Product	Prior authorization remains
1/6/2025	Adalimumab-adaz(CF) 100 mg/ml Pen	Changed to Preferred Product	Prior authorization remains
1/6/2025	Adalimumab-adaz(CF) 100 mg/ml Syringe	Changed to Preferred Product	Prior authorization remains

1/6/2025	Adalimumab-adbm(CF) 50 mg/ml Pen (Boehringer Ingelheim [00597] labeler only)	Changed to Preferred Product	Prior authorization remains
1/6/2025	Adalimumab-adbm(CF) 50 mg/ml Syringe (Boehringer Ingelheim [00597] labeler only)	Changed to Preferred Product	Prior authorization remains
1/6/2025	Adalimumab-adbm(CF) 100 mg/ml Pen (Boehringer Ingelheim [00597] labeler only)	Changed to Preferred Product	Prior authorization remains
1/6/2025	Adalimumab-adbm(CF) 100 mg/ml Syringe (Boehringer Ingelheim [00597] labeler only)	Changed to Preferred Product	Prior authorization remains
1/6/2025	Actemra (tocilizumab) Syringe	Changed to Non-Preferred	
1/6/2025	Actemra (tocilizumab) Vial	Changed to Non-Preferred	
1/6/2025	Amjevita(CF) (adalimumab-atto) 50 mg/ml Autoinjector	Changed to Non-Preferred	
1/6/2025	Amjevita(CF) (adalimumab-atto) 50 mg/ml Syringe	Changed to Non-Preferred	
1/6/2025	Skyrizi (risankizumab-rzaa) On-Body Injector	Changed to Preferred Product	Prior authorization remains
1/6/2025	Skyrizi (risankizumab-rzaa) Pen	Changed to Preferred Product	Prior authorization remains
1/6/2025	Skyrizi (risankizumab-rzaa) Syringe	Changed to Preferred Product	Prior authorization remains
1/6/2025	Skyrizi (risankizumab-rzaa) Vial	Changed to Preferred Product	Prior authorization remains
1/6/2025	Tyenne (tocilizumab-aazg) Autoinjector	Changed to Preferred Product	Prior authorization remains
1/6/2025	Tyenne (tocilizumab-aazg) Syringe	Changed to Preferred Product	Prior authorization remains
1/6/2025	Tyenne (tocilizumab-aazg) Vial	Changed to Preferred Product	Prior authorization remains
1/6/2025	Eysuvis Drops	Changed to Preferred Product	
1/6/2025	Xiidra Dropperette	Changed to Preferred Product	
1/6/2025	Yargesa Capsule	Changed to Preferred Product	Prior authorization remains
1/6/2025	Skytrofa Cartridge	Changed to Preferred Product	Prior authorization remains
1/6/2025	Cimetidine Solution	Changed to Non-Preferred	
1/6/2025	Glucagon Emergency Kit	Changed to Preferred Product	
1/6/2025	Cibinqo (abrocitinib) Tablet	Changed to Preferred Product	Prior authorization remains

1/6/2025	Eletriptan Tablet	Changed to Preferred Product	
1/6/2025	Ubrelvy Tablet	Changed to Preferred Product	Prior authorization remains
1/6/2025	Ajovy (fremanezumab-vfrm) Autoinjector	Changed to Preferred Product	Prior authorization remains
1/6/2025	Ajovy (fremanezumab-vfrm) Syringe	Changed to Preferred Product	Prior authorization remains
1/6/2025	Nucala (mepolizumab) 100 mg/ml Syringe	Changed to Preferred Product	Prior authorization remains
1/6/2025	Nucala (mepolizumab) 100 mg/ml Vial	Changed to Preferred Product	Prior authorization remains
1/6/2025	Tezspire (tezepelumab) Syringe	Changed to Preferred Product	Prior authorization remains
1/6/2025	Briumvi (ublituximab-xiiy) Vial	Changed to Preferred Product	Prior authorization remains
1/6/2025	Akeega Tablet	Changed to Preferred Product	Prior authorization remains
1/6/2025	Augtyro Capsule	Changed to Preferred Product	Prior authorization remains
1/6/2025	Bosulif Capsule	Changed to Preferred Product	Prior authorization remains
1/6/2025	Fruzaa Capsule	Changed to Preferred Product	Prior authorization remains
1/6/2025	Iwilfin Tablet	Changed to Preferred Product	Prior authorization remains
1/6/2025	Ogsiveo Tablet	Changed to Preferred Product	Prior authorization remains
1/6/2025	Ojemda Suspension	Changed to Preferred Product	Prior authorization remains
1/6/2025	Ojemda Tablet	Changed to Preferred Product	Prior authorization remains
1/6/2025	Ojjaara Tablet	Changed to Preferred Product	Prior authorization remains
1/6/2025	Rozlytrek Pellet cket	Changed to Preferred Product	Prior authorization remains
1/6/2025	Torpenz Tablet	Changed to Preferred Product	Prior authorization remains
1/6/2025	Truqap Tablet	Changed to Preferred Product	Prior authorization remains

1/6/2025	Xalkori Pellet	Changed to Preferred Product	Prior authorization remains
1/6/2025	Ingrezza (valbenazine) Sprinkle Capsule	Changed to Preferred Product	Prior authorization remains
1/6/2025	Fluticasone Propionate HFA <sup>AE&lt;19</sup>	Remains Non-Preferred but Age exemption (AE) changed	AE Change in AGE to max 18 instead of max 12
1/1/2025	Oxycodone ER tablets (all strengths)	Changed to Preferred Product	
1/1/2025	Xtampza ER (all strengths)	Changed to Nonpreferred Product	