



2025 Formulary Changes

Effective Date of Change	Drug Name	Description of Change	Note
June 2025	83017055003 Nano™ 2nd Gen Pen Needles 4mm 32G 5bevel UTW 100ct	Supplemental Formulary Addition	
June 2025	83017012203 Nano™ Pen Needles 4mm 32G 5bevel UTW 100ct	Supplemental Formulary Addition	
June 2025	83017011903 Ultra-Fine™ Pen Needles 5mm 31G 5bevel TW 100ct	Supplemental Formulary Addition	
June 2025	83017074903 Ultra-Fine™ Pen Needles 6mm 32G 3bevel TW 100ct	Supplemental Formulary Addition	
June 2025	83017010903 Ultra-Fine™ Pen Needles 8mm 31G 5bevel TW 100ct	Supplemental Formulary Addition	
June 2025	83017820303 Ultra-Fine™ Pen Needles 12.7mm 29G 3bevel TW 100ct	Supplemental Formulary Addition	
June 2025	83017951503 AutoShield Duo™ Pen Needles 5mm 30G 3bevel TW 100ct	Supplemental Formulary Addition	
June 2025	83017490903 Ultra-Fine™ Insulin Syringes U-100 6mm 31G 0.3mL 100ct	Supplemental Formulary Addition	
June 2025	83017491003 Ultra-Fine™ Insulin Syringes U-100 6mm 31G 0.3mL ½ unit 100ct	Supplemental Formulary Addition	
June 2025	83017491103 Ultra-Fine™ Insulin Syringes U-100 6mm 31G 0.5mL 100ct	Supplemental Formulary Addition	
June 2025	83017491203 Ultra-Fine™ Insulin Syringes U-100 6mm 31G 1mL 100ct	Supplemental Formulary Addition	
June 2025	83017673003 embecta™ Insulin Syringes U-500 6mm 31G 0.5mL 100ct	Supplemental Formulary Addition	
June 2025	83017843803 Ultra-Fine™ Insulin Syringes U-100 8mm 31G 0.3mL 100ct	Supplemental Formulary Addition	
June 2025	83017844003 Ultra-Fine™ Insulin Syringes U-100 8mm 31G 0.3mL ½ unit 100ct	Supplemental Formulary Addition	
June 2025	83017846803 Ultra-Fine™ Insulin Syringes U-100 8mm 31G 0.5mL 100ct	Supplemental Formulary Addition	
June 2025	83017841803 Ultra-Fine™ Insulin Syringes U-100 8mm 31G 1mL 100ct	Supplemental Formulary Addition	
June 2025	83017843103 Ultra-Fine™ Insulin Syringes U-100 12.7mm 30G 0.3mL 100ct	Supplemental Formulary Addition	
June 2025	83017846603 Ultra-Fine™ Insulin Syringes U-100 12.7mm 30G 0.5mL 100ct	Supplemental Formulary Addition	
June 2025	83017841103 Ultra-Fine™ Insulin Syringes U-100 12.7mm 30G 1mL 100ct	Supplemental Formulary Addition	
June 2025	83017841101 Ultra-Fine™ Insulin Syringes U-100 12.7mm 30G 1mL 10ct	Supplemental Formulary Addition	
June 2025	83017841801 Ultra-Fine™ Insulin Syringes U-100 8mm 31G 1mL 10ct	Supplemental Formulary Addition	

June 2025	83017843101 Ultra-Fine™ Insulin Syringes U-100 12.7mm 30G 0.3mL 10ct	Supplemental Formulary Addition	
June 2025	83017843801 Ultra-Fine™ Insulin Syringes U-100 8mm 31G 0.3mL 10ct	Supplemental Formulary Addition	
June 2025	83017846601 Ultra-Fine™ Insulin Syringes U-100 12.7mm 30G 0.5mL 10ct	Supplemental Formulary Addition	
June 2025	83017846801 Ultra-Fine™ Insulin Syringes U-100 8mm 31G 0.5mL 10ct	Supplemental Formulary Addition	
April 2025	Paxlovid tablets	QL addition	
April 2025	Lagevrio 200mg capsules	QL addition	
April 2025	Brixadi injections weekly and monthly formulations	QL addition	
April 2025	Lazcluze 80 mg, 240mg Tablets	Removed from Specialty Starter Fill Program	
April 2025	Akeega tablets all strengths	Removed from Specialty Starter Fill Program	
April 2025	RevuFori tablets -all strengths	Removed from Specialty Starter Fill Program	
April 2025	Bosulf tablets- All strengths	Removed from Specialty Starter Fill Program	
April 2025	Ogsiveo Tablets-All strengths	Removed from Specialty Starter Fill Program	
April 2025	Augtryocapsules- All strengths	Removed from Specialty Starter Fill Program	
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 Droperette	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-xiyy) 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 ^{AE<19}	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 srengths)	Changed to Preferred Product	
1/1/2025	Xtampza ER (all strengths)	Changed to Nonpreferred Product	