



2025 Formulary Changes

Effective Date of Change	Drug Name	Description of Change	Note
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 strengths)	Changed to Preferred Product	
1/1/2025	Xtampza ER (all strengths)	Changed to Nonpreferred Product	