Independent Health | 511 Farber Lakes Drive Buffalo, NY 14221

Quarterly Formulary Changes Announced (Third Quarter 2025)

Quarterly changes to the Independent Health Drug formularies are summarized below and are currently in effect unless otherwise noted.

NPG/NPB - Non-Preferred Generic/Brand
PG/PB - Preferred Generic/Brand
NF – Non-Formulary
SP - Specialty Pharmacy
PA - Prior Authorization
ST – Step Therapy

QL – quantity Limits
SC – subcutaneous
IM - intramuscular
inj – injection
tab – tablet
cap – capsule
oph- ophthalmic

soln – solution
susp – suspension
MDI-metered-dose inhalation aerosol
ODT – orally-disintegrating tablet
LA-available only at certain pharmacies
G- Generic (T2) for Medicare

Changes to Drug Formulary I (DF1), FEHB Formulary, and Pharmacy Benefit Dimensions Formulary		
Medications Added to Formulary 10/1/2025	**Medications Non-Formulary 1/1/2026**	**Changes to Formulary 1/1/2026**
Entyvio SQ (PB PA- effective 1/1/2026)	Aklief	malathion 0.5% lotion (T1 to T2)
Lumryz (PB PA- effective 1/1/2026)	Arazlo	dapsone 5% gel (T1 to T2)
Yeztugo tablets and SC (NPB, ACA)	Fabior	Cibinqo (T2 PA to T3 PA)
Ibtrozi caps (NPB, PA w/ ST)	desoximetasone 0.05% gel	tazarotene cream/gel (T1 to T3)
Zegfrovy tabs (NPB, PA)	diflorasone 0.05% ointment	griseofulvin microsize (T1 to T3)
Modeyso caps (NPB, PA)	Bimzelx	griseofulvin ultramicrosize (T1 to T3)
Hernexeos tabs (NPB, PA)	Humira	posaconazole suspension (T1 to T3)
Andembry SC (NPB, PA w/ ST)	Kineret	posaconazole tablet (T1 to T3)
tolvaptan NPG PA	Siliq	nitisinone tab (T1 PA to T3 PA)
Zoryve 0.3% foam (T3 PA)	Simponi	sapropterin packet (T1 PA to T3 PA)
	Sotyktu	Sunosi (T3 PA to T2 PA)
	Velsipity	Epidiolex (T3 PA to T2 PA)
	Hadlima	Opsumit (T3 PA to T2 PA)
	Abrilada	Slynd (T3 PA to T2 PA)
	Noxafil packet	Valtoco (T3 PA to T2 PA)
	Dayvigo	Briviact (T3 PA to T2 PA)
	Quvivq	
	Wakix	
	Xyrem	
	Epclusa	
	Harvoni	
	Sovaldi	
	Vosevi	
	Annovera	
	Natazia	
	Jynarque	
	Orladeyo	
	Noxafil	
	Tryptyr (effective 10/1/2025)	
	Vizz (effective 10/1/2025)	
	Brinsupri PA (effective 10/1/2025)	
	Tonmya PA w/ ST (effective 10/1/2025)	
	Anzupgo (effective 10/1/2025)	
	Ekterly tabs PA (effective 10/1/2025)	
	Sephience powder PA (effective 10/1/2025)	
	Harliku tabs PA (effective 10/1/2025)	

Changes to Drug Formulary II (DF2), Drug Formulary III (DF3), and Essential Plan Formulary (EPF)		
Medications Added to Formulary 10/1/2025	**Medications Non-Formulary 1/1/2026**	**Changes to Formulary 1/1/2026**
Entyvio SQ (PB PA- effective 1/1/2026)	Aklief	Cibinqo (T2 PA to T3 PA)
Lumryz (PB PA- effective 1/1/2026)	Arazlo	tazarotene cream/gel (T1 to T3)
Yeztugo tablets and SC (NPB, ACA)	Fabior	griseofulvin microsize (T1 to T3)
Ibtrozi caps (NPB, PA w/ ST)	desoximetasone 0.05% gel	griseofulvin ultramicrosize (T1 to T3)
Zegfrovy tabs (NPB, PA)	diflorasone 0.05% ointment	posaconazole suspension (T1 to T3)
Modeyso caps (NPB, PA)	Bimzelx	posaconazole tablet (T1 to T3)
Hernexeos tabs (NPB, PA)	Humira	nitisinone tab (T2 PA to T3 PA)
Andembry SC (NPB, PA w/ ST)	Kineret	sapropterin packet (T2 PA to T3 PA)
tolvaptan NPG PA	Siliq	Sunosi (T3 PA to T2 PA)
Zoryve 0.3% foam (T3 PA)	Simponi	Epidiolex (T3 PA to T2 PA)
	Sotyktu	Opsumit (T3 PA to T2 PA)
	Velsipity	Slynd (T3 PA to T2 PA)
	Hadlima	Valtoco (T3 PA to T2 PA)
	Abrilada	Briviact (T3 PA to T2 PA)
	Noxafil packet	
	Dayvigo	
	Quvivq	
	Wakix	
	Xyrem	
	Epclusa	
	Harvoni	
	Sovaldi	
	Vosevi	
	Annovera	
	Natazia	
	Jynarque	
	Orladeyo	
	Noxafil	
	Tryptyr (effective 10/1/2025)	
	Vizz (effective 10/1/2025)	
	Brinsupri PA (effective 10/1/2025)	
	Tonmya PA w/ ST (effective 10/1/2025)	
	Anzupgo (effective 10/1/2025)	

	Ekterly tabs PA (effective 10/1/2025) Sephience powder PA (effective 10/1/2025) Harliku tabs PA (effective 10/1/2025)	

Changes to Child Health Plus Formulary		
Medications Added to Formulary 10/1/2025	**Medications Non-Formulary 10/1/2025**	**Changes to Formulary 10/1/2023**
Yeztugo tablets and SC (PB, ACA)	Fabior (effective 1/1/2026) desoximetasone 0.05% gel (effective 1/1/2026) Annovera (effective 1/1/2026) Natazia (effective 1/1/2026) Tryptyr Vizz Brinsupri Tonmya Anzupgo Ibtrozi caps Zegfrovy tabs Modeyso caps Hernexeos tabs Andembry SC Ekterly tabs Sephience powder Harliku tabs	

Changes to Medicare Formulary		
Medications Added to Formulary 10/1/2025	**Medications Non-Formulary 10/1/2025**	**Changes to Formulary 10/1/2025**
Yeztugo tablets and SC (Part B $0 cost share) Ibtrozi caps (NPB, PA w/ ST) Zegfrovy tabs (NPB, PA) Modeyso caps (NPB, PA) Hernexeos tabs (NPB, PA)	Tryptyr Vizz Brinsupri Tonmya Anzupgo Andembry SC Ekterly tabs Sephience powder Harliku tabs	

Expedited reviews:

Brand name	Generic name	Indication(s)	Coverage
Brekiya	dihydroergotamine	Migraine and cluster headache	NF
Yutrepia	treprostinil	Pulmonary arterial hypertension	NF
Khindivi	hydrocortisone	Pediatric adrenocortical insufficiency (age 5 and up)	NF
Widaplik	amlodipine/indapamide/telmisartan	Resistant hypertension	NF
Arynta	lisdexamfetamine	ADHD (age 6 and up) and binge eating disorder	NF
Vostally	ramipril	Hypertension	NF
Stamlo	amlodipine	Hypertension	NF
Vyscoxa	celecoxib	Pain	NF
Atmeksi	methocarbamol	Acute, painful musculoskeletal conditions	NF
Phyrago	dasatinib	Philadelphia chromosome	NF

Policy updates of drugs with new indications:

Brand name	Generic name	New indication(s)	Coverage changes
Actemra	tocilizumab	COVID-19 indication down to 2 years of age	n/a
Ajovy	fremanezumab-vfrm	episodic migraine in patients 6-17 years of age	PA policy updates
Alhemo	concizumab-mtci	hemophilia A or B without inhibitors	PA policy updates
Avtozma	tocilizumab-anoh	cytokine release syndrome	n/a
Biktarvy	bictegravir/emtricitabine/TAF	ARV tx hx, not virologically suppressed	n/a
Datroway	datopotamab deruxtecan-dlnk	EGFR-mutated NSCLC after platinum & EGFR-directed	PA policy updates
Doptelet	avatrombopag	CIT indication approved down to 6 years of age	PA policy updates
Dupixent	dupilumab	bullous pemphigoid	PA policy updates
Empaveli	pegcetacoplan	C3G or IC-MPGN in patients 12 years of age or older	PA policy updates
Gamifant	emapalumab-lzsg	HLH/MAS in known or suspected Still's disease	PA policy updates
Jivi	antihemophilic factor (recomb.)	approved down to 7 years of age	PA policy updates
Kerendia	finerenone	HFpEF and HFmrEF	Policy update
Keytruda	pembrolizumab	PD-L1-positive locally advanced head and neck SCC	PA policy updates

Leqvio	inclisiran	first-line for hypercholesterolemia	PA policy updates
Mavyret	glecaprevir/pibrentasvir	acute HCV infection	PA policy updates
MenQuadfi	meningococcal A/C/W/Y vaccine	approved in infants	AL removal
Monjuvi	tafasitamab-cxix	R/R FL in adults with lenalidomide and rituximab	PA policy updates
mResvia	RSV vaccine	high-risk patients 18-59 years of age	AL changes
Nubeqa	darolutamide	metastatic castration-sensitive prostate cancer	PA policy updates
Nucala	mepolizumab	Eosinophilic COPD	Policy update
Otezla	apremilast	PsA now down to 6 years of age	PA policy updates
Riabni	rituximab-arrx	moderate to severe pemphigus vulgaris in adults	n/a
Ruxience	rituximab-pvvr	moderate to severe pemphigus vulgaris in adults	n/a
Sirturo	bedaquiline	approved down to 2 years of age/8 kg and up	PA policy updates
Skytrofa	lonapegsomatropin-tcgd	growth hormone deficiency in adults	PA policy updates
Spikevax	COVID-19 vaccine, mRNA	lower AL changed – 6 mo to 11 y if increased risk	n/a
Susvimo	ranibizumab via ocular implant	diabetic retinopathy	PA policy updates
Truxima	rituximab-abbs	moderate to severe pemphigus vulgaris in adults	n/a
Tybost	cobicistat	lower weight limits decreased	n/a
Wegovy	semaglutide	Accelerated approval for MASH	Commercial: NF add new PA criteria to policy. Step Rezdiffrea through Wegovy. Medicare: NPB, add new PA criteria to policy. Step Rezdiffrea through Wegovy.
Zoryve 0.3%	roflumilast foam	plaque psoriasis of body/scalp 12 years of age and up	n/a
Zynyz	retifanlimab-dlwr	squamous cell carcinoma of the anal canal	PA policy updates

Medical: (effective 10/1/2025)

1. Nuvaxovid IM injection (when available)
2. Enflonsia IM injection (when available)
3. Emrelis IV injection, Medical PA
4. Zusduri intravesical solution, Medical PA w/ ST
5. Lynozyfic IV injection, Medical PA

New generics:

Brands now non-formulary unless otherwise indicated. For Medicaid, medical drugs will be covered as Commercial unless otherwise specified below.

Brand name	Generic name	Generic tier placement and utilization management			
		Commercial/ FEHB	Exch/Small/EBP	Medicaid	Medicare Indiv/PDP
Complera	emtricitabine/rilpivirine/TDF	NPG	NPG	PG	T5/T1
Dificid	fidaxomicin tablet	NPG PA except ID	NPG PA except ID	NF	T5/T1
Entresto	sacubitril/valsartan tablets	PG	PG	PG	T3/T1
Eprontia	topiramate oral solution	NF	NF	NF	T4/T1
Fycompa	perampanel	NPG	NPG	NF	T5/T1
Jynarque	tolvaptan	NPG, PA	NPG, PA	NF	NF/NF
Promacta	eltrombopag	PG PA	PG PA	PG PA	T5 PA/T1 PA
Tasigna	nilotinib	PG PA	PG PA	PG PA	T5 PA/T1 PA
Vuity	pilocarpine 1.25%	NF	NF	NF	NF/NF
Xarelto	rivaroxaban oral suspension	NF	NF	NF	NF/NF

Biosimilar drug changes:

Generic (reference product)	Changes	Effective date
Starjemza (ustekinumab-hmnv)- Stelara	SC: NF, IV: Medical, PA w/ ST	10/1/2025
Kirsty (insulin aspart-xjhz)- Novolog	NF	10/1/2025