## Quarterly Formulary Changes Announced (Fourth 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 1/1/2026** | **Medications Non-Formulary 1/1/2026** | **Changes to Formulary 3/1/2026** |
| Inluriyo (imlunestrant) tab NPB, PA<br>Komzifti (ziftomenib) cap NPB, PA<br>Dawnzera (donidalorsen) SC injection NPB, PA w/ ST<br>Otezla XR(apremilast) tab PB, PA | butalbital-APAP 50-300mg tab T3 to NF (3/1/2026)<br>butalbital-APAP-caffeine 50-300-40mg cap T3 to NF (3/1/2026)<br>butalbital-APAP-caffeine-codeine 50-300-40-30mg cap T3 to NF (3/1/26)<br>gabapentin once daily tab T3 to NF (3/1/2026)<br>Horizant tab T3 to NF (3/1/2026)<br>Nucynta/Nucynta ER tab T2 to NF (3/1/2026)<br>Xtampza ER tab T3 to NF (3/1/2026)<br>Tramadol ER biphasic tab T1 to NF (3/1/2026)<br>Lynkuet (elinzanetant) cap<br>Wayrilz (rilzabrutinib) tab<br>Lasix ONYU (furosemide) SC injection<br>Rhapsido (remibrutinib) tab<br>Jascayd (nerandomilast) tab<br>Clotic (clotrimazole) otic soln<br>Palsonify (paltusotine) tab<br>Forzinity (elamipretide) SC injection<br>Kygevvi (doxecitine/doxribtimine) powder for oral soln | codeine tab T1 to T3<br>duloxetine 40mg cap T1 to T3<br>hydrocodone-APAP soln T1 to T3<br>morphine ER cap T1 to T3<br>tramadol ER tab T1 to T3<br>disulfiram tab T1 to T3<br>memantine soln T1 to T3<br>pirfenidone tab T3 to T2 (1/1/2026) |

| Changes to Drug Formulary II (DF2), Drug Formulary III (DF3), and Essential Plan Formulary (EPF) | | |
|---|---|---|
| **Medications Added to Formulary 1/1/2026** | **Medications Non-Formulary 1/1/2026** | **Changes to Formulary 3/1/2026** |
| Inluriyo (imlunestrant) tab NPB, PA<br>Komzifti (ziftomenib) cap NPB, PA<br>Dawnzera (donidalorsen) SC injection NPB, PA w/ ST<br>Otezla XR(apremilast) tab PB, PA | butalbital-APAP 50-300mg tab T3 to NF (3/1/2026)<br>butalbital-APAP-caffeine 50-300-40mg cap T3 to NF (3/1/2026)<br>butalbital-APAP-caffeine-codeine 50-300-40-30mg cap T3 to NF (3/1/26)<br>gabapentin once daily tab T3 to NF (3/1/2026)<br>Horizant tab T3 to NF (3/1/2026)<br>Nucynta/Nucynta ER tab T2 to NF (3/1/2026)<br>Xtampza ER tab T3 to NF (3/1/2026)<br>Tramadol ER biphasic tab T1 to NF (3/1/2026)<br>Lynkuet (elinzanetant) cap<br>Wayrilz (rilzabrutinib) tab<br>Lasix ONYU (furosemide) SC injection<br>Rhapsido (remibrutinib) tab<br>Jascayd (nerandomilast) tab<br>Clotic (clotrimazole) otic soln<br>Palsonify (paltusotine) tab<br>Forzinity (elamipretide) SC injection<br>Kygevvi (doxecitine/doxribtimine) powder for oral soln | codeine tab T1 to T3<br>duloxetine 40mg cap T1 to T3<br>hydrocodone-APAP soln T1 to T3<br>morphine ER cap T1 to T3<br>tramadol ER tab T1 to T3<br>disulfiram tab T1 to T3<br>memantine soln T1 to T3<br>pirfenidone tab T3 to T2 (1/1/2026) |

| Changes to Child Health Plus Formulary | | |
|---|---|---|
| **Medications Added to Formulary 1/1/2026** | **Medications Non-Formulary 1/1/2026** | **Changes to Formulary 3/1/26** |
| | Lynkuet (elinzanetant) cap<br>Wayrilz (rilzabrutinib) tab<br>Inluriyo (imlunestrant) tab<br>Komzifti (ziftomenib) cap<br>Lasix ONYU (furosemide) SC injection<br>Dawnzera (donidalorsen) SC injection<br>Rhapsido (remibrutinib) tab<br>Jascayd (nerandomilast) tab<br>Clotic (clotrimazole) otic soln<br>Palsonify (paltusotine) tab<br>Forzinity (elamipretide) SC injection<br>Kygevvi (doxecitine/doxribtimine) powder for oral soln | |

| Changes to Medicare Formulary | | |
|---|---|---|
| **Medications Added to Formulary 1/1/2026** | **Medications Non-Formulary 1/1/2026** | **Changes to Formulary 1/1/2026** |
| Inluriyo (imlunestrant) tab NPB, PA<br>Komzifti (ziftomenib) cap NPB, PA | Lynkuet (elinzanetant) cap<br>Wayrilz (rilzabrutinib) tab<br>Lasix ONYU (furosemide) SC injection<br>Dawnzera (donidalorsen) SC injection NPB, PA w/ ST<br>Rhapsido (remibrutinib) tab<br>Jascayd (nerandomilast) tab<br>Clotic (clotrimazole) otic soln<br>Palsonify (paltusotine) tab<br>Forzinity (elamipretide) SC injection<br>Kygevvi (doxecitine/doxribtimine) powder for oral soln | |

**Expedited reviews:**

| Brand name | Generic name | Indication(s) | Coverage |
|---|---|---|---|
| Zolymbus | bimatoprost ophthalmic gel | reduction of intraocular pressure (IOP) in patients 17 years of age or older with open-angle glaucoma or ocular hypertension | NF |
| Enbumyst | bumetanide nasal spray | edema associated with congestive heart failure, hepatic disease, and renal disease, including nephrotic syndrome, in adults | NF |
| Subvenite | lamotrigine oral suspension | adjunctive therapy for epilepsy in patients 2 years of age and older, monotherapy in patients 16 years of age and older, and bipolar I disorder | Comm/PBD/FEHB/Medicaid-NF<br>Medicare- NPB |
| Bondlido | lidocaine 10% topical patch | relief of pain associated with post-herpetic neuralgia (PHN) in adults | NF |
| Qivigy | IVIG, human-kthm | treatment of adults with primary humoral immunodeficiency (PI) | Medical, PA |
| Contepo | fosfomycin IV | treatment of adults with complicated urinary tract infections (cUTI) | Medical, PA |
| Javadin | clonidine oral solution | treatment of hypertension in adults | NF |

**Policy updates of drugs with new indications:**

| Brand name | Generic name | New indication(s) | Coverage changes |
|---|---|---|---|
| Caplyta | lumateperone | adjunct treatment for major depressive disorder | PA policy changes |
| Darzalex Faspro | daratumumab/hyaluronidase-fihj | high-risk smoldering multiple myeloma | PA policy changes |
| Evkeeza | evinacumab-dgnb | HoFH indication down to 1 year of age | PA policy changes |
| Gazyva | obinutuzumab | active lupus nephritis | PA policy changes |
| Koselugo | selumetinib | NF1 indication down to 1 year of age | PA policy changes |
| Libtayo | cemiplimab-rwlc | adjuvant treatment of cutaneous squamous cell Ca | PA policy changes |
| Linzess | linaclotide | IBS-C indication down to 7 years of age | n/a |
| Olpruva | sodium phenylbutyrate | UCD indication down to 1 year of age/7 kg and up | PA policy changes |
| Opdivo Qvantig | nivolumab/hyaluronidase-nvhy | MSI-H/dMMR CRC after nivolumab & ipilimumab | PA policy changes |
| Opzelura | ruxolitinib cream | AD indication down to 2 years of age | n/a |
| Praluent | alirocumab | MACE risk reduction in patients w/increased risk | n/a |
| Revuforj | revumenib | R/R AML with *NPM1* mutation | PA policy changes |
| Rybelsus | semaglutide tablets | MACE reduction in high-risk adults with T2DM | n/a |
| Simponi | golimumab | UC in pediatric patients 15 kg and greater | PA policy changes |
| Tezspire | tezepelumab-ekko | chronic rhinosinusitis with nasal polyps | PA policy changes |
| Tremfya | guselkumab | PsO and PsA indications down to 6 years of age | PA policy changes |
| Uzedy | risperidone SC injection | bipolar I disorder in adults | PA policy changes |
| Vonvendi | von Willebrand factor (recomb) | prophylactic bleeding control in VWD and on-demand and perioperative bleeding control in children w/VWD | PA policy changes |
| Vyjuvek | beremagene geperpavec-svdt | can now be used from birth | PA policy changes |
| Xeljanz | tofacitinib | PsA indication down to 2 years of age | PA policy changes |
| Zepzelca | lurbinectedin | SCLC maintenance therapy with atezolizumab | PA policy changes |
| Zoryve | roflumilast 0.05% cream | atopic dermatitis in children 2-5 years of age | PA policy changes |

**Medical: (effective 1/1/2026)**

1. Inlexzo (gemcitabine) intravesical system. PA w/ST
2. Papzimeos (zopapogene imadenovec-drba) SC injection. PA
3. Epioxa and Epioxa HD (riboflavin 5'-phosphate) ophthalmic solution. 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 |
| Dalvance | dalbavancin | Medical | Medical | Medical | NF/NF |
| Endometrin | progesterone suppositories | NF (brand PB) | NF (brand PB) | NF | NF/NF |
| Jentadueto | linagliptin/metformin | NF | NF | NF | NF/NF |
| Premarin | conjugated estrogens | PG | PG | PG | T3/T1 |
| Ravicti | glycerol phenylbutyrate | NF | NF | NF | NF/NF |
| Rytary | carbidopa/levodopa ER cap | NF | NF | NF | NF/NF |
| Saxenda | liraglutide (weight loss) | Block | Block | Block | Block/Block |
| Tracleer | bosentan soluble tab | NPG PA | NPG PA | T1 PA | T5 PA/T1 PA |

**Biosimilar drug changes:**

| Generic (reference product) | Changes | Effective date |
|---|---|---|
| Jubbonti/Wyost (denosumab-bbdz) | Removed PA | 10/1/25 |
| Poherdy (pertuzumab-dpzb) | Medical, PA | 1/1/26 |
| Eydenzelt (aflibercept-boav) | Medical, PA w/ ST | 1/1/26 |
| Enoby/Xtrenbo (denosumab-qbde) | Medical, PA w/ ST | 1/1/26 |
| Aukelso/Bosaya (denosumab-kyqq) | Medical, PA w/ ST | 1/1/26 |
| Bildyos/Bilprevda (denosumab-nxxp) | Medical (preferred) | 11/1/25 |

**Products removed from the market:**

1. **Synagis** (palivizumab)-effective 12/31/25
2. **Ixchiq** (chikungunya vaccine, live)- effective 8/22/25
3. **Ocaliva** (obeticholic acid)- effective 9/11/25