



Notable Formulary Changes for 2025

The formulary changes listed below will take effect January 1st, 2025. Please refer to the member portal for more specific information.

ADDITIONS to Formulary

Medication	Used to Treat	Comments
ALPRAZOLAM ER	Anxiety	Quantity limits apply.
CARISOPRODOL TABS	Muscle Spasms	
CHLORDIAZEPOXIDE CAPS	Anxiety	Prior authorization required for new starts. Quantity limits apply.
ESZOPICLONE TABS	Insomnia	Quantity limits apply.
HYDROXYCHLOROQUINE TABS	Lupus, Rheumatoid Arthritis	
NOVOLIN/NOVOLOG	Diabetes	Quantity limits apply.
TADALAFIL 2.5 & 5mg	BPH	Prior authorization required. Quantity limits apply.
ZOLPIDEM ER Tabs	Insomnia	Quantity limits apply.

Moving to Higher Tier

Medication	Used to Treat	Formulary Alternatives at Lower Tier
IMATINIB MESYLATE	Leukemia	Medication now on formulary at highest copay; no similar medication at lower copay.
ICOSAPENT ETHYL	High Lipid Levels	VASCEPA
AMBRISENTAN	Pulmonary Arterial Hypertension	Medication now on formulary at highest copay; no similar medication at lower copay.
BOSENTAN	Pulmonary Arterial Hypertension	Medication now on formulary at highest copay; no similar medication at lower copay.
SPIRIVA	Asthma, COPD	TIOTROP BROM CAPSULES
SUBOXONE SL FILM	Opioid Use Disorder	BUPRENORPHINE-NALOXONE SL FILM
GEMTESA	Overactive Bladder	MYRBETRIQ
PAXLOVID	COVID	Medication now on formulary at highest copay; no similar medication at lower copay.
VYVANSE	ADHD	LISDEXAMFETAMINE CAPSULES

Notable Formulary Changes for 2025 (continued)

REMOVAL from Formulary

Medication	Used to Treat	Formulary Alternatives
AZELASTINE SPRAY 0.15 %	Stuffy Nose	AZELASTINE SPRAY 0.1%
BYETTA	Type 2 Diabetes	BYDUREON BC, OZEMPIC, RYBELSUS, TRULICITY
CABENUVA	HIV	ATAZANAVIR plus LAMIVUDINE, DARUNAVIR plus LAMIVUDINE, LOPINAVIR/RITONAVIR plus LAMIVUDINE, DOVATO, JULUCA, TIVICAY plus LAMIVUDINE, TIVICAY plus EDURANT
CALCIUM ACETATE	Phosphate Binder	No Formulary Alternative
FLUOXETINE TAB	Mental Health Conditions	FLUOXETINE CAP
LANTHANUM CARBONATE	Phosphate Binder	No Formulary Alternative
LIDOCAINE GEL	Topical Anesthetic	No Formulary Alternative
MAYZENT	Multiple Sclerosis	FINGOLIMOD, GILENYA
ONGLYZA	Type 2 Diabetes	JANUVIA, SAXAGLIPTIN, TRADJENTA
PRADAXA	Blood Clot Prevention	DABIGATRAN
REVLIMID	Lymphomas	LENALIDOMIDE
RITUXAN	Leukemia, Lymphomas, Rheumatoid Arthritis	RIABNI
SEVELAMER CARBONATE	Phosphate Binder	No Formulary Alternative
SPRAVATO	Depression, Treatment-Resistant	No Formulary Alternative
TERIPARATIDE 600 MCG/2.4ML	Osteoporosis	FORTEO, TERIPARATIDE INJ 620/2.48
VICTOZA	Type 2 Diabetes	BYDUREON BC, OZEMPIC, RYBELSUS, TRULICITY
V-GO 20	Diabetes	OMNIPOD GO
XELJANZ	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis	RINVOQ

New Prior Authorization Requirement

Approval Criteria

Insulin Needles & Syringes; Alcohol Swabs; Omnipod

Criteria for approval require BOTH of the following: 1. The requested medical supply product will be used in the delivery of insulin to the body AND 2. Patient's medication history includes use of insulin within the past 180 days.

*Effective 01/01/2025



50 Whitecap Drive
North Kingstown, RI 02852