

# Future Formulary Changes



Updated 04/30/2024

**Applies to:** Employer group plan 2024 closed formularies

KEY: PA=prior authorization; ST=step therapy; QL=quantity limit

Generic name	Brand name	Change	Effective date	Posted date
Metronidazole 0.75% Vaginal Gel	Vandazole	Remove from the formulary (generic available)	07/01/2024	04/30/2024
Enoxaparin	Lovenox	Remove from the formulary (generic available)	07/01/2024	04/30/2024
Estradiol Patch	Climara	Remove from the formulary (generic available)	07/01/2024	04/30/2024
Nitroglycerin 0.4% ointment	Rectiv	Remove from the formulary (generic available)	07/01/2024	04/30/2024
Brexiprazole	Rexulti	Add quantity limit of 30 tablets per 30 days	07/01/2024	04/30/2024
Ledipasvir/Sofosbuvir	Harvoni	Remove from the formulary	07/01/2024	04/30/2024
Lenalidomide	Revlimid	Remove from the formulary (generic available)	07/01/2024	04/30/2024
Insulin regular	Humulin U-500	Add PA and move to Tier 2	07/01/2024	04/30/2024
Podofilox gel	Condylox	Remove from the formulary (generic available)	04/01/2024	01/31/2024
Testosterone 100 mg, 200 mg vial	Depo-Testosterone	Remove from the formulary (generic available)	04/01/2024	01/31/2024

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Erdafitinib	Balversa	Limited to Kaiser Permanente Washington Pharmacy	04/01/2024	01/31/2024
Sacubitril/Valsartan 24/26 mg	Entresto	Add quantity limit of 60 tablets per 30 days if full tablet coverage approved	04/01/2024	01/31/2024
Sacubitril/Valsartan 49/51 mg	Entresto	Add quantity limit of 30 tablets per 30 days	04/01/2024	01/31/2024
Sacubitril/Valsartan 49/51 mg	Entresto	Add quantity limit of 60 tablets per 30 days if full tablet coverage approved	04/01/2024	01/31/2024
Sacubitril/Valsartan 97/103 mg	Entresto	Add quantity limit of 60 tablets per 30 days	04/01/2024	01/31/2024
Ruxolitinib 5 mg	Jakafi	Add quantity limit of 60 tablets per 30 days if full tablet coverage approved	04/01/2024	01/31/2024
Ruxolitinib 10 mg	Jakafi	Add quantity limit of 30 tablets per 30 days	04/01/2024	01/31/2024
Ruxolitinib 10 mg	Jakafi	Add quantity limit of 60 tablets per 30 days if full tablet coverage approved	04/01/2024	01/31/2024
Ruxolitinib 15 mg	Jakafi	Add quantity limit of 60 tablets per 30 days	04/01/2024	01/31/2024

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Ruxolitinib 20 mg	Jakafi	Add quantity limit of 60 tablets per 30 days	04/01/2024	01/31/2024
Ruxolitinib 25 mg	Jakafi	Add quantity limit of 60 tablets per 30 days	04/01/2024	01/31/2024
Lamotrigine	Lamictal, Lamictal ODT, Lamictal XR	Add PA	04/01/2024	01/31/2024
Zuranolone	Zurzuvae	Add quantity limit of 14 days per treatment course	04/01/2024	01/31/2024
Trofinetide	Daybue	Add quantity limit of 12,000 mg twice daily	04/01/2024	01/31/2024
Asfotase alfa 80 mg/0.8 mL	Strensiq	Add quantity limit to 40 kg and greater	04/01/2024	01/31/2024
Budesonide/Formoterol	Symbicort	Remove from the formulary (generic available)	02/01/2024	12/01/2023
Pazopanib	Votrient	Remove from the formulary (generic available)	01/01/2024	10/31/2023
Icosapent Ethyl	Vascepa	Remove from the formulary (generic available)	01/01/2024	10/31/2023
Tiotropium bromide	Spiriva 18 MCH HandiHaler Capsules	Remove from the formulary (generic available)	01/01/2024	10/31/2023
Dabigatran etexilate	Pradaxa	Remove from the formulary (generic available)	01/01/2024	10/31/2023
Adapalene	Differin 0.1% Cream	Remove from the formulary (generic available)	01/01/2024	10/31/2023

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Zolpidem	Ambien CR	Remove from the formulary (generic available)	01/01/2024	10/31/2023
Non-Benzodiazepine Sedative-Hypnotics: zolpidem, zaleplon, eszopiclone	Ambien, Ambien CR, Edluar, Lunesta	Add supply limit of 7 days	01/01/2024	10/31/2023
Pegfilgrastim-pbbk	Fylnetra	Add quantity limit of 6 mg per week	01/01/2024	10/31/2023
Pegfilgrastim-fpgk	Stimufend	Add quantity limit of 6 mg per week	01/01/2024	10/31/2023
Glycerol phenylbutyrate	Ravicti	Add quantity limit of 17.5 mL per day	01/01/2024	10/31/2023
Asfotase alfa	Strensiq	Add quantity limit of 6 mg/kg per week	01/01/2024	10/31/2023
Mitapivat	Pyrukynd	Add quantity limit of 60 tablets per 30 days	01/01/2024	10/31/2023
Leniolisib	Joenja	Add quantity limit of 60 tablets per 30 days	01/01/2024	10/31/2023
Osilodrostat	Isturisa	Add quantity limit of 240 tablets per 30 days	01/01/2024	10/31/2023
Methsuximide	Celontin	Remove from the formulary (generic available)	10/01/2023	07/31/2023
Gefitinib	Iressa	Remove from the formulary (generic available)	10/01/2023	07/31/2023
Darunavir 600 mg and 800 mg tablets	Prezista	Remove from the formulary (generic available)	10/01/2023	07/31/2023

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Interferon Beta 1-b	Extavia	Remove from the formulary (generic available)	10/01/2023	07/31/2023
Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate	Symfi and Symfi Lo	Remove from the formulary (generic available)	10/01/2023	07/31/2023
Levocarnitine	Carnitor	Remove from the formulary (generic available)	10/01/2023	07/31/2023
Mesalamine	Lialda	Remove from the formulary (generic available)	10/01/2023	07/31/2023
Insulin glargine	Lantus	Remove from the formulary (generic available)	10/01/2023	07/31/2023
Niraparib	Zejula	Add quantity limit of 200 mg daily for initial fill	10/01/2023	07/31/2023
Omaveloxolone	Skyclarys	Add quantity limit of 90 capsules per 30 days	10/01/2023	07/31/2023
Amifampridine	Firdapse	Add quantity limit of 240 tablets per 30 days	10/01/2023	07/31/2023
Maribavir	Livtency	Add quantity limit of 120 tablets per 30 days	10/01/2023	07/31/2023
Rolapitant	Varubi	Add quantity limit of 2 tablets per 30 days	10/01/2023	07/31/2023