

# Health Insurance Marketplace (HIM) Formulary Updates - April, 2025



The changes below are reflective of Prime Therapeutics P&T Committee decisions.

**Key**  
**Tier:** Tier 1=Preferred Generics, Tier 2=Preferred Brands, Tier 3=Non-Preferred Brands, Tier 4=Specialty, NF=Non-Formulary  
**Formulary Edits:** QL=Quantity Limit, QvT=Quantity Limit over Time, PA=Prior Authorization, ST=Step Therapy, AL=Age Limit, PV= HDHP Preventive Drugs, ACA= ACA Preventive Drugs, SF= Split Fill Drugs

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.

2025 Formulary Changes			
Therapeutic Class	Medication	Formulary Changes	Effective Date
Antidepressants	fluoxetine 10 mg tablet	NF --> Tier 1 (Generics) Addition of QL (30/30 days)	4/1/2025
Antidepressants	fluoxetine 20 mg tablet	NF --> Tier 1 (Generics) Addition of QL (120/30 days)	4/1/2025
Antidiabetic Agents	SOLIQUA 100-33 UNIT-MCG/ML SOLUTION PEN	Removal of ST	4/1/2025
Antidiabetic Agents	XULTOPHY 100-3.6 UNIT-MG/ML SOLUTION PEN	Removal of ST	4/1/2025
Antidiabetic Agents	RYBELSUS 1.5 MG TABLET	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QvT (30/180 days)	4/1/2025
Antidiabetic Agents	RYBELSUS 4 MG TABLET	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (30/30 days)	4/1/2025

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2025 Formulary Changes			
Therapeutic Class	Medication	Formulary Changes	Effective Date
Antidiabetic Agents	RYBELSUS 9 MG TABLET	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (30/30 days)	4/1/2025
Antineoplastics	LAZCLUZE 80 MG TABLET	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (60/30 days)	4/1/2025
Antineoplastics	LAZCLUZE 240 MG TABLET	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (30/30 days)	4/1/2025
Antineoplastics	VORANIGO 10 MG TABLET	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (60/30 days)	4/1/2025
Antineoplastics	VORANIGO 40 MG TABLET	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (30/30 days)	4/1/2025
Antiparkinson Agents	GOCOVRI 68.5 MG ER CAPSULE	Removal of PA Removal of QL	4/1/2025
Antiparkinson Agents	GOCOVRI 137 MG ER CAPSULE	Removal of PA Removal of QL	4/1/2025
Antiparkinson Agents	OSMOLEX 129 MG & 193 MG TABLET THERAPY PACK	Removal of PA Removal of QL	4/1/2025

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2025 Formulary Changes			
Therapeutic Class	Medication	Formulary Changes	Effective Date
Antiparkinson Agents	OSMOLEX 129 MG ER TABLET	Removal of PA Removal of QL	4/1/2025
Antiparkinson Agents	OSMOLEX 193 MG ER TABLET	Removal of PA Removal of QL	4/1/2025
Dermatological Agents	LITFULO 50 MG CAPSULE	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (28/28 days)	4/1/2025
Genetic, Enzyme, or Protein Disorders	LIVMARLI 19MG/ML SOLUTION	NF --> Tier 4 (Specialty) Addition of PA Addition of Specialty Drug	4/1/2025
Immunological Agents	RASUVO AUTOINJECTOR (all strengths)	Removal of ST	4/1/2025
Immunological Agents	REDITREX PREFILLED SYRINGE (all strengths)	Removal of ST	4/1/2025
Immunological Agents	OTREXUP AUTOINJECTOR (all strengths)	Removal of ST	4/1/2025
Immunological Agents	ADALIMUMAB-ADAZ 20 MG/0.2 ML PREFILLED SYRINGE	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (2/28 days)	4/1/2025
Immunological Agents	ADALIMUMAB-ADAZ 80 MG/0.8 ML AUTOINJECTOR PEN	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (2/28 days)	4/1/2025

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2025 Formulary Changes			
Therapeutic Class	Medication	Formulary Changes	Effective Date
Immunological Agents	PALFORZIA INITIAL DOSE 1-3 YRS 0.5 & 1 & 1.5 & 3 MG CAPSULE SPRINKLE PACK	NF --> Tier 4 (Specialty) Addition of PA Addition of QvT (7/180 days)	4/1/2025
Immunological Agents	AURANOFIN 3 MG TABLET	NF --> Tier 3 (Non-Preferred Brands)	4/1/2025
Insulin Pumps	ILET INSULIN PUMP	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (1 / 720 days)	4/1/2025
Insulin Pumps	ILET INSULIN INFUSION PUMP	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (1 / 720 days)	4/1/2025
Insulin Pumps	TWIIIST STARTER KIT	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (30/30 days)	4/1/2025
Insulin Pumps	TWIIIST REFILL KIT/INFUSION SET	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (1 / 720 days)	4/1/2025
Insulin Pumps	TWIIIST REFILL KIT	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (1 / 720 days)	4/1/2025

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2025 Formulary Changes			
Therapeutic Class	Medication	Formulary Changes	Effective Date
Multiple Sclerosis Agents	AMPYRA 10 MG ER TABLET	Removal of PA Removal of QL	4/1/2025
Multiple Sclerosis Agents	dalfampridine 10 mg ER tablet	Removal of PA Removal of QL	4/1/2025
Nasal Antiepileptics	NAYZILAM 5 MG/0.1 ML NASAL SPRAY	Removal of QL	4/1/2025
Nasal Antiepileptics	VALTOCO NASAL SPRAY (all strengths)	Removal of QL	4/1/2025
Nasal Inhalers	azelastine 0.1% (137 mcg/spray) nasal spray	Removal of QL	4/1/2025
Nasal Inhalers	ipratropium 0.03% (21 mcg/spray) nasal solution	Removal of QL	4/1/2025
Nasal Inhalers	ipratropium 0.06% (42 mcg/spray) nasal solution	Removal of QL	4/1/2025
Nasal Inhalers	fluticasone propionate 50 mcg/act nasal suspension	Removal of QL	4/1/2025
Nasal Inhalers	olopatadine 0.6% solution	Removal of QL	4/1/2025
Oral Immunotherapy Agents	GRASTEK 2800 BAU SUBLINGUAL TABLET	Removal of PA Removal of QL	4/1/2025
Oral Immunotherapy Agents	ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	Removal of PA Removal of QL	4/1/2025

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2025 Formulary Changes			
Therapeutic Class	Medication	Formulary Changes	Effective Date
Oral Immunotherapy Agents	ORALAIR 300 IR SUBLINGUAL TABLET ADULT STARTER PACK	Removal of PA Removal of QL	4/1/2025
Oral Immunotherapy Agents	ORALAIR 100 IR SUBLINGUAL TABLET CHILDRENS STARTER PACK	Removal of PA Removal of QL	4/1/2025
Oral Immunotherapy Agents	ORALAIR 300 IR SUBLINGUAL TABLET	Removal of PA Removal of QL	4/1/2025
Oral Immunotherapy Agents	RAGWITEK 12 AMB A 1- U SUBLINGUAL TABLET	Removal of PA Removal of QL	4/1/2025
Platelet Modifying Agents	OXBRYTA 300 MG TABLET	Removal of PA Removal of QL	4/1/2025
Platelet Modifying Agents	OXBRYTA 500 MG TABLET	Removal of PA Removal of QL	4/1/2025
Platelet Modifying Agents	OXBRYTA 300 MG TABLET FOR ORAL SUSPENSION	Removal of PA Removal of QL	4/1/2025
Spinal Muscular Atrophy Agents	EVRYSDI 5 MG TABLET	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (30/30 days)	4/1/2025

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Year-to-Date Formulary Changes			
Therapeutic Class	Medication	Formulary Changes	Effective Date
Antivirals	APRETUDE 600MG ER	NF -> Tier 2 (Preferred Brand) Addition to ACA	2/1/2025
Gastrointestinal Agents	IQIRVO 80MG	NF -> Tier 4 (Specialty) Addition of PA Addition of QL (30 / 30 days)	2/1/2025
Neuromuscular Agents	DUVYZAT 8.86 MG	NF -> Tier 4 (Specialty) Addition of PA Addition of QL (420 / 30 days)	2/1/2025
Respiratory Tract/Pulmonary Agents	AIRSUPRA 90-80 MCG	NF -> Tier 2 (Preferred Brand)	2/1/2025
Anticonvulsants	TOPIRAMATE 50 MG SPRINKLE CAPSULE	NF -> Tier 3 (Non-Preferred Brand)	3/1/2025
Antineoplastics	mesna 400 mg tablet	NF -> Tier 1 (Generics)	3/1/2025
Cardiovascular Agents	NIMODIPINE 60 MG/20 ML SOLUTION	NF -> Tier 3 (Non-Preferred Brand)	3/1/2025
Estrogens	SAFYRAL 3-0.03-0.451 MG TABLET	NF -> Tier 3 (Non-Preferred Brand)	3/1/2025
Gastrointestinal Agents	esomeprazole 2.5 mg packet  esomeprazole 5 mg packet	NF -> Tier 1 (Generics) Addition of QL (30 / 30 days)	3/1/2025

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Therapeutic Class	Medication	Formulary Changes	Effective Date
Hemostasis Agents	JIVI 4000 UNIT RECON SOLUTION	NF -> Tier 4 (Specialty) Addition of PA	3/1/2025
	ESPEROCT 4000 UNIT RECON SOLUTION		
Immunological Agents	SIMLANDI 80 MG/0.8 ML PREFILLED SYRINGE KIT	NF -> Tier 4 (Specialty) Addition of PA Addition of QL (2 / 28 days)	3/1/2025
	SIMLANDI 20 MG/0.2 ML PREFILLED SYRINGE KIT		
Anti-cytomegalovirus (CMV) Agents	PREVYMIS 20 MG PACKET PREVYMIS 120 MG PACKET	NF-> Tier 3 (Non-Preferred Brand) Addition of QvT (800 / 365 days)	3/1/2025
Antidepressants	fluoxetine 10 mg tablet	NF --> Tier 1 (Generics) Addition of QL (30/30 days)	4/1/2025
Antidepressants	fluoxetine 20 mg tablet	NF --> Tier 1 (Generics) Addition of QL (120/30 days)	4/1/2025
Antidiabetic Agents	SOLIQUA 100-33 UNIT-MCG/ML SOLUTION PEN	Removal of ST	4/1/2025
Antidiabetic Agents	XULTOPHY 100-3.6 UNIT-MG/ML SOLUTION PEN	Removal of ST	4/1/2025
Antidiabetic Agents	RYBELSUS 1.5 MG TABLET	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QvT (30/180 days)	4/1/2025

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Year-to-Date Formulary Changes			
Therapeutic Class	Medication	Formulary Changes	Effective Date
Antidiabetic Agents	RYBELSUS 4 MG TABLET	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (30/30 days)	4/1/2025
Antidiabetic Agents	RYBELSUS 9 MG TABLET	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (30/30 days)	4/1/2025
Antineoplastics	LAZCLUZE 80 MG TABLET	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (60/30 days)	4/1/2025
Antineoplastics	LAZCLUZE 240 MG TABLET	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (30/30 days)	4/1/2025
Antineoplastics	VORANIGO 10 MG TABLET	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (60/30 days)	4/1/2025
Antineoplastics	VORANIGO 40 MG TABLET	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (30/30 days)	4/1/2025
Antiparkinson Agents	GOCOVRI 68.5 MG ER CAPSULE	Removal of PA Removal of QL	4/1/2025

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Year-to-Date Formulary Changes			
Therapeutic Class	Medication	Formulary Changes	Effective Date
Antiparkinson Agents	GOCOVRI 137 MG ER CAPSULE	Removal of PA Removal of QL	4/1/2025
Antiparkinson Agents	OSMOLEX 129 MG & 193 MG TABLET THERAPY PACK	Removal of PA Removal of QL	4/1/2025
Antiparkinson Agents	OSMOLEX 129 MG ER TABLET	Removal of PA Removal of QL	4/1/2025
Antiparkinson Agents	OSMOLEX 193 MG ER TABLET	Removal of PA Removal of QL	4/1/2025
Dermatological Agents	LITFULO 50 MG CAPSULE	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (28/28 days)	4/1/2025
Genetic, Enzyme, or Protein Disorders	LIVMARLI 19MG/ML SOLUTION	NF --> Tier 4 (Specialty) Addition of PA Addition of Specialty Drug	4/1/2025
Immunological Agents	RASUVO AUTOINJECTOR (all strengths)	Removal of ST	4/1/2025
Immunological Agents	REDITREX PREFILLED SYRINGE (all strengths)	Removal of ST	4/1/2025
Immunological Agents	OTREXUP AUTOINJECTOR (all strengths)	Removal of ST	4/1/2025
Immunological Agents	ADALIMUMAB-ADAZ 20 MG/0.2 ML PREFILLED SYRINGE	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (2/28 days)	4/1/2025

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Therapeutic Class	Medication	Formulary Changes	Effective Date
Immunological Agents	ADALIMUMAB-ADAZ 80 MG/0.8 ML AUTOINJECTOR PEN	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (2/28 days)	4/1/2025
Immunological Agents	PALFORZIA INITIAL DOSE 1-3 YRS 0.5 & 1 & 1.5 & 3 MG CAPSULE SPRINKLE PACK	NF --> Tier 4 (Specialty) Addition of PA Addition of QvT (7/180 days)	4/1/2025
Immunological Agents	AURANOFIN 3 MG TABLET	NF --> Tier 3 (Non-Preferred Brands)	4/1/2025
Insulin Pumps	ILET INSULIN PUMP	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (1 / 720 days)	4/1/2025
Insulin Pumps	ILET INSULIN INFUSION PUMP	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (1 / 720 days)	4/1/2025
Insulin Pumps	TWIIST STARTER KIT	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (30/30 days)	4/1/2025
Insulin Pumps	TWIIST REFILL KIT/INFUSION SET	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (1 / 720 days)	4/1/2025

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Therapeutic Class	Medication	Formulary Changes	Effective Date
Insulin Pumps	TWIIST REFILL KIT	NF --> Tier 2 (Preferred Brands) Addition of PA Addition of QL (1 / 720 days)	4/1/2025
Multiple Sclerosis Agents	AMPYRA 10 MG ER TABLET	Removal of PA Removal of QL	4/1/2025
Multiple Sclerosis Agents	dalfampridine 10 mg ER tablet	Removal of PA Removal of QL	4/1/2025
Nasal Antiepileptics	NAYZILAM 5 MG/0.1 ML NASAL SPRAY	Removal of QL	4/1/2025
Nasal Antiepileptics	VALTOCO NASAL SPRAY (all strengths)	Removal of QL	4/1/2025
Nasal Inhalers	azelastine 0.1% (137 mcg/spray) nasal spray	Removal of QL	4/1/2025
Nasal Inhalers	ipratropium 0.03% (21 mcg/spray) nasal solution	Removal of QL	4/1/2025
Nasal Inhalers	ipratropium 0.06% (42 mcg/spray) nasal solution	Removal of QL	4/1/2025
Nasal Inhalers	fluticasone propionate 50 mcg/act nasal suspension	Removal of QL	4/1/2025
Nasal Inhalers	olopatadine 0.6% solution	Removal of QL	4/1/2025
Oral Immunotherapy Agents	GRASTEK 2800 BAU SUBLINGUAL TABLET	Removal of PA Removal of QL	4/1/2025

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Year-to-Date Formulary Changes			
Therapeutic Class	Medication	Formulary Changes	Effective Date
Oral Immunotherapy Agents	ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	Removal of PA Removal of QL	4/1/2025
Oral Immunotherapy Agents	ORALAIR 300 IR SUBLINGUAL TABLET ADULT STARTER PACK	Removal of PA Removal of QL	4/1/2025
Oral Immunotherapy Agents	ORALAIR 100 IR SUBLINGUAL TABLET CHILDRENS STARTER PACK	Removal of PA Removal of QL	4/1/2025
Oral Immunotherapy Agents	ORALAIR 300 IR SUBLINGUAL TABLET	Removal of PA Removal of QL	4/1/2025
Oral Immunotherapy Agents	RAGWITEK 12 AMB A 1-U SUBLINGUAL TABLET	Removal of PA Removal of QL	4/1/2025
Platelet Modifying Agents	OXBRYTA 300 MG TABLET	Removal of PA Removal of QL	4/1/2025
Platelet Modifying Agents	OXBRYTA 500 MG TABLET	Removal of PA Removal of QL	4/1/2025
Platelet Modifying Agents	OXBRYTA 300 MG TABLET FOR ORAL SUSPENSION	Removal of PA Removal of QL	4/1/2025
Spinal Muscular Atrophy Agents	EVRYSDI 5 MG TABLET	NF --> Tier 4 (Specialty) Addition of PA Addition of QL (30/30 days)	4/1/2025

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