

# Future Formulary Changes



Updated 05/01/2025

**Applies to:** Employer group plan 2025 closed formularies

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

Generic name	Brand name	Change	Effective date	Posted date
Dasatinib	Sprycel	Remove from the formulary (generic available)	07/01/2025	05/01/2025
Ticagrelor	Brilinta	Remove from the formulary and add PA	07/01/2025	05/01/2025
Octreotide acetate 20 mg and 30 mg LAR	Sandostatin LAR	Remove from the formulary (generic available)	07/01/2025	05/01/2025
Podofilox	Condylox	Remove from the formulary (generic available)	07/01/2025	05/01/2025
Estradiol	Delestrogen	Remove from the formulary (generic available)	07/01/2025	05/01/2025
Everolimus	Afinitor Disperz	Remove from the formulary (generic available)	07/01/2025	05/01/2025
Tirzepatide	Zepbound	Add day supply limit of 30 days for first 7 fills	07/01/2025	05/01/2025
Dulaglutide	Trulicity	Add day supply limit of 30 days for first 7 fills	07/01/2025	05/01/2025
Tirzepatide	Mounjaro	Add day supply limit of 30 days for first 7 fills	07/01/2025	05/01/2025
Semaglutide	Wegovy	Add day supply limit of 30 days for first 7 fills	07/01/2025	05/01/2025
Semaglutide	Ozempic	Add day supply limit of 30 days for first 7 fills	07/01/2025	05/01/2025

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<b>Generic name</b>	<b>Brand name</b>	<b>Change</b>	<b>Effective date</b>	<b>Posted date</b>
Ustekinumab-auub	Wezlana	Add quantity limit of 45 mg	07/01/2025	05/01/2025
Ustekinumab-stba	Steqeyma	Add quantity limit of 45 mg	07/01/2025	05/01/2025
Ustekinumab-aekn	Selarsdi	Add quantity limit of 45 mg	07/01/2025	05/01/2025
Ustekinumab-ttwe	Pyzchiva	Add quantity limit of 45 mg	07/01/2025	05/01/2025
Ustekinumab-srlf	Imuldosa	Add quantity limit of 45 mg	07/01/2025	05/01/2025
Ustekinumab-aauz	Otulfi	Add quantity limit of 45 mg	07/01/2025	05/01/2025
Methylphenidate HCL ER	Relexxii ER	Add PA	07/01/2025	05/01/2025
Levetiracetam ER	Keppra XR	Add PA	07/01/2025	05/01/2025
Levetiracetam	Keppra	Add PA	07/01/2025	05/01/2025
Topiramate	Topomax	Add PA	07/01/2025	05/01/2025
Vanzacaftor/Tezacaftor/Duetivacaftor 10-50-125 mg	Alyftrek	Add quantity limit of 2 tablets per day	07/01/2025	05/01/2025
Vanzacaftor/Tezacaftor/Duetivacaftor 4-20-50 mg	Alyftrek	Add quantity limit of 3 tablets per day	07/01/2025	05/01/2025
Ibrexafungerp	Brexafemme	Add quantity limit of 4 tablets per 7 days	07/01/2025	05/01/2025

Generic name	Brand name	Change	Effective date	Posted date
Vonoprazan/Amoxicillin/Clarithromycin	Voquezna Triple Pak	Add quantity limit of vonoprazan 20 mg twice daily, amoxicillin 1,000 mg three times daily, and clarithromycin 500 mg twice daily	07/01/2025	05/01/2025
Vonoprazan/Amoxicillin	Voquezna Dual Pak	Add quantity limit of vonoprazan 20 mg twice daily and amoxicillin 1,000 mg three times daily	07/01/2025	05/01/2025
Vonoprazan	Voquezna	Add quantity limit of 10 mg once daily	07/01/2025	05/01/2025
Zolpidem 10 mg	Generic	Add PA	07/01/2025	05/01/2025
Revumenib	Revuforj	Limited to Kaiser Permanente Washington Pharmacy	05/19/2025	03/20/2025
Ustekinumab	Stelara	Remove from the formulary	05/04/2025	03/05/2025
Hydrocortisone sodium succinate PF 100 mg	Solu-Cortef	Remove from the formulary (generic available)	04/01/2025	01/31/2025
Testosterone 100 mg, 200 mg vial	Depo-Testosterone	Remove from the formulary (generic available)	04/01/2025	01/31/2025
Liraglutide	Victoza	Remove from the formulary (generic available)	04/01/2025	01/31/2025
Empagliflozin 25 mg	Jardiance	Add quantity limit of 15 tablets per 30 days	04/01/2025	01/31/2025

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Adalimumab-ryvk	Simlandi	Add quantity limit of 40 mg per 14 days	04/01/2025	01/31/2025
Spesolimab-sbzo	Spevigo	Add quantity limit of 300 mg per 28 days	04/01/2025	01/31/2025
Lanthanum	Generic	Add PA	04/01/2025	01/31/2025
Tenapanor	Xphozah	Add quantity limit of 60 tablets per 30 days	04/01/2025	01/31/2025
Sotatercept-crsk	Winrevair	Add quantity limit of 2 vials per 21 days	04/01/2025	01/31/2025
Tazarotene 0.05% cream	Tazorac	Remove from the formulary (generic available)	01/01/2025	10/31/2024
Oxcarbazepine ER	Oxtellar XR	Remove from the formulary (generic available)	01/01/2025	10/31/2024
Dabigatran	Pradaxa	Remove from the formulary (generic available)	01/01/2025	10/31/2024
Teriparatide	Forteo	Remove from the formulary (generic available)	01/01/2025	10/31/2024
Interferon beta-1b	Betaseron	Remove from the formulary (generic available)	01/01/2025	10/31/2024
Brimonidine	Alphagan P 0.1%	Remove from the formulary (generic available)	01/01/2025	10/31/2024

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Insulin NPH, Insulin NPH and insulin R 70/30 U-100, Insulin R U-100, Insulin R U-500	Humulin N, Humulin 70/30, Humulin R U-100, Humulin R U-500	Remove from the formulary	01/01/2025	10/31/2024
Nedosiran	Rivfloza	Add quantity limit of 1 vial or syringe 30 per days	01/01/2025	10/31/2024
Mavorixafor	Xolremdi	Add quantity limit of 120 capsules per 30 days	01/01/2025	10/31/2024
Fenfluramine	Fintepla	Add quantity limit of 26 mg per day	01/01/2025	10/31/2024
Iloperidone	Fanapt	Add quantity limit of 60 tablets per 30 days	01/01/2025	10/31/2024
Iloperidone Titration Pack	Fanapt	Add quantity limit of 8 tablets per 365 days	01/01/2025	10/31/2024
Resmetiron	Rezdifra	Add quantity limit of 30 tablets per 30 days	01/01/2025	10/31/2024
Adalimumab	Humira	Remove from the formulary	11/04/2024	09/05/2024
Vedolizumab subcutaneous	Entyvio	Add quantity limit of 108 mg every 2 weeks	10/01/2024	07/31/2024

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Risperidone	Risperdal ER	Remove from the formulary (generic available)	10/01/2024	07/31/2024
Filgrastim-sndz	Zarxio	Add PA	10/01/2024	07/31/2024
Filgrastim-aafi	Nivestym	Add PA	10/01/2024	07/31/2024
Methotrexate 2.5 mg/mL solution	Xatmep	Add PA	10/01/2024	07/31/2024
Skin Emulsion	Kamdoy	Add PA	10/01/2024	07/31/2024
Emollient	Epiceram	Add PA	10/01/2024	07/31/2024
Fezolinetant	Veozah	Add quantity limit of 30 tablets per 30 days	10/01/2024	07/31/2024
Zavegepant	Zavzpret	Add quantity limit of 8 sprays per 28 days	10/01/2024	07/31/2024
Vedolizumab subcutaneous	Entyvio	Limited to Kaiser Permanente Washington Pharmacy	09/15/2024	07/15/2024
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

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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