

FORMULARY UPDATES

3/1/2025

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
4-1-2025	Lacosamide	PDL preferred	DHHS P & T Decision February 2025
4-1-2025	Vimpat	Non-Preferred	DHHS P & T Decision February 2025
4-1-2025	Aprepitant capsule / pack (generic for Emend®)	PDL preferred	DHHS P & T Decision February 2025
4-1-2025	Emend® Capsule / Powder Packet / TriPack	PDL, Non-Preferred	DHHS P & T Decision February 2025
4-1-2025	Tadalafil tablet (generic for Adcirca	PDL preferred	DHHS P & T Decision February 2025
4-1-2025	Adcirca Tablet	PDL, Non-Preferred	DHHS P & T Decision February 2025
4-1-2025	Lubiprostone capsule (generic for Amitiza)	PDL preferred	DHHS P & T Decision February 2025
4-1-2025	Amitiza Capsule	PDL, Non-Preferred	DHHS P & T Decision February 2025
4-1-2025	Vancomycin oral solution (generic for Firvanq)	PDL preferred	DHHS P & T Decision February 2025
4-1-2025	Firvanq® Solution	PDL, Non-Preferred	DHHS P & T Decision February 2025
4-1-2025	Moxifloxacin ophthalmic solution (generic for Moxeza, Vigamox)	PDL preferred	DHHS P & T Decision February 2025
4-1-2025	Vigamox Drops	PDL, Non-Preferred	DHHS P & T Decision February 2025
4-1-2025	Clobazam	PDL preferred, Remove PA	DHHS P & T Decision February 2025