



# Drugs moving to non-formulary status for 2025

The following changes are effective for fill dates on or after **Jan. 1, 2025** for Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct and Tufts Health RITogether.

Drug name	Value	Direct	Premium	Core	RIT
AKYNZEO CAP 300-0.5			x	x	
ALOGLIPTIN TAB 12.5MG, 25MG	x	x	x	x	
ALOGLIPTIN TAB 6.25MG	x	x			
ALREX DROPS 0.2%			x		
ALTOPREV TAB 20MG ER	x	x	x	x	
ALTOPREV TAB 40MG ER, 60MG ER	x	x			
ARCALYST					x
ARCALYST INJ 220MG	x	x	x		
BALCOLTRA TAB 0.1-20	x	x	x	x	
BINOSTO TAB 70MG	x	x	x	x	
BRIMONIDINE GEL 0.33%	x	x	x	x	
BROMSITE DROPS 0.075%			x		
BRONCHITOL					x
BRONCHITOL CAP 40MG	x	x	x		
BRONCHITOL CAP TOL TEST	x	x	x		
BUPROPION XL 450 MG	x	x	x	x	
CABLIVI					x
CABLIVI KIT 11MG	x	x	x	x	
CAFFEINE CIT SOL 20MG/ML	x	x	x	x	
CAMZYOS					x
CAMZYOS CAP	x	x	x		
Cardizem LA Tab 120mg	x	x	x	x	
CELONTIN CAP 300MG	x	x	x	x	
CETROTIDE KIT	x	x	x	x	
CLINDACIN AER 1%	x	x	x	x	
CONDYLOX GEL	x	x	x	x	
CORLANOR TAB	x	x	x	x	
COSENTYX INJ 150MG/ML	x	x	x	x	
COSENTYX INJ 300DOSE	x	x	x	x	
COSENTYX INJ 75MG/0.5	x	x	x	x	

Drug name	Value	Direct	Premium	Core	RIT
COSENTYX PEN INJ 150MG/ML	x	x	x	x	
COSENTYX PEN INJ 300DOSE	x	x	x	x	
COSENTYX UNO INJ 300/2ML	x	x	x	x	
DAYBUE					x
DAYBUE SOL 200MG/ML	x	x	x		
DEFERIPRONE TAB 500MG, 1000MG	x	x	x	x	
DEFLAZACORT TAB 6MG, 18MG, 30MG, 36MG	x	x	x	x	x
DEMSEER CAP 250MG			x		
Depakote DR Tab	x	x	x		
DICLOFENAC TAB 25MG	x	x	x	x	
DORZOL/TIMOL SOL 2%-0.5%	x	x	x	x	
DOXYCYC MONO CAP 75MG, 150MG	x	x	x	x	
DULOXETINE CAP 40MG	x	x	x	x	
EMEND SUS 125MG	x	x	x	x	
EMFLAZA SUSPENSION	x	x	x	x	x
Emflaza Tab	x	x	x	x	
ENDARI POW 5GM	x	x	x		
ENSPRYNG					x
ENSPRYNG INJ	x	x	x		
ESTROGEL GEL 0.06%	x	x	x	x	
FER-IN-SOL DROPS 15 MG/ML	x	x	x	x	
FERPRX 2-DAY TAB 1000MG	x	x	x	x	
FERRIPROX SOL 100MG/ML	x	x	x	x	
FETZIMA CAP 20MG, 40MG, 80MG, 120MG	x	x	x	x	
FETZIMA CAP TITRATIO	x	x	x	x	
FIRDAPSE					x
FIRDAPSE TAB 10MG	x	x	x		
Firvanq Sol	x	x	x	x	
FLUOROURACIL CRE 0.5%	x	x	x	x	
FORFIVO XL TAB 450MG	x	x	x	x	

## Drugs moving to non-formulary status for 2025 (cont.)

Drug name	Value	Direct	Premium	Core	RIT
FORTEO INJ 600/2.4	x	x	x	x	
GALAFOLD					x
GALAFOLD CAP 123MG	x	x	x		
GELNIQUE GEL 10%			x		
HYDROCODONE TAB 20MG, 30MG, 40MG, 60MG, 80MG, 100MG ER, 120MG ER				x	
HYDROMORPHON LIQ 1MG/ML	x	x	x	x	
IMCIVREE INJ 10MG/ML	x	x	x		
Indocin Suppository	x	x	x	x	
Indocin Suspension	x	x	x	x	
ISTURISA					x
ISTURISA TAB 1MG, 5MG, 10MG	x	x	x		
KEVZARA INJ 150/1.14	x	x	x		
KEVZARA INJ 200/1.14	x	x	x		
KINERET INJ	x	x	x		
KORLYM TAB 300MG	x	x	x	x	
LAMICTAL ODT KIT	x	x	x		
LAMICTAL XR KIT	x	x	x		
LEVEMIR INJ	x	x	x	x	
LEVEMIR INJ FLEXPEN	x	x	x	x	
LEVEMIR INJ FLEXTOUC	x	x	x	x	
L-glutamine packet	x	x	x		
Livalo Tab	x	x	x	x	
MENOSTAR DIS 14MCG	x	x	x	x	
MYDAYIS CAP 12.5MG, 25MG, 37.5MG, 50MG	x	x	x	x	
NAFTIN GEL 2%	x	x	x	x	
NARCAN SPR 4MG	x	x	x	x	
NEO-SYNALAR CRE	x	x	x	x	
NITYR TABLET	x	x	x	x	
ORFADIN CAP 20MG	x	x	x	x	
ORKAMBI GRA 75-94MG				x	
OXBRYTA					x
OXBRYTA TAB 300MG, 500MG	x	x	x		
PALYNZIQ					x
PALYNZIQ INJ 10/0.5ML	x	x	x		

Drug name	Value	Direct	Premium	Core	RIT
PALYNZIQ INJ 2.5/0.5	x	x	x		
PALYNZIQ INJ 20MG/ML	x	x	x		
PRADAXA CAPS	x	x	x	x	
PREZISTA TAB 600MG, 800MG	x	x	x	x	
PROLENSA DROPS 0.07%			x		
PYLERA CAP			x		
PYRUKYND					x
PYRUKYND TAB 50MG	x	x	x		
PYRUKYND TAB 50MGX20M	x	x	x		
PYRUKYND TAB 5MG	x	x	x		
PYRUKYND TAB 5MG TP	x	x	x		
RECTIV OIN 0.4%	x	x	x	x	
RELYVRIO					x
RELYVRIO PAK 3-1GM	x	x	x		
SAJAZIR INJ 30MG/3ML	x	x	x		
SIKLOS TAB	x	x	x		
SILIQ INJ 210/1.5	x	x	x		
SKYCLARYS					x
SKYCLARYS CAP 50MG	x	x	x		
SOTYKTU TAB 6MG	x	x	x		
TAVNEOS					x
TAVNEOS CAP 10MG	x	x	x		
TRAMADOL CAPSULE ER	x	x	x	x	
Uceris Foam	x	x	x	x	
VICTOZA 18MG/3ML	x	x	x	x	
VIIBRYD KIT STARTER	x	x	x	x	
VOTRIENT TAB 200MG	x	x	x	x	
VOXZOGO					x
VOXZOGO INJ 0.4MG, 0.56MG, 1.2MG	x	x	x		
VTAMA CRE 1%				x	
VYVANSE CAP	x	x	x	x	
VYVANSE CHW	x	x	x	x	
ZENZEDI TAB 2.5MG, 7.5MG	x	x	x	x	