IL Pharmacy Program Changes for 2025

Name of Drug/Supply	Drug Usage	Change Occuring
Imbruvica	Antineoplastic agent	Prior Authorization formulary exclusion (Q2 2024)
Humira	Autoimmune Agent	Prior Authorization formulary exclusion (Q2 2024)
Velphoro	Phosphate Binder Agent	Prior Authorization formulary exclusion (Q2 2024)
Albuterol sulfate aerosol (NDC 00093317431)	Respiratory	Prior Authorization formulary exclusion (Q2 2024)
Bidil	Cardiovascular	Tier 2 to Tier 3 (Q2 2024)
Evamist	Endocrine	Tier 2 to Tier 3 (Q2 2024)
Pylera	Gastrointestinal	Tier 2 to Tier 3 (Q2 2024)
Mozobil	Hematologic Agent	Tier 2 to Tier 3 (Q2 2024)
Zyclara	Dermatologic Agent	Tier 2 to Tier 3 (Q2 2024)
Voquenza	10 mg	Dose Optimization Addition (Q2 2024)
Zituvio	25/50 mg	Dose Optimization Addition (Q2 2024)
Sohonos	Bone Disorder	SGM Addition (Q2 2024)
Omvoh	Inflammatory Bowel Disease	SGM Addition (Q2 2024)
Velsipity	Inflammatory Bowel Disease	SGM Addition (Q2 2024)
Bimzelx	Psoriasis	SGM Addition (Q2 2024)
Veopoz	Coagulation Disorder	SGM Addition (Q2 2024)
Jesduvroq	Anemia	SGM Addition (Q2 2024)
Daxxify	Botulinum Toxins	SGM Addition (Q2 2024)
Abrilado	Autoimmunie Condition	SGM Addition (Q2 2024)
Opfolda	Lysosomal Storage Disorder	SGM Addition (Q2 2024)
Pombiliti	Lysosomal Storage Disorder	SGM Addition (Q2 2024)
Yargesa	Lysosomal Storage Disorder	SGM Addition (Q2 2024)

Vanflyta	Oncology	SGM Addition (Q2 2024)
Talvey	Oncology	SGM Addition (Q2 2024)
Fruzaqla	Oncology	SGM Addition (Q2 2024)
Elrexfio	Oncology	SGM Addition (Q2 2024)
Loqtrozi	Oncology	SGM Addition (Q2 2024)
Augtyro	Oncology	SGM Addition (Q2 2024)
Ojjaara	Oncology	SGM Addition (Q2 2024)
Truqap	Oncology	SGM Addition (Q2 2024)
Aphexda	Oncology	SGM Addition (Q2 2024)
Cabenuva	Anti-Infectives	Formulary Additions (Q3 2024)
Xalkori Oral Pellets (non-preferred)	Antineoplastic Agent	Formulary Additions (Q3 2024)
icosapent ethyl	Cardiovascular	Formulary Additions (Q3 2024)
EluRyng	Endocrine	Formulary Additions (Q3 2024)
EnilloRing	Endocrine	Formulary Additions (Q3 2024)
ethinyl estradiol-etonogestrel	Endocrine	Formulary Additions (Q3 2024)
Haloette	Endocrine	Formulary Additions (Q3 2024)
Elfabrio	Endocrine	Formulary Additions (Q3 2024)
Movantik	Gastrointestinal	Formulary Additions (Q3 2024)
Radicava	Central Nervous System	Tier 3 to Tier 2 (Q3 2024)
Zoryve	Dermatology	Tier 3 to Tier 2 (Q3 2024)
Xyosted	Endocrine	Tier 3 to Tier 2 (Q3 2024)
Galafold	Endocrine	Tier 3 to Tier 2 (Q3 2024)
Fabrazyme	Endocrine	Tier 3 to Tier 2 (Q3 2024)
Xerese	Anti-infectives	Prior Authorization formulary exclusion (Q3 2024)
Vascepa	Cardiovascular	Prior Authorization formulary exclusion (Q3 2024)
Nuvaring	Endocrine	Prior Authorization formulary exclusion (Q3 2024)

Vpriv	Endocrine	Prior Authorization formulary exclusion (Q3 2024)
Trokendi XR	Central Nervous System	Tier 2 to Tier 3 (Q3 2024)
Divigel	Endocrine	Tier 2 to Tier 3 (Q3 2024)
Butorphanol	Narcotic Analgesic	Prior Auth (PA1) Added (Q3 2024)
Adlyxin	Diabetes	Prior Auth (PA1) Added (Q3 2024)
Bydureion	Diabetes	Prior Auth (PA1) Added (Q3 2024)
Byetta	Diabetes	Prior Auth (PA1) Added (Q3 2024)
Mounjaro	Diabetes	Prior Auth (PA1) Added (Q3 2024)
Ozempic	Diabetes	Prior Auth (PA1) Added (Q3 2024)
Rybelsus	Diabetes	Prior Auth (PA1) Added (Q3 2024)
Trulicity	Diabetes	Prior Auth (PA1) Added (Q3 2024)
Victoza	Diabetes	Prior Auth (PA1) Added (Q3 2024)
Opzelura	Eczema	Prior Auth (PA1) Added (Q3 2024)
Adznma	Thrombocytopenia	SGM Addition (Q3 2024)
Agamree	Muscular Dystrophy	SGM Addition (Q3 2024)
Alyglo	Immune	SGM Addition (Q3 2024)
Fabhalta	Paroxysmal nocturnal hemoglobinuria	SGM Addition (Q3 2024)
Filsuvez	Dermatology	SGM Addition (Q3 2024)
Iwilfin	Oncology	SGM Addition (Q3 2024)
Izervay	Occular	SGM Addition (Q3 2024)
Ogsiveo	Oncology	SGM Addition (Q3 2024)
Rivfloza	Renal Disorders	SGM Addition (Q3 2024)
Wainua	Amyloidosis	SGM Addition (Q3 2024)
Yargesa	Lysosomal Storage Disorder	SGM Addition (Q3 2024)
Zilbrsq	Neuromuscular	SGM Addition (Q3 2024)
Zurzuvae	Mental Health	SGM Addition (Q3 2024)
Zymfentra	Irritable Bowel	SGM Addition (Q3 2024)
Lumoxiti	Leukemia	SGM Removal (Q3 2024)
Relyvrio	Amyotrophic Lateral Sclerosis (ALS)	SGM Removal (Q3 2024)
Truseltiq	Cancer	SGM Removal (Q3 2024)
Mekinist Solution	Antineoplastic Agents	Formulary Additions (Q4 2024)
Tafinlar Tablets (both non-preferred)	Antineoplastic Agents	Formulary Additions (Q4 2024)
Tyvaso Dpi	Cardiovascular	Formulary Additions (Q4 2024)
Alvaiz	Hematologic	Formulary Additions (Q4 2024)
Zurzuvae	Antidepressants	Tier 3 to Tier 2 (Q4 2024)
Paxlovid	Anti-infectives	Tier 3 to Tier 2 (Q4 2024)
Opsynvi	Cardiovascular	Tier 3 to Tier 2 (Q4 2024)
Tyvaso Sol	Cardiovascular	Tier 3 to Tier 2 (Q4 2024)

Keto-Diastix/Ketostix	Diabetic	Prior Authorization formulary exclusion (Q4 2024)
Trudhesa	Migraine	Prior Authorization formulary exclusion (Q4 2024)
Onexton Gel	Dermatology	Tier 2 to Tier 3 (Q4 2024)
Prolensa	Ophthalmic	Tier 2 to Tier 3 (Q4 2024)
Alvaiz	Thrombocytopenia	SGM Addition (Q4 2024)
Demser	Oncology	SGM Addition (Q4 2024)
Duvyzat	Muscular Dystrophy	SGM Addition (Q4 2024)
Imdelltra	Oncology	SGM Addition (Q4 2024)
Ojemda	Oncology	SGM Addition (Q4 2024)
Opsynvi	Pulmonary Arterial Hypertension	SGM Addition (Q4 2024)
Ormalvi	Electrolyte Disorder	SGM Addition (Q4 2024)
Simlandi	Inflammatory Bowel Disease	SGM Addition (Q4 2024)
Tofidence	Rheumatoid Arthritis	SGM Addition (Q4 2024)
Tyenne	Rheumatoid Arthritis	SGM Addition (Q4 2024)
Vigpoder	Seizure Disorder	SGM Addition (Q4 2024)
Voydeya	Paroxysmal Nocturnal Hemoglobinuria	SGM Addition (Q4 2024)
Winreviar	Pulmonary Arterial Hypertension	SGM Addition (Q4 2024)
Xolremdi	Immune Deficiency	SGM Addition (Q4 2024)
Viibryd	10 mg / 20 mg	Dose Optimization Addition (Q1 2025)
Iqirvo	Gastrointestinal Disorder	SGM Addition (Q1 2025)
Nemluvio	Dermatology	SGM Addition (Q1 2025)
Piasky	Paroxysmal Nocturnal Hemoglobinuria	SGM Addition (Q1 2025)
Rytelo	Oncology	SGM Addition (Q1 2025)
Sajazir	Hereditary Angioedema	SGM Addition (Q1 2025)
Tevimbra	Oncology	SGM Addition (Q1 2025)
Torpenz	Oncology	SGM Addition (Q1 2025)
Vafseo	Anemia	SGM Addition (Q1 2025)
Vigafyde	Seizure Disorder	SGM Addition (Q1 2025)
Voranigo	Oncology	SGM Addition (Q1 2025)
Yorvipath	Hormonal Therapies	SGM Addition (Q1 2025)
Blenrep		SGM Removals (Q1 2025)
Bronchitol		SGM Removals (Q1 2025)
Macugen		SGM Removals (Q1 2025)
Makenna		SGM Removals (Q1 2025)
Susvimo		SGM Removals (Q1 2025)

Zituvimet/Zituvimet XR	Antidiabetic	Formulary Additions (Q1 2025)
Zituvio	Antidiabetic	Formulary Additions (Q1 2025)
Kanjinti	Antineoplastic Agent	Formulary Additions (Q1 2025)
Trazimera	Antineoplastic Agent	Formulary Additions (Q1 2025)
Lorbrena (non-preferred)	Antineoplastic Agent	Formulary Additions (Q1 2025)
Orencia Clickject	Autoimmune Agent	Formulary Additions (Q1 2025)
Orencia subcutaneous	Autoimmune Agent	Formulary Additions (Q1 2025)
Sotyktu	Autoimmune Agent	Formulary Additions (Q1 2025)
Abilify Asimtufii	Central Nervous System	Formulary Additions (Q1 2025)
Daxxify	Central Nervous System	Formulary Additions (Q1 2025)
Vyvgart	Central Nervous System	Formulary Additions (Q1 2025)
Vyvgart Hytrulo	Central Nervous System	Formulary Additions (Q1 2025)
Bafiertam	Central Nervous System	Formulary Additions (Q1 2025)
Triptodur	Endocrine	Formulary Additions (Q1 2025)
Twiist Insulin Pump and Supplies	Diabetic	Formulary Additions (Q1 2025)
Nexviazyme	Endocrine	Formulary Additions (Q1 2025)
Insulin Glargine-Yfgn	Insulin	Formulary Additions (Q1 2025)
Altuviiio	Hematologic	Formulary Additions (Q1 2025)
Benefix	Hematologic	Formulary Additions (Q1 2025)
Asmanex HFA	Respiratory	Formulary Additions (Q1 2025)
Breyna	Respiratory	Formulary Additions (Q1 2025)
budesonide-formoterol	Respiratory	Formulary Additions (Q1 2025)
Apretude	Anti-infectives	Tier 3 to Tier 2 (Q1 2025)
Litfulo	Autoimmune Agent	Tier 3 to Tier 2 (Q1 2025)
Briviact	Central Nervous System	Tier 3 to Tier 2 (Q1 2025)
Pregnyl	Endocrine	Tier 3 to Tier 2 (Q1 2025)
Janumet/Janumet XR	Antidiabetic	Prior Authorization formulary exclusion (Q1 2025)
Januvia	Antidiabetic	Prior Authorization formulary exclusion (Q1 2025)
Victoza	Antidiabetic	Prior Authorization formulary exclusion (Q1 2025)
Herzuma	Antineoplastic Agents	Prior Authorization formulary exclusion (Q1 2025)
Ogivri	Antineoplastic Agents	Prior Authorization formulary exclusion (Q1 2025)
Dysport	Central Nervous System	Prior Authorization formulary exclusion (Q1 2025)
Vumerity	Central Nervous System	Prior Authorization formulary exclusion (Q1 2025)
V-Go Insulin Infusion Pump	Diabetic	Prior Authorization formulary exclusion (Q1 2025)

Chorionic Gonadotropin	Endocrine	Prior Authorization formulary exclusion (Q1 2025)
Ovidrel	Endocrine	Prior Authorization formulary exclusion (Q1 2025)
Novarel	Endocrine	Prior Authorization formulary exclusion (Q1 2025)
Soliris	Hematologic Agent	Prior Authorization formulary exclusion (Q1 2025)
Ultomiris (for Myasthenia Gravis only)	Hematologic Agent	Prior Authorization formulary exclusion (Q1 2025)
Mulpleta	Hematologic Agent	Prior Authorization formulary exclusion (Q1 2025)
Promacta	Hematologic Agent	Prior Authorization formulary exclusion (Q1 2025)
Tavalisse	Hematologic Agent	Prior Authorization formulary exclusion (Q1 2025)
tiotropium bromide	Respiratory	Prior Authorization formulary exclusion (Q1 2025)
Dulera	Respiratory	Prior Authorization formulary exclusion (Q1 2025)
Rhofade	Dermatology	Prior Authorization formulary exclusion (Q1 2025)