

# Formulary

**January 2025 EBD Formulary Recommendations**

<b>Drug Name</b>	<b>Date Drug Cosidered by EBD</b>	<b>Use</b>	<b>Current Setup</b>	<b>EBD Recommendation (based on input from EBRx and Navitus)</b>	<b>Impacted Members</b>	<b>Cost Details</b>	<b>EBD Commission Decision</b>	<b>Board of Finance Decision</b>
NEFFY SPRAY	1/14/25	Anaphylaxis	New Drug (NC)	<b>Exclude</b>	0	\$355 per spray	Approve Recommendation	
sunitinib malate cap	1/14/25	Solid tumors	Tier 1, SP, PA	<b>Tier 1, SP, PA, QL= 1 cap/day</b>	1	Generic WAC: \$44.64-\$630.99 per tab (brand not covered)	Approve Recommendation	
ERIVEDGE CAP	1/14/25	Basal Cell Carcinoma	NC	<b>Tier 4, SP, PA, QL= 1 cap/day, SF</b>	1	\$477.45 per cap	Approve Recommendation	
ODOMZO CAP	1/14/25	Basal Cell Carcinoma	Tier 4, SP, PA, SF	<b>Tier 4, SP, PA, QL= 1 cap/day, SF</b>	1	\$457.94 per cap	Approve Recommendation	
XPHOZAH TAB	1/14/25	Hyperphosphatemia	Tier 3, PA, QL= 2 tabs/day	<b>Tier 3, SP, PA, QL= 2 tabs/day</b>	2	\$49.33 per tab	Approve Recommendation	
SOLU-CORTEF INJ 100MG	1/14/25	Steroid responsive diagnoses	Tier 3, QL= 2 vials/fill	<b>Tier 2, QL= 2 vials/fill</b>	10	\$15.86 - \$21.43 per injection	Approve Recommendation	
TEMPO SMART BUTTON	1/14/25	Diabetes	New Device (NC)	<b>Exclude</b>	0	\$125 per unit	Approve Recommendation	
HUMALOG TEMPO PEN	1/14/25	Diabetes	New Drug (NC)	<b>Exclude</b>	0	\$31.82 per pen	Approve Recommendation	
LYUMJEV TEMPO PEN	1/14/25	Diabetes	New Drug (NC)	<b>Exclude</b>	0	\$106.08 per pen	Approve Recommendation	
INLYTA TAB 5MG	1/14/25	Renal Cell Carcinoma	Tier 4, SP, PA, QL= 8 tabs/day, SF	<b>Tier 4, SP, PA, QL= 4 tabs/day, SF</b>	2	\$342.43 per 5 mg tab	Approve Recommendation	
FIRST OMEPRAZOLE SUSP	1/14/25	Gastroesophageal reflux disease (GERD)	Tier 3	<b>Exclude</b>	7 (Send letters and grandfather for 90 days)	N/A	Approve Recommendation	
LANSOPRAZOLE SUSP	1/14/25	Gastroesophageal reflux disease (GERD)	Tier 3	<b>Exclude</b>	1 (Send letters and grandfather for 90 days)	N/A	Approve Recommendation	
ABSTRAL SL TAB	1/14/25	Breakthrough Cancer Pain	NPB, PA, QL= 120 tabs/30 days	<b>Exclude</b>	0	N/A	Approve Recommendation	
FENTANYL CITRATE LOLLIPOP	1/14/25	Breakthrough Cancer Pain	PB, PA, QL= 120 lozenges/30 days	<b>Exclude</b>	0	N/A	Approve Recommendation	
fentanyl citrate lollipop	1/14/25	Breakthrough Cancer Pain	NPG, PA, QL= 120 lozenges/30 days	<b>Exclude</b>	0	N/A	Approve Recommendation	
FENTORA TAB	1/14/25	Breakthrough Cancer Pain	NPB, PA, QL= 120 tabs/30 days	<b>Exclude</b>	0	N/A	Approve Recommendation	
FENTANYL BUCCAL TAB	1/14/25	Breakthrough Cancer Pain	NPB, PA, QL= 120 tabs/30 days	<b>Exclude</b>	0	N/A	Approve Recommendation	
LAZANDA NASAL SPRAY	1/14/25	Breakthrough Cancer Pain	NPB, PA, QL= 15 bottles/30 days	<b>Exclude</b>	0	N/A	Approve Recommendation	
ERZOFRI INJ	1/14/25	Antipsychotic	NC	<b>Tier 2</b>	0	\$650 - \$5,800 per injection	Approve Recommendation	

**February 2025 EBD Formulary Recommendations**

<b>Drug Name</b>	<b>Date Drug Considered by EBD</b>	<b>Use</b>	<b>Current Setup</b>	<b>EBD Recommendation (based on input from EBRx and Navitus)</b>	<b>Impacted Members</b>	<b>Cost Details</b>	<b>Commission Decision</b>
ADALIMUMAB-ADAZ INJ 80 mg/0.8 mL	2/11/25	<i>Targeted immunomodulator</i>	<i>NC</i>	<b>Tier 4, SP, PA, QL</b>	0	\$1,644.13 per injection	<i>Approve Recommendation</i>
ADALIMUMAB-ADAZ INJ 20 mg/0.2 mL	2/11/25	<i>Targeted immunomodulator</i>	<i>Tier 4, SP,PA, QL</i>	<b>Exclude</b>	0	\$3288.25 per injection	<i>Approve Recommendation</i>
FANAPT TAB	2/11/25	<i>Schizophrenia &amp; Bipolar I</i>	<i>Tier 3, PA, QL</i>	<b>Exclude</b>	0	\$29.81 - \$58.74 per tab	<i>Approve Recommendation</i>
FANAPT TITRATION PACK	2/11/25	<i>Schizophrenia &amp; Bipolar I</i>	<i>Tier 3, PA, QL</i>	<b>Exclude</b>	0	\$29.81 - \$58.74 per tab	<i>Approve Recommendation</i>
TRINTELLIX TAB	2/11/25	<i>Major Depressive Disorder</i>	<i>Tier 3, PA, QL</i>	<b>Exclude. Lifetime grandfather for current users</b>	96	\$16.32 per tab	<i>Approve Recommendation</i>
VERAPAMIL CR CAP, VERELAN CAP	2/11/25	<i>Hypertension</i>	<i>Tier 3</i>	<b>Exclude</b>	0	\$4.87 - \$11.12 per cap	<i>Approve Recommendation</i>
VERAPAMIL SR CAP 360MG	2/11/25	<i>Hypertension</i>	<i>Tier 2</i>	<b>Exclude. Grandfather current users for 90 days</b>	33	\$11.12 per cap	<i>Approve Recommendation</i>
VERQUVO TAB	2/11/25	<i>Heart Failure</i>	<i>Tier 2, QL, RS</i>	<b>Exclude. Lifetime grandfather for current user</b>	1	\$27.73 per tablet	<i>Approve Recommendation</i>
STRENSIQ	2/11/25	<i>Hypophosphatasia</i>	<i>Tier 4, SP,PA</i>	<b>Exclude</b>	0	Weight based, up to \$164,736 per month or \$2M per year	<i>Approve Recommendation</i>

**Medical Drug Formulary Recommendations - ASE/PSE Commission - February 2025**

<b>Drug</b>	<b>Treating Diagnosis</b>	<b>EBD Recommendation (based on input from EBRx and Health Advantage)</b>	<b>Comment</b>	<b>Cost</b>	<b>Commission Decision</b>
Azmiro	testosterone replacement therapy	<b>Exclude</b>	This product is limited to HCP administration. Alternative is generic testosterone IM for \$21-\$48 per 200mg/mL	\$300 per 200mg/mL	Approve Recommendation
Bizengri	pancreatic adenocarcinoma or non-small cell lung cancer with NRG1 gene fusion	<b>Exclude</b>	FDA granted accelerated approval. Only a phase II trial. Revisit in 1 year to look for OS or QOL	\$57,000 per 28 days	Approve Recommendation
Boruzu	Adult Multiple Myeloma, Adult Mantle Cell Lymphoma	<b>Exclude</b>	This is a new Brand name of a generic product. We recommend covering the generic bortezomib only.	3.5mg/1.4mL = \$1,071	Approve Recommendation
Daxxify	Cervical dystonia	<b>Cover with EBRx PA</b>	Recommended to cover the lowest net cost botox	100 unit = \$504	Approve Recommendation
Hercessi	Biliary tract, breast, colorectal, endometrial, gastroesophageal or gastric cancer (HER2 positive)	<b>Exclude</b>	biosimilar of Herceptin. Ogivri is the current lowest net cost trastuzumab.	150mg Vial: \$1,587.60 420mg Vial: \$4,445.28 Weight-based dosing	Approve Recommendation
Hypavzi Pen	Hemophilia A or B without factors	<b>Exclude</b>	Waiting for a cost effectiveness report. Alternatives are Factor IX, Factor VIIa	\$18,360 per 150mg. Wide variation based on bleeding control. Max dose would cost \$1.9M per year.	Approve Recommendation
Kebilidi	Aromatic L-amino acid decarboxylase (AADC)	<b>Exclude</b>	Small trial. Revisit in 1 year for long term efficacy, durability and cost effectiveness	\$3.5M in the UK, no cost released in America yet.	Approve Recommendation
Ryzumvi	Reverse Mydriasis	<b>Exclude</b>	Given in the doctor's office. Mydriasis is self limiting. Can we exclude or is it wrapped in an office visit charge?	Unknown	Approve Recommendation
Stelara	Chron Disease, Hidradentitis suppurativa, plaque psoriasis, psoriatic arthritis, ulcerative colitis	<b>Exclude</b>	Newer lower cost biosimilars have come to market	\$17,490 per vial or syringe	Approve Recommendation
Wezlana IV and SC	Chron Disease, Hidradentitis suppurativa, plaque psoriasis, psoriatic arthritis, ulcerative colitis	<b>Cover with EBRx PA</b>	biosimilar of Stelara	\$3,341 per vial or syringe	Approve Recommendation

<b>Drug</b>	<b>Treating Diagnosis</b>	<b>EBD Recommendation (based on input from EBRx and Health Advantage)</b>	<b>Comment</b>	<b>Cost</b>	<b>Commission Decision</b>
Ziihera	previously treated unresectable or metastatic HER2 positive biliary tract cancer	<b>Exclude</b>	Recommended to exclude for surrogate ORR data only. Will revisit in 1 year.	\$22,752/dose (\$591,552 per year and given until progression or toxicity)	Approve Recommendation
Nypozi	neutropenia, hematopoietic syndrome	<b>No EBRx restrictions</b>	biosimilar of Neupogen	300 mcg/0.5mL = \$186.98 480 mcg/0.8mL = \$299.17	Approve Recommendation
Releuko	neutropenia, hematopoietic syndrome	<b>No EBRx restrictions</b>	biosimilar of Neupogen	300 mcg/0.5mL = \$176.93 480 mcg/0.8mL = \$277.38	Approve Recommendation
Zarxio	neutropenia, hematopoietic syndrome	<b>Exclude</b>	biosimilar of Neupogen. EBRx will mail letter to affected members.	300 mcg/0.5mL = \$329.24 480 mcg/0.8mL = \$526.78	Approve Recommendation

NTM = new to market, No EBRx Restrictions means that policy defers to Health Advantage