



# Formulary Updates to Portfolio

Effective January 1, 2025

## Changes to your formulary (drug list) effective January 1, 2025.

Your plan and MedImpact work diligently to provide appropriate, affordable prescription coverage while managing prescription drug costs. As a result, changes are being made to your prescription drug formulary (drug list) effective January 1, 2025. Some of these changes are positive tier changes that provide cost savings by adding drugs onto your formulary that were excluded (not covered) or moved to a lower tier.

### What can the type of formulary change mean?

- You will generally **pay less** for drugs on or moved to a **Preferred** formulary tier.
- Drugs that move from **Preferred to Non-Preferred** will generally **cost more**. **Look for a preferred alternative.**
- Drugs that move from **Non-Preferred to Preferred** will generally **cost less**.
- Drugs that are **excluded** are **not covered** by your plan. **Look for a preferred alternative.**

### Brand Exclusions (not covered)

The following drug classes have new exclusions. Excluded means the drug is not covered by the Portfolio formulary beginning January 1, 2025, under your prescription benefit. This list does not include all excluded drugs for the MedImpact Portfolio formulary.

If you have a medical reason to continue this medication, your doctor can request a coverage review.

Drug Class	Excluded Medications	Preferred Alternatives
Inflammatory	Amjevita Cyltezo Hyrimoz	Humira Simlandi Adalimumab-adaz

### Preferred to Non-Preferred

Drug was previously covered but is now covered at a non-preferred or higher tier

Drug Class	Preferred to Non-Preferred	Preferred Alternatives
Behavioral Health	Zyprexa Relprev	Abilify Asimtufii Abilify Maintena Aristada Invega Hafyera Invega Sustenna Invenga Trinza Perseris Rykindo Uzedy
Cardiovascular Disease – Lipid Irregularity	Praluent	Repatha
Hematological Disorders	Nyvepria	Ziextenzo
Multiple Sclerosis	Copaxone 20 mg Gilenya 0.25 mg	Glatopa Glatiramer Fingolimod
Antidepressant	Sertraline 150 mg, 200 mg caps	Sertraline tablets
Oncology	Ibrance	Kisqali





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Drug Class	Preferred to Non-Preferred	Preferred Alternatives
		Verzenio

## Non-Preferred to Preferred

Drug was previously covered but is now covered at a preferred or lower tier

Drug Class	Non-Preferred to Preferred
Irritable Bowel Agents	Trulance Symproic Viberzi
Fertility	Crinone