

Commercial/HIX Formulary Updates



Quartz Large Group, Small Group and Individual Non IL and IL plans

Recent Drug Approvals: Most new drug products are nonformulary until reviewed by the Pharmacy and Therapeutics Committee Date

January- March 2025 weekly drug updates Drug Name	Formulary Status or Change*	Effective Date	LG or SG/Ind or ALL	Change or Formulary status Applies to IL plans only Y=Yes (If blank=does not apply)
ALHEMO INJ 150/1.5, INJ 60/1.5ML	Nonformulary/Excluded	1/20/2025	ALL	
BACLOFEN KIT INJ	Excluded	3/24/25	ALL	
BETIMOL SOL 0.5%	Non-preferred Brand	1/6/2025	LG	
BETIMOL SOL 0.5%	Nonformulary/Excluded	1/6/2025	SG/Ind	
BL-C KIT	Excluded	1/13/2025	ALL	
CORTROPHIN INJ	Preferred Brand, Specialty	3/10/2025	LG	
CORTROPHIN INJ	Excluded	3/10/2025	SG/Ind	
DATROWAY INJ 100MG	Excluded	1/20/2025	ALL	
ENCELTO IMPLANT	Excluded	3/24/25	ALL	
ENTRESTO TAB 24- 26MG, 49-51MG, 97- 103MG	Preferred Brand, QL	1/20/2025	ALL	
EPYSQLI	Excluded	3/10/2025	ALL	
ESPEROCT INJ 4000IU	Non-Preferred Brand, Specialty	1/27/2025	LG	
ESPEROCT INJ 4000IU	Nonformulary/Excluded	1/27/2025	SG	
GABARONE TAB 100 MG, 400MG	Nonformulary/Excluded	1/6/2025	ALL	

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FENOPRON CAP 300MG	Nonformulary/Excluded	1/13/2025	ALL	
FENT/ROPIVAC INJ /NACL	Excluded	3/24/25	ALL	
FLYRCADO INJ	Excluded	2/3/2025	ALL	
FORTEO	Excluded/Nonformulary	3/24/2025	ALL	
FULVICIN P/G TAB 165MG	Nonformulary/Excluded	1/27/2025	ALL	
INZIRQO SUS	Nonformulary/Excluded	3/10/2025	ALL	
IVERMECTIN 6MG TAB	Generic, PA	3/17/2025	LG	
IVERMECTIN 6MG TAB	Nonformulary/Excluded	3/17/2025	SG/Ind	
JIVI INJ 4000UNIT	Non-Preferred Brand, Specialty	1/13/2025	LG	
JIVI INJ 4000UNIT	Nonformulary/Excluded	1/13/2025	SG/Ind	
JOURNAVX TAB 50MG	Non-preferred Brand, QL	2/10/2025	LG	
JOURNAVX TAB 50MG	Nonformulary/Excluded	2/10/2025	SG/Ind	
KEBILIDI INJ	Nonformulary/Excluded	1/6/2025	ALL	
KEFUNOVA CRM	Excluded	3/24/25	ALL	
KETAMINE HCl INJ 1000/100	Excluded		ALL	
KRISTALOSE PAK 20GM	Non-Preferred Brand, PA	2/10/2025	LG	
KRISTALOSE PAK 20GM	Nonformulary/Excluded	2/10/2025	SG/Ind	
MESNA TAB 400MG	Generic Specialty	1/13/2025	LG	
MESNA TAB 400MG	Specialty Tier	1/13/2025	SG/Ind	

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METFORMIN HCL TAB 750 MG	Preferred Generic	1/13/2025	LG	
METFORMIN HCL TAB 750 MG	Nonformulary/Excluded	1/13/2025	SG/Ind	
NAMZARIC CAP 14- 10MG, 28-10MG	Preferred Brand, QL	1/13/2025	LG	
NAMZARIC CAP 14- 10MG, 28-10MG	Nonformulary/Excluded	1/13/2025	SG/Ind	
NEXIUM GRA 2.5MG, 5MG DR (Brand)	Non-preferred Brand, QL	1/20/2025	LG	
NEXIUM GRA 2.5MG, 5MG DR (Brand)	Nonformulary/Excluded	1/20/2025	SG/Ind	
NIKTIMVO INJ 9/0.18ML, 22/0.44	Nonformulary/Excluded	2/3/2025	ALL	
OPDIVO INJ QVANTIG	Excluded	1/6/2025	ALL	
OTULFI	Nonformulary/Excluded, PA, QL	3/3/2025	ALL	
PREVYMIS PAK 120MG, 20MG	Nonformulary/Excluded	1/13/2025	ALL	
PURIXAN SUS	Non-preferred Brand, Specialty	3/3/2025	LG	
PURIXAN SUS	Nonformulary/Excluded	3/3/2025	SG/Ind	
PYLARIFY INJ	Excluded	1/20/2025	ALL	
RALDESY SOL	Nonformulary/Excluded	3/3/2025	ALL	
RIDAURA CAP 3MG (Brand)	Non-preferred Brand, Specialty	2/17/2025	LG	
RIDAURA CAP 3MG (Brand)	Nonformulary/Excluded	2/17/2025	SG/Ind	
ROMVIMZA	Nonformulary/Excluded	3/3/2025	ALL	

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ROXYBOND (Brand)	Nonformulary/Excluded	2/10/2025	ALL	
RYBELSUS TAB 1.5MG	Nonformulary/Excluded, QL	2/17/2025	ALL	
RYONCIL KIT	Excluded	3/10/2025	ALL	
SACUBITRIL-VALSARTAN 24-26 MG, 49-51MG, 97-103MG	Generic, QL	1/20/2025	LG	
SACUBITRIL-VALSARTAN 24-26 MG, 49-51MG, 97-103MG	Preferred Brand, QL	1/20/2025	SG/Ind	
SELARSDI INJ	Nonformulary/Excluded	3/24/2025	ALL	
SIMLANDI KIT 20/0.2ML, 80/0.8ML	Nonformulary/Excluded, Specialty, PA,QL	1/27/2025	ALL	
SPRITAM TAB 250MG		1/20/2025	LG	
SPRITAM TAB 250MG	Nonformulary/Excluded	1/20/2025	SG/Ind	
STEQEYMA INJ 45/0.5ML, 90MG/ML	Nonformulary/Excluded	1/20/2025	ALL	
STEQEYMA INJ 130/26ML IV SOLN	Nonformulary/Excluded, Specialty, QL	1/27/2025	ALL	
THAM INJ 30MEQ	Non-preferred Brand	1/20/2025	LG	
THAM INJ 30MEQ	Excluded	1/20/2025	SG/Ind	
TOPIRAMATE SPRINKLE CAP 50 MG	Generic	1/13/2025	LG	
TOPIRAMATE SPRINKLE CAP 50 MG	Nonformulary/Excluded	1/13/2025	SG/Ind	
TREMFYA	Preferred Brand, Specialty, PA	3/24/2024	ALL	
TRIFENA PAD	Excluded	1/20/2025	ALL	
USTEKINUMAB SOL TTWE	Nonformulary/Excluded	03/24/2025	ALL	

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VIMKUNYA	Non-Preferred	3/3/202	LG	
VIMKUNYA	Nonformulary/Excluded	3/3/2025	SG/Ind	
XARELTO 2.5 MG	Preferred Brand	3/3/2025	LG	
XARELTO 2.5MG	Preferred Brand, QL	3/3/2025	SG/Ind	
XICLO PAD	Excluded	3/10/2025	ALL	
XICLOFEN OIN	Excluded	3/10/2025	ALL	
YESINTEK INJ 130/26ML IV SOLN, 45/0.5 SUBCU & PREFILLED SYR, 90MG/ML PREFILLED SYR	Nonformulary/Excluded, Specialty, PA, QL	1/27/2025	ALL	
YONI FIT MIS KIT (1-5)	Excluded	1/20/2025	ALL	
YUTIQ IMP 0.18MG	Excluded	2/3/2025	ALL	
ZUNVEYL	Nonformulary/Excluded	3/3/2025	ALL	

Pharmacy and Therapeutics (P&T) Committee Formulary Changes: 4/15/2025 P&T meeting: Changes Effective 7/1/2025

Drug Name	Formulary Status or Change*	Effective Date	LG or SG/Ind or ALL	Change or Formulary status Applies to Specific State plans only
ALLUPURINOL 200mg Tabs	Adding PA restriction		LG	
CABENVUA	Move from Nonformulary/Excluded to Preferred Brand, Remove PA restriction	4/1/2025	LG	

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Drug Name	Formulary Status or Change*	Effective Date	LG or SG/Ind or ALL	Change or Formulary status Applies to Specific State plans only
COBENFY	Move from Nonformulary/Excluded to Non-preferred Brand, ST, QL	4/3/2025	LG	
COMPRO SUP	Move from Nonpreferred to Nonformulary/Excluded	7/1/2025	SG/Ind	
ELIQUIS 5mg Tabs	Adding QL 2 per day	7/1/2025	ALL	
FACTOR PRODUCTS	Move from Specialty Tier to Excluded	7/1/2025	LG	
FEMLYV	Nonpreferred adding Step Therapy restriction	7/1/2025	LG	
FEMLYV	\$0 with out restrictions	7/1/2025	ALL	IL and MN Only
HEMLIBRA	Adding PA restriction	7/1/2025	ALL	
IVIG PRODUCTS (Immune Globulins)	Move from Specialty Tier to Excluded	7/1/2025	LG	
JANUVIA	Remove Step Therapy	7/1/2025	LG	
LUPRON DEPOT	Adding QL to all doses. QLs varies	7/1/2025	ALL	
MIEBO	Update QL to 3ml per 30 days	7/1/2025	LG	
MOTTEGRITY (Brand)	Moving from Non-preferred to	7/1/2025	SG/Ind	

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Drug Name	Formulary Status or Change*	Effective Date	LG or SG/Ind or ALL	Change or Formulary status Applies to Specific State plans only
	Nonformulary/Excluded			
OTULFI INJ 45mh/0.5ml and 90mg/ml	Move from Nonformulary/Excluded to Preferred Brand, SP, QL, PA	7/1/2025	ALL	
PITAVASTATIN	Moving from Tier 1 to Nonformulary/Excluded	7/1/2025	LG	
SCEMBLIX 40 mg Tabs	Adding QL 8 per day	7/1/2025	LG	
SPIRIVA CAP HANDIHALER	Move from Preferred Brand to Nonformulary/Excluded	7/1/2025	SG/Ind	
SPRYCEL (Brand)	Move from Tier 4 to Nonformulary	7/1/2025	ALL	
STELARA(Brand)	Move from Tier 4 to Nonformulary	7/1/2025	ALL	
STEQEYMA INJ 45mg/0.5ml and 90mg/ml (Biosimilar of Stelara)	Preferred Brand Specialty, SP, QL, PA	7/1/2025	ALL	
SYMBICORT (Brand)	Moving from Preferred Brand to Nonformulary/Excluded	7/1/2025	SG/Ind	
TEVIMBRA	Move from Specialty Tier to Excluded	7/1/2025	COMM	
TOBRAMYCIN NEBULIZER SOL	Adding QL 2 vials per day	7/1/2025	ALL	

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Drug Name	Formulary Status or Change*	Effective Date	LG or SG/Ind or ALL	Change or Formulary status Applies to Specific State plans only
UNDECATREX	Move from Nonformulary/Excluded to Non-preferred Brand, PA	4/3/2025	LG	
VIIBRYD (Brand)	Adding PA restriction	7/1/2025	LG	
VOTRIENT	Move from Specialty Tier to Nonformulary/Excluded	7/1/2025	SG/Ind	
VTAMA	Move from Non-preferred Brand Tier to preferred Brand	6/1/2025	LG	
YESINTEK INJ 45mg/0.5ml and 90mg/ml (Biosimilar of Stelara)	Move from Nonformulary/Excluded to Preferred Brand Specialty, SP, QL, PA	7/1/2025	ALL	
ZORYVE CRM 0.15%	Remove ST, adding PA restriction	6/1/2025	LG	
ZORYVE CRM 0.3%	Move from Non-preferred tier to preferred Brand tier	6/1/2025	LG	

New Generic Drugs: The brand equivalent is nonformulary once and FDA approve generic is available. Unless other wise noted on the formulary.

New Generic Drug name	Brand Equivalent	Formulary	LG or SG/Ind	Change or
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		Status/Notes	or ALL	Formulary status Applies to IL plans only Y=Yes
AURANOFIN	RIDURA	Excluded/Nonformulary	LG	
ESOMEPRAZOLE POW 2.5MG, 5MG	NEXIUM GRA 2.5MG, 5MG DR	Preferred Generic, QL	LG	
ESOMEPRAZOLE POW 2.5MG, 5MG	NEXIUM GRA 2.5MG, 5MG DR	Nonformulary/Excluded	SG/Ind	
MERCAPTOPURINE SUS	PURIXAN	Generic, Specialty	LG	
MERCAPTOPURINE SUS	PURIXAN	Nonformulary/Excluded	SG/Ind	
OXYCODONE TAB 10MG	ROXYBOND	Excluded/Nonformulary	ALL	
RIVAROXABAN 2.5 MG	XARELTO	Generic	LG	
RIVAROXABAN 2.5 MG	XARELTO	Preferred Brand, QL	SG/Ind	
SANDOSTATIN KIT	OCTREOTIDE KIT	Excluded/Nonformulary	ALL	
TIMOLOL HEMI SOL 0.5% OP	BETIMOL SOL 0.5%	Generic	LG	
TIMOLOL HEMI SOL 0.5% OP	BETIMOL SOL 0.5%	Nonformulary/Excluded	SG/Ind	

***additional coverage restrictions will remain as listed on the current formulary documents**

PA= Prior authorization, QL= Quantity Limit, Specialty= Requires fills at Quartz Specialty pharmacies

Sol= Solution, Cre= Cream, Lot= Lotion, Liq= Liquid, Sus= Suspension Sup= Suppository, OP= Ophthalmic

LG= Large Group formularies, SG=Small Group formularies, Ind=Individual formularies, All= applies to all formularies, IL= Illinois, MN=Minnesota.