

**EBD PHARMACY FORMULARY
RECOMMENDATIONS
(June, July, Aug 2025)**

June 2025 EBD Pharmacy Formulary Recommendations

Drug Name	Date Drug Cosidered by EBD	Use	Current Setup	EBD Recommendation (based on Input from EBRx and Navitus)	Impacted Members	Cost Details	ASE / PSE Commissions	Board of Finance
ALYFTREK TAB	6/10/25	Cystic Fibrosis	NC	Tier S, SP, PA, QL 10-50-125mg: 2 tabs/day 4-20-50mg: 3 tabs/day	0	WAC: \$350,585 annually	Approve Recommendation	Approve Recommendation
Brillinta	6/10/25	Antiplatelet	Tier 2	NC	77 90 day grandfather - NVT will send letters	WAC: \$7.75 per tab \$5,580 annually	Approve Recommendation	Approve Recommendation
ticagrelor	6/10/25	Antiplatelet	Tier 2	Tier 2	2	MAC: \$7.18 per tab \$5,169 annually	Approve Recommendation	Approve Recommendation
Jynarque	6/10/25	Autosomal Dominant Polycystic Kidney Disease	Tier S, PA, QL, LD	NC	2 90 day grandfather with lifetime approval for generic	WAC: \$385 per tab \$277,200 annually	Approve Recommendation	Approve Recommendation
tolvaptan	6/10/25	Autosomal Dominant Polycystic Kidney Disease	Tier 1, PA, QL, LD	NC	0	MAC: \$200 per tab \$144,000 annually	Approve Recommendation	Approve Recommendation
Promacta	6/10/25	Low Platelets	Tier S, SP, PA, QL	NC	1 90 day grandfather	WAC: \$260 - \$708 per dose	Approve Recommendation	Approve Recommendation
eltrombopag	6/10/25	Low Platelets	Tier 1, SP, PA, QL	Tier 1, SP, PA, QL	0	WAC: \$205 - \$558 per dose	Approve Recommendation	Approve Recommendation
CORLANOR TAB	6/10/25	Heart Failure	Tier 3, PA	NC	3	WAC: \$10.43 per tab \$7,509 annually	Approve Recommendation	Approve Recommendation
ivabradine hcl tab	6/10/25	Heart Failure	Tier 1, PA	Tier 1, PA	14	WAC: \$2.25 - \$8.05 per tab, \$5,796 annually	Approve Recommendation	Approve Recommendation
MIPLYFFA CAP	6/10/25	Niemann-Pick disease type C	New to Market	NC	0	WAC: \$446.50 - \$1,1780 per cap, \$1.27M annually	Approve Recommendation	Approve Recommendation
AQNEURSA PACKET FOR SUSPENSION	6/10/25	Niemann-Pick disease type C	New to Market	NC	1	WAC: \$480.36 per packet \$518,788 annually	Approve Recommendation	Approve Recommendation
VALTOCO NASAL SPRAY	6/10/25	Seizures	Tier 3, QL=4 doses/fill	Tier 3, QL= 5 doses/fill	9	WAC: \$365.94 per spray	Approve Recommendation	Approve Recommendation
PREVNAR 20 INJ	6/10/25	Vaccine	\$0 VAC, covered for members 19 years and older	\$0, VAC	318	WAC: ~\$280 per inj	Approve Recommendation	Approve Recommendation
renaphro cap	6/10/25	Multivitamin	Tier 1	NC	1 90 day grandfather	~\$5.00 - \$14.00 per script	Approve Recommendation	Approve Recommendation
dialyvite tab	6/10/25	Multivitamin	Tier 1	NC	3 90 day grandfather		Approve Recommendation	Approve Recommendation
folbee tab	6/10/25	Multivitamin	Tier 1	NC	6 90 day grandfather		Approve Recommendation	Approve Recommendation

July 2025 EBD Pharmacy Formulary Recommendations								
Drug Name	Date Drug Cosidered by EBD	Use	Current Setup	EBD Recommendation (based on Input from EBRx and Navitus)	Impacted Members	Cost Details	ASE / PSE Commissions	Board of Finance
TASIGNA CAP	7/8/25	<i>Chronic Myeloid Leukemia</i>	Tier S, SP, PA, SF	NC	2 (lifetime grandfather)	WAC: \$193.26 per capsule \$141,079.80 per year	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
nilotinib cap	7/8/25	<i>Chronic Myeloid Leukemia</i>	NTM	Tier 1, SP, PA	0	WAC: \$176.25 per capsule \$128,662.50 per year	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
AREXVY INJ	7/8/25	<i>RSV Vaccine</i>	\$0, QL= 1 dose/lifetime, VAC (Covered for members age 50 years and older)	\$0, QL= 1 dose/lifetime, VAC (Removed Age Restriction)	0	WAC per dose: \$306.36	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
MRESVIA INJ	7/8/25	<i>RSV Vaccine</i>	\$0, QL= 1 dose/lifetime, VAC (Covered for members age 60 years and older)	\$0, QL= 1 dose/lifetime, VAC (Removed Age Restriction)	0	WAC per dose: \$290	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
OXYCODONE ER TAB	7/8/25	<i>Pain</i>	PB, QL= 2 tabs/day, ST (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	NC	2 (grandfather 90 days)	WAC: \$1.79 - \$22.41 per tab \$16,359.30 per year	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
BYETTA INJ	7/8/25	<i>Type II Diabetes</i>	Tier 3, QL= 1 pen/30 days; RDX (Type 2 Diabetes)	NC	3 (grandfather 90 days)	WAC: \$118.81-\$645.96 per mL \$11,788.916 per year	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
BYDUREON INJ	7/8/25	<i>Type II Diabetes</i>	Tier 2, QL= 4 inj/28 days, RDX (Type 2 Diabetes)	NC	2 (grandfather 90 days)	WAC: \$118.81-\$645.96 per mL \$2,855.14 per year	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
BRIXADI SOLN 64MG/0.18ML BRIXADI SOLN 96MG/0.27ML BRIXADI SOLN 128MG/0.36ML BRIXADI SOLN 8MG/0.16ML BRIXADI SOLN 16MG/0.32ML BRIXADI SOLN 24MG/0.48ML BRIXADI SOLN 32MG/0.64ML	7/8/25	<i>Opiod Use Disorder</i>	NC	NC3P	0	WAC: \$1,411.56 per mL \$46,976.72 per year	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
ACCU-CHEK TEST STRIP ACCU-CHEK AVIVA PLUS TEST STRIP ACCU-CHEK SMARTVIEW TEST STRIP ONETOUCH TEST STRIP ONETOUCH VERIO TEST STRIP	7/8/25	<i>Diabetic Testing</i>	\$0, OTC, QL = 153 strips/30 days	NC	326 (90 day grandfather)	WAC: \$0.86 - \$1.56 per strip \$2,864.16 per year	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>

Drug Name	Date Drug Cosidered by EBD	Use	Current Setup	EBD Recommendation (based on Input from EBRx and Navitus)	Impacted Members	Cost Details	ASE / PSE Commissions	Board of Finance
ONETOUCH VERIO FLEX METER ONETOUCH METER ONETOUCH VERIO IQ METER ONETOUCH VERIO METER ONETOUCH VERIO REFLECT METER ACCU-CHEK AVIVA PLUS METER ACCU-CHEK NANO METER ACCU-CHEK AVIVA PLUS METER	7/8/25	Diabetic Testing	\$0, OTC	NC	171 (90 day grandfather)	WAC: ~\$23.00 per meter	Approve Recommendation	Approve Recommendation
FREESTYLE INSULINX TEST STRIP FREESTYLE LITE TEST STRIP FREESTYLE PRECISION NEO TEST STRIP FREESTYLE TEST STRIP PRECISION XTRA TEST STRIP	7/8/25	Diabetic Testing	NC	\$0, OTC, QL = 153 strips/30 days	0	WAC: \$0.42 - \$1.48 per strip \$2,717.28 per year	Approve Recommendation	Approve Recommendation
FREESTYLE FREEDOM LITE METER FREESTYLE LITE METER FREESTYLE PRECISION NEO METER	7/8/25	Diabetic Testing	NC	\$0, OTC	0	WAC: \$15.00 - \$21.00 per meter	Approve Recommendation	Approve Recommendation
PRECISION XTRA METER	7/8/25	Diabetic Testing	NC	\$0, OTC	0	WAC: \$15.00 per meter	Approve Recommendation	Approve Recommendation
COBENFY CAP	7/8/25	Schizophrenia	NTM	NC	0	WAC: \$30.83 per cap \$22,505.90 per year	Approve Recommendation	Approve Recommendation
COBENFY STARTER PACK	7/8/25	Schizophrenia	NTM	NC	0	WAC: \$30.83 per cap \$1,875.50 for the first month	Approve Recommendation	Approve Recommendation
ITOVEBI TAB	7/8/25	Breast Cancer	NTM	NC	0	WAC: \$408.34 - \$816.68 per tab \$298,088.20 per year	Approve Recommendation	Approve Recommendation
SOFDRA GEL	7/8/25	Primary axillary hyperhidrosis	NTM	NC	0	WAC: \$968 / 30 day supply \$11,616 per year	Approve Recommendation	Approve Recommendation
TRYVIO TAB	7/8/25	Hypertension	NTM	NC	0	WAC: \$25.83 per tab \$9,427.95 per year	Approve Recommendation	Approve Recommendation

WAC = wholesale aquisition cost, NC = not covered, NC3P = not covered, refer to third party (EBRx), NTM = new to market, QL = quantity limit, SP = specialty medication, PA = prior authorization, OTC = over-the-counter, VAC = vaccine, RDX = requires diagnosis code at point of sale, SF = split fill so it is limited to two 15 day fills per month for first 3 months

August 2025 EBD Pharmacy Formulary Recommendations

Drug Name	Date Drug Cosidered by EBD	Use	Current Setup	EBD Recommendation (based on Input from EBRx and Navitus)	Impacted Members	Cost Details	ASE / PSE Commissions	Board of Finance
everolimus tabs for oral suspension	8/5/25	<i>Tuberous sclerosis complex who have subependymal giant cell astrocytoma</i>	<i>Tier 1, PA, QL, SP</i>	NC	1 (90 day grandfather)	5mg tablets: \$25.73 5mg tablet for oral susp: \$495.79	<i>Approve Recommendatio n</i>	<i>Approve Recommendation</i>
LIVMARLI TAB	8/5/25	<i>Alagille syndrome & cholestatic pruritus in progressive familial intrahepatic cholestasis</i>	<i>NC</i>	Tier 4, SP, PA, QL= 2 tabs/day	0	WAC: \$1,986.10 - \$3,972.20 per tab	<i>Approve Recommendatio n</i>	<i>Approve Recommendation</i>
LIVMARLI TAB 30 MG	8/5/25	<i>Alagille syndrome & cholestatic pruritus in progressive familial intrahepatic cholestasis</i>	<i>NC</i>	Tier 4, SP, PA, QL= 1 tab/day	0	WAC: \$5,958.30 per tab	<i>Approve Recommendatio n</i>	<i>Approve Recommendation</i>
ENFLONSIA INJ	8/5/25	<i>RSV</i>	<i>NC</i>	\$0, VAC	0	WAC: \$566 per dose	<i>Approve Recommendatio n</i>	<i>Approve Recommendation</i>
KHINDIVI SOLN	8/5/25	<i>Adrenal Insufficiency</i>	<i>NTM</i>	NC	0	WAC: \$24.15 per mL	<i>Approve Recommendatio n</i>	<i>Approve Recommendation</i>
ALKINDI SPRINKLE CAP 0.5MG	8/5/25	<i>Adrenal Insufficiency</i>	<i>Tier 3, PA, QL</i>	NC	0	WAC: \$9.66 per cap	<i>Approve Recommendatio n</i>	<i>Approve Recommendation</i>
ALKINDI SPRINKLE CAP 1MG	8/5/25	<i>Adrenal Insufficiency</i>	<i>Tier 3, PA, QL</i>	NC	0	WAC: \$19.32 per cap	<i>Approve Recommendatio n</i>	<i>Approve Recommendation</i>
YEZTUGO TAB	8/5/25	<i>HIV Pre-Exposure Prophylaxis</i>	<i>NC</i>	\$0, SP, PA, QL= 4 tabs/28 days	0	WAC: \$587.88 per tab	<i>Approve Recommendatio n</i>	<i>Approve Recommendation</i>
YEZTUGO INJ	8/5/25	<i>HIV Pre-Exposure Prophylaxis</i>	<i>NC</i>	\$0, SP, PA, QL=2 inj/180 days	0	WAC: \$7,054.50 per inj	<i>Approve Recommendatio n</i>	<i>Approve Recommendation</i>

Drug Name	Date Drug Cosidered by EBD	Use	Current Setup	EBD Recommendation (based on Input from EBRx and Navitus)	Impacted Members	Cost Details	ASE / PSE Commissions	Board of Finance
YUTREPIA CAP	8/5/25	<i>Pulmonary Arterial Hypertension</i>	NC	Tier 4, SP, PA, QL= 112 caps/28 days	0	WAC: \$217.50 per cap	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
VYVGART HYTRULO INJ	8/5/25	<i>Myasthenia Gravis</i>	NC	Tier 4, SP, PA, QL= 4 inj/28 days	0	WAC: \$16,732 per Pre-filled Syringe	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
ARBLI SUSP	8/5/25	<i>Hypertension</i>	NC	Tier 3, PA (PA Required for members age 7 years and older), QL= 330 mL/30 days	0	WAC: \$3.61 per mL	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
LOPRESSOR SOLN	8/5/25	<i>Hypertension</i>	NC	Tier 3, PA (PA Required for members age 7 years and older), QL= 45 mL/day	0	WAC: \$375 per bottle	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
AVERI TAB	8/5/25	<i>Contraceptive</i>	NC	\$0	0	WAC: \$7.41 per tab	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
GALZIN CAP	8/5/25	<i>Wilsons Disease</i>	Tier 2	Remove from formulary (Product is inactive)	0	N/A	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
GALZIN CAP	8/5/25	<i>Wilsons Disease</i>	Tier 2	NC	0	WAC: \$41.10 per tab	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
zinc gluconate tab	8/5/25	<i>Wilsons Disease</i>	NC	Tier 1, OTC	0	WAC: ~\$0.20 per tab	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
WINREVAIR INJ	8/5/25	<i>Pulmonary Arterial Hypertension</i>	NC	Tier 4, PA, SP	0	WAC: \$14,420 - \$28,840 per kit	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>
sacubitril and valsartan tablets	8/5/25	<i>Heart Failure</i>	NTM	Tier 2	0	WAC: \$3.81 - \$10.36 per tab	<i>Approve Recommendation</i>	<i>Approve Recommendation</i>

NTM = New to Market; NC = Not Covered; PA = Prior Authorization; QL = Quantity Limit; SP = Specialty Pharmacy; VAC = Vaccine; WAC = Wholesale Acquisition Cost