

Upcoming Formulary Changes

BeneCard PBF is committed to providing innovative clinical solutions, valuable trend management strategies, and the highest quality of service. We regularly conduct a review of our formulary to remain current with the ever-changing prescription drug landscape.

During this review process, we consider changes that occur with new FDA approvals (brand and generic) and the latest clinical information. This comprehensive review looks at each therapeutic category to identify clinically superior products at the lowest net cost. This process is essential to help control pharmaceutical spending as drug costs, particularly for already costly specialty medications, increase over time. Our goal when considering updates to our formularies is to improve member health outcomes while maximizing plan savings.

September 2024 Changes

The following changes to the Primary Formulary will go into effect on September 1, 2024.

Moved from Non-Preferred to Preferred	Most Common Indication/Use
BOSULIF 50 & 100MG CAPSULES	Leukemia

October 2024 Changes

The following changes to the Primary Formulary will go into effect on October 1, 2024.

Moved from Non-Preferred to Preferred	Most Common Indication/Use
HUMALOG (JUNIOR KWIKPEN, KWIKPEN, MIX, TEMPO PEN, CARTRIDGE, & VIAL)	Diabetes
HUMULIN (VIALS, KWIKPEN, N, & R)	Diabetes
LYUMJEV (KWIKPEN, TEMPO PEN, & VIAL)	Diabetes

January 2025 Changes

The following changes to the Primary Formulary will go into effect on January 1, 2025.

Moved from Non-Preferred to Preferred	Most Common Indication/Use
SOTYKTU	Plaque Psoriasis
ENTYVIO PEN-INJECTOR	Crohn's Disease and Ulcerative Colitis
OMVOH	Ulcerative Colitis
KERENDIA	Chronic Kidney Disease in Type 2 Diabetes
VRAYLAR	Mental Health
REXTOVY	Acute Opioid Overdose
FABHALTA	Paroxysmal Nocturnal Hemoglobinuria
MYHIBBIN	Organ Transplant Rejection Prophylaxis

Primary Formulary Changes

TYENNE PEN & PREFILLED SYRINGE	Rheumatoid Arthritis
ADALIMUMAB-AATY, ADALIUMAB-ADAZ, HADLIMA, SIMLANDI	Autoimmune Disorders

Moved from Preferred to Non-Preferred	Most Common Indication/Use
ACTEMRA PEN & PREFILLED SYRINGE	Rheumatoid Arthritis

BeneCard PBF appreciates your trust and support in serving your healthcare needs through your prescription benefit program. If you have any questions, please contact your BeneCard PBF Account Executive or call our Client Service Center at 1-877-587-2239.