



## Formulary changes announced

First quarter changes to the Independent Health Drug formularies are summarized below and are currently in effect unless otherwise noted.

NPG/NPB - Non-Preferred Generic/Brand  
PG/PB - Preferred Generic/Brand  
NF - Non-Formulary  
SP - Specialty Pharmacy  
PA - Prior Authorization  
ST - Step Therapy

QL - quantity Limits  
SC - subcutaneous  
IM - intramuscular  
inj - injection  
tab - tablet  
cap - capsule

soln - solution  
susp - suspension  
MDI-metered-dose inhalation aerosol  
ODT - orally-disintegrating tablet  
LDD - Specialty Pharmacy Limited Distribution  
LA - available only at certain pharmacies  
G - Generic (T2) for Medicare

| Changes to Drug Formulary I (DFI), FEHB Formulary, and Pharmacy Benefit Dimensions Formulary  |   |  |
|---|---|--|
| Medications Added to Formulary 4/1/2023   | Medications Non-Formulary 4/1/2023  | Changes to Formulary 4/1/2023  |
| Airsupra (budesonide/albuterol) MDI- NPB, ST, AL, QL<br>Cibinqo added PB PA (1/1/2023)<br>Jaypirca (pirtobrutinib) tab- NPB, PA, SP, LA<br>Jesduviroq (daprodustat) tab- TBD NPB, PA if Rx benefit<br>Jylamvo (methotrexate) oral soln- NPB<br>Krazati (adagrasib) tab- NPB, PA, SP, LA<br>Orserdu (elacestrant) tab- NPB, PA, SP, LA<br>Rezlidhia ((olutasidenib) cap- NPB, PA, SP<br>Sunlenca (lenacapavir) tab- PB | Atorvaliq (atorvastatin) oral susp<br>Brenzavvy (bexagliflozin) tab<br>Idacio (adalimumab-aacf) SC inj<br>Iyuzeh (latanoprost) ophthalmic soln<br>Olpruva (sodium phenylbutyrate) oral susp | Bonjesta T2 to NF (7/1/2023)<br>Dificid PA changed to PA except ID and oncology (12/9/2022)<br>Kristalose T3 to NF (7/1/2023)<br>mesalamine 4g enema & cleanser wipe kit T2 to NF (7/1/2023)<br>Millipred T3 to NF (7/1/2023)<br>Noxafil (packets, suspension) PA changed to PA except ID and oncology (11/14/2022)<br>PEG 3350 packets add to T1 ACA (11/21/2022)<br>Saxenda T3PA to NF (7/1/2023) [FEHB 1/1/2024]<br>testosterone topical gels/soln PA changed to PA except endocrinology and urology (1/1/23) |

| Changes to Drug Formulary II (DFII), Drug Formulary III (DFIII), and Essential Plan Formulary (EPF)  |   |  |
|--|---|--|
| Medications Added to Formulary 4/1/2023  | Medications Non-Formulary 4/1/2023  | Changes to Formulary 4/1/2023  |
| Airsupra (budesonide/albuterol) MDI- NPB, ST, AL, QL<br>Cibinqo added PB PA (1/1/2023)<br>Jaypirca (pirtobrutinib) tab- NPB, PA, SP, LA<br>Jesduviroq (daprodustat) tab- TBD NPB, PA if Rx benefit<br>Jylamvo (methotrexate) oral soln- NPB<br>Krazati (adagrasib) tab- NPB, PA, SP, LA<br>Orserdu (elacestrant) tab- NPB, PA, SP, LA<br>Rezlidhia ((olutasidenib) capsules- NPB, PA, SP<br>Sunlenca (lenacapavir) tab- PB | Atorvaliq (atorvastatin) oral susp<br>Brenzavvy (bexagliflozin) tab<br>Idacio (adalimumab-aacf) SC inj<br>Iyuzeh (latanoprost) ophthalmic soln<br>Olpruva (sodium phenylbutyrate) oral susp | Bonjesta T2 to NF (7/1/2023)<br>budesonide 3mg DR cap T2 to T1<br>Kristalose T3 to NF (7/1/2023)<br>mesalamine 4g enema & cleanser wipe kit T2 to NF (7/1/2023)<br>Millipred T3 to NF (7/1/2023)<br>Noxafil (packets, suspension) PA changed to PA except ID and oncology (11/14/2022)<br>PEG 3350 packets add to T1 ACA (11/21/2022)<br>Saxenda T3PA to NF (7/1/2023)<br>sucralfate oral suspension added NPG (12/29/2022)<br>testosterone topical gels/soln PA changed to PA except endocrinology and urology (1/1/23) |

| Changes to Medicaid Formulary   |  |   |
|---|--|---|
| Medications Added to Formulary 4/1/2023   | Medications Non-Formulary 4/1/2023   | Changes to Formulary 4/1/2023   |
| Airsupra (budesonide/albuterol) MDI- PB, ST, AL, QL<br>Sunlenca (lenacapavir) tab- PB<br>Tamiflu PB (12/9/2022) | Atorvaliq (atorvastatin) oral susp<br>Brenzavvy (bexagliflozin) tab<br>Idacio (adalimumab-aacf) SC inj<br>Iyuzeh (latanoprost) ophthalmic soln<br>Jaypirca (pirtobrutinib) tab<br>Jesduviroq (daprodustat) tab-TBD NF if Rx benefit<br>Jylamvo (methotrexate) oral soln- NPB<br>Krazati (adagrasib) tab<br>Olpruva (sodium phenylbutyrate) oral susp<br>Orserdu (elacestrant) tab<br>Rezlidhia ((olutasidenib) cap | Bonjesta T2 to NF (7/1/2023)<br>Noxafil (packets, suspension) PA changed to PA except ID and oncology (11/14/2022)<br>testosterone topical gels/soln PA changed to PA except endocrinology and urology (1/1/23) |

| Changes to Medicare Formulary  |   |  |
|--|---|--|
| Medications Added to Formulary 4/1/2023  | Medications Non-Formulary 4/1/2023  | Changes to Formulary 4/1/2023  |
| Jaypirca (pirtobrutinib) tab- NPB, PA, SP, LA<br>Jesduviroq (daprodustat) tab- TBD NPB, PA if Rx benefit<br>Jylamvo (methotrexate) oral soln- NPB<br>Krazati (adagrasib) tab- NPB, PA, SP, LA<br>Orserdu (elacestrant) tab- NPB, PA, SP, LA<br>Rezlidhia ((olutasidenib) capsules- NPB, PA, SP | Atorvaliq (atorvastatin) oral susp<br>Brenzavvy (bexagliflozin) tab<br>Idacio (adalimumab-aacf) SC inj<br>Iyuzeh (latanoprost) ophthalmic soln<br>Olpruva (sodium phenylbutyrate) oral susp | amlodipine/hydrochlorothiazide/valsartan added to T2 (3/1/2023)<br>dipyridamole lowered from T4 to T2 effective 1/1/23 |

## COVID-19 Emergency Use Authorizations (EUA):

*These EUAs are covered as medical drugs under specially created administration codes for Medicaid and Commercial members. Providers buy-and-bill Independent Health directly. These EUAs are covered under Original Medicare (Part A or Part B) for those members.*

- On 11/30/22, the FDA withdrew the EUA for **bebtelovimab** in all areas because of evidence the drug would be ineffective against major circulating variants of COVID-19. Commercial distribution has been paused but could restart if future variants become susceptible once again.
- On 12/8/22, the EUAs for both the **Pfizer-BioNTech COVID-19 vaccine** and the **Moderna COVID-19 vaccine** were amended to authorize a single Omicron BA.4- and BA.5-specific booster dose after the completion of any primary COVID-19 vaccine series in very young children. For the Pfizer-BioNTech vaccine, the authorization is for individuals 6 months of age to 4 years of age. For the Moderna vaccine, the authorization is for individuals 6 months of age to 5 years of age. The CDC recommended these treatments on 12/9/22.
- On 12/21/22, the EUA for **Actemra** (tocilizumab) for treatment of hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) was changed to a full approval. The EUA was previously in place for patients 2 years of age and older. Actemra remains authorized for patients who fit these criteria 2 to 18 years of age.
- On 1/26/23, the FDA revised the EUA for **Evusheld** (tixagevimab/cilgavimab) to limit its use to when the combined frequency of non-susceptible SARS-CoV-2 variants nationally is ≤90%. Based on this revision, it is not currently authorized for use anywhere in the US until further FDA notice.
- On 2/1/2023, the EUAs for both **Lagevrio** (molnupiravir) and **Plaxlovid** (nirmatrelvir/ritonavir) were changed to remove the requirement for positive test results to prescribe these products. The FDA continues to recommend that providers use direct SARS-CoV-2 viral testing to help diagnose COVID-19.

## Informational:

- On 11/22/22, the U.S. Food and Drug Administration released a Drug Safety Communication regarding **Prolia** (denosumab). The FDA announced it was investigating a risk of severe hypocalcemia in patients with advanced kidney disease on dialysis. While patients using Prolia and on dialysis have not been directed to stop this medication at this time, they should be alerted of possible signs and symptoms of hypocalcemia and healthcare professionals should monitor these patients more closely.
- On 11/29/22, the sponsor of **Tecentriq** (atezolizumab) announced it was voluntarily removing the accelerated indication for locally advanced/metastatic urothelial cell cancer after confirmatory trial results failed to show a significant benefit. Its indications for non-small cell lung cancer, small cell lung cancer, hepatocellular carcinoma, and melanoma remain.
- On 1/12/23, the US Drug Enforcement Administration (DEA) and Substance Abuse and Mental Health Services Administration announced the elimination of the X-waiver requirement for **buprenorphine** prescribing, effective immediately. All future prescriptions for buprenorphine only require a DEA number, not a special number starting with X, and the limits on the number of patients who may be treated under a particular X-number have been removed. These requirements were considered a barrier to more widespread access of buprenorphine for treating opioid use disorder.
- On 2/9/2023, the accelerated approval of Jemperli (dostarlimab) for endometrial cancer that has progressed on or following prior treatment with a platinum-containing regimen in any setting and are not candidates for curative surgery or radiation was changed to a full approval.

## Products removed from market:

- On 11/22/22, the sponsor of **Blenrep** (belantamab mafodotin-blmf) announced it was beginning the process of removing the drug from the market after confirmatory trials failed to meet requirements to convert the accelerated approval to a full approval. It was given an accelerated approval in August 2020 as monotherapy for the treatment of relapsed/refractory multiple myeloma after receipt of at least four prior therapies. The sponsor will be continuing clinical trials as it believes the drug will eventually show clinical benefit as survival data matures further.

## Line extensions:

### **Adds:**

- **Austedo** (deutetrabenazine) new titration pack – added to each LOB following current coverage
- **Oxbryta** (voxelotor) new 300 mg strength – added to each LOB following current coverage
- **Ozempic** (semaglutide) new concentration – added to each LOB following current coverage
- **Skyrizi** (risankizumab) new strength – added to each LOB following current coverage
- **Turalio** (pexidartinib) new 125 mg capsules – added to each LOB following current coverage

**Drugs with new indications:**

| Brand name | Generic name                   | New indication(s)                                     | Coverage changes |
|------------|--------------------------------|---|------------------|
| Actemra    | tocilizumab                    | COVID-19 hospitalized adults                          | n/a              |
| Adacel     | tetanus, diphtheria, pertussis | pertussis in infants (given during pregnancy)         | n/a              |
| Brkinsa    | zanubrutinib                   | chronic or small lymphocytic lymphoma                 | Policy updates   |
| Cibinqo    | abrocitinib                    | indication expanded down to 12 years of age           | AL changes       |
| Cytalux    | pafolacianine                  | identification of lung cancer lesions                 | n/a              |
| Enjaymo    | sutimlimab-jome                | transfusion-independent cold agglutinin disease       | Policy changes   |
| Eylea      | aflibercept                    | retinopathy of prematurity                            | Policy updates   |
| Ibrance    | palbociclib                    | indication expanded to include all female patients    | Policy changes   |
| Keytruda   | pembrolizumab                  | single-agent NSCLC indication                         | Policy changes   |
| Pemfexy    | pemetrexed                     | NSCLC in combo with platinum/pembrolizumab            | Policy updates   |
| Precedex   | dexmedetomidine                | procedural sedation expanded down to 1 month of age   | n/a              |
| Revatio    | sildenafil                     | age range expanded down to 1 years of age and older   | AL changes       |
| Takhzyro   | landelumab-flyo                | age range expanded down to 2 years of age and older   | AL changes       |
| Tascenso   | ingolimod ODT                  | age range expanded to adults                          | AL changes       |
| Tecentriq  | atezolizumab                   | unresectable or metastatic alveolar soft part sarcoma | Policy updates   |
| Tukysa     | tucatinib                      | HER-2(+) colorectal cancer w/trastuzumab              | Policy updates   |
| Tymlos     | abaloparatide                  | indication expanded to men                            | Policy changes   |
| Udenyca    | pegfilgrastim-cbqv             | Hematopoietic Subsyndrome of Acute Radiation Syndrome | Policy updates   |
| Vraylar    | cariprazine                    | adjunct for major depressive disorder in adults       | Policy updates   |
| Xeloda     | capecitabine                   | various, including pancreatic cancer                  | Policy updates   |

**Medical:**

- **Adstiladrin** (nadofaragene firadenovec-vncg) intravesical suspension: medical PA
- **Briumvi** (ublituximab-xiiv) IV inj- medical PA SP
- **Elahere** (mirvetuximab soravtansine-gynx) IV inj- medical PA
- **Hemgenix** (etranacogene dezaparvovec-drlb) IV susp- medical PA SP LA
- **Jesduvroq** (daprodustat) tab- TBD: medical bundled with dialysis
- **Leqembi** (lecanemab-irmb) IV inj- Block for inconclusive clinical benefit; FEHB: medical PA
- **Lunsumio** (mosunetuzumab-axgb) IV inj- medical PA
- **NexoBrid** (anacaulase-bcdb) topical gel- medical
- **Rebyota** (fecal microbiota, live-jslm) rectal suspension- medical PA
- **Rykindo** (risperidone) IM inj- medical PA
- **Sezaby** (phenobarbital) IV inj- medical
- **Sunlenca** (lenacapavir) SC inj- medical
- **Tzield** (teplizumab-mzvz) IV inj- medical PA SP LA
- **Vibrant** cap as medical device- block as experimental intervention
- **Xenoview** (xenon Xe-129 hyperpolarized) inhalant contrast agent- medical

**New generics:**

Brands now non-formulary unless otherwise indicated. For Medicaid, generics are generally left as non-formulary if their respective brands were non-formulary.

| Brand name   | Generic name            | Generic tier placement/utilization management |                |          |                       |
|--------------|-------------------------|---|----------------|----------|-----------------------|
|              |                         | Commercial/<br>FEHB                           | Exch/Small/EBP | Medicaid | Medicare<br>Indiv/PDP |
| Adrenalin    | epinephrine             | Medical                                       | Medical        | Medical  | Medical               |
| Cambia       | diclofenac powder packs | NF  | NF             | NF       | NF/NF                 |
| Denavir      | penciclovir             | NF  | NF             | NF       | NF/NF                 |
| Esbriet caps | pirfenidone             | T3 PA   | T3 PA          | NF       | NF/NF                 |
| Hetlioz      | tasimelteon             | T3 PA   | T3 PA          | NF       | T5/T1                 |
| Keveyis      | dichlorphenamide        | T3 PA   | T3 PA          | NF       | T5 PA/T1 PA           |
| Latuda       | lurasidone              | T1  | T1             | T1       | T5/T1                 |
| Mirvaso      | brimonidine topical     | T3 PA   | T3 PA          | NF       | T4/T1                 |
| Trokendi XR  | topiramate              | T3 PA   | T3 PA          | NF       | NF/NF                 |
| Zioptan      | tafluprost              | NF  | NF             | NF       | NF/NF                 |