

Formulary changes announced

First Quarter 2025

Quarterly changes to Independent Health drug formularies are summarized below and are currently in effect unless otherwise noted.

Abbreviations used throughout

AL: age limit	LA: limited access (only available at certain pharmacies)	PB/PG: preferred brand/generic
BvD: prior authorization is limited to a check to see whether being billed Part B or Part D	lot: lotion	QL: quantity limit
cap: capsule	MDI: metered-dose inhaler/aerosol	SC: subcutaneous
CHP: Child Health Plus	NF: non-formulary	SL: sublingual
cr: cream	NPB/NPG: non-preferred brand/generic	sol: solution
DF: drug formulary	ODT: orally-disintegrating tablet	SP: specialty pharmacy
IM: intramuscular	oint: ointment	ST: step therapy required
inj: injection	ophth: ophthalmic	supp: suppository
IV: intravenous	PA: prior authorization required	susp: suspension
		T (before a number): tier
		tab: tablet

New drugs reviewed

Drug name (generic name)	SP	LA	DF1, FEHB, Pharmacy Benefit Dimensions	DF2, DF3, Essential	CHP	Medicare
Attruby (acoramidis) oral tablet		X	NPB PA	NPB PA	NF	NPB PA
Tryngolza (olezarsen) subcutaneous injection		X	NF PA	NF PA	NF PA	NF PA
Alyftrek (Vanzacaftor, tezacaftor, deutivacaftor) oral tablet		X	NF PA	NF PA	NF PA	NF
Alhemo (concizumab-mtci) subcutaneous injection	X		NPB PA	NPB PA	NF PA	NPB PA
Crenessity (crinecerfont) oral capsule, oral solution		X	NF PA	NF PA	NF PA	NF PA
Journavx (suzetrigine) oral tablet			NF PA	NF PA	NF PA	NF PA
Symbravo (meloxicam and rizatriptan) oral tablet			NF	NF	NF	NF
Ensacove (ensartinib) oral capsule			NF vs NPB PA depending on WAC	NF vs NPB PA depending on WAC	NF	NPB PA
Kebilidi (eladocagene exuparovec-tneq) intraputaminial injection			Medical PA	Medical PA	Medical PA	Medical PA
Regenecyte (hematopoietic progenitor cell, cord blood) IV infusion			Medical PA	Medical PA	Medical PA	Medical PA
Ryoncil (remestemcel-L-rknd) IV infusion			Medical PA	Medical PA	Medical PA	Medical PA
Grafapex (treosulfan) IV infusion			Medical PA	Medical PA	Medical PA	Medical PA
Ziihera (zanidatamab-hrii) IV infusion			Medical PA	Medical PA	Medical PA	Medical PA
Bizengri (zenocutuzumab-zbco) IV injection			Medical PA	Medical PA	Medical PA	Medical PA
Unloxcyt (cosibelimab-ipdl) IV injection			Medical PA	Medical PA	Medical PA	Medical PA
Datroway (daptopotamab derutecan-dlnk) IV injection			Medical PA	Medical PA	Medical PA	Medical PA
Rapiblyk (landiolol) IV infusion			Medical (Inpatient) PA	Medical (Inpatient) PA	Medical (Inpatient) PA	Medical (Inpatient) PA

New generic placements

Drug name (generic name)	DF1, FEHB, Pharmacy Benefit Dimensions	DF2, DF3, Essential	CHP	Medicare
Mesnex (mesna)	T1 PA	T1 PA	T1 PA	T3
Namzaric (memantine and donepezil)	T3 ST	T3 ST	NF	T4 PA NSO

Other formulary changes

Drug name (generic name)	Applicable formularies	Changes
Actemra (tocilizumab)	DF2 and Essential	T3 PA to T2 PA
adalimumab	DF2 and Essential	T3 PA to T2 PA
Humira (adalimumab)	DF2 and Essential	T3 PA to T2 PA
Otezla (apremilast)	DF2 and Essential	T3 PA to T2 PA
Rinvoq (upadacitinib)	DF2 and Essential	T3 PA to T2 PA
Simlandi (adalimumab-ryvk)	DF2 and Essential	T3 PA to T2 PA
Skyrizi (risankizumab)	DF2 and Essential	T3 PA to T2 PA
Stelara (ustekinumab)	DF2 and Essential	T3 PA to T2 PA
Taltz (ixekizumab)	DF2 and Essential	T3 PA to T2 PA
Xeljanz (tofacitinib)	DF2 and Essential	T3 PA to T2 PA
Treanda (bendamustine)	Medical	preferred product over Bendeka and Belrapzo
Truqap (capivasertib)	Medical	remove ST
lansoprazole ODT/capsules	DF1/DF2/DF3/Essential	Add T1
Vyalev (foscarnidopa-foslevodopa) subcutaneous	DF1/2/3/Essential/FEHB/PBD	NPB PA
Revuforj (revumenib) oral tablet	DF1/2/3/Essential/FEHB/PBD	NF PA
Imkeldi (imatinib) oral solution	DF1/2/3/Essential/FEHB/PBD	NF Policy update
Imkeldi (imatinib) oral solution	Medicare	NPB PA
Opdivo Qvantig (nivolumab and hyaluronidase-nvhy) subcutaneous injection	Medical	Medical Policy Update

Coverage changes due to new indications

Drug name (generic name)	New indication	Changes
Braftovi (encorafenib) oral capsule	to be used in combination with cetuximab (marketed as ERBITUX®) and mFOLFOX6 (fluorouracil, leucovorin, and oxaliplatin) for the treatment of patients with metastatic colorectal cancer (mCRC) with a BRAF V600E mutation	NPB Policy Update
Scemblix (asciminib) oral tablet	to treat newly diagnosed adult patients with Ph+ CML-CP.	NPB Policy Update
Spravato (esketamine) nasal spray	as monotherapy for treatment-resistant depression in adults	Medical Policy Update
Calquence (acalabrutinib) oral tablet	to be used in combination with bendamustine and rituximab (BR) for adults with previously untreated mantle cell lymphoma (MCL) who are ineligible for autologous hematopoietic stem cell transplantation (HSCT)	NPB Policy Update
OmvoH (mirikizumab-mrkz) subcutaneous injection	the treatment of moderately to severely active Crohn's disease (CD) in adults	NF Policy Update
Lumakras (sotorasib) oral tablet	to be used in combination with Vectibix (panitumumab) for the treatment of adult patients with KRAS G12C-mutated metastatic colorectal cancer (mCRC) who have received prior fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy	NPB Policy Update
Ozempic (semaglutide) subcutaneous injection	to reduce the risk of sustained estimated glomerular filtration rate (eGFR) decline, end-stage kidney disease, and cardiovascular (CV) death in adults with type 2 diabetes (T2D) mellitus and chronic kidney disease (CKD).	PB ST

Preferred biosimilar changes

Per Independent Health's biosimilar policy, the following changes were approved by the P&T Committee:

Generic (reference product)	Changes	Effective date
Stelara (ustekinumab)	7 biosimilars have now been FDA approved. Interchangeability is soon to be granted (projected May 2025). Biosimilar product addition will be added prior to May P&T meeting based on interchangeable status as well as lowest net cost. Will bring for information purpose only to May meeting	N/A