



Formulary Changes Announced

First quarter changes to the Independent Health Drug formularies are summarized below and 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
 ophm – ophthalmic

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

Changes to Drug Formulary I (DF1), FEHB Formulary, and Pharmacy Benefit Dimensions Formulary		
Medications Added to Formulary 4/1/2024	Medications Non-Formulary 4/1/2024	Changes to Formulary 4/1/2024
Augtyro (repotrectinib) cap NPB, PA, SP Fabhalta (iptacopan) cap NPB, PA, SP, LA Filsuvez (birch triterpenes) topical gel NPB, PA, SP, LA Iwilfin (eflornithine) tab NPB, PA, SP Ogsiveo (nirogacestat) tab NPB, PA, SP, LA Truqap (capiasertib) tab NPB, PA, SP, LA Wainua (eplontersen) SC inj NPB, PA, SP, LA Zelsuvmi (berdazimer) topical gel NPB, PA	tramadol 25mg tab Zituvio (sitagliptin) tab Zoryve (roflumilast) topical foam	Generic multivitamin/fluoride products add to T1 ACA (12/21/2023) Diclofenac 50mg packet (generic Cambia) added to T3 ST QL Lupron Depot Pediatric PA removed (2/1/2024) roflumilast tablets PA removed, drop from T3 to T1 (2/1/2024) Change to NF: (effective 1/1/2025) Nestabs DHA (T2) Nestabs (T2) Citranatal Products (T3) Prenaissance (T3)

Changes to Drug Formulary II (DF2), Drug Formulary III (DF3), and Essential Plan Formulary (EPF)		
Medications Added to Formulary 4/1/2024	Medications Non-Formulary 4/1/2024	Changes to Formulary 4/1/2024
Augtyro (repotrectinib) cap NPB, PA, SP Fabhalta (iptacopan) cap NPB, PA, SP, LA Filsuvez (birch triterpenes) topical gel NPB, PA, SP, LA Iwilfin (eflornithine) tab NPB, PA, SP Ogsiveo (nirogacestat) tab NPB, PA, SP, LA Truqap (capiasertib) tab NPB, PA, SP, LA Wainua (eplontersen) SC inj NPB, PA, SP, LA Zelsuvmi (berdazimer) topical gel NPB, PA	tramadol 25mg tab valsartan 20 mg/5 mL oral soln Zituvio (sitagliptin) tab Zoryve (roflumilast) topical foam	Generic multivitamin/fluoride products add to T1 ACA (12/21/2023) Diclofenac 50mg packet (generic Cambia) added to T3 ST QL Lupron Depot Pediatric PA removed (2/1/2024) roflumilast tablets PA removed, drop from T3 to T1 (2/1/2024) Change to NF: (effective 1/1/2025) Nestabs DHA (T2) Nestabs (T2)

Changes to Child Health Plus Formulary		
Medications Added to Formulary 4/1/2024	Medications Non-Formulary 4/1/2024	Changes to Formulary 4/1/2024
Iwilfin (eflornithine) tab PB, PA, SP	Augtyro (repotrectinib) cap Fabhalta (iptacopan) cap Filsuvez (birch triterpenes) topical gel Ogsiveo (nirogacestat) tab tramadol 25mg tab Truqap (capiasertib) tab valsartan 20 mg/5 mL oral soln Wainua (eplontersen) SC inj Zelsuvmi (berdazimer) topical gel Zituvio (sitagliptin) tab Zoryve (roflumilast) topical foam	Lupron Depot Pediatric PA removed (2/1/2024) clobazam oral susp add to T1 effective 12/4/2023

Changes to Medicare Formulary		
Medications Added to Formulary 4/1/2024	Medications Non-Formulary 4/1/2024	Changes to Formulary 4/1/2024
Augtyro (repotrectinib) cap NPB, PA, SP Fabhalta (iptacopan) cap NPB, PA, SP, LA Filsuvez (birch triterpenes) topical gel NPB, PA, SP, LA Iwilfin (eflornithine) tab NPB, PA, SP Ogsiveo (nirogacestat) tab NPB, PA, SP, LA Truqap (capiasertib) tab NPB, PA, SP, LA Wainua (eplontersen) SC inj NPB, PA, SP, LA	tramadol 25mg tab valsartan 20 mg/5 mL oral soln Zelsuvmi (berdazimer) topical gel Zituvio (sitagliptin) tab Zoryve (roflumilast) topical foam	Camcevi, Eligard, Firmagon, leuprolide, Lupron Depot, Orgovyx, Trelstar PA removed (2/1/2024)

Policy updates of drugs with new indications:

Brand name	Generic name	New indication(s)	Coverage changes
Adbry	tralokinumab-ldrm	atopic dermatitis lower AL down to 12 years	None
Avycaz	ceftazidime/avibactam	lower AL down to 31 weeks gestational age	PA policy updates
Dupilxent	dupilumab	EoE lower AL down to 1 year (≥15 kg)	PA policy updates
Exparel	bupivacaine	anesthesia via sciatic nerve or adductor canal block	None
Gammagard Liquid	IG human	maintenance CIDP therapy	PA policy updates
Hyqvia	IG human/hyaluronidase	maintenance CIDP therapy	PA policy updates
Jaypirca	pirtobrutinib	CLL/SLL after 2+ lines of therapy	PA policy updates
Keytruda	pembrolizumab	w/fluoropyr- and PI-contain tx HER+ gastric/GEJ cx	PA policy updates
Keytruda	pembrolizumab	w/chemoradiation for stage III-IVa cervical cancer	PA policy updates
Nexletol	bempedoic acid	primary hyperlipidemia adjunct with statin	PA policy updates
Nexlizet	bempedoic acid/ezetimibe	primary hyperlipidemia adjunct with statin	PA policy updates
Piqray	alpelisib	indication expanded to premenopausal women	PA policy updates
Welireg	belzutifan	advanced RCC after PD-L1 blocker and VEGF-TKI	PA policy updates
Xtandi	enzalutamide	recurrent nmCSPC at high risk for metastasis	PA policy updates
Yuflyma	adalimumab-aaty	uveitis	No changes
Zynrelef	bupivacaine/meloxicam	analgesia after soft tissue/orthopedic procedures	No changes

Medical: (effective 4/1/2024)

1. **Alyglo (immune globulin intravenous human-stwk) IV inj- TBD upon release of pricing information**
2. **Avzivi (bevacizumab-tnjn) IV inj- Medical PA**
3. **Casgevvy (exagamglogene autotemcel) IV inj- Medical PA**
4. **DefenCath (taurolidine/heparin sodium) solution for central venous catheter instillation- Medical/ bundled with hemodialysis**
5. **iDose TR ((travoprost) intracameral implant- Medical PA**
6. **Lyfgenia (lovotibeglogene autotemcel) IV inj- Medical PA**
7. **Ryzneuta (efbemalenograstim alfa-vuxw) SC inj-Medical PA**
8. **Udenyca on-body injector – added to each LOB following current coverage**

Preferred biosimilar changes for review:

Per IH's new biosimilar policy, the following recommendations are presented to the P&T Committee for approval:

- **infliximab (Remicade) family:**
 - Preferred agent changes from Inflectra to Remicade/generic infliximab effective 2/1/24, all others non-preferred

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/ FEHB	Exch/Small/EBP	Medicaid	Medicare Indiv/PDP
Condylox	podofilox	NF	NF	NF	T3/T1
Farxiga	<i>authorized generic only</i>	NF	NF	NF	NF/NF
Forteo	teriparatide	T2 PA	T2 PA	T1 PA	T5 PA/T1 PA
Gralise	gabapentin	NF	NF	NF	T4/T1
Indocin	indomethacin suspension	NF	NF	NF	NF/NF
Korlym	mifepristone	T2 PA/T4 PA	T3 PA	T1 PA	T5 PA/T1 PA
Lexette	halobetasol topical foam	NF	NF	NF	NF/NF
Nascobal	cyanocobalamin nasal	NF	NF	NF	Block/Block
Prolensa	bromfenac 0.07% ophth sol	T3 ST	T3 ST	NF	T4/T1
Risperdal Consta	risperidone intramuscular	Medical, PA	Medical, PA	Medical, PA	T2 BvD/T1 BvD
Toujeo	<i>authorized generic only</i>	T2	T2	NF	NF/NF
Xigduo XR	<i>authorized generic only</i>	NF	NF	NF	NF/NF