



A plan for life.

2024 Medicare Cumulative Formulary Update Table Medicare Advantage Extra (through May 2024)

CDPHP may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, we will notify you of the change at least 30 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary. The table below outlines upcoming changes to our formulary that may impact you.

IMPORTANT NOTE: Please contact the Pharmacy Customer Care Center at (866) 289-2319 for additional information. TTY users should call 711.

ADDITIONS: Drugs that are being added to our Formulary

| Name of Affected Drug | Reason for Change | Category | Utilization Criteria (if applicable) | New Tier | Effective Date |
|--|--------------------|----------------------------------|---|----------|------------------|
| <i>adapalene-benzoyl peroxide</i> 0.3%-2.5% | Added to Formulary | Dermatological Agents | QL (45g/30 days) | 2 | April 10, 2024 |
| AKEEGA 50-500MG, 100-500MG TABS | Added to Formulary | Miscellaneous Therapeutic Agents | PA, LA, QL (60 tabs/30 days) | 5 | January 1, 2024 |
| AUGTYRO 40MG CAPS | Added to Formulary | Antineoplastics | PA | 5 | February 7, 2024 |
| BOSULIF 100 MG CAPS | Added to Formulary | Antineoplastics | PA | 5 | January 12, 2024 |
| BOSULIF 50 MG CAPS | Added to Formulary | Antineoplastics | PA, QL (30 caps/30 days) | 5 | January 12, 2024 |

LA = This prescription may be available only at certain pharmacies.

PA = Prior Authorization QL = Quantity Limits

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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ADDITIONS: Drugs that are being added to our Formulary (*continued*)

| Name of Affected Drug | Reason for Change | Category | Utilization Criteria (if applicable) | New Tier | Effective Date |
|--|--------------------|--|---|-------------|-------------------|
| BREO ELLIPTA 50-25 MCG/HR INHALER | New Strength | Respiratory Tract/Pulmonary Agents | QL (60g/30 days) | 3 | January 1, 2024 |
| <i>bromfenac sodium 0.07 % soln</i> | New Generic | Ophthalmic Agents | | 4 | January 24, 2024 |
| <i>bromfenac sodium 0.075% SOLN</i> | New Generic | Ophthalmic Agents | | 4 | February 16, 2024 |
| <i>dabigatran etexilate mesylate 110mg CAPS</i> | New Generic | Blood Products and Modifiers | | 2 | February 16, 2024 |
| <i>dexamethasone tabs 1mg</i> | New Generic | Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) | | 1 | January 1, 2024 |
| <i>diazepam gel 10mg, 20mg</i> | New Generic | Anticonvulsants | | 4 | January 1, 2024 |
| EVRYSDI 60MG/80ML POWDER FOR SOLN | Added to Formulary | Miscellaneous Therapeutic Agents | PA | 5 | February 7, 2024 |
| FABHALTA 200MG CAPSULES | Added to Formulary | Immunological Agents | PA, QL (60 caps/30 days) | 5 | April 10, 2024 |
| first pantoprazole suspension | New Generic | Miscellaneous Therapeutic Agents | | 3- Enhanced | January 1, 2024 |
| Fluticasone Propionate Diskus 100 MCG/ACT AER POW BA | Added to Formulary | Respiratory Tract/Pulmonary Agents | QL (60gm/30 days) | 3 | January 10, 2024 |
| Fluticasone Propionate Diskus 250 MCG/ACT AER POW BA | Added to Formulary | Respiratory Tract/Pulmonary Agents | QL (120gm/30 days) | 3 | January 10, 2024 |
| Fluticasone Propionate Diskus 50 MCG/ACT AER POW BA | Added to Formulary | Respiratory Tract/Pulmonary Agents | QL (60gm/30 days) | 3 | January 10, 2024 |
| FRUZAQLA 1 MG CAP | Added to Formulary | Antineoplastics | PA, QL (84 caps/28 days) | 5 | February 1, 2024 |

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ADDITIONS: Drugs that are being added to our Formulary (*continued*)

| Name of Affected Drug | Reason for Change | Category | Utilization Criteria (if applicable) | New Tier | Effective Date |
|--|--------------------|---|---|-------------|------------------|
| FRUZAQLA 5 MG CAP | Added to Formulary | Antineoplastics | PA, QL (21 caps/28 days) | 5 | February 1, 2024 |
| GLIPIZIDE 2.5MG TABS | New Formulation | Blood Glucose Regulators | QL (60g/30 days) | 1 | January 1, 2024 |
| hydrocodone poli-chlorphen poli 10-8mg/5ml SUSP | New Generic | Respiratory Tract/Pulmonary Agents | | 2- Enhanced | January 1, 2024 |
| INPEFA 200MG, 400MG TABS | Added to Formulary | Antihyperglycemics | | 3 | April 1, 2024 |
| IWILFIN TABS 192MG | Added to Formulary | Antineoplastics | PA, QL (240 tabs/30 days) | 5 | April 1, 2024 |
| IXCHIQ RECON SOLN | Added to Formulary | Immunological Agents-Vaccines | | 3 | May 1, 2024 |
| JESDUVROQ 1MG, 2MG, 4MG, 6MG, 8MG TABS | Added to Formulary | Blood Products and Modifiers | B vs D | 3 | January 1, 2024 |
| KALYDECO 5.8MG PACK | New Formulation | Cystic Fibrosis Agents | PA, QL (56 packs/28 days) | 5 | January 1, 2024 |
| KOURZEQ 0.1 % PASTE | Added to Formulary | Dental and Oral Agents | | 4 | February 1, 2024 |
| LAGEVRIO 200 MG CAP | Added to Formulary | Miscellaneous Therapeutic Agents | | 3 | February 1, 2024 |
| <i>loteprednol etabonate 0.2% susp</i> | New Generic | Ophthalmic Agents | | 3 | March 22, 2024 |
| <i>mifepristone 300mg tabs</i> | New Generic | Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) | PA, LA | 5 | February 2, 2024 |
| NEXVIAZYME INJ | Added to Formulary | Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment | PA, LA | 5 | January 1, 2024 |

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ADDITIONS: Drugs that are being added to our Formulary (continued)

| Name of Affected Drug | Reason for Change | Category | Utilization Criteria (if applicable) | New Tier | Effective Date |
|---|--------------------|--|--------------------------------------|----------|-------------------|
| OGSIVEO 50MG TABS | Added to formulary | Antineoplastics | PA, QL (180 tabs/30 days) | 5 | February 7, 2024 |
| OJJAARA 100MG, 150MG, 200MG TABS | Added to Formulary | Antineoplastics | PA, QL (30 tabs/30 days) | 5 | January 1, 2024 |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT | Added to Formulary | Miscellaneous Therapeutic Agents | QL (1 kit/365 days) | 3 | February 16, 2024 |
| OMNIPOD 5 G7 PODS (GEN 5) MISC | Added to Formulary | Miscellaneous Therapeutic Agents | QL (30 pods/30 days) | 3 | February 16, 2024 |
| OPFOLDA 65MG CAPS | Added to Formulary | Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment | PA, LA | 5 | January 1, 2024 |
| OPVEE 2.7MG/0.1ML SOLN | Added to Formulary | Miscellaneous Therapeutic Agents | | 3 | January 1, 2024 |
| PAXLOVID (150/100) 10 X 150MG & 10 X 100MG TBPK | Added to Formulary | Antivirals | QL (20 tabs/30 days) | 3 | January 1, 2024 |
| PAXLOVID (300/100) 20 X 150MG & 10 X 100MG TBPK | Added to Formulary | Antivirals | QL (30 tabs/30 days) | 3 | January 1, 2024 |
| pazopanib 200mg tabs | New Generic | Antineoplastics | PA, LA | 5 | January 1, 2024 |
| PENBRAYA SUSR | Added to Formulary | Immunological Agents | | 6 | January 12, 2024 |
| POMBILITI 105MG SOLN | Added to Formulary | Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment | PA, LA | 5 | January 1, 2024 |
| RADICAVA ORS 105MG/5ML ORAL SUSPENSION | Added to Formulary | Central Nervous System Agents | PA | 5 | February 7, 2024 |
| RIVFLOZA 160MG/ML SOLN PRSYR | Added to Formulary | Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | PA, QL (1 ml/28 days) | 5 | April 10, 2024 |

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ADDITIONS: Drugs that are being added to our Formulary (continued)

| Name of Affected Drug | Reason for Change | Category | Utilization Criteria (if applicable) | New Tier | Effective Date |
|--|--------------------|---|--------------------------------------|----------|------------------|
| RIVFLOZA 128MG/0.8ML SOLN PRSYR | Added to Formulary | Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | PA, QL (0.8ml/28 days) | 5 | April 10, 2024 |
| RIVFLOZA 80MG/0.5ML SOLN | Added to Formulary | Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | PA, QL (1ml /28 days) | 5 | April 10, 2024 |
| ROZLYTREK 50MG PACK | Added to Formulary | Antineoplastics | PA, LA | 5 | January 1, 2024 |
| SIKLOS TABLET 1000MG | Added to Formulary | Antineoplastics | PA | 5 | February 7, 2024 |
| SOHONOS 1MG, 1.5MG, 2.5MG, 5MG,10MG CAPS | Added to Formulary | Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment | PA, LA | 5 | January 1, 2024 |
| Spirolactone 25 MG/5ML SUSPENSION | Added to Formulary | Cardiovascular Agents | | 3 | February 1, 2024 |
| TEGSEDI 284 MG/1.5ML SOLN PRSYR | Added to Formulary | Genetic, Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | PA | 5 | February 7, 2024 |
| TRIENTINE 500MG CAPS | New Formulation | Electrolyte/Mineral/Metal Modifiers | | 5 | January 1, 2024 |
| TRUQAP 160 MG TAB | Added to Formulary | Antineoplastics | PA, QL (64 tabs/28 days) | 5 | February 1, 2024 |
| TRUQAP 200 MG TAB | Added to Formulary | Antineoplastics | PA, QL (64 tabs/28 days) | 5 | February 1, 2024 |
| turqoz 0.3mg-30mcg tabs | New Generic | Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | | 6 | January 1, 2024 |
| VANFLYTA 17.7MG, 26.5MG TABS | Added to Formulary | Antineoplastics | PA, LA, QL (60 tabs/30 days) | 5 | January 1, 2024 |

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ADDITIONS: Drugs that are being added to our Formulary (*continued*)

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|--|--------------------------|--|---|-----------------|-----------------------|
| Vigpoder 500 MG PACK | New Generic | Anticonvulsants | PA, QL (180/30 days) | 5 | January 4, 2024 |
| VOQUEZNA TABS | Added to Formulary | Gastrointestinal Agents | PA | 4 | February 7, 2024 |
| VOXZOGO 0.4MG, 0.56MG, 1.2MG RECON SOLN | Added to Formulary | Genetic, Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | PA | 5 | February 7, 2024 |
| WAINUA 45MG/0.8ML SOLN A-INJ | Added to Formulary | Genetic, Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | PA, QL (1 syringe/28 days) | 5 | April 10, 2024 |
| XDEMVIY 0.25% SOLN | Added to Formulary | Ophthalmic Agents | PA | 5 | January 1, 2024 |
| XOLAIR 150MG/ml SOAJ | New Formulation | Immunological Agents | PA | 5 | February 27, 2024 |
| XOLAIR 300MG/2ML SOAJ | New Formulation | Immunological Agents | PA | 5 | February 27, 2024 |
| XOLAIR 300MG/2ML SOSY | New Formulation | Immunological Agents | PA | 5 | February 27, 2024 |
| XOLAIR 75MG/0.5ML SOAJ | New Formulation | Immunological Agents | PA | 5 | February 27, 2024 |
| XPHOZAH TABS | Added to Formulary | Miscellaneous Therapeutic Agents | | 5 | February 7, 2024 |
| yargesa 100mg caps | New Generic | Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment | PA, QL (90 caps/30 days) | 5 | January 1, 2024 |
| ZEMAIRA 4000MG, 5000MG SOLN | Added to Formulary | Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment | PA,LA | 5 | January 1, 2024 |
| ZENPEP 60000-189600 UNIT CPEP | New Strength | Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | 4 | January 4, 2024 |

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ADDITIONS: Drugs that are being added to our Formulary (continued)

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|---|--------------------------|----------------------------------|---|-----------------|-----------------------|
| ZEPBOUND 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML INJ | Added to Formulary | Miscellaneous Therapeutic Agents | PA, QL (2 ml/28 days) | 4-Enhanced | February 6, 2024 |
| ZEPBOUND 2.5MG/0.5ML INJ | Added to Formulary | Miscellaneous Therapeutic Agents | PA, QL (2ml/180 days) | 4-Enhanced | February 6, 2024 |
| ZILBRYSQ 16.6MG/0.416 ML SOLN PRSYR | Added to Formulary | Immunological Agents | PA, QL (28 syringes/ 28 days) | 5 | April 10, 2024 |
| ZILBRYSQ 23MG/0.574 ML SOLN PRSYR | Added to Formulary | Immunological Agents | PA, QL (28 syringes/ 28 days) | 5 | April 10, 2024 |
| ZILBRYSQ 32.4MG/0.81 ML SOLN PRSYR | Added to Formulary | Immunological Agents | PA, QL (28 syringes/ 28 days) | 5 | April 10, 2024 |
| ZURZUVAE 20 MG CAP | Added to Formulary | Antidepressants | QL (28 caps/180 days) | 4 | February 1, 2024 |
| ZURZUVAE 25 MG CAP | Added to Formulary | Antidepressants | QL (28 caps/180 days) | 4 | February 1, 2024 |
| ZURZUVAE 30 MG CAP | Added to Formulary | Antidepressants | QL (14 caps/180 days) | 4 | February 1, 2024 |

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DELETIONS: Drugs that are being removed from our formulary

| Name of Affected Drug | Reason for Change | Effective Date |
|-----------------------|--------------------------------|------------------|
| QSYMIA ER CAPS | Removed from Enhanced Coverage | February 6, 2024 |

TIER CHANGES:

| Name of Affected Drug | Old Tier | New Tier | Effective Date |
|---|----------|----------|------------------|
| <i>Adapalene-benzoyl peroxide 0.1%-2.5%</i> | 4 | 2 | April 10, 2024 |
| <i>budesonide cap dr part 3mg</i> | 4 | 2 | February 9, 2024 |
| <i>Clindamycin-benzoyl peroxide 1.2-2.5%</i> | 4 | 3 | April 10, 2024 |
| <i>Clindamycin-benzoyl peroxide 1.2 - 5%</i> | 3 | 2 | April 10, 2024 |
| <i>desvenlafaxine er 24 hr tabs 25mg, 50mg, 100mg</i> | 3 | 2 | February 9, 2024 |
| <i>febuxostat tabs 40mg, 80mg</i> | 3 | 2 | February 9, 2024 |
| <i>nebivolol tabs 2.5mg, 5mg, 10mg, 20mg</i> | 3 | 2 | February 9, 2024 |
| <i>Oseltamivir 75 mg</i> | 3 | 2 | April 10, 2024 |
| <i>Oseltamivir 6 mg/mL</i> | 3 | 2 | April 10, 2024 |
| <i>risedronate tabs 35mg, 150mg</i> | 4 | 2 | February 9, 2024 |
| <i>vilazodone tabs 10mg, 20mg, 40mg</i> | 4 | 2 | February 9, 2024 |

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UTILIZATION MANAGEMENT CHANGES:

| Name of Affected Drug | Change | Reason (if available) | Effective Date |
|---|--|-----------------------|-----------------|
| COSENTYX INJECTION (ALL FORMULARY PRODUCTS) | Covered for any medically accepted indication with no additional restrictions; approved indefinitely while in plan | | April 1, 2024 |
| EMGALITY 120 MG/ML SOLN A-INJ | QL (2/30 days) | | January 1, 2024 |
| EMGALITY 120 MG/ML SOLN PRSYR | QL (2/30 days) | | January 1, 2024 |
| EMGALITY (300 MG Dose) 100 MG/ML SOLN PRSYR | QL (3/30 days) | | January 1, 2024 |
| ENBREL INJECTION (ALL FORMULARY PRODUCTS) | Covered for any medically accepted indication with no additional restrictions; approved indefinitely while in plan | | April 1, 2024 |
| HUMIRA INJECTION (ALL FORMULARY PRODUCTS) | Covered for any medically accepted indication with no additional restrictions; approved indefinitely while in plan | | April 1, 2024 |

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UTILIZATION MANAGEMENT CHANGES:

| Name of Affected Drug | Change | Reason (if available) | Effective Date |
|--|--|-----------------------|-----------------|
| STELARA INJECTION (ALL FORMULARY PRODUCTS) | Covered for any medically accepted indication with no additional restrictions; approved indefinitely while in plan | | April 1, 2024 |
| TREMFYA 100MG/ML SOLN PRSYR, 100MG/ML SOLN PEN | QL (1/28 days) | | January 1, 2024 |
| TREMFYA INJECTION (ALL FORMULARY PRODUCTS) | Covered for any medically accepted indication with no additional restrictions; approved indefinitely while in plan | | April 1, 2024 |

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