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2024 Medicare Cumulative Formulary Update Table - Ind/Grp/CSNP - April (through April 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
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
BREO ELLIPTA 50-25 MCG/HR INHALER	New Strength	Respiratory Tract/ Pulmonary Agents	QL (60g/30 days)	3	January 1, 2024
bromfenac sodium 0.07 % soln	New Generic	Ophthalmic Agents		4	January 24, 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
<i>bromfenac sodium 0.075% SOLN</i>	New Generic	Ophthalmic Agents		4	February 16, 2024
<i>candesartan cilexetil 4mg, 8mg, 32mg tabs</i>	Added to Formulary	Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		3	January 1, 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
EMGALITY (300MG DOSE) 100MG/ML SOLN PRSYR	Added to Formulary	Central Nervous System	PA, QL (3 syringes/30 days)	3	January 1, 2024
EMGALITY 120 MG/ML SOLN PRSY, SOLN A-INJ	Added to Formulary	Central Nervous System	PA, QL (2 injections/30 days)	3	January 1, 2024
<i>fenofibrate micronized 43mg, 130mg caps</i>	Added to Formulary	Cardiovascular Agents		2	January 1, 2024
<i>fluoxetine 60mg tabs</i>	Added to Formulary	Antidepressants		1	January 1, 2024
<i>Fluticasone Propionate Diskus 100 MCG/ACTAER POW BA</i>	Added to Formulary	Respiratory Tract/Pulmonary Agents	QL (60gm/30 days)	3	January 10, 2024
<i>Fluticasone Propionate Diskus 250 MCG/ACTAER POW BA</i>	Added to Formulary	Respiratory Tract/Pulmonary Agents	QL (120gm/30 days)	3	January 10, 2024
<i>Fluticasone Propionate Diskus 50 MCG/ACTAER POW BA</i>	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
FRUZAQLA 5 MG CAP	Added to Formulary	Antineoplastics	PA, QL (21 caps/28 days)	5	February 1, 2024

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

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GEMTESA 75MG TABS	Added to Formulary	Genitourinary Agents	QL (30 tabs/30 days)	3	January 1, 2024
GLIPIZIDE 2.5MG TABS	New Formulation	Blood Glucose Regulators	QL (60 tabs/30 days)	1	January 1, 2024
IWILFIN TABS 192MG	Added to Formulary	Antineoplastics	PA, QL (240 tabs/30 days)	5	April 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
Lithium 8 MEQ/5ML SOLUTION	Added to Formulary	Central Nervous System		2	February 1, 2024
<i>memantine 28x5mg tabs and 21x10mg tabs</i>	Added to Formulary	Central Nervous System	PA < 30 years	2	January 1, 2024
<i>metronidazole 1% gel</i>	Added to Formulary	Antibacterials	QL (60g/30 days)	3	January 1, 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
NURTEC 75MG TAB DISP	Added to Formulary	Central Nervous System	PA, QL (16 tabs/30 days)	3	January 1, 2024
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

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

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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
<i>pazopanib 200mg tabs</i>	New Generic	Antineoplastics	PA, LA	5	January 1, 2024
PENBRAYA SUSR	Added to Formulary	Immunological Agents		3	January 12, 2024
POMBILITI 105MG SOLN	Added to Formulary	Genetic/Enzyme/Protein Disorder: Replacement, Modifiers, Treatment	PA, LA	5	January 1, 2024
risedronate 35mg tablet	Added to Formulary	Metabolic Bone Disease Agents		2	February 7, 2024
risedronate 150mg tablet	Added to Formulary	Metabolic Bone Disease Agents		2	February 7, 2024
ROCKLATAN 0.02-0.005% SOLN	Added to Formulary	Ophthalmic Agents		3	January 1, 2024
ROZLYTREK 50MG PACK	Added to Formulary	Antineoplastics	PA, LA	5	January 1, 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
STIOLTO RESPIMAT 2.5-2.5mcg/ACT AEROSOL	Added to Formulary	Respiratory Tract/Pulmonary Agents	QL (4 gm/30 days)	3	January 1, 2024
<i>tafluprost pf 0.0015% solution</i>	Added to Formulary	Ophthalmic Agents		3	January 1, 2024
<i>timolol maleate pf 0.5% solution</i>	Added to Formulary	Ophthalmic Agents		3	January 1, 2024
TRIENTINE 500MG CAPS	New Formulation	Electrolyte/Mineral/Metal Modifiers		5	January 1, 2024

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

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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)		2	January 1, 2024
VANFLYTA 17.7MG, 26.5MG TABS	Added to Formulary	Antineoplastics	PA, LA, QL (60 tabs/30 days)	5	January 1, 2024
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
XDEMYVY 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
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

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>phenytoin er caps 100mg</i>	3	2	January 1, 2024
UBRELVY 50MG, 100MG TABS	5	3	January 1, 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
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
STELARA 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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