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## 2025 Medicare Cumulative Formulary Update Table - Ind - March (through March 2025)

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
AUGTYRO 160MG CAPSULE	New Strength	Antineoplastics	PA, QL (60 tabs/30 days)	5	November 15, 2024
IMKELDI 80MG/ML SOLUTION	Added to Formulary	Antineoplastics	PA, QL (300/30 days)	5	March 1, 2025
ITOVEBI 3MG TABLETS	Added to Formulary	Antineoplastics	PA, QL (60 tabs/30 days)	5	February 1, 2025
ITOVEBI 9MG TABLETS	Added to Formulary	Antineoplastics	PA, QL (30 tabs/30 days)	5	February 1, 2025
lofexidine 0.18mg tablet	New Generic	Anti-Addiction/Substance Abuse Treatment Agents		5	February 1, 2025
LUMAKRAS 240MG TABLET	New Strength	Antineoplastics	PA, QL (120 tabs/30 days), LA	5	November 15, 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.

*This page lists prescription drugs with brand names that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with CDPHP Medicare Advantage drug plans.*

**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>memantine/donepezil 14-10, 28-10 er capsules</i>	New Generic	Antidementia Agents		4	January 24, 2025
<i>mesna 400mg tablets</i>	New Generic	Antineoplastics		5	January 24, 2025
methocarbamol 1000mg tablets	New Strength	Skeletal Muscle Relaxants		4	February 1, 2025
OMNIPOD 5 DEXG7G6 PODS (GEN 5) MISC	Added to Formulary	Miscellaneous Therapeutic Agents	QL (30 each/30 days)	3	November 22, 2024
oxcarbazepine 150mg, 300mg, 600mg tablets er 24H	New Generic	Anticonvulsants		4	February 1, 2025
<i>potassium chloride er 15meq tablet</i>	New Strength	Electrolytes/Minerals/ Vitamins		2	March 1, 2025
quniapril/hctz 10-12.5, 20-12.5, 20-25mg tablets	Added to Formulary	Cardiovascular Agents		2	February 1, 2025
REVUFORJ 110MG TABLETS	Added to Formulary	Antineoplastics	PA, QL (120 tabs/30 days)	5	March 1, 2025
REVUFORJ 160MG TABLETS	Added to Formulary	Antineoplastics	PA, QL (60 tabs/30 days)	5	March 1, 2025
tanlor 1000mg tablets	Added to Formulary	Skeletal Muscle Relaxants		4	February 1, 2025

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## UTILIZATION MANAGEMENT CHANGES:

Name of Affected Drug	Change	Reason (if available)	Effective Date
DUPIXENT	Added additional indication of COPD with eosinophilic phenotype		January 1, 2025
<i>eszopiclone, zolpidem, zaleplon</i>	Remove PA		March 1, 2025
FIASP 100U/ML SOLN	Add BvD		March 1, 2025
<i>insulin aspartame 100unit/ml solution</i>	Add BvD		March 1, 2025
NOVOLOG 100U/ML SOLN	Add BvD		March 1, 2025
REPATHA	Remove PA		March 1, 2025
TREMFYA	Added additional indication of ulcerative colitis		January 1, 2025

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