

Formulary 1 Updates February 7, 2024

The following drug products were reviewed and acted upon by the CDPHP Pharmacy and Therapeutics Committee for The Formulary 1.

ACA Covered under the Affordable Healthcare Act-no member cost share

PA Prior authorization required

PD Preventive Drug

QL Quantity Limits Apply

SP Restricted to ConnectRx or CVS Caremark Specialty Pharmacy

ST Step Therapy

| Drug | Previous Coverage | Coverage |
|---|-------------------|---|
| Adzynma (ADAMTS13, recombinant-krhn) IV injection | New to market | Medical Benefit, PA |
| amlodipine/olmesartan oral tablets | Tier 3, PD | Tier 2, PD |
| Augtyro™ (repotrectinib) oral capsules | New to market | Tier 3, PA |
| Bimzelx® (bimekizumab-bkzx) SQ injection | New to market | Not covered |
| budesonide ER 9mg oral tablets | Not covered | Tier 3, QL of 90 tablets per 365 days |
| budesonide 3 mg delayed release oral capsules | Tier 2 | Tier 1 |
| Cabtreo™ (adapalene-benzoyl peroxide- clindamycin) topical gel | New to market | Not covered |
| Calquence oral capsules and tablets (acalabrutinib) | Not Covered | Tier 2, PA, SP |
| CaroSpir oral suspension (spironolactone) | Tier 2, PD | Not covered for new starts; current utilizers grandfathered until renewal |
| Casgevy™ (exagamglogene autotemcel) IV injection | New to market | Medical Benefit, PA |
| colchicine 0.6mg oral tablets | Tier 2 | Tier 1 |
| Condylox 0.5 % GEL (podofilox) | Tier 2 | Not covered for new starts; current utilizers grandfathered until renewal |
| Coxanto (oxaprozin) oral capsule | New to market | Not covered |
| Endari (L-Glutamine) 5gm powder for solution | Not covered | Tier 3 PA, SP |
| Evrysdi (risdiplam) 60mg/80ml powder for solution | Not covered | Tier 3 PA, SP |
| Fosrenol 1000mg packet (lanthanum oral powder) | Tier 2 | Tier 3 (currently no utilizers) |
| Fruzaqla™ (fruquintinib) oral capsules | New to market | Not covered |
| Jylamvo® (methotrexate) oral solution | New to market | Not covered |
| Loqtorzi™ (toripalimab-tpzi) IV injection | New to market | Medical Benefit, PA |
| Lyfgenia® (lovotibeglogene autotemcel) IV injection | New to market | Medical Benefit, PA |
| mesalamine ER 0.375 gm oral cap er 24h | Tier 3 | Tier 1 |



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| Ogsiveo™ (nirogacestat) oral tablets | New to market | Tier 3, PA, QL |
|---|------------------------------------|---|
| Ojjaara™ (momelotinib) oral tablets | New to market | Not covered |
| Omvoh™ (mirikizumab-mrkz) SQ injection | New to market | Not covered |
| Omvoh™ (mirikizumab-mrkz) IV injection | New to market | Not Covered |
| Overvate (cenegermin) 0.002% Ophthalmic solution | Not covered | Tier 3 PA, SP |
| podofilox 0.5 % GEL (generic for Condylox) | New to market | Tier 2 |
| Qsymia extended release oral capsules (phentermine/topitamate) | Tier 2, PA | Not covered for new starts; current utilizers grandfathered until renewal |
| Radicava (edaravone) ORS 105mg/5ml oral suspension | Not covered | Tier 3 PA, SP |
| ranitidine HCl oral capsules, tablets, syrup | Tier 3 | Not covered (products no longer available) |
| rosuvastatin oral tablets | Tier 2, PD (ACA for 5 and 10mg) | Tier 1, PD (ACA for 5 and 10mg) |
| spironolactone oral suspension (generic for CaroSpir) | New to market | Tier 2, PD |
| Siklos (hydroxyurea) 1000mg oral tablet | Not covered | Tier 3 PA, SP |
| Tegsedi (inotersen) 284mg/1.5ml prefilled syringe | Not covered | Tier 3 PA, SP |
| Truqap™ (capivasertib) oral tablets | New to market | Tier 3, PA, QL |
| Velsipity™ (etrasimod) oral tablets | New to market | Not covered |
| Voquezna® (vonoprazan) oral tablets | New to market | Tier 3, PA |
| Voxzogo (Vosoridide) 0.04mg, 0.56mg, 1.2mg powder for injection | Not covered | Tier 3 PA, SP |
| Xphozah® (tenapanor) oral tablets | New to market | Tier 3, PA |
| Zepbound™ (tirzepatide) SC injection | New to market | Tier 2, PA, QL |
| Zurzuvae® (zuranolone) oral capsules | New to market | Tier 3, PA, QL |