



Quarterly Formulary Changes Announced

Fourth quarter 2024 changes to the Independent Health Drug formularies are summarized below and are 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
 oph- 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 1/1/2025	Medications Non-Formulary 1/1/2025	Changes to Formulary 1/1/2025
Hymravzi (marstacimab-hncq) SC NPB, PA, SP Vyalev (foscarbidopa and foslevodopa) SC TBD, PA Cobenfy (xanomeline and trospium) cap NPB, PA Revuforj (revumenib) tab TBD, PA Lazcluze (lazertinib) tab NPB, PA Bimzelx (bimekizumab-bkzx) SC NPB PA Dupixent (dupilumab) SC PB PA	Itovebi (inavolisib) tab PA Orlynvah (sulopenem etzadroxil and probenecid) tab PA Livdelzi (seladelpar) cap PA Miplyffa (arimoclolomol) cap PA Aqneursa (levacetylleucine) packet for susp PA Yorvipath (palopegteriparotide) SC PA Nemludio (nemolizumab-iltio) SC PA Ebglyss (lebrikizumab-lbkz) SC PA Otulfi (stekinumab-aauz) SC PA Imuldosa (stekinumab-srlf) SC PA Selarsdi (ustekinumab-aekn) SC PA	Trexall tablets NF SymlinPen SC NF Synarel nasal spray NF Nityr tablets NF isradipine capsules NF nisoldipine ER tablets NF Edarbi tablets NF Edarbyclor tablets NF ketoprofen ER capsules NF Doptelet tablets NF Dovato tablets NF (effective 12/1/24) Spiriva handihaler NF Rocklatan ophthalmic solution NF Rhopressa ophthalmic solution NF Xiidra ophthalmic solution NF Combigan ophthalmic solution NF dihydroergotamine SC NF Reyvow tablets NF Edex kit NF Zegalogue SQ NF Bryhali lotion 0.01% NF Prenaissance/Prenaissance Plus capsule NF citranatal products NF Nestabs products NF Methitest tablet NF Natesto nasal gel NF Tremfya prefilled syringe NF (effective 12/1/24) Tremfya autoinjector NF (effective 12/1/24) Enbrel Mini NF Enbrel solution NF Enbrel SureClick NF Enbrel prefilled syringe NF Oxycontin tablets NF Myrbetriq tablets NF

Changes to Drug Formulary II (DF2), Drug Formulary III (DF3), and Essential Plan Formulary (EPF)		
Medications Added to Formulary 1/1/2025	Medications Non-Formulary 1/1/2025	Changes to Formulary 1/1/2025
Hymravzi (marstacimab-hncq) SC NPB, PA, SP Vyalev (foscarbidopa and foslevodopa) SC TBD, PA Cobenfy (xanomeline and trospium) cap NPB, PA Revuforj (revumenib) tab TBD, PA Lazcluze (lazertinib) tab NPB, PA Bimzelx (bimekizumab-bkzx) SC NPB PA Dupixent (dupilumab) SC PB PA	Itovebi (inavolisib) tab PA Orlynvah (sulopenem etzadroxil and probenecid) tab PA Livdelzi (seladelpar) cap PA Miplyffa (arimoclolomol) cap PA Aqneursa (levacetylleucine) packet for susp PA Yorvipath (palopegteriparotide) SC PA Nemludio (nemolizumab-iltio) SC PA Ebglyss (lebrikizumab-lbkz) SC PA Otulfi (stekinumab-aauz) SC PA Imuldosa (stekinumab-srlf) SC PA Selarsdi (ustekinumab-aekn) SC PA	Trexall tablets NF SymlinPen SC NF Synarel nasal spray NF Nityr tablets NF isradipine capsules NF nisoldipine ER tablets NF Edarbi tablets NF Edarbyclor tablets NF ketoprofen ER capsules NF Doptelet tablets NF Dovato tablets NF (effective 12/1/24) Spiriva handihaler NF Rocklatan ophthalmic solution NF Rhopressa ophthalmic solution NF Xiidra ophthalmic solution NF Combigan ophthalmic solution NF dihydroergotamine SC NF Reyvow tablets NF Edex kit NF Zegalogue SQ NF Bryhali lotion 0.01% NF Prenaissance/Prenaissance Plus capsule NF citranatal products NF Nestabs products NF Methitest tablet NF Natesto nasal gel NF Tremfya prefilled syringe NF (effective 12/1/24) Tremfya autoinjector NF (effective 12/1/24) Enbrel Mini NF Enbrel solution NF Enbrel SureClick NF Enbrel prefilled syringe NF Oxycontin tablets NF Myrbetriq tablets NF

Changes to Child Health Plus Formulary		
Medications Added to Formulary 1/1/2025	Medications Non-Formulary 1/1/2025	Changes to Formulary 1/1/2025
Dupixent (dupilumab) SC PB PA	Itovebi (inavolisib) tab PA, SP Hymravzi (marstacimab-hncq) SC PA, SP Vyalev (foscarbidopa and foslevodopa) SC PA Orlynvah (sulopenem etzadroxil and probenecid) tab PA Livdelzi (seladelpar) cap PA Miplyffa (arimoclomol) cap PA Aqneursa (levacetylleucine) packet for susp PA Cobenfy (xanomeline and trospium) cap PA Yorvipath (palopegteriparotide) SC PA Nemludio (nemolizumab-ilto) SC PA Ebglyss (lebrikizumab-lbkz) SC PA Revuforj (revumenib) tab PA Lazcluze (lazertinib) tab PA Otulfi (stekinumab-aauz) SC PA Imuldosa (stekinumab-srlf) SC PA Selarsdi (ustekinumab-aekn) SC PA Bimzelx (bimekizumab-bkzx) SC PA	

Changes to Medicare Formulary		
Medications Added to Formulary 2/1/2025	Medications Non-Formulary 2/1/2025	Changes to Formulary 2/1/2025
Itovebi (inavolisib) tab NPB, PA, SP Hymravzi (marstacimab-hncq) SC NPB, PA, SP Vyalev (foscarbidopa and foslevodopa) SC NPB, PA Cobenfy (xanomeline and trospium) cap NPB, PA Revuforj (revumenib) tab NPB, PA Lazcluze (lazertinib) tab NPB, PA Dupixent (dupilumab) SC NPB PA	Orlynvah (sulopenem etzadroxil and probenecid) tab PA Livdelzi (seladelpar) cap PA Miplyffa (arimoclomol) cap PA Aqneursa (levacetylleucine) packet for susp PA Yorvipath (palopegteriparotide) SC PA Nemludio (nemolizumab-ilto) SC PA Ebglyss (lebrikizumab-lbkz) SC PA Otulfi (stekinumab-aauz) SC PA Imuldosa (stekinumab-srlf) SC PA Selarsdi (ustekinumab-aekn) SC PA Bimzelx (bimekizumab-bkzx) SC PA	Austedo XR, Add T5, PA (new strength). Effective 9/1/24 Rinvoq, Add T5 (new dosage form). Effective 9/1/24 Tyenne, Add T5, PA (new dosage form). Effective 10/1/24 Liraglutide, Add T3, ST (new auth generic). Effective 10/1/24 Ivabradine, Add T4, PA (new generic). Effective 10/1/24 L-glutamine, Add T5 PA (new generic). Effective 10/1/24 Corlanor, deletion (generic added). Effective 11/1/24 Endari, deletion (generic added). Effective 11/1/24 Retvmto, add T5 PA (new dosage form). Effective 11/1/24 Oxcarbazepine XR, Add T4 (new generic). Effective 12/1/24 Iofexidine, Add T5 (new generic). Effective 12/1/24 Dasatinib, Add T5, PA (new generic). Effective 12/1/24 Vilazodone, remove QL. Effective 12/1/24

Policy updates of drugs with new indications:

LINE EXTENSIONS:

Change to current coverage:

Drug	Commercial 3-tier/ PBD/FEHB 5-tier	Exchange/Small Group/EBP 3-tier	Medicaid	IH Medicare	PDP Medicare
Retevmo	T3; PA	T3; PA	NF	NPB; PA NSO	NPB; PA NSO
Tagrisso	T3; PA	T3; PA	NF	NPB; PA NSO	NPB; PA NSO
Opdivo	Medical	Medical	Medical	Medical	Medical
Imfinza	Medical	Medical	Medical	Medical	Medical
Filspari	T3; PA	T3; PA	NF	NPB; PA	NPB; PA
Fabhalta	T3; PA	T3; PA	T3; PA	NPB; PA	NPB; PA
Abrysvo	Medical	Medical	Medical	Medical	Medical
Ocrevus	Medical	Medical	Medical	Medical	Medical
Zunovo					
Tecentriq	Medical	Medical	Medical	Medical	Medical
Hybreza					
Boruzu	Medical	Medical	Medical	Medical	Medical
Danziten	T3; PA	T3; PA	NF (CHP)	NPB; PA NSO	NPB; PA NSO
Crexont	NF	NF	NF	NF	NF
Neffy	NF	NF	NF	NF	NF
Zurnai	NF	NF	NF	NF	NF
Emrosi	NF	NF	NF	NF	NF

Brand name	Generic name	New indication(s)	Coverage changes
Brukinsa	zanubrutinib	expanded indication for use in combination with obinutuzumab for relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy	T3 PA
Dupixent	dupilumab	expanded indication of chronic obstructive pulmonary disease	T2 PA

Filspari	sparsentan	expanded indication to slow kidney function decline in adults with primary immunoglobulin A nephropathy (IgAN) who are at risk for disease progression	T3 PA
Furoscix	furosemide	expanded indication of all subcategories of heart failure	Medical PA
Livmarli	maralixibat	expanded indication for the treatment of cholestatic pruritus in patients 12 months and older with progressive familial intrahepatic cholestasis (PFIC)	T3 PA
Lumryz	sodium oxybate	expanded indication down to pediatric patients age 7 and older for the treatment of cataplexy or excessive daytime sleepiness (EDS)	NF
Palforzia	peanut powder-dnfp	expanded indication may now be administered to patients 1 through 17 years of age, and up-dosing and maintenance may be continued in patients 1 year and older	NF
Prevmis	letermovir	expanded indication lowering the age group from 18 years old to pediatric patients 6 months and older and weighing at least 6 kg who are CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant, and for prophylaxis of CMV disease in pediatric patients 12 years and older and weighing at least 40 kg who are kidney transplant recipients at high risk (donor CMV seropositive/recipient CMV seronegative [D+/R-]).	T3 PA
Retevmo	selepercatinib	expanded indication lowering the pediatric age group from 12 years old to 2 years old.	T3 PA
Piqray	alpelisib	expanded indication for all adults aged 18+ for the treatment HR positive, HER2 negative PIK3CA-mutated advanced or metastatic breast cancer	T3 PA
Cimzia	certolizumab	expanded indication pJIA	T3 PA

Medical: (effective 1/1/2025)

1. Vyloy (zolbetuximab-clzb) IV inj- Medical, PA
2. Niktimvo (axatilimab) IV inj- Medical, PA
3. Aucatzyl (obecabtagene autoleucel) IV inj- Medical, PA
4. Enzeevu (aflibercept-lbkz) intravitreal injection- Medical, PA, ST
5. Pavblu (aflibercept-ayyh) intravitreal injection- Medical, PA, ST
6. Ocrevus Zunovo (rcrelizumab and hyaluronidase-ocsq) SQ injection
7. Tecentriq Hybreza (atezolizumab and hyaluronidase-tqis) SQ injection
8. Boruzu (bortezomib) SQ injection or IV infusion
9. Abrysvo (respiratory syncytial virus) vaccine
10. Opdivo (nivolumab) IV infusion
11. Imfinzi (durvalumab) IV infusion
12. Lymphir (denileukin diftitox-cxdl) IV infusion

Other Changes

Weight loss update:

- Effective 1/1/2025
 - Commercial and Essential Plans
 - Policy update to Increase BMI threshold to 40kg/m², or ≥30 with established CVD
 - FEHB
 - Policy update. Qysmia T2 PA, Wegovy NF
- Effective 3/1/2025
 - Commercial and Essential Plans
 - Wegovy NF, Zepbound NF, Contrave T3 PA

TIER AND STATUS CHANGES:

PBD Commercial:

- Mounjaro, Ozempic, Trulicity, Rybelsus – PA to confirm diagnosis (LMHF self-funded only) – effective 1/1/25

Market removals:

- Oxbryta
- Exservan