



Formulary 2 Updates September 11, 2024

The following drug products were reviewed and acted upon by the CDPHP Pharmacy and Therapeutics Committee for The Formulary 2.

- ACA Covered under the Affordable Healthcare Act-no member cost share
- MNPA Medical Necessity Prior Authorization
- 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
Anktiva® (nogapendekin alfa inbakicept-pmln), intravesicular	New to market	Medical Benefit, PA
Apretude (cabotegravir) intramuscular injection	Medical Benefit, PA	Medical Benefit
Beqvez™ (fidanacogene elaparvovec-dzkt), intravenous	New to market	Medical Benefit, PA
Brixadi extended-release subcutaneous injection (buprenorphine)	Not Covered (Pharmacy Benefit), Medical Benefit	Tier 3, SP (Pharmacy Benefit), Medical Benefit
carbidopa/levodopa ODT	Not covered	Tier 2
Corlanor oral tablets (ivabradine) 5mg and 10mg	Tier 3	Not covered (current utilizers will be grandfathered until renewal in 2025)
duloxetine oral capsules 40mg	Not covered	Tier 3
Duopa suspension	Tier 3	Tier 3, PA
Duvezat® (givinostat) oral suspension	New to market	Tier 3, PA, QL
Endari powder pack 5gm (glutamine-sickle cell)	Tier 3, PA	Not covered (current utilizers will be grandfathered until renewal in 2025)
esomeprazole magnesium delayed-release oral capsules (prescription drug formulation)	Tier 3	Tier 2
esomeprazole magnesium oral packets	Not covered	Tier 3
Focinvez™ (fosaprepitant IV injection)	New to Market	Not Covered
glutamine (sickle cell) powder pack (generic for Endari)	New to market	Tier 3, PA
hydrocortisone topical lotion and ointment 2.5%	Not covered	Tier 1
Imdelltra® (tarlatamab-dlle), intravenous	New to market	Medical Benefit, PA
Iqirvo® (elafibranor) oral tablet	New to market	Not Covered
ivabradine oral tablets 5mg and 10mg (generic for Corlanor)	New to market	Tier 3
Kisunla™ (donanemab-azbt), intravenous	New to market	Medical Benefit, PA



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Ianreotide acetate 120 MG/0.5ML SOLN (generic for Somatuline Depot)	New to market	Tier 3, PA, SP
lansoprazole ODT and delayed-release oral capsules	Tier 1	Tier 2 (current utilizers will be grandfathered until renewal in 2025)
lansoprazole delayed-release oral capsules (over the counter formulation)	Tier 1	Not covered (current utilizers will be grandfathered until renewal in 2025)
Libervant™ (diazepam buccal film)	New to market	Not covered
Lumryz packets (sodium oxybate for extended-release oral suspension)	Not covered	Tier 3, PA, QL, SP
metronidazole oral capsules 375mg	Tier 1	Not covered (current utilizers will be grandfathered)
Miebo ophthalmic solution (perfluorohexyloctane)	Not covered, PA	Tier 3, PA
Myhibbin™ (mycophenolate mofetil oral suspension)	New to market	Not covered
Ohtuvayre™ (ensifentrine), inhalation	New to market	Tier 3, PA, QL, SP
Ojemda (tovorafenib) oral tablet and suspension	New to market	Tier 3, PA, SP
omeprazole delayed-release oral capsules	Tier 1	Tier 2 (current utilizers will be grandfathered until renewal in 2025)
omeprazole delayed-release capsules and tablets oral (over the counter formulations)	Tier 1	Not covered (current utilizers will be grandfathered until renewal in 2025)
pantoprazole delayed-release oral tablets	Tier 1	Tier 2 (current utilizers will be grandfathered until renewal in 2025)
roflumilast 250mcg oral tablets	Tier 3, PD	Tier 3, PD, QL
roflumilast 500mcg oral tablets	Tier 3, PD	Tier 1, PD
Rytelo™ (imetelstat), intravenous	New to market	Medical benefit, PA
Saxenda injection (liraglutide)	Tier 2, PA, QL	Effective 1-1-2025: Tier 3 (current utilizers will be grandfathered until renewal in 2025), PA, QL
Sofdra™ (sofpironium) topical gel	New to market	Not covered



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Somatuline Depot 120mg/0.5ml solution (lanreotide acetate)	Tier 3, PA, SP	Not covered (current utilizers will be grandfathered)
Sublocade extended-release subcutaneous injection (buprenorphine)	Not Covered (Pharmacy Benefit), Medical Benefit, PA	Tier 3 (Pharmacy Benefit), Medical Benefit, QL
Tysabri™ (natalizumab), intravenous	Tier 3, PA (Pharmacy Benefit), covered (Medical Benefit)	Tier 3, PA (Pharmacy Benefit); Medical benefit, PA (current utilizers will be grandfathered)
Tyruko™ (natalizumab-sztn), intravenous	Medical Benefit	Medical benefit, PA (current utilizers will be grandfathered)
Veozah oral tablets (fezolinetant)	Not covered	Tier 3, PA
Wegovy injection (semaglutide)	Tier 2, PA, QL	Effective 1-1-2025: Tier 3 (current utilizers will be grandfathered until renewal in 2025), PA, QL
Winlevi (clascoterone) external cream	Not covered	Tier 3, PA
Xolremdi™ (mavoxifafor) oral capsule	New to market	Not covered
Zepbound injection (tirzepatide)	Tier 2, PA, QL	Effective 1-1-2025: Tier 3 (current utilizers will be grandfathered until renewal in 2025), PA, QL