

April 2023 Pharmacy & Therapeutics Committee Decisions

Aspirus' Pharmacy and Therapeutics Committee (P&T) is a group of physicians and pharmacists that meet throughout the year to review and make changes to the Aspirus Medicare Formulary (approved drug list). These changes are reviewed based on clinical evidence, safety, and therapeutic guidelines. All changes that are recommended by P&T for Medicare formularies are tentative until Aspirus receives final CMS approval.

Key

PA: Prior Authorization

QL: Quantity Limit

ST: Step Therapy

NEW DRUG REVIEW			
DRUG	INDICATION	FORMULARY COVERAGE	EFFECTIVE DATE
Lunsumio 1mg/ml, (mosunetuzumab-axgb) Protected Class	treatment of relapsed or refractory follicular lymphoma in adults after two or more lines of systemic therapy	Formulary w/PA	06/01/2023
Rebyota Rectal Suspension (fecal microbiota, live-jslm)	prevention of recurrence of Clostridioides difficile infection (CDI) in adults following antibiotic treatment for recurrent CDI	Non-Formulary	N/A
Elahere (mirvetuximab soravtansine-gynx) PROTECTED CLASS	treatment of FR α positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer in adults who have received one to three prior systemic treatment regimens.	Non-Formulary	N/A
Leqembi (lecanemab-irmb)	Leqembi is indicated for the treatment of mild cognitive impairment (MCI) due to Alzheimer's disease and mild Alzheimer's disease (collectively known as early Alzheimer's disease) with confirmed presence of amyloid pathology in the brain	Non-Formulary	N/A

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Briumvi (ublituximab-xiiy)	treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease, in adults	Formulary w/PA	06/01/2023
Krazati (adagrasib)	is indicated for the treatment of KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC) in adults, as determined by an FDA-approved test, in those who have received at least one prior systemic therapy	Formulary w/PA	06/01/2023
Rezlidhia (olutasidenib)	indicated for the treatment of adults who have acute myeloid leukemia (AML) that has returned or become unresponsive to previous therapy (r/rAML). Patients also must test positive for mutations in isocitrate dehydrogenase-1 (IDH1) enzymes.	Non-Formulary	N/A
Sunlenca (lenacapavir) Protected Class	In combination with other antiretroviral(s), is indicated for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations	Formulary w/PA	06/01/2023
Tzield (teplizumab-mxwv)	indicated to delay the onset of Stage 3 type 1 diabetes in adults and pediatric patients \geq 8 years of age with Stage 2 type 1 diabetes	Formulary w/PA	06/01/2023

Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 05/1/2023.

NEW INDICATIONS REVIEW

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DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
Adacel – Tdap vaccine approved for 3 rd trimester	Formulary	Formulary
Brukina – chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL) in adults	Formulary	Formulary
Tukysa –with trastuzumab for tx of RAS wild-type, HER2+ unresectable or metastatic colorectal cancer	Formulary	Formulary
Revatio – pediatric pts PAH WHO grp1	Non-Formulary	Non-Formulary
Takzyro – ped pts 2-12 prophylaxis of HAE	Non-Formulary	Non-Formulary
Cibinqo – ped pts 12-17 mod-severe atopic dermatitis	Non-Formulary	Non-Formulary
Kevzara – polymyalgia rheumatica	Non-Formulary	Non-Formulary
Verzenio – remove Ki-67 score requirement (Breast ca)	Formulary	Formulary
Mekinist and Tafinlar – ped pts >1 with low-grade glioma w/ BRAF V600E mutation	Formulary	Formulary
Amjevita – hidradenitis suppurativa	Formulary	Formulary
Keytruda – single agent adjuvant treatment following resection and platinum-based chemo for NSCLC	Non-Formulary	Non-Formulary
Trodelvy – secondary tx of unresectable locally advanced or metastatic HR+ HER2- breast cancer	Non-Formulary	Non-Formulary
Eylea – retinopathy of prematurity	Non-Formulary	Non-Formulary
Jemperli – qualifier added “not candidates for curative surgery or radiation”	Non-Formulary	Non-Formulary

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Opdivo – ped pts 12-17 unresectable or metastatic melanoma classical Hodgkin Lymphoma - pediatric	Non-Formulary	Non-Formulary
Yervoy – ped pts 12-17 unresectable or metastatic melanoma	Non-Formulary	Non-Formulary
Odactra – expand age to 12-17 for house dust mite immunotherapy	Non-Formulary	Non-Formulary
Enjaymo – tx hemolysis in adults with cold agglutinin disease	Non-Formulary	Non-Formulary
Livmarli – ped pts 3mo-1yr cholestatic pruritus in Alagille syndrome	Non-Formulary	Non-Formulary
Cyltezo – hidradenitis suppurativa	Non-Formulary	Non-Formulary

NEW GENERICS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
Topiramate ER (Trokendi XR)	Non-Formulary	Non-Formulary
Tafluprost (Zioptan)	Non-Formulary	Formulary
Dexlansoprazole DR (Dexilant)	Non-Formulary	Non-Formulary
Tasimelteon (Hetlioz)	Formulary	Formulary
Lurasidone (Latuda)	Formulary	Formulary
Bendamustine (Treanda)	Non-Formulary	Non-Formulary
Pirfenidone (Esbriet)	Non-Formulary	Non-Formulary
Lubiprostone (Amitiza)	Non-Formulary	Formulary
Dichlorphenamide (Keveyis)	Non-Formulary	Non-Formulary
Brimonidine (Mirvaso)	Non-Formulary	Non-Formulary
Diclofenac Potassium (Cambia)	Non-Formulary	Non-Formulary
Ezetimibe-Atorvastatin (Liptruzet)	Non-Formulary	Non-Formulary

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MISCELLANEOUS PREVIOUSLY REVIEWED ITEMS		
DRUG	RATIONALE/ALTERNATIVE	RECOMMENDATION
Vivimusta (bendamustine)	Vivimusta (bendamustine)	Non-Formulary
Tempo refill/smart/welcome	Medical device attaches to tempo insulin pens (NF)	Non-Formulary
Stimufend (pegfilgrastim)	Neulasta/Onpro, Udenyca, Ziextenzo	Non-Formulary
Minocycline ER (minocycline)	Minocycline IR, Fingolimod, Gilenya	Non-Formulary
Tascenso ODT (fingolimod)	Fingolimod, Gilenya	Non-Formulary
Sodium oxybate (generic Xyrem)	Modafinil, armodafinil, Sunosi	Formulary

ADDITIONAL ITEMS REVIEWED	
ITEM	ACTION
New Medical Drug Policies (effective 6/15/2023)	<ul style="list-style-type: none"> Lamzede Zynyz Syfovre