

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
Auvelity' ER (dextromethorphan hbr/bupropion) Protected Class Drug	for the treatment of major depressive disorder in adults.	Formulary	02/01/2023
Spevigo (spesolimab-sbzo)	for the treatment of generalized pustular psoriasis flares in adults.	Non-Formulary	N/A
Zoryve (roflumilast)	indicated to treat all severity levels of plaque psoriasis for patients who are at least 12 years old. Roflumilast 0.3% cream is currently being investigated for the treatment of patients with atopic dermatitis. A foam formulation of roflumilast is being studied for the treatment of scalp psoriasis and seborrheic dermatitis.	Non-Formulary	N/A

Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 02/1/2023.



NEW INDICATIONS REVIEW			
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION	
Lyumjev™ (insulin lispro-aabc subcutaneous or intravenous injection) Lilly	Non-Formulary	Non-Formulary	
Vemlidy® (tenofovir alafenamide tablets) Gilead	Formulary	Formulary	
Imfinzi® (durvalumab intravenous infusion) AstraZeneca	Non-Formulary	Non-Formulary	
Cotellic® (cobimetinib tablets) Genentech	Formulary	Formulary	

NEW GENERICS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
Sod Sul-Potass Sul-Mag Sul Sol Generic for Suprep	Non-Formulary	Non-Formulary
Icosapent Ethyl 500mg Capsule Generic for Vascepa	Non-Formulary	Formulary
Fingolimod 0.5 mg capsule Generic for Gilenya	Formulary	Formulary
Tazarotene 0.05% Gel Tazarotene 0.1% Gel Generic for Tazorac	Non-Formulary	Formulary
Timolol Maleate 0.25% Eye Drop Generic for Timoptic	Non-Formulary	Non-Formulary
Estradiol 0.1% (0.25mg) Gel Pk Estradiol 0.1% (0.5mg) Gel Pkt Estradiol 0.1% (0.75mg) Gel Pk Estradiol 0.1% (1mg) Gel Pkt Estradiol 0.1% (1.25mg) gel Pk Generic for Divigel	Non-Formulary	Non-Formulary
Roflumilast 250 MCG Tablet Roflumilast 500 MCG Tablet Generic for Daliresp	Formulary	Formulary



MISCELLANEOUS PREVIOUSLY REVIEWED ITEMS		
DRUG	RATIONALE/ALTERNATIVE	RECOMMENDATION
Pirfenidone 534 MG (Pirfenidone) Tablet	Pirfenidone 267 MG & Pirfenidone 801 MG Tablets (Generic)	Non-Formulary
Ryaltris 665-25 MCG (Olopatadine/Mometasone Spray)	Mometasone Furoate, Olopatadine, Azelastine, Azelastin-Flutic, Flunisolide, Fluticasone Prop, Beconase AQ, Omnaris, Qnasl, Xhance, Zetonna	Non-Formulary
Insulin Degludec 100 Units/ML (Insulin Degludec) Vial, Insulin Degludec Pen (U-100) (Insulin Degludec) Pen, Insulin Degludec Pen (U-200) (Insulin Degludec) Pen	Tresiba, Tresiba Flextouch	Non-Formulary
Pheburane (Sodium Phenylbutyrate) Pellet	Ravicti, Sodium Phenylbutyrate	Non-Formulary
Orlistat 120mg (Orlistat) Capsule	Phentermine (Medicaid Only)	Non-Formulary
Fylnetra 6 MG/0.6 ML (Pegfilgrastim-PBBK) Syringe	Fulphila, Neulasta/Onpro, Nyvepria. Udenyca, Ziextenzo	Non-Formulary
Zonisade 100 MG/5 ML (Zonisamide) Oral Suspension	Zonisamide	Non-Formulary
Clonidine HCL ER 0.17 MG (Clonidine HCL) Tablet	Clonidine HCL, Clonidone HCL ER, Clonidine Patch	Non-Formulary
Tadliq 20 MG/5 ML (Tadalafil) Suspension	Sildenafil, Tadalafil	Non-Formulary
Cimerli 0.3 MG/0.05 ML (Ranibizumab-Eqrn) Vial Cimerli 0.5 MG/0.05 ML (Ranibizumab-Eqrn) Vial	Byooviz, Eylea, Lucentis	Non-Formulary
Methocarbamol 100 MG (Methocarbamol) Tablet	Methocarbamil (Generic)	Non-Formulary
Kyzatrex Capsule	Testosterone Cypionate Inj, Testosterone Gel, Androderm Patch	Non-Formulary
Allopurinol 200 MG Tablet	Allopurinol (Generic)	Non-Formulary

ADDTITIONAL ITEMS REVIEWED	
ITEM	ACTION
New Medical Drug Policies (effective 2/01/2023)	<ul><li>Elahere</li><li>Skysona</li></ul>



	<ul><li>Tecvayli</li><li>Tzield</li></ul>
Dexcom G7 Review	<ul> <li>Adding Dexcom G7 to Medicare formulary with prior authorization.</li> </ul>