

June 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
Filspari (sparsentan)	to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression, generally a urine protein-to-creatinine ratio (UPCR) \geq 1.5 g/g	Non-Formulary	N/A
Hemgenix (etranacogene dezaparvovec-drlb)	for the treatment hemophilia B (congenital Factor IX deficiency) in adults who: 1) currently use Factor IX prophylaxis therapy; or 2) have current or historical life-threatening hemorrhage; or 3) have repeated, serious spontaneous bleeding episodes.	Non-Formulary	N/A
Lamzede (velmanase alfa-tycv)	the treatment of non-central nervous system (CNS) manifestations of alpha-mannosidosis in adult and pediatric patients	Non-Formulary	N/A
Syfovre (pegcetacoplan/pf)	for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD)	Non-Formulary	N/A

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Altuviio (fviii rec, fc-vwf-xten, bdd-ehtl)	Altuviio, a recombinant DNA-derived Factor VIII concentrate, is indicated in the management of hemophilia A in adults and children for: 1) routine prophylaxis to reduce the frequency of bleeding episodes; 2) on-demand treatment and control of bleeding episodes; and 3) perioperative management of bleeding.	Formulary	08/01/2023
Jaypirca (pirtobrutinib) PROTECTED CLASS	treatment of relapsed or refractory mantle cell lymphoma in adults after at least two lines of systemic therapy, including a BTK inhibitor.	Formulary w/PA	08/01/2023
Orserdu (elacestrant hydrochloride) PROTECTED CLASS	treatment of estrogen receptor positive (ER+), human epidermal growth factor receptor 2 (HER2)-negative, estrogen receptor 1 gene (ESR1)-mutated advanced or metastatic breast cancer in postmenopausal women or adult men with disease progression following at least one line of endocrine therapy.	Formulary w/PA	08/01/2023
Zynyz (retifanlimab-dlwr) PROTECTED CLASS	treatment of metastatic or recurrent locally advanced Merkel cell carcinoma in adults.	Non-Formulary	N/A
Daybue (trofinetide)	to treat the underlying cause of Rett syndrome for patients at least two years old	Non-Formulary	N/A
Joenja (leniolisib phosphate)	treatment of activated phosphoinositide 3-kinase delta (PI3K δ) syndrome (APDS) in adult and pediatric patients \geq 12 years of age	Non-Formulary	N/A
Skyclarys (omaveloxone)	treatment of Friedreich's ataxia in patients \geq 16 years of age	Non-Formulary	N/A

Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 07/1/2023.

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NEW INDICATIONS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
Coagadex – severe hereditary Factor X deficiency for perioperative mgmt. of bleeding	Non-Formulary	Non-Formulary
Quilipta – prevention of chronic migraine	Non-Formulary	Non-Formulary
Prevnar 20 – expanded age to include infants and children 6 weeks to <18	Non-Formulary	Non-Formulary
Kalydeco – expanded age to also include pediatric pts 1 month to 4 months of age	Formulary	Formulary
HyQvia – expanded age to include pediatric pts 2 to <17 years of age	Non-Formulary	Non-Formulary
Yusimry (adalimumab) – moderate to severe hidradenitis suppurativa	Non-Formulary	Non-Formulary
Keytruda – tx locally advanced or metastatic urothelial ca. in adults not eligible for cisplatin chemo (w/ Padcev)	Non-Formulary	Non-Formulary
Padcev – tx locally advanced or metastatic urothelial ca. in adults not eligible for cisplatin chemo (w/ Keytruda)	Non-Formulary	Non-Formulary

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Tepezza – thyroid eye disease <i>regardless of thyroid eye disease activity or duration</i>	Non-Formulary	Non-Formulary
Hyrimoz (adalimumab) – moderate to severe hidradenitis suppurativa	Non-Formulary	Non-Formulary
Polivy – tx of adults w/ previously untreated diffuse large B-cell lymphoma not otherwise specified or high grade B-cell lymphoma w/ International Prognostic Index score of ≥ 2 .	Non-Formulary	Non-Formulary
Sogroya – tx of growth failure due to inadequate secretion of endogenous growth hormone (GH) in pediatric patients ≥ 2.5 years of age	Non-Formulary	Non-Formulary

NEW GENERICS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
Teriflunomide (Aubagio)	Formulary	Formulary
BISMUTH-METRO-TETR (Pylera)	Non-Formulary	Non-Formulary
Diltiazem 24H ER(LA) (Cardizem LA)	Non-Formulary	Formulary
Posaconazole (Noxafil)	Non-Formulary	Non-Formulary
Topiramate ER (Trokendi XR)	Non-Formulary	Non-Formulary
Budesonide rectal foam (Uceris)	Non-Formulary	Non-Formulary
Naftifine gel (Naftin)	Non-Formulary	Non-Formulary
Ciprofloxacin susp (Cipro susp)	Non-Formulary	Formulary
Cycloserine (Cycloserine)	Non-Formulary	Non-Formulary

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Gefitinib (Iressa)	Non-Formulary	Formulary
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MISCELLANEOUS PREVIOUSLY REVIEWED ITEMS

DRUG	RATIONALE/ALTERNATIVE	RECOMMENDATION
XACIATO 2% (CLINDAMYCIN PHOSPHATE) VAGINAL GEL	CLINDAMYCIN, METRONIDAZOLE, CLEOCIN	Non-Formulary
KONVOMEF 2-84 MG/ML (OMEPRazole/SODIUM BICARBONATE) ORAL SUSPENSION	ESOMEPRazole, LANSOPRAZOLE, OMEPRazole, PANTOPRAZOLE	Non-Formulary
FLUTICASONE-SALMETEROL HFA AEROSOL	ADVAIR HFA, Advair Diskus, fluticasone - salmeterol breath activated inhaler, Dulera HFA, Symbicort HFA	Non-Formulary
OXYBUTYNIN 2.5 MG TABLET	OXYBUTYNIN 5 MG	Non-Formulary
VEGZELMA (BEVACIZUMAB-ADCD) VIAL	MEDICAL DRUG	Non-Formulary
REZVOGLAR (INSULIN GLARGINE-AGLR) KWIKPEN	BASAGLAR, LANTUS	Non-Formulary
ADTHYZA (THYROID,PORK) TABLET	NP Thyroid, Levothyroxine, Levoxyl, Liothyronine, Unithroid	Non-Formulary
ATORVALIQ 20 MG/5 ML (ATORVASTATIN) SUSPENSION	ATORVASTATIN, SIMVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN tablets	Non-Formulary
PRIMIDONE 125 MG (PRIMIDONE) TABLET	PDL CONTROLLED. INITIAL TITRATION STRENGTH	Formulary

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VANCOMYCIN 25 MG/ML (VANCOMYCIN HCL) SOLUTION	VANCOMYCIN CAPSULES	Non-Formulary
BACLOFEN 25 MG/5 ML (BACLOFEN) SUSPENSION	BACLOFEN TABLETS, TIZANIDINE TABLETS, CYCLOBENZAPRINE TABLETS	Non-Formulary
CUVRIOR 300 MG (TRIENTINE TETRAHYDROCHLORID) TABLET	PENICILLAMINE, TRIENTINE HCL	Non-Formulary

ADDITIONAL ITEMS REVIEWED	
ITEM	ACTION
New Medical Drug Policies (effective 08/15/2023)	<ul style="list-style-type: none"> Qalsody