

November 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
Adstiladrin (nadofaragene firadenovec-vncg)	for the treatment of high-risk Bacillus Calmette-Guerin (BCG)-unresponsive non-muscle invasive bladder cancer (NMIBC) in adults with carcinoma in situ (CIS) with or without papillary tumors	Non-Formulary	N/A
Epkinly (epcoritamab-bysp)	for the treatment of relapsed or refractory diffuse large B-cell lymphoma (DLBCL) not otherwise specified, including DLBCL arising from indolent lymphoma, and high-grade B-cell lymphoma, in adults after two or more lines of systemic therapy.	Non-Formulary	N/A
Vyjuvek Gel (beremagene geperpavec)	for the treatment of wounds in patients \geq 6 months of age with dystrophic epidermolysis bullosa (DEB) with mutation(s) in the collagen type VII alpha 1 chain (COL7A1) gene.	Non-Formulary	N/A
Rystiggo (rozanolixizumab-noli)	treatment of generalized myasthenia gravis in adults who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody-positive.	Non-Formulary	N/A

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Roctavian (valoctocogene roxaparvovc-rvox)	indicated for the treatment of adults with severe hemophilia A without antibodies to adeno-associated virus serotype 5 (AAV5) detected by an FDA-approved test.	Non-Formulary	N/A
Vyvgart Hytrulo (efgartigimod-hyaluronidas-qvfc)	indicated for the treatment of generalized myasthenia gravis in adults who are anti-acetylcholine receptor antibody-positive.	Non-Formulary	N/A
Columvi (glofitamab-gxbm) PROTECTED CLASS DRUG	relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified or large B-cell lymphoma (LBCL) arising from follicular lymphoma, in adults after two or more lines of systemic therapy.	Non-Formulary	N/A
Miebo (perfluorohexyloctane/pf)	semifluorinated alkane that forms a monolayer at the air-liquid interface of the tear film, which is expected to reduce evaporation	Non-Formulary	N/A
Veozah (fezolinetant) Tablet	Treatment of moderate to severe vasomotor symptoms (VMS) due to menopause	Non-Formulary	N/A
Brenzavvy (bexagliflozin)	as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes	Non-Formulary	N/A

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Inpefa (sotagliflozin)	to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visit in adults with heart failure or type 2 diabetes mellitus, chronic kidney disease, and other cardiovascular risk factors	Non-Formulary	N/A
Litfulo (ritlecitinib tosylate)	for the treatment of severe alopecia areata in adults and adolescents 12 years and older. Litfulo is not recommended for use in combination with other Janus kinase (JAK) inhibitors, biologic immunomodulators, cyclosporine or other potent immunosuppressants.	Non-Formulary	N/A
Abrysvo (RSV vaccine intramuscular injection)	Abrysvo is a respiratory syncytial virus (RSV) vaccine indicated for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by RSV in individuals \geq 60 years of age. Abrysvo received Priority Review and Breakthrough Therapy designations from the FDA.	Formulary	08/01/2023
Arexvy (rsvpref3 antigen/as01e/pf)	AREXVY is indicated for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus in individuals 60 years of age and older.	Formulary	08/01/2023
Zavzpret (zavegepant hcl)	Zavzpret, a calcitonin gene-related peptide (CGRP) receptor antagonist, is indicated for the acute treatment of migraine with or without aura in adults.	Non-Formulary	N/A

Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 12/1/2023.

NEW INDICATIONS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
Amjevita – treatment of non-infectious intermediate, posterior, and panuveitis	Formulary	Formulary

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in adults		
Zetia (ezetimibe) – in combination with a statin, or alone when additional low-density lipoprotein cholesterol (LDL-C) lowering therapy is not possible, as an adjunct to diet to reduce elevated LDL-C in adults with primary hyperlipidemia	Formulary	Formulary
Eligard– indicated for the treatment of advanced prostatic cancer (previously palliative treatment)	Formulary	Formulary
Gavreto - Removal of indication for the treatment of advanced or metastatic rearranged during transfection (RET)-mutant medullary thyroid ca. (MTC) in adult and pediatric patients ≥ 12 years of age who require systemic therapy	Formulary	Formulary
Lonsurf – single agent or with bevacizumab for the tx of metastatic colorectal ca.	Formulary	Formulary
<p>Ezallor Sprinkle –</p> <ul style="list-style-type: none"> -Expanded age indication to include pediatric patients ≥ 7 years of age with homozygous familial hypercholesterolemia (HoFH) -reduce the risk of stroke, MI, and arterial revascularization procedures in adults without established coronary heart disease -Adj. to diet to reduce LDL-C in adults with primary hyperlipidemia -Adj. to diet to reduce LDL-C / slow the prog. of atherosclerosis in adults -Adj. to diet to reduce LDL-C in adults and 	Non-Formulary	Non-Formulary

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ped. pts \geq 8 yrs of age with heterozygous familial hypercholesterolemia (HeFH)		
Abrysvo – active immunization of pregnant individuals at 32-36 wks for the prevention of LRTD caused by RSV in infants birth–6 mo.	Formulary	Formulary
Ilaris – symptomatic tx of gout flares	Non-Formulary	Non-Formulary
Reblozyl – tx of anemia (ESA-naïve) in adults with very low- to intermediate-risk (MDS) who may require regular (RBC) transfusions	Non-Formulary	Non-Formulary
Mekinist – age expanded to 1-<6 yrs for use with Tafinlar for tx of unresectable or metastatic solid tumors with BRAF V600E mutation	Formulary	Formulary
Tafinlar – age expanded to 1-<6 yrs for use with Mekinist for tx of unresectable or metastatic solid tumors with BRAF V600E mutation.	Formulary	Formulary
Ervebo – now indicated for the prevention of disease caused by Zaire ebolavirus in individuals \geq 12 months of age	Non-Formulary	Non-Formulary
Jemperli – w/ carboplatin and paclitaxel, then Jemperli as a single agent for the tx of primary advanced or recurrent endometrial ca. in adults	Non-Formulary	Non-Formulary

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Ingrezza – tx of chorea associated with Huntington’s disease in adults	Non-Formulary	Non-Formulary
Abrilada – tx of non-infectious intermediate, posterior and panuveitis in adults	Non-Formulary	Non-Formulary
Hulio – tx of non-infectious intermediate, posterior and panuveitis in adults	Non-Formulary	Non-Formulary
Bavencio – tx metastatic MCC	Non-Formulary	Non-Formulary
Hyrimoz – tx of non-infectious intermediate, posterior and panuveitis in adults	Non-Formulary	Non-Formulary

NEW GENERICS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
VIGADRONE (SABRIL)	Non-Formulary	Formulary
BACLOFEN SUSPENSION (FLEQSUVY)	Non-Formulary	Non-Formulary
LEVOCARNITINE VIAL (CARNITOR)	Non-Formulary	Non-Formulary
BREYNA (SYMBICORT)	Formulary	Non-Formulary
TIOTROPIUM (SPIRIVA)	Formulary	Non-Formulary
SAXAGLIPTIN (ONGLYZA)	Non-Formulary	Non-Formulary

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SAXAGLIPTIN-METFORMIN ER (KOMBIGLYZE)	Non-Formulary	Non-Formulary
PLERIXAFOR (MOZOBIL)	Non-Formulary	Non-Formulary
VANCOMYCIN ORAL SOLN (FIRVANQ & Brand VANCOMYCIN)	Non-Formulary	Non-Formulary
INDOMETHACIN SUPPOSITORY (INDOCIN)	Non-Formulary	Non-Formulary
LISDEXAMFETAMINE CHEWABLE TABLETS & CAPSULES (VYVANSE)	Non-Formulary	Non-Formulary
BRIMONIDINE TARTRATE DROP (ALPHAGAN P)	Formulary	Non-Formulary
JOYEAUX-28 TABLET LEVONORG-EE-FE BIS 0.1-0.02-36 (BALCOLTRA)	Non-Formulary	Non-Formulary
TRETINOIN GEL MICRO 0.08% PUMP (RETIN-A MICRO)	Non-Formulary	Non-Formulary

MISCELLANEOUS PREVIOUSLY REVIEWED ITEMS

DRUG	RATIONALE/ALTERNATIVE	RECOMMENDATION
OLPRUVA (SODIUM PHENYLBUTYRATE)	SODIUM PHENYLBUTYRATE	Non-Formulary

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ZOLPIDEM TARTRATE 7.5 MG CAPSULE	ZOLPIDEM TARTRATE TABLETS	Non-Formulary
MECLIZINE 50 MG TABLET	MECLIZINE 25 MG TABLET	Non-Formulary
URNEVA (METH/MEBLUE/SOD PHOS/PSAL/HYOS) CAPSULE	N/A	Non-Formulary
URIMAR-T (METH/MEBLUE/SOD PHOS/PSAL/HYOS) CAPSULE	N/A	Non-Formulary
SODIUM OXYBATE 0.5 G/ML SOLUTION	LUMRYZ ER, SODIUM OXYBATE (by Hikma), WAKIX, XYREM, XYWAV, SUNOSI	Formulary
BRIXADI WEEKLY & MONTH (MULTIPLE STRENGTHS) (BUPRENORPHINE) SYRINGES	BUPRENORPHINE film/syringe/tablet/patch	Non-Formulary
ELFABRIO 20 MG/10 ML (PEGUNIGALSIDASE ALFA-IWXJ) VIAL	FABRAZYME	Non-Formulary
SUFLAVE (PEG 3350/SOD SULF,CHLR/POT/MAG) POWDER	GAVILYTE-C, GAVILYTE-G, PEG-3350 AND ELECTROLYTES, PEG3350	Formulary
OPVEE 2.7 MG (NALMEFENE HCL) NASAL SPRAY	NALOXONE/HCL. KLOXXADO, ZIMHI	Non-Formulary

ADDITIONAL ITEMS REVIEWED

ITEM	ACTION
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New Medical Drug Policies
(effective 01/01/2024)

- Pombiliti
- Veopoz