

## September 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
Qalsody (tofersen)	for the treatment of amyotrophic lateral sclerosis (ALS) in adults who have a mutation in the superoxide dismutase 1 (SOD1) gene	Non-Formulary	N/A
Sogroya (somapacitan-beco)	treatment of growth failure due to inadequate secretion of growth hormone (GH) in pediatric patients $\geq$ 2.5 years. Sogroya is also indicated for the replacement of endogenous GH in adults with GH deficiency.	Non-Formulary	N/A
Omisirge (omidubicel-only)	a nicotinamide modified allogeneic hematopoietic progenitor cell therapy derived from cord blood, is indicated for use in patients with hematologic malignancies who are planned to undergo umbilical cord blood transplantation following myeloablative conditioning to reduce the time to neutrophil recovery and the incidence of infection in adults and pediatric patients $\geq$ 12 years of age.	Non-Formulary	N/A
Vowst (fecal microbio spore, live-brpk)	for preventing subsequent reinfections with Clostridioides difficile (CDI) for adults who have had antibacterial treatment for recurrent CDIs. Vowst is not indicated for treatment of CDI.	Non-Formulary	N/A

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**Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 10/1/2023.**

NEW INDICATIONS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
Farxiga – Tx Heart Failure in patients with mildly reduced or preserved ejection fraction.	Non-Formulary	Non-Formulary
Rexulti – tx agitation associated with dementia	Formulary	Formulary
Breo Elipta – expanded age to include 5 and older.	Formulary	Formulary
Lexapro (escitalopram) – expanded age to include 7 and older for tx of GAD.	Formulary	Formulary
Rinvoq – tx. Mod-severe Crohn’s in adults with inadequate response to 1 or mor TNFis	Formulary	Formulary
Imbruvica – removed indications for MCL and MZL	Formulary	Formulary
Ayvakit – tx indolent systemic mastocytosis in adults	Formulary	Formulary
Paxlovid – mild to moderate COVID-19 in adults at high risk for progression to severe – previous approved under EUA	Non-Formulary	Non-Formulary

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Lynparza – BRCA-mutated metastatic castration-resistant prostate cancer	Formulary	Formulary
Injectafer – iron deficiency in adults with Class II/III heart failure to improve exercise capacity	Non-Formulary	Non-Formulary
Prevymis – prophylaxis of CMV in adult kidney transplant recipients at high risk.	Formulary	Formulary
Linzess – functional constipation in pts ages 6-17	Formulary	Formulary
Hadlima - mod. to severe hidradenitis suppurativa in adults	Non-Formulary	Non-Formulary
Bylvay – cholestatic pruritus in pts 12 months and older with Alagille syndrome.	Non-Formulary	Non-Formulary
Abrilada – mod. to severe hidradenitis suppurativa in adults	Non-Formulary	Non-Formulary
Triumeq – expanded age indication to 3 months and older weighing 6 or more kg for tx of HIV-1	Formulary	Formulary
Jardiance – expanded age indication to pts age 10 and up with DMII to improve glycemic control	Formulary	Formulary
Synjardy - expanded age indication to pts age 10 and up with DMII to improve glycemic control	Formulary	Formulary

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Talzena – homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer	Formulary	Formulary
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NEW GENERICS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
DARUNAVIR (PREZISTA)	Non-Formulary	Formulary
Methsuximide (Celontin)	Formulary	Formulary
KCL 40 MEQ/L-D5W-0.45% NACL	N/A	Formulary
NITISINONE 20 MG CAPSULE Generic for ORFADIN	Non-Formulary	Formulary

MISCELLANEOUS PREVIOUSLY REVIEWED ITEMS		
DRUG	RATIONALE/ALTERNATIVE	RECOMMENDATION
IDACIO(CF) (ADALIMUMAB-AACF)	HUMIRA, AMJEVITA	Non-Formulary
HULIO(Cf) (ADALIMUMAB-FKJP)	HUMIRA, AMJEVITA	Non-Formulary
ADALIMUMAB-FKJP (CF)	HUMIRA, AMJEVITA	Non-Formulary
CYLTEZO(CF) (ADALIMUMAB-ADB M)	HUMIRA, AMJEVITA	Non-Formulary
YUFLYMA(CF) (ADALIMUMAB-	HUMIRA, AMJEVITA	Non-Formulary

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YUSIMRY(CF) (ADALIMUMAB-AQVH)	HUMIRA, AMJEVITA	Non-Formulary
HADLIMA (ADALIMUMAB- BWWD)	HUMIRA, AMJEVITA	Non-Formulary
HYRIMOZ(CF) (ADALIMUMAB-ADAZ)	HUMIRA, AMJEVITA	Non-Formulary
ADALIMUMAB-ADAZ(CF)	HUMIRA, AMJEVITA	Formulary
ABILIFY ASIMTUFII (ARIPIPIRAZOLE) SYRINGE	ABILIFY MAINTENA ER, INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA, RISPERDAL CONSTA	Formulary
UZEDY ER (RISPERIDONE) SYRINGE	ABILIFY MAINTENA ER, INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA, RISPERDAL CONSTA	Formulary
LIQREV 10 MG/ML (SILDENAFIL CITRATE) ORAL SUSPENSION	SILDENAFIL	Non-Formulary

ADDITIONAL ITEMS REVIEWED	
ITEM	ACTION
New Medical Drug Policies (effective 11/15/2023)	<ul style="list-style-type: none"> <li>Adstiladrin</li> <li>Columvi</li> <li>Elevidys</li> <li>Elfabrio</li> <li>Elrexfio</li> <li>Epkinly</li> <li>Izervay</li> <li>Omisirge</li> </ul>

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|  | <ul style="list-style-type: none"><li>• Roctavian</li><li>• Qalsody</li><li>• Rystiggo</li><li>• Talvey</li><li>• Vyjuvek</li><li>• Vyvgart Hytrulo</li></ul> |
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