



January 2023 Pharmacy & Therapeutics Committee Decisions

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

Key:

Medicare: UCare Medicare, UCare Medicare with Fairview and North Memorial, UCare Group Medicare, EssentiaCare, Minnesota Senior Health Options (MSHO) & Connect + Medicare

Medicaid: PMAP, MnCare, MSC+ & Connect

Exchange: UCare Individual and Family Plans

F: Formulary

NF: Non-formulary

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.	Medicare: Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	02/01/2023
Spevigo (spesolimab-sbzo)	for the treatment of generalized pustular psoriasis flares in adults.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: 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.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

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

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New Indications Review		
Drug	Current formulary status	Recommendation
Lyumjev™ (insulin lispro-aabc subcutaneous or intravenous injection) Lilly	Medicare-NF, Medicaid-NF, HIX-NF	Medicare-NF, Medicaid-NF, HIX-NF
Vemlidy® (tenofovir alafenamide tablets) Gilead	Medicare-F, Medicaid-NP, HIX-F	Medicare-F, Medicaid-NP, HIX-F
Imfinzi® (durvalumab intravenous infusion) AstraZeneca	Medicare-NF, Medicaid-NF, HIX- NF	Medicare-NF, Medicaid-NF, HIX-NF
Cotellic® (cobimetinib tablets) Genentech	Medicare-F, Medicaid-F, HIX-F	Medicare-F, Medicaid-F, HIX-F

New Generics Review		
Drug	Current formulary status	Recommendation
Sod Sul-Potass Sul-Mag Sul Sol Generic for Suprep	Medicare-NF, Medicaid-NF, HIX-NF	Medicare-NF, Medicaid-NF, HIX-NF
Icosapent Ethyl 500mg Capsule Generic for Vascepa	Medicare-NF, Medicaid-NP, HIX-NF	Medicare-F, Medicaid-NF, HIX-NF
Fingolimod 0.5 mg capsule Generic for Gilenya	Medicare-F (PPO_NF), Medicaid-P, HIX-F	Medicare-F (PPO-NF), Medicaid-NP, HIX-F
Tazarotene 0.05% Gel Tazarotene 0.1% Gel Generic for Tazorac	Medicare-NF, Medicaid-NF, HIX-NF	Medicare-F, Medicaid-NF, HIX-F
Timolol Maleate 0.25% Eye Drop Generic for Timoptic	Medicare-NF, Medicaid NP, HIX-NF	Medicare-NF, Medicaid-NF, HIX-NF
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	Medicare-NF, Medicaid-NF, HIX-NF	Medicare-NF, Medicaid-NF, HIX-NF

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Roflumilast 250 MCG Tablet Roflumilast 500 MCG Tablet Generic for Daliresp	Medicare-F, Medicaid-NP, HIX-F	Medicare-F, Medicaid-NF, HIX-NF
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Miscellaneous Previously Reviewed Items

Drug	Rationale/Alternative	Recommendation
Pirfenidone 534 MG (Pirfenidone) Tablet	Pirfenidone 267 MG & Pirfenidone 801 MG Tablets (Generic)	NF all lines of business
Ryaltris 665-25 MCG (Olopatadine/Mometasone Spray)	Mometasone Furoate, Olopatadine, Azelastine, Azelastin-Flutic, Flunisolide, Fluticasone Prop, Beconase AQ, Omnaris, Qnasl, Xhance, Zetonna	NF all lines of business
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	NF all lines of business
Pheburane (Sodium Phenylbutyrate) Pellet	Ravicti, Sodium Phenylbutyrate	NF all lines of business
Orlistat 120mg (Orlistat) Capsule	Phentermine (Medicaid Only)	NF for HIX and MedD Medicaid: NP with 3/1/23 PDL update
Fylneta 6 MG/0.6 ML (Pegfilgrastim-PBBK) Syringe	Fulphila, Neulasta/Onpro, Nyvepria. Udenyca, Ziextenzo	NF all lines of business
Zonisade 100 MG/5 ML (Zonisamide) Oral Suspension	Zonisamide	NF all lines of business
Clonidine HCL ER 0.17 MG (Clonidine HCL) Tablet	Clonidine HCL, Clonidone HCL ER, Clonidine Patch	NF all lines of business
Tadliq 20 MG/5 ML (Tadalafil) Suspension	Sildenafil, Tadalafil	NF all lines of business
Cimerli 0.3 MG/0.05 ML (Ranibizumab-Eqrn) Vial Cimerli 0.5 MG/0.05 ML (Ranibizumab-Eqrn) Vial	Byooviz, Eylea, Lucentis	NF all lines of business
Methocarbamol 100 MG (Methocarbamol) Tablet	Methocarbamil (Generic)	NF all lines of business
Kyzatrex Capsule	Testosterone Cypionate Inj, Testosterone Gel, Androderm Patch	NF all lines of business
Allopurinol 200 MG Tablet	Allopurinol (Generic)	NF all lines of business

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Additional Items Reviewed	
Item	Action
New Medical Drug Policies (effective 02/01/2023)	<ul style="list-style-type: none">• Elahere• Skysona• Tecvayli• Tzield
Dexcom G7 Review	<ul style="list-style-type: none">• Adding Dexcom G7 to formulary with prior authorization for Health Exchange and Medicare plans. Will remain as non-formulary for Medicaid until DHS updates the PDL (Preferred Drug List).
Immunomodulator Authorization Criteria Update	<ul style="list-style-type: none">• To align with DHS and other managed care plans, UCare is adopting a tiered approach in approving coverage of drugs in the Cytokine and CAM Antagonists categories.