



June 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
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	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: 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.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: 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	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Syfovre (pegcetacoplan/pf)	for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD)	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

June 2023 Pharmacy & Therapeutics Committee Decisions

Altuviiiio (fviii rec, fc-vwf- xten, bdd-eh1)	Altuviiiio, 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.	Medicare: Formulary Medicaid: Formulary Exchange: 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.	Medicare: Formulary w/PA Medicaid: Formulary w/PA Exchange: 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.	Medicare: Formulary w/ PA Medicaid: Formulary w/ PA Exchange: Formulary w/ PA	08/01/2023
Zynyz (retifanlimab-dlwr) PROTECTED CLASS	treatment of metastatic or recurrent locally advanced Merkel cell carcinoma in adults.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Daybue (trofinetide)	to treat the underlying cause of Rett syndrome for patients at least two years old	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: 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	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Skyclarys (omaveloxone)	treatment of Friedreich's ataxia in patients \geq 16 years of age	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 07/1/2023.

June 2023 Pharmacy & Therapeutics Committee Decisions

New Indications Review		
Drug	Current formulary status	Recommendation
Coagadex – severe hereditary Factor X deficiency for perioperative mgmt. of bleeding	Medicare –NF, Medicaid – P, HIX - NF	Medicare –NF, Medicaid – P, HIX - NF
Quilipta – prevention of chronic migraine	Medicare –NF, Medicaid – NP, HIX - NF	Medicare –NF, Medicaid – NP, HIX - NF
Prevnar 20 – expanded age to include infants and children 6 weeks to <18	Medicare – NF, Medicaid – F, HIX - F	Medicare – NF, Medicaid – F, HIX - F
Kalydeco – expanded age to also include pediatric pts 1 month to 4 months of age	Medicare – F, Medicaid – F, HIX - F	Medicare – F, Medicaid – F, HIX - F
HyQvia – expanded age to include pediatric pts 2 to <17 years of age	Medicare – NF, Medicaid – NF, HIX - F	Medicare – NF, Medicaid – NF, HIX - F
Yusimry (adalimumab) – moderate to severe hidradenitis suppurativa	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid –NF, HIX - NF
Keytruda – tx locally advanced or metastatic urothelial ca. in adults not eligible for cisplatin chemo (w/ Padcev)	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Padcev – tx locally advanced or metastatic urothelial ca. in adults not eligible for cisplatin chemo (w/ Keytruda)	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Tepezza – thyroid eye disease <i>regardless of thyroid eye disease activity or duration</i>	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Hyrimoz (adalimumab) – moderate to severe	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF

June 2023 Pharmacy & Therapeutics Committee Decisions

hidradenitis suppurativa		
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 .	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Sogroya – tx of growth failure due to inadequate secretion of endogenous growth hormone (GH) in pediatric patients ≥ 2.5 years of age	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF

New Generics Review

Drug	Current formulary status	Recommendation
Teriflunomide (Aubagio)	Medicare: F, Medicaid: P, HIX: NF	Medicare: F, Medicaid: F, HIX: F
BISMUTH-METRO-TETR (Pylera)	Medicare: NF, Medicaid: F , HIX: F	Medicare: NF, Medicaid: NF , HIX: NF
Diltiazem 24H ER(LA) (Cardizem LA)	Medicare: NF , Medicaid: NP , HIX: NF	Medicare: F , Medicaid: P , HIX: F
Posaconazole (Noxafil)	Medicare: NF, Medicaid: NP, HIX: NF	Medicare: NF, Medicaid: NP, HIX: NF
Topiramate ER (Trokeni XR)	Medicare: NF, Medicaid: NP , HIX: NF	Medicare: NF, Medicaid: NF , HIX: NF
Budesonide rectal foam (Uceris)	Medicare: NF, Medicaid: NP , HIX: NF	Medicare: NF, Medicaid: NF , HIX: NF
Naftifine gel (Naftin)	Medicare: NF, Medicaid: NF , HIX: F	Medicare: NF, Medicaid: F , HIX: F
Ciprofloxacin susp (Cipro susp)	Medicare: NF , Medicaid: NP, HIX: NF	Medicare: F , Medicaid: NP, HIX: F
Cycloserine (Cycloserine)	Medicare: NF, Medicaid: NF, HIX: NF	Medicare: NF, Medicaid: NF, HIX: NF
Gefitinib (Iressa)	Medicare: NF , Medicaid: NF , HIX: NF	Medicare: F , Medicaid: F , HIX: F

Miscellaneous Previously Reviewed Items

Drug	Rationale/Alternative	Recommendation
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June 2023 Pharmacy & Therapeutics Committee Decisions

XACIATO 2% (CLINDAMYCIN PHOSPHATE) VAGINAL GEL	CLINDAMYCIN, METRONIDAZOLE, CLEOCIN	NF all lines of business
KONVOMEPEP 2-84 MG/ML (OMEPRAZOLE/SODIUM BICARBONATE) ORAL SUSPENSION	ESOMEPRAZOLE, LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE	NF all lines of business
FLUTICASONE- SALMETEROL HFA AEROSOL	ADVAIR HFA, Advair Diskus, fluticasone - salmeterol breath activated inhaler, Dulera HFA, Symbicort HFA	NF all lines of business
OXYBUTYNIN 2.5 MG TABLET	OXYBUTYNIN 5 MG	NF all lines of business
VEGZELMA (BEVACIZUMAB-ADCD) VIAL	MEDICAL DRUG	NF all lines of business
REZVOGLAR (INSULIN GLARGINE-AGLR) KWIKPEN	BASAGLAR, LANTUS	Medicare: NF Medicaid: F HIX: NF
ADTHYZA (THYROID,PORK) TABLET	NP Thyroid, Levothyroxine, Levoxyl, Liothyronine, Unithroid	NF all lines of business
ATORVALIQ 20 MG/5 ML (ATORVASTATIN) SUSPENSION	ATORVASTATIN, SIMVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN tablets	NF all lines of business
PRIMIDONE 125 MG (PRIMIDONE) TABLET	PDL CONTROLLED. INITIAL TITRATION STRENGTH	F all lines of business
VANCOMYCIN 25 MG/ML (VANCOMYCIN HCL) SOLUTION	VANCOMYCIN CAPSULES	NF all lines of business
BACLOFEN 25 MG/5 ML (BACLOFEN) SUSPENSION	BACLOFEN TABLETS, TIZANIDINE TABLETS, CYCLOBENZAPRINE TABLETS	NF all lines of business
CUVRIOR 300 MG (TRIENTINE TETRAHYDROCHLORID) TABLET	PENICILLAMINE, TRIENTINE HCL	NF all lines of business

Additional Items Reviewed

Item	Action
New Medical Drug Policies (effective 08/15/2023)	<ul style="list-style-type: none"> Qalsody