

## March 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
Sotyktu (deucravacitinib)	Moderate-to-severe plaque psoriasis treatable by systemic therapy or phototherapy	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Tecvayli (teclistamab-cqyv) PROTECTED CLASS	treatment of adults with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Zynteglo (betibeglogene autotemcel)	Gene therapy to treat adult and pediatric patients who have transfusion-dependent beta-thalassemia	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Rolvedon (eflapegrastim-xnst)	Granulocyte colony-stimulating factor (G-CSF), it reduces the chances of infections, represented by febrile neutropenia (fever and a decrease in certain white	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

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	blood cells), among adults who are being treated for non-myeloid cancers		
Skysona Infusion Bag-Cassette (elivaldogene autotemcel)	Delay neurologic decline for males between the ages of four years old and 17 years old who have mild symptoms or who are still symptomatic for the rare condition, cerebral adrenoleukodystrophy (CALD)	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Xenpozyme (olipudase alfa-rpcp)	Non-central nervous system manifestations of acid sphingomyelinase deficiency (ASMD)	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Furoscix (furosemide)	Relieve worsening congestion that results from fluid overload associated with NYHA Class II or Class III chronic heart failure in adult patients	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Lytgobi (futibatinib)	Advanced forms of intrahepatic cholangiocarcinoma that test positive for gene abnormalities in growth factor receptor 2 (FGFR2) and that cannot be surgically removed and have already received other treatments	Medicare: Formulary w/ PA Medicaid: Formulary w/PA Exchange: Formulary w/PA	04/01/2023
Relyvrio (sodium phenylbutyrate/taurursodiol)	Amyotrophic lateral sclerosis (ALS)	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Imjudo (tremelimumab-actl)	Hepatocellular carcinoma (HCC) that cannot be removed by surgery	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Pedmark (sodium thiosulfate)	Lower the risk of ototoxicity (hearing damage) for pediatric patients at least one month old who are receiving cisplatin to treat solid tumors that have not spread	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

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Xelstrym (dextroamphetamine)	Attention deficit hyperactivity disorder (ADHD) for patients who are at least six years old	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
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**Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 04/1/2023.**

### New Indications Review

Drug	Current formulary status	Recommendation
Liletta – expanded duration of up to 8 years for pregnancy prevention	Medicare-NF, Medicaid-F, HIX-NF	Medicare-NF, Medicaid-F, HIX-NF
Ixinity – reinstatement of prophylaxis of bleeding episodes in pts ≥12 with hemophilia B	Medicare-NF, Medicaid-P, HIX-F	Medicare-NF, Medicaid-P, HIX-F
Benefix - reinstatement of prophylaxis of bleeding episodes in children with hemophilia B	Medicare-NF, Medicaid-P, HIX- F	Medicare-NF, Medicaid-P, HIX-F
Trulicity – DM2 ≥10 years old	Medicare-F, Medicaid-NP, HIX-F	Medicare-F, Medicaid-NP, HIX-F
Udenyca – increase survival in pts acutely exposed to myelosuppressive doses of radiation	Medicare – F, Medicaid – F, HIX - F	Medicare – F, Medicaid – F, HIX - F
Zejula – BRCA+ ovarian, fallopian tube or primary peritoneal ca	Medicare – F, Medicaid – F, HIX - F	Medicare – F, Medicaid – F, HIX - F
Ibrance – pre/perimenopausal women, HR+, and HER2- breast cancer with aromatase inhibitor	Medicare – F, Medicaid – F, HIX - F	Medicare – F, Medicaid – F, HIX - F
Vraylar – adjunct tx with antidepressants for MDD	Medicare – F, Medicaid – NP, HIX - F	Medicare – F, Medicaid – NP, HIX - F
Tymlos – increase bone density in men	Medicare – NF, Medicaid – NP, HIX - F	Medicare – NF, Medicaid – NP, HIX - F

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with osteoporosis at high risk for fracture		
Actemra – Covid-19 hospitalized pts	Medicare – NF, Medicaid – NP, HIX - F	Medicare – NF, Medicaid – NP, HIX - F
Rubraca - restricted to BRCA mutation+ ovarian, fallopian, or primary peritoneal cancer	Medicare – F, Medicaid – F, HIX - F	Medicare – F, Medicaid – F, HIX - F
Wegovy – pediatric indication. Weight loss age 12 and older	Medicare – NF, Medicaid – P, HIX - NF	Medicare – NF, Medicaid – P, HIX - NF
Imfinzi – metastatic NSCLC without EGFR mutations or ALK genomic tumor aberrations w/ Imjudo	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Imjudo – metastatic NSCLC without EGFR mutations or ALK genomic tumor aberrations w/ Imfinzi	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Adcetris – previously untreated high risk classical Hodgkin Lymphoma - pediatric	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Librayo – NSCLC in adults with no EGFR, ALK or ROS1 aberrations.	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Pemetrexed – metastatic non-squamous NSCLC in pts w/o EGFR or ALK genetic tumor aberrations w/Keytruda	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Brexafemme – recurrent vulvovaginal candidiasis	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Tecentriq – remove indication for urothelial carcinoma	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Tascenso ODT – removed wt.	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF

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restriction for treatment of MS		
Tecentriq – metastatic alveolar soft part sarcoma age 2 and older	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Bortezomib – initial treatment of mantle cell lymphoma	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Xeloda – adjuvant tx stage III colon cancer	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Pemfexy - metastatic non-squamous NSCLC in pts w/o EGFR or ALK genetic tumor aberrations w/Keytruda	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF

### New Generics Review

Drug	Current formulary status	Recommendation
CETRORELIX ACETATE 0.25 MG VL Generic for CETROTIDE	Medicare: NF, Medicaid: NF, HIX: NF	Medicare: NF, Medicaid: NF, HIX: NF
NAPROXEN SOD ER 750 MG TABLET Generic for NAPRELAN CR	Medicare: NF, Medicaid: NP, HIX: NF	Medicare: NF, Medicaid: NP, HIX: NF
PENCICLOVIR 1% CREAM Generic for DENAVIR	Medicare: NF, Medicaid: <b>P</b> , HIX: F	Medicare: NF, Medicaid: <b>NF</b> , HIX: F
DEXLANSOPRAZOLE DR 60 MG CAP Generic for DEXILANT	Medicare: NF, Medicaid: <b>NP</b> , HIX: NF	Medicare: NF, Medicaid: <b>NF</b> , HIX: NF

### Miscellaneous Previously Reviewed Items

Drug	Rationale/Alternative	Recommendation
Ermeza solution (levothyroxine)	Levothyroxine, Levo-T, Levoxyl, Liothyronine	NF all lines of business
Leuprolide Depot 22.5mg vial	Lupron Depot	F all lines of business
Pralatrexate vial	Methotrexate	NF all lines of business

## March 2023 Pharmacy & Therapeutics Committee Decisions

Additional Items Reviewed	
Item	Action
New Medical Drug Policies (effective 04/01/2023)	<ul style="list-style-type: none"><li>• Hemgenix</li><li>• Sunleca</li><li>• Briumvi</li><li>• Leqembi</li><li>• Lunsumio</li></ul>