

## December 2024 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
<b>Rezdiffra</b> (resmetirom)	for the treatment of adults with metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver fibrosis, indicated in conjunction with diet and exercise.	Formulary w/PA	N/A
<b>Winrevair</b> (sotatercept-scrk)	for the treatment of adults with pulmonary arterial hypertension (PAH, WHO Group 1) to increase exercise capacity, improve WHO functional class, and reduce the risk of clinical worsening events.	Formulary w/PA	N/A
<b>Ojemda</b> (tovorafenib) <span style="color: red;">Protected Class Drug</span>	for the treatment of patients > 6 months of age with relapsed or refractory (R/R) pediatric low-grade glioma (LGG; pLGG) harboring a BRAF fusion or rearrangement or BRAF V600 mutation	Formulary w/PA	N/A
<b>Duvyzat</b> (givinostat)	For the treatment of Duchenne muscular dystrophy (DMD) in patients 6 years of age and older	Non-Formulary	N/A

## December 2024 Pharmacy & Therapeutics Committee Decisions

<b>Lazcluze</b> (Lazertinib) <b>Protected Class Drug</b>	In combination with amivantamab for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations, as detected by an FDA-approved test.	Formulary	N/A
<b>Voydeya</b> (danicopan)	Add-on therapy to ravulizumab or eculizumab for the treatment of extravascular hemolysis (EVH) in adults with paroxysmal nocturnal hemoglobinuria (PNH)	Non-Formulary	N/A
<b>Xolremdi</b> (mavorixafor)	To increase the number of circulating mature neutrophils and lymphocytes in patients $\geq 12$ years of age with warts, hypogammaglobulinemia, infections, and myelokathexis (WHIM) syndrome	Non-Formulary	N/A

**Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 1/1/2025.**

NEW INDICATIONS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
<b>Fabhalta</b> (iptacopan) 200 mg capsule – accelerated approval for a new indication for the reduction of proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk for rapid disease progression	Non-Formulary	No change
<b>Palforzia</b> [peanut ( <i>Arachis hypogaea</i> ) allergen powder for peanut allergy desensitization age expansion down to age 1	Non-Formulary	No change

## December 2024 Pharmacy & Therapeutics Committee Decisions

<p><b>Vyvgart Hytrulo</b> (efgartigimod alfa and hyaluronidase) SQ vial for treatment of adults with chronic inflammatory demyelinating polyneuropathy (CIDP)</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Fibryga</b> [fibrinogen (human)] 1 gm IV vial – acute bleeding episodes (BEs) for patients with acquired fibrinogen deficiency</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Imfinzi</b> (durvalumab)) 50 mg/mL IV vials – 2 new indications, 1) to be used in combination with platinum-containing chemotherapy as neoadjuvant treatment, followed by durvalumab continued as a single agent as adjuvant treatment after surgery, for the treatment of adult patients with non-small cell lung cancer (NSCLC) and no known EGFR mutations or ALK rearrangements, and 2) in combination with tremelimumab and platinum-based chemotherapy, for the treatment of adult patients with metastatic NSCLC with no sensitizing EGFR mutations or ALK genomic tumor aberrations.</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Darzalex Faspro</b> (daratumumab and hyaluronidase) 1,800 mg-30,000 units/15 mL SQ injection – in combination with bortezomib, lenalidomide, and dexamethasone, for induction and consolidation in newly diagnosed multiple myeloma patients who are eligible for autologous stem cell transplant</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Rybrevent</b> (amiivantamab) 50 mg/mL IV injection in combination</p>	<p>Non-Formulary</p>	<p>No change</p>

## December 2024 Pharmacy & Therapeutics Committee Decisions

with Lazcluze (lazertinib) tablets for EGFR mutated NSCLC		
<b>Brineura</b> (cerliponase alfa) 150 mg/5 mL intraventricular injection kit for tripeptidyl 1 deficiency age expansion to all ages (previously 3+)	Non-Formulary	No change
<b>Filspari</b> (sparsentan) 200 & 400 mg tablets for primary immunoglobulin A nephropathy full approval	Non-Formulary	No change
<b>Dupixent</b> (dupilumab) 300 mg/2 mL SQ injection for chronic rhinosinusitis with nasal polyps (CRSwNP) in patients > 12 years age expansion	Formulary	No change
<b>Bimzelx</b> (bimekizumab) 160 mg/mL SQ injection – 3 new indications: 1) psoriatic arthritis (PsA), 2) non-radiographic axial spondyloarthritis (nr-axSpA), & 3) ankylosing spondylitis (AS) in adults	Non-Formulary	No change
<b>Fasenra</b> (benralizumab) 160 mg/mL injection – treat adults with eosinophilic granulomatosis with polyangiitis (EGPA)	Formulary	No change
<b>Rybrevant</b> (amivantamab) 50 mg/mL IV vials – in combination with carboplatin and pemetrexed for adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) harboring epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations whose disease has progressed on or after treatment with an EGFR tyrosine kinase inhibitor	Non-Formulary	No change

## December 2024 Pharmacy & Therapeutics Committee Decisions

<p><b>Keytruda</b> (pembrolizumab) 25 mg/mL IV solutions – in combination with pemetrexed and platinum chemotherapy as first-line treatment of adults with unresectable advanced or metastatic malignant pleural mesothelioma</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Sarclisa</b> (isatuximab) 20 mg/mL IV vials – for use with bortezomib, lenalidomide, and dexamethasone for adults with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplant</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Cimzia</b> (certolizumab) 200 mg/mL SQ injection – treatment of active polyarticular juvenile idiopathic arthritis (pJIA) in patients &gt; 2 years of age</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Jylamvo</b> (methotrexate) 2 mg/mL oral solution for polyarticular juvenile idiopathic arthritis &amp; for pediatric patients with acute lymphoblastic leukemia</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Prevymis</b> (letermovir) 240 &amp; 480 mg tablets for CMV prophylaxis in patients &gt; months who are CMV-seropositive recipients of allogeneic stem cell transplant &amp; patients &gt; 12 years who are kidney transplant recipients and high risk (age expansion)</p>	<p>Formulary</p>	<p>No change</p>
<p><b>Dupixent</b> (dupilumab) 300 mg/2mL SQ injection for add-on maintenance treatment of inadequately controlled COPD with an eosinophilic phenotype</p>	<p>Formulary</p>	<p>No change</p>

## December 2024 Pharmacy & Therapeutics Committee Decisions

<p><b>Kisqali</b> (ribociclib) 200 mg tablets – adjuvant treatment of HR+, HER2-, stage II and III early breast cancer at high risk of recurrence</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Retevmo</b> (selpercatinib) 40 &amp; 80 mg capsules and 40, 80, 12, &amp; 160 mg tablets – full approval for adult and pediatric patients 2 years of age and older with advanced or metastatic medullary thyroid cancer (MTC) with a RET mutation, who require systemic therapy, previously an accelerated approval</p>	<p>Formulary</p>	<p>No change</p>
<p><b>Fragmin</b> (dalteparin) SQ injection – for treatment of symptomatic venous thromboembolism (VTE) to reduce recurrence in pediatric patients from birth &gt; 35 weeks of gestation. Age expansion from &gt; 1 month of age</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Abrysvo</b> (RSV vaccine) 0.5 mL injection for prevention of LRTD caused by RSV in individuals aged 18 to 59 years at increased risk for infection – age expansion</p>	<p>Formulary</p>	<p>No change</p>
<p><b>Lumryz</b> (sodium oxybate) 4.5, 6, 7.5, &amp; 9 gram ER packets for oral suspension for cataplexy or excessive daytime sleepiness in patients aged &gt; 7 years – age expansion</p>	<p>Non-Formulary</p>	<p>No change</p>
<p><b>Opdivo</b> (nivolumab) 10 mg/mL IV vials – adult patients with resectable (tumors &gt; 4 cm or node positive) non-small cell lung cancer (NSCLC) and no known EGFR mutations or ALK rearrangements, for neoadjuvant treatment, in combination with platinum-doublet chemotherapy, followed by single-agent nivolumab</p>	<p>Non-Formulary</p>	<p>No change</p>

## December 2024 Pharmacy & Therapeutics Committee Decisions

as adjuvant treatment after surgery		
<b>Botox Cosmetic</b> (onabotulinumtoxinA) 50 & 100 unit vials – for temporary improvement in the appearance of moderate to severe platysma bands in adults	Non-Formulary	No change

NEW GENERICS REVIEW		
DRUG	RATIONALE/ALTERNATIVE	RECOMMENDATION
<b>Adalimuman-aacf</b> 40mg/0.8 mL prefilled syringe for various inflammatory conditions (Idacio biosimilar)	A low-WAC version of the biosimilar Idacio has launched	Non-Formulary
<b>Lucemyra</b> (lofexidine) 0.18 mg tablet for opioid withdrawal symptoms	A single manufacturer has released a generic alternative to Lucemyra	Non-Formulary
<b>Sprycel</b> (dasatinib) 20, 50, 70, 80, 100, & 140 mg tablets for chronic myeloid leukemia and acute lymphoblastic leukemia	Generic dasatinib (Sprycel equiv) has launched with a WAC price reduction of 30-32% compared to the branded agent	Formulary
<b>Oxtellar XR</b> (oxcarbazepine) 150, 300, & 600 mg ER tablets for partial-onset seizures	Generic oxcarbazepine extended-release tablet has launched with a minimal 9% price discount to the branded product	Non-Formulary
<b>Adalimumab-aacf</b> 40/ mg/0.8 mL autoinjector starter kits for inflammatory conditions (Idacio biosimilar)	Adalimuman-aacf (generically named Idacio) has launched with 2 new starter kits	Non-Formulary
<b>Tazorac</b> (tazarotene) 0.05% cream for plaque psoriasis & acne	The generic is currently available at a modest discount vs the branded product. 0.1% cream is on all formularies	Non-Formulary
<b>Solu-cortef</b> (hydrocortisone) 100 mg injection anti-	Brand currently covered. Add generic alongside	Formulary

## December 2024 Pharmacy & Therapeutics Committee Decisions

inflammatory		
<b>Sandostatin LAR Depot</b> (ocreotide) 20 mg & 30 mg IM kit for acromegaly & severe diarrhea with certain tumors	Brand Kit not covered. Other octreotide products are on formulary	Non-Formulary
<b>Stendra</b> (avanafil) 50, 100, & 200 mg tablets for erectile dysfunction (ED)	A single manufacturer has launched a generic avanafil product. As this product is for ED which is an excluded benefit	Non-Formulary

New or Expanded Formulations		
DRUG	RATIONALE/ALTERNATIVE	RECOMMENDATION
<b>Entresto sprinkle</b> (sacubitril-valsartan) 6-6 mg & 15-16 mg oral pellets capsule for heart failure to support pediatric dosing	2-4x the cost of tablets which prescribing information gives instructions on how to prepare a suspension with the tablets	Non- Formulary
<b>Crexont</b> (carbidopa/levodopa) 35-140 mg, 52.5-210 mg, 70-280 mg, & 87.5-350 mg ER capsules for Parkinson's disease	High-cost branded carbidopa/levodopa	Non- Formulary
<b>Mydcombi</b> (tropicamide-phenylephrine) 1-2.5% ophthalmic solution for pupil dilation	In clinic product for pupil dilation	Non- Formulary
<b>Retevmo</b> (selpercatinib) 40, 80, 120, & 160 mg tablets for RET mutated cancer	New tablet formulary joins capsules	Formulary
<b>Zepbound</b> (tirzepatide) 2.5 mg/0.5 mL & 5 mg/0.5 mL SQ vials for weight management	New vial formulation only available through Lilly Direct	Non- Formulary
<b>Vigafyde</b> (vigabatrin) 100 mg/mL oral solution for	New oral solution	Formulary



## December 2024 Pharmacy & Therapeutics Committee Decisions

infantile spasms		
<b>Vabysmo</b> (faricimab) 6 mg/0.05 mL intravitreal prefilled syringe for Wet nAMD, and macular edema	Medical Drug	Non- Formulary
<b>Glimepiride</b> 3mg tablet for type 2 diabetes mellitus	High-cost strength approx. 42x the cost of 3 x 1mg tabs	Non- Formulary
<b>Onyda XR</b> (clonidine) 0.1 mg/mL ER suspension for ADHD	High-cost suspension approx. 40x the cost of tablets	Non- Formulary
<b>Potassium chloride ER</b> 15 mEq tablet for hypokalemia	New branded strength. Generic strength (8, 10 and 20 mEq) are covered	Non- Formulary
<b>Veltassa</b> (patiomer) 1g packet for hyperkalemia	New lower strength to accommodate pediatric dosing	Formulary
<b>Femlyv</b> (norethindrone acetate-ethinyl estradiol) 1 mg-20 mcg orally disintegrating tablet for oral contraception	New ODT dosage form  Mandatory \$0 coverage for IFP and Medicaid due to the ACA	Non- Formulary
<b>Tremfya</b> (guselkumab) 200 mg/2 mL SQ prefilled syringe & autoinjector pen for ulcerative colitis	New 200 mg preparations of Tremfya have launched in conjunction with the recent approval for the treatment of ulcerative colitis	Non- Formulary
<b>Dolobid</b> (diflunisal) 250 mg tablet for pain	High-cost strength. 500 mg generic on formulary	Non- Formulary
<b>Tuqap</b> (capiwasertib) 160 mg & 200 mg therapy pack for breast cancer	Therapy pack may allow for more convenient administration considering 4 days on and 3 days off dosing schedule	Formulary
<b>Lumryz</b> (sodium oxybate) starter pack containing 4.5, 6, & 7 gm packets for ER suspension for narcolepsy	Starter pack is now available as a convenient option for patients up titrating their dosage. UCare does not cover Lumryz	Non- Formulary

## December 2024 Pharmacy & Therapeutics Committee Decisions

<b>Tecentriq Hybreza</b> (atezolizumab-hyaluronidase) 1,875 mg-30,000 units/15 mL SQ vial for various cancers	Medical Drug	Non- Formulary
<b>Ocrevus Zunovo</b> (ocrelizumab-hyaluronidase) 920 mg-23,000 units/23 mL SQ vial for multiple sclerosis (MS)	Medical Drug	Non- Formulary
<b>Zituvimet</b> (sitagliptin-metformin) 50-500 mg & 50-1000 mg tablet and Zituvimet XR (sitagliptin-metformin ER) 50-500 mg, 50-1000 mg, & 100-1000 mg tablets for type 2 diabetes	High-cost branded generic. True generics expected in the near future	Non- Formulary
<b>Freestyle Libre 2-Plus Sensor</b> for glucose monitoring	1 day longer wear time compared to Libre 2	Formulary
<b>Carbamazepine</b> 200 mg chewable tablet for epilepsy	New strength of chew tab. More expensive than 2x 100 mg chew	Non- Formulary

### ADDITIONAL ITEMS REVIEWED

ITEM	DRUGS WITH NEW POLICIES
New Medical Drug Policies (effective 1/1/2025)	<ul style="list-style-type: none"> <li>• Lymphir</li> <li>• Niktimvo</li> <li>• Ocrevus Zunovo</li> <li>• Tecentriq Hybreza</li> <li>• Tremfya Intravenous</li> <li>• Vyalev</li> <li>• Vyloy</li> </ul>