

January 2024 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
Elevidys (delandistrogene moxeparvc-rokl)	for the treatment of ambulatory pediatric patients aged 4 through 5 years with Duchenne muscular dystrophy (DMD) with a confirmed mutation in the DMD gene	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	NA
Elrexfio (elranatamab-bcmm) PROTECTED CLASS DRUG	for the treatment of relapsed or refractory multiple myeloma in adults who have received at least four prior lines of therapy including a proteasome inhibitor (PI), an immunomodulatory agent (IMiD), and an anti-CD38 monoclonal antibody.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Izervay (avacincaptad pegol sodium/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
Veopoz (pozelimab-bbfg)	is indicated for the treatment of CD55-deficient protein-losing enteropathy, also known as CHAPLE disease, in adult and pediatric patients ≥ 1 year of age.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

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<p>Akeega (niraparib/abiraterone) PROTECTED CLASS DRUG</p>	<p>treatment of deleterious or suspected deleterious BRreast CAncer (BRCA)-mutated (BRCAm) metastatic castration-resistant prostate cancer (mCRPC) in adults with prednisone</p>	<p>Medicare: Formulary Medicaid: Formulary Exchange: Formulary</p>	<p>02/01/2024</p>
<p>Beyfortus (nirsevimab-alip)</p>	<p>for the prevention of RSV lower respiratory tract disease (LRTD) in: 1) Neonates and infants born during or entering their first RSV season; and 2) Children ≤ 24 months of age who remain vulnerable to severe RSV disease through their second RSV season</p>	<p>Medicare: Formulary Medicaid: Formulary Exchange: Formulary</p>	<p>02/01/2024</p>
<p>Bimzelx (bimekizumab-bkzx)</p>	<p>treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy</p>	<p>Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary</p>	<p>N/A</p>
<p>Lodoco (colchicine)</p>	<p>to reduce the risk of myocardial infarction (MI), stroke, coronary revascularization, and cardiovascular (CV) death in adults with established atherosclerotic disease or with multiple risk factors for CV disease</p>	<p>Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary</p>	<p>N/A</p>
<p>Ngenla (somatrogon-ghla)</p>	<p>treatment of pediatric patients aged 3 years and older who have growth failure due to inadequate secretion of endogenous growth hormone</p>	<p>Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary</p>	<p>N/A</p>
<p>Sohonos capsule (palovarotene)</p>	<p>the reduction in volume of new heterotopic ossification caused by fibrodysplasia ossificans progressiva in adults and pediatric patients aged eight years and older for females and 10 years and older for males. Sohonos received Orphan Drug and Breakthrough Therapy designations from</p>	<p>Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary</p>	<p>N/A</p>

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	the FDA and was granted Priority Review		
Daxxify (daxibotulinumtoxinA-inam)	Daxxify is indicated for the treatment of cervical dystonia in adults. Daxxify was first approved for cosmetic use by the FDA in 2022 for temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adults.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Jesduvroq (daprodustat)	Jesduvroq is indicated for the treatment of anemia due to chronic kidney disease (CKD) in adults who have been receiving dialysis for at least 4 months.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Talvey (talquetamab-tgvs) PROTECTED CLASS DRUG	Talvey is indicated for treatment of relapsed or refractory multiple myeloma in adults who have received at least four prior lines of therapy and whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and one CD38-directed monoclonal antibody.	Medicare: Formulary Medicaid: Formulary Exchange: Formulary	02/01/2024
Vanflyta (quizartinib dihydrochloride) PROTECTED CLASS DRUG	Vanflyta, a kinase inhibitor, is indicated in combination with standard cytarabine and anthracycline induction and cytarabine consolidation, and as maintenance monotherapy following consolidation chemotherapy, for the treatment of newly diagnosed acute myeloid leukemia (AML) that is FMS-like tyrosine kinase 3 internal tandem duplication (FLT3-ITD)-positive as detected by an FDA-approved test in adults.	Medicare: Formulary Medicaid: Formulary Exchange: Formulary	02/01/2024
Ycanth (cantharidin)	treatment of molluscum contagiosum in adults and	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

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	pediatric patients 2 years of age and older.		
Zepbound (tirzepatide)	indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of ≥ 30 kg/m ² (obesity); or ≥ 27 kg/m ² (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes mellitus, obstructive sleep apnea, or cardiovascular disease).	Medicare: Non-Formulary Medicaid: Formulary Exchange: Formulary	02/01/2024
Zurzuvae (zuranolone)	postpartum depression (PPD) in adults	Medicare: Formulary Medicaid: Formulary Exchange: Formulary	02/01/2024

Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 02/01/2024.

New Indications Review

Drug	Current formulary status	Recommendation
Lynparza (olaparib tablets)- Revised indication provides for restricting the indication for maintenance treatment of recurrent ovarian cancer to those patients with a germline breast cancer susceptibility gene (BRCA) mutation only	Medicare -F, PPO - F, Medicaid - F, HIX -F	Medicare -F, PPO - F, Medicaid -F, HIX -F
Yusimry (adalimumab-aqvh subcutaneous injection)- New indication for the treatment of non-	Medicare -NF, PPO - NF, Medicaid - NF, HIX - NF	Medicare -NF, PPO - NF, Medicaid - NF, HIX - NF

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infectious intermediate, posterior, and panuveitis in adults.		
Temodar (temozolomide capsules)- New indication for the adjuvant treatment of newly diagnosed anaplastic astrocytoma in adults.	Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF	Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF
Jardiance (empagliflozin tablets) - New indication to reduce the risk of sustained decline in estimated glomerular filtration rate (eGFR), end-stage kidney disease, cardiovascular (CV) death and hospitalization in adults with chronic kidney disease (CKD) at risk of progression.	Medicare –F, PPO – F, Medicaid – F, HIX – F	Medicare –F, PPO – F, Medicaid – F, HIX – F
Bosulif (bosutinib tablets)- Expanded age indication to include patients 1 to < 18 years of age for chronic phase Philadelphia chromosome-positive chronic myelogenous leukemia (Ph+ CML).	Medicare –F, PPO – F, Medicaid – F, HIX – F	Medicare –F, PPO – F, Medicaid – F, HIX – F
Veltassa (patiromer oral suspension)- Expanded age indication to include patients 12 to < 18 years of age. Veltassa is now indicated for the treatment of hyperkalemia in	Medicare –F, PPO – F, Medicaid – F, HIX – NF	Medicare –F, PPO – F, Medicaid – NF, HIX – F

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adults and pediatric patients \geq 12 years of age. Previously, Veltassa was only indicated in adults.		
Zoryve (roflumilast cream, 0.3%)– Expanded age indication to include patients 6 years to < 12 years of age. Zoryve is now indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients \geq 6 years of age.	Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF	Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF
Braftovi (encorafenib capsules) – New indication for use in combination with Mektovi® (binimetinib tablets), for the treatment of metastatic non-small cell lung cancer (NSCLC) in adults with BRAF V600E mutation, as detected by an FDA-approved test.	Medicare –F, PPO – F, Medicaid – F, HIX - F	Medicare –F, PPO – F, Medicaid – F, HIX - F
Mektovi (binimetinib tablets)– New indication for use in combination with Braftovi® (encorafenib capsules), for the treatment of metastatic non-small cell lung cancer (NSCLC) in adults with BRAF V600E mutation, as detected by an FDA-approved test.	Medicare –F, PPO – F, Medicaid – F, HIX - F	Medicare –F, PPO – F, Medicaid – F, HIX - F
Idacio (adalimumab-aacf injection)– New	Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF	Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF

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<p>indication for the treatment of moderate to severe hidradenitis suppurativa in adults.</p>		
<p>Keytruda (pembrolizumab intravenous infusion) – New indication for the treatment of patients with resectable (tumors \geq 4 cm or node positive) non-small cell lung cancer (NSCLC) in combination with platinum-containing chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery.</p>	<p>Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF</p>	<p>Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF</p>
<p>Opdivo (nivolumab intravenous infusion) – Expanded indication to include the adjuvant treatment of completely resected stage IIB or IIC melanoma in adult and pediatric patients \geq 12 years of age.</p>	<p>Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF</p>	<p>Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF</p>
<p>Enbrel (etanercept subcutaneous injection)– New indication for the treatment of active juvenile psoriatic arthritis (PsA) in patients \geq 2 years of age. Enbrel is now indicated for the treatment of active juvenile PsA in</p>	<p>Medicare –F, PPO – F, Medicaid – F, HIX - F</p>	<p>Medicare –F, PPO – F, Medicaid – F, HIX - F</p>

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pediatric patients \geq 2 years of age.		
Voxzogo (vosoritide subcutaneous injection)- Expanded age indication to include children under the age of 5 years. Voxzogo is now indicated to increase linear growth in pediatric patients with achondroplasia with open epiphyses. Previously, Voxzogo was indicated for pediatric patients \geq 5 years of age.	Medicare –NF, PPO – NF, Medicaid – F, HIX - F	Medicare –NF, PPO – NF, Medicaid – F, HIX - F
Rozlytrek (entrectinib capsules)- Expanded age indication to include children > 1 month to < 12 years of age with solid tumors.	Medicare –F, PPO – F, Medicaid – F, HIX - F	Medicare –F, PPO – F, Medicaid – F, HIX - F
Tibsovo (ivosidenib tablets) – New indication for the treatment of relapsed or refractory myelodysplastic syndromes (MDS) with a susceptible isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA-approved test.	Medicare –F, PPO – F, Medicaid – F, HIX - F	Medicare –F, PPO – F, Medicaid – F, HIX - F
Vabysmo (faricimab-svoa intravitreal injection)- New indication for the treatment of macular edema following retinal vein occlusion (RVO).	Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF	Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF

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Orencia (abatacept subcutaneous injection)- Expanded age indication to include patients 2 years to < 18 years of age with active psoriatic arthritis (PsA).	Medicare –F, PPO – NF, Medicaid – F, HIX - F	Medicare –F, PPO – NF, Medicaid – F, HIX - F
Cosentyx (secukinumab subcutaneous injection) - New indication for Cosentyx subcutaneous (SC) for the treatment of moderate to severe hidradenitis suppurativa (HS) in adults.	Medicare –NF, PPO – NF, Medicaid – F, HIX - NF	Medicare –NF, PPO – NF, Medicaid – F, HIX - NF
Voquezna (vonoprazan tablets) - New indication for healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults. New indication to maintain healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults.	Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF	Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF

New Generics Review

Drug	Current formulary status	Recommendation
LITHIUM 8 MEQ/5 ML SOLUTION	Medicare: F , PPO: F , Medicaid: F , HIX: F	Medicare: NF , PPO: NF , Medicaid: NF , HIX: NF
CLINDAMYC-BNZ PEROX 1.2-3.75% (ONEXTON)	Medicare: NF, PPO: NF, Medicaid: NF , HIX: NF	Medicare: NF, PPO: NF, Medicaid: NP , HIX: NF

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KEMOPLAT 50 MG/50 ML VIAL	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF
DEXTROAMPH-AMPHET ER 12.5 MG CAP DEXTROAMPH-AMPHET ER 25 MG CAP DEXTROAMPH-AMPHET ER 37.5 MG CAP DEXTROAMPH-AMPHET ER 50 MG CAP (MYDAYIS)	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF
PAZOPANIB HCL 200 MG TABLET (VOTRIENT)	Medicare: NF , PPO: NF , Medicaid: F, HIX: NF	Medicare: F , PPO: F , Medicaid: F, HIX: F
COLCHICINE 0.6 MG CAPSULE (MITIGARE)	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF
PITAVASTATIN 1 MG TABLET PITAVASTATIN 2 MG TABLET PITAVASTATIN 4 MG TABLET (LIVALO)	Medicare: NF, PPO: NF, Medicaid: NP , HIX: NF	Medicare: NF, PPO: NF, Medicaid: NF , HIX: NF
SPIRONOLACTONE 25 MG/5 ML SUSP (CAROSPIR)	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF
LITHIUM 8 MEQ/5 ML SOLUTION	Medicare: F , PPO: F , Medicaid: F , HIX: F	Medicare: NF , PPO: NF , Medicaid: NF , HIX: NF
CLINDAMYC-BNZ PEROX 1.2-3.75% (ONEXTON)	Medicare: NF, PPO: NF, Medicaid: NF , HIX: NF	Medicare: NF, PPO: NF, Medicaid: NP , HIX: NF
KEMOPLAT 50 MG/50 ML VIAL	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF
DEXTROAMPH-AMPHET ER 12.5 MG CAP DEXTROAMPH-AMPHET ER 25 MG CAP	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF

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DEXTROAMPH-AMPHET ER 37.5 MG CAP DEXTROAMPH-AMPHET ER 50 MG CAP (MYDAYIS)		
PAZOPANIB HCL 200 MG TABLET (VOTRIENT)	Medicare: NF , PPO: NF , Medicaid: F, HIX: NF	Medicare: F , PPO: F , Medicaid: F, HIX: F
COLCHICINE 0.6 MG CAPSULE (MITIGARE)	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF	Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF

Miscellaneous Previously Reviewed Items

Drug	Rationale/Alternative	Recommendation
EYLEA HD 8 MG/0.07 ML (AFLIBERCEPT) VIAL	Intravitreal injection	NF all lines of business
XDEMVY 0.25% (LOTILANER) DROP	indicated to treat Demodex blepharitis, a chronic inflammation around the eyelashes, caused by infection with Demodex mites	NF all lines of business
AIRSUPRA 90-80 MCG (ALBUTEROL SULFATE/BUDESONIDE) INHALER	BUDESONIDE-FORMOTEROL, FLUTICASONE-SALMETEROL, ADVAIR HFA, AIRDUO, BREO ELLIPTA, DULERA, FLUTICASONE-VILANTEROL	NF all lines of business
IYUZEH 0.005% (LATANOPROST/PF) EYE DROP	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST	NF all lines of business
NITROFURANTOIN 50 MG/5 ML (NITROFURANTOIN) SUSPENSION	NITROFURANTOIN capsules	NF all lines of business
RYKINDO ER (RISPERIDONE MICROSPHERES)	ABILIFY ASIMTUFII, ABILIFY MAINTENA ER, INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA, RISPERDAL CONSTA	Medicare: NF, PPO: NF Medicaid: NF, HIX: F
ILET INSULIN (SUBCUTANEOUS INSULIN PUMP) PUMP	OMNIPOD	NF all lines of business
TRIENTINE HCL 500 MG (TRIENTINE HCL) CAPSULE	TRIENTINE HCL 250 MG CAPSULE	NF all lines of business

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GLIPIZIDE 2.5 MG (GLIPIZIDE) TABLET	GLIPIZIDE 5 MG TABLET	NF all lines of business
ADALIMUMAB-ADBM	HUMIRA, HADLIMA	NF all lines of business
HYRIMOZ (ADALIMUMAB- ADAZ)	HUMIRA, HADLIMA	NF all lines of business
ABRILADA (ADALIMUMAB-AFZB)	HUMIRA, HADLIMA	NF all lines of business
POKONZA 10 MEQ (POTASSIUM CHLORIDE) PACKET	POTASSIUM CL	NF all lines of business
MOTPOLY XR (LACOSAMIDE) CAPSULE	LACOSAMIDE, VIMPAT	NF all lines of business
OJJAARA (MOMELOTINIB DIHYDROCHLORIDE) TABLET	JAKAFI	NF all lines of business
FLUTICASONE PROP (FLUTICASONE PROPIONATE) DISKUS	FLOVENT, FLUTICASONE PROPIONATE HFA	Medicare: NF, PPO: NF Medicaid: F, HIX: F

Additional Items Reviewed

Item	Drugs with New Policies
New Medical Drug Policies (effective 03/15/2024)	<ul style="list-style-type: none"> Adzynma Cosentyx IV Loqtorzi Omvoh Rivfloza Ryzneuta