

September 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
Wainua (eplontersen)	for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR) in adults	Non-Formulary	N/A
Filsuvez (birch triterpenes)	Treatment of wounds associated with dystrophic epidermolysis bullosa (DEB) and junctional epidermolysis bullosa (JEB) in adult and pediatric patients aged ≥ 6 months	Non-Formulary	N/A
Iwifin (eflornithine) Protected Class Drug	To reduce the risk of relapse in adult and pediatric patients with high-risk neuroblastoma (HRNB) who have demonstrated at least a partial response to prior multiagent, multimodality therapy including anti-GD2 immunotherapy.	Formulary w/PA	N/A
Rivfloza (nedosiran)	To lower urinary oxalate (Uox) levels in patients ≥ 9 years of age with primary hyperoxaluria type 1 (PH1) and relatively preserved kidney function (e.g. eGFR ≥ 30 mL/min/1.73 m ²)	Non-Formulary	N/A

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Ogsiveo	Adults with progressing desmoid tumors (DT) who require systemic treatment	Formulary w/PA	N/A
Fabhalta	Treatment of adults with paroxysmal nocturnal hemoglobinuria (PNH)	Non-Formulary	N/A
Zilbrysq	treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive (Ab+).	Non-Formulary	N/A

Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 10/1/2024.

NEW INDICATIONS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
Fasenra (benralizumab) 10 mg/0.5 mL & 30 mg/mL prefilled syringes (medical benefit) and 30 mg/mL autoinjector pen (pharmacy benefit) for severe asthma with eosinophilic phenotype in patients ≥ 6 years age expansion	Formulary	No change
Edurant (rilpivirine) 25 mg tablets and Edurant Ped (rilpivirine) 2.5 mg tablets for oral suspension for HIV-1 in patients ≥ 2 years age expansion	Formulary	No change
Otezla (apremilast) 10, 20, & 30 mg tablets for plaque psoriasis in patients ≥ 6 years age expansion	Non-Formulary	No change
Alecensa (alectinib) for adjuvant	Formulary	No change

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<p>treatment following tumor resection of anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC)</p>		
<p>Rinvoq (upadacitinib) 15 mg ER tablets for active polyarticular juvenile idiopathic arthritis in patients ≥ 2 years & psoriatic arthritis in patients ≥ 2 years age expansion</p>	<p>Formulary</p>	<p>No change</p>
<p>Rinvoq (upadacitinib) 1 mg/mL oral solution for active polyarticular juvenile idiopathic arthritis in patients ≥ 2 years & psoriatic arthritis in patients ≥ 2 years age expansion</p>	<p>Non-Formulary</p>	<p>No Change</p>
<p>Arexvy (Respiratory Syncytial Virus Vaccine, Adjuvanted) 120 mcg/0.5 mL for individuals 50-59 years of age at increased risk for LRTD caused by RSV</p>	<p>Formulary</p>	<p>No change</p>
<p>Motpoly XR (lacosamide) 100, 150, & 200 mg ER capsules for primary generalized tonic-clonic seizures</p>	<p>Non-Formulary</p>	<p>No change</p>
<p>Farxiga (dapagliflozin) 5 & 10 mg tablets and Xigduo XR (dapagliflozin-metformin ER) 2.5-1000, 5-500, 5-1000, 10-500, & 10-1000 mg tablets for type 2 diabetes in patients ≥ 10 years age expansion</p>	<p>Non-Formulary</p>	<p>No change</p>

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<p>Kevzara (sarilumab) 150 mg/1.14 mL & 200 mg/1.14 mL prefilled syringe & pen for pJIA</p>	<p>Formulary</p>	<p>No change</p>
<p>Retevmo (selpercatinib) 40 & 80 mg capsules for thyroid cancer & solid tumors in patients \geq 2 years age expansion</p>	<p>Formulary</p>	<p>No change</p>
<p>Skyrizi (risankizumab) 150 mg/mL, 180 mg/1.2 mL, & 360 mg/2.4 mL SQ formulations and 60 mg/mL IV solution for ulcerative colitis</p>	<p>Formulary</p>	<p>No change</p>
<p>Wakix (pitolisant) 4.45 & 17.8 mg tablets for excessive daytime sleepiness in patients \geq 6 years with narcolepsy age expansion</p>	<p>Non-Formulary</p>	<p>No change</p>
<p>Krazati (adagrasib) 200 mg tablet for colorectal cancer</p>	<p>Formulary</p>	<p>No change</p>
<p>Augtyro (repotrectinib) 40 mg capsules for NTRK-positive solid tumors</p>	<p>Formulary</p>	<p>No change</p>
<p>Velphoro (sucroferric oxyhydroxide) 500 mg chewable tablets for control of serum phosphorous in patients \geq 9 years age expansion</p>	<p>Non-Formulary</p>	<p>No change</p>
<p>Voquezna (vonoprazan) 10 mg tablets for the relief of heartburn associated with non-erosive gastroesophageal reflux in adults</p>	<p>Non-Formulary</p>	<p>No change</p>

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<p>Kisqali (ribociclib) 200 mg tablets for adults with HR-positive HER2-negative advanced or metastatic breast cancer indication expansion</p>	<p>Formulary</p>	<p>No change</p>
<p>Mircera (methoxy polyethylene glycol-epoetin beta) 30, 50, 75, 100, 120, 150, 200, 250, & 360 mcg prefilled syringes for anemia of CKD in patients ≥ 3 months age & indication expansion</p>	<p>Non-Formulary</p>	<p>No change</p>
<p>Blincyto (blinatumomab) 35 mcg vials for IV infusion for CD19-positive Philadelphia chromosome-negative B-cell precursor ALL in the consolidation phase of multiphase chemotherapy</p>	<p>Non-Formulary</p>	<p>No change</p>
<p>Imfinzi (durvalumab) 50 mg/mL IV solution for primary advanced or recurrent endometrial cancer following treatment with carboplatin and paclitaxel</p>	<p>Non-Formulary</p>	<p>No change</p>
<p>Epkinly (epcoritamab) 4 mg/0.8 mL & 48 mg/0.8 mL SQ vials for follicular lymphoma</p>	<p>Non-Formulary</p>	<p>No change</p>
<p>Erbix (cetuximab) 2 mg/mL IV solution for colorectal cancer</p>	<p>Non-Formulary</p>	<p>No change</p>
<p>Jemperli (dostarlimab) 50 mg/mL IV vial for endometrial cancer updated indication</p>	<p>Non-Formulary</p>	<p>No change</p>

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<p>Xeomin (incobotulinumtoxinA) 50, 100, & 200 unit vials for temporary improvement in the appearance of upper facial lines</p>	<p>Non-Formulary</p>	<p>No change</p>
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NEW GENERICS REVIEW		
DRUG	RATIONALE/ALTERNATIVE	RECOMMENDATION
<p>Cyltezo (adalimumab-adbm) and Adalimumab-adbm 40 mg/0.4 mL autoinjector kits for various inflammatory conditions</p>	<p>New high-concentration formulation. Not part of current MedD/IFP adalimumab strategy. PDL controlled</p>	<p>Non-Formulary</p>
<p>Emflaza (deflazacort) 22.75 mg/mL oral suspension for Duchenne muscular dystrophy</p>	<p>High-cost product. Little benefit over prednisone</p>	<p>Non-Formulary</p>
<p>Liraglutide 18 mg/3 mL pens for type 2 diabetes (Victoza AG)</p>	<p>Victoza contracting prohibits adding for MedD/IFP Added for Medicaid</p>	<p>Non-Formulary</p>
<p>Corlanor (ivabradine) 5 & 7 mg tablets for heart failure</p>	<p>Added for Med D and Medicaid Brand was not on formulary for IFP</p>	<p>Formulary</p>
<p>Tyenne (tocilizumab) 162 mg/0.9 mL SQ autoinjector and prefilled syringe for arthritis (Actemra biosimilar)</p>	<p>Added for all lines of business</p>	<p>Formulary</p>
<p>Endari (L-glutamine) 5 gram powder packets for sickle cell disease</p>	<p>Added for all lines of business</p>	<p>Formulary</p>
<p>Adalimumab-fkjp 40 mg/0.8 mL prefilled syringe and</p>	<p>Not part of current MedD/IFP adalimumab strategy. PDL</p>	<p>Non- Formulary</p>

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autoinjector for various inflammatory conditions (Hulio biosimilars)	controlled	
Adalimumab-ryvk 40 mg/0.4 mL prefilled syringe for various inflammatory conditions (Quallent manufactured product)	Not part of current MedD/IFP adalimumab strategy. PDL controlled	Non- Formulary
Halaven (eribulin mesylate) 1 mg/2 mL IV injection for breast cancer & liposarcoma	Medical Drug	Non- Formulary
Somatuline Depot (lanreotide acetate) 120 mg/0.5 mL ER SQ injection for acromegaly, GEP-NETs & carcinoid syndrome	Octreotide is currently preferred	Non- Formulary
Radicava (edaravone) 30 mg/100 mL injection for amyotrophic lateral sclerosis	Medical Drug	Non- Formulary

New or Expanded Formulations		
DRUG	RATIONALE/ALTERNATIVE	RECOMMENDATION
Spevigo (spesolimab) 150 mg/mL prefilled syringe for generalized pustular psoriasis (GPP)	High-cost product. Many guideline recommended alternatives available on formulary (cyclosporine, acitretin, etanercept, infliximab, adalimumab)	Non- Formulary
Kionex (sodium polystyrene sulfonate) 15 gm/60 mL suspension for hyperkalemia	SPS on formulary	Non- Formulary

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Rextovy (naloxone) 4 mg/0.25 mL nasal spray for opioid overdose	Rx only. Same dose but lower concentration as Narcan	Non- Formulary
Ogsiveo (nirogacestat) 100 & 150 mg tablets for desmoid tumors	Matching coverage of 50mg tab	Formulary
Rinvoq (upadacitinib) 1 mg/mL oral solution for pJIA and PsA pediatric dosing	PDL controlled category Matching coverage of Rinvoq on IFP	Non- Formulary
Sitagliptin and metformin 50-1000 mg tablet for type 2 diabetes	High-cost authorized generic of Janumet	Non- Formulary
Freestyle Libre 3-Plus Sensor for glucose monitoring	Matching coverage of Freestyle Libre 3	Formulary
Ingrezza (valbenazine) 40, 60, & 80 mg sprinkle capsules for tardive dyskinesia and chorea associated with Huntington's disease	Matching coverage of Ingrezza caps	Formulary
Vijoice (alpelisib) 50 mg oral granules for PIK3CA-Related Overgrowth Spectrum (PROS)	Matching current Vijoice coverage	Non- Formulary
Adbry (tralokinumab) 300 mg/2 mL autoinjector for atopic dermatitis	Matching current Adbry coverage	Non- Formulary
Naloxone 0.4 mg/mL prefilled	Matching coverage of other	Formulary

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syringe for opioid overdose	naloxone products	
Scemblix (asciminib) 100 mg tablet for chronic myeloid leukemia	Matching coverage of 20mg and 40mg tabs	Formulary
Austedo XR (deutetrabenazine) 30, 36, 42, & 48 mg ER tablets for Huntington's disease & tardive dyskinesia	Matching current Austedo XR coverage	Formulary
Myhibbin (mycophenolate mofetil) 200 mg/mL oral suspension	High-cost mycophenolate suspension. Generic Cellcept powder for suspension is currently covered	Non- Formulary
Libervant (diazepam) 5, 7.5, 10, 12.5, & 15 mg buccal films for seizures in patients 2-5 years old	Added to MedD - PCD	Formulary
Ondansetron 16 mg orally disintegrating tablet for nausea and vomiting	High-cost strength. 100x the cost of generic 8mg ODT PDL controlled	Non- Formulary
Acthar (corticotropin) 40 units/0.5 mL & 80 units/mL autoinjector for various indications (autoinjector for administration by adults only – cannot be used for infantile spasms)	Infantile spasms is the only indication which Navitus views as medically necessary	Non- Formulary
Austedo XR (deutetrabenazine) 18 mg ER	Matching current Austedo XR coverage	Formulary

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tablet & 12/18/24/30 mg ER tablet titration pack for Huntington's disease & tardive dyskinesia		
Clobetasol 0.05% ophthalmic suspension for post-operative inflammation	High-cost. No advantage over generic ophthalmic steroids	Non- Formulary
Zoryve (roflumilast) 0.15% cream for atopic dermatitis	Matching coverage of 0.3% Zoryve	Non- Formulary
Livmarli (maralixibat) 19 mg/mL oral solution for cholestatic pruritus in patients ≥ 12 months with progressive familial intrahepatic cholestasis (PFIC) new formulation and expanded indication	Matching current Livmarli coverage	Non- Formulary
Taltz (ixekizumab) 20 mg/0.25 mL & 40 mg/0.5 mL prefilled syringes for pediatric plaque psoriasis	Matching current Taltz coverage	Non- Formulary
Tanlor (methocarbamol) 1000 mg tablet for musculoskeletal conditions	High-cost brand methocarbamol. Generic strengths are currently covered	Non- Formulary
Otezla (apremilast) 20 mg tablet and 10 & 20 mg therapy pack for plaque psoriasis pediatric dosing	Matching current Otezla coverage	Non- Formulary
Fasenra (benralizumab) 10 mg/0.5 mL prefilled syringes for severe asthma with eosinophilic phenotype	Matching current Fasenra coverage	Formulary
Focinvez (fosaprepitant) 150 mg/50 mL IV solution for CINV	Medical Drug	Non- Formulary

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Rystiggo (rozanolixizumab) 420 mg/3 ml, 560 mg/4 mL, & 840 mg/6 mL SQ vials for generalized myasthenia gravis (gMG)	Medical Drug	Non- Formulary

ADDITIONAL ITEMS REVIEWED	
ITEM	DRUGS WITH NEW POLICIES
New Medical Drug Policies (effective 11/15/2024)	<ul style="list-style-type: none"> Imdelltra Kisunla PiaSky Rytelo Teceltra Tevimbra
2025 Medical Drug Policies	<ul style="list-style-type: none"> Approved all current policies for 2025