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

Medicare: Your Choice (PPO)

Medicaid: PMAP, MnCare, MSC+ & Connect

Exchange: UCare Individual and Family Plans (IFP)

F: Formulary

NF: Non-formulary

NP: Non-Preferred (Drug requires PA)

PA: Prior Authorization

QL: Quantity Limit

ST: Step Therapy

**Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 06/01/2024.**

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| New Indications Review |

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| **Drug** | **Current formulary status** | **Recommendation** |
| Xolair (omalizumab) 75 mg/0.5 mL, 150 mg/1 mL, & 300 mg/2 mL auto-injectors and prefilled syringes for IgE-mediated food allergy | Medicare – F, PPO – F, IFP – F, Medicaid - F | Medicare – F, PPO – F, IFP – F, Medicaid - F |
| Biktarvy (bictegravir-emtricitabine-tenofovir alafenamide) 50-200-25 mg & 30-120-15 mg tablets complete regimen for complete HIV-1 expanded indication | Medicare – F, PPO – F, IFP – F, Medicaid - F | Medicare – F, PPO – F, IFP – F, Medicaid - F |
| Tagrisso (osimertinib) 40 & 80 mg tablets for first-line treatment of adult patients with locally advanced or metastatic NSCLC whose tumors have EGFR exon 19 deletions or exon 21 L858R mutations in combination with pemetrexed and platinum-based chemotherapy | Medicare – F, PPO – F, IFP – F, Medicaid - F | Medicare – F, PPO – F, IFP – F, Medicaid - F |
| Onivyde (irinotecan liposome injection) 4.3 mg/mL IV solution for first-line treatment of metastatic pancreatic adenocarcinoma | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NF | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NF |
| Keytruda (pembrolizumab) 25 mg/mL IV solution for FIGO stage III-IVA cervical cancer in combination with chemoradiotherapy | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NF | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NF |
| Keytruda (pembrolizumab) 25 mg/mL IV solution for hepatocellular carcinoma in patients previously treated with sorafenib full approval | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NF | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NF |
| Rybrevant (amivantamab) 50 mg/mL IV solution for first-line treatment of locally advanced or metastatic NSCLC with EGFR exon 20 insertion mutations full approval | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NF | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NF |
| Brukinsa (zanubrutinib) 80 mg capsules for relapsed or refractory follicular lymphoma | Medicare – F, PPO – F, IFP – F, Medicaid - F | Medicare – F, PPO – F, IFP – F, Medicaid - F |
| Praluent (alirocumab) 75 mg/mL & 150 mg/mL pre-filled pens indicated as an adjunct to diet and other LDL cholesterol lowering therapies in pediatric patients ≥ 8 years age expansion | Medicare – F, PPO – F, IFP – NF, Medicaid – NP | Medicare – F, PPO – F, IFP – NF, Medicaid – NP |
| Livmarli (maralixibat) 9.5 mg/mL oral solution for cholestatic pruritus in patients ≥ 5 years with progressive familial intrahepatic cholestasis (PFIC) | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NF | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NF |
| Xofluza (baloxavir marboxil) 40 & 80 mg tablets for the treatment of acute uncomplicated influenza in healthy or high risk patients ≥ 5 years | Medicare – F, PPO – F, IFP – F, Medicaid – NP | Medicare – F, PPO – F, IFP – F, Medicaid – NP |
| Xhance (fluticasone propionate) 93 mcg nasal spray for chronic rhinosinusitis without nasal polyps in adults | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NP | Medicare – NF, PPO – NF, IFP –NF, Medicaid - NP |
| Iclusig (ponatinib) 10, 15, 30, & 45 mg tablets in combo with chemotherapy for Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL) | Medicare – F, PPO – F, IFP – F, Medicaid - F | Medicare – F, PPO – F, IFP – F, Medicaid - F |

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| New Generics Review |

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| **Drug** | **Rationale/Alternative** | **Recommendation** |
| Bromsite (**bromfenac**) 0.075% ophthalmic solution for postoperative inflammation | Brand is NF for all LOB. Generic is only 10% less expensive  Generic is PDL controlled | Medicare – NF, PPO – NF, IFP – NF, Medicaid - NP |
| Pradaxa (**dabigatran**) 110 mg capsule for anticoagulation | This strength not commonly used compared to 75mg and 150mg. PDL controlled | Medicare – NF, PPO – NF, IFP – NF, Medicaid - NP |
| Emflaza (**deflazacort**) 6, 18, 30, & 36 mg oral tablets for Duchenne muscular dystrophy | High cost. Minor differences compared to prednisone | NF all lines of business |
| Alrex (**loteprednol**) 0.2% ophthalmic suspension for seasonal allergic conjunctivitis | Brand is NF for all LOB. Generic is only 10% less expensive  Generic is PDL controlled | Medicare – NF, PPO – NF, IFP – NF, Medicaid - NP |
| Thiola EC (**tiopronin**) 100 mg & 300 mg delayed release tablets for homozygous cystinuria | Brand is NF for all LOB. No cost savings with generic. | NF all lines of business |
| Rectiv (**nitroglycerin**) 0.4% rectal ointment for chronic anal fissure | Brand is covered on Medicaid | Medicare – F, PPO – F, IFP – NF, Medicaid - NF |
| Lotemax (**loteprednol**) 0.5% ophthalmic gel for postoperative inflammation and pain |  | Medicare – F, PPO – F, IFP – F, Medicaid - NP |

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| New or Expanded Formulations |

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| **Drug** | **Rationale/Alternative** | **Recommendation** |
| Zoryve (roflumilast) 0.3% foam for seborrheic dermatitis | Topical antifungals and topical corticosteroids are most commonly used for seborrheic dermatitis | NF: all lines of business |
| Omnipod 5G7 intro kit & pods for insulin delivery | Allows connectivity with Dexcom G7 | F: all lines of business |
| Alvaiz (eltrombopag choline) 9, 18, 36, & 54 mg tablets for chronic immune thrombocytopenia (ITP), thrombocytopenia in hepatitis C, & severe aplastic anemia | No advantage over Promacta which is on formulary with an expected generic in the next few years. | NF: all lines of business |
| Eohilia (budesonide) 2 mg/10 mL oral suspension for eosinophilic esophagitis (EoE) | Significantly higher cost compared to current treatment option with budesonide respules | NF: all lines of business |
| CVS/Cordavis Humira(adalimumab) 80 mg/0.8 mL pen, 40 mg/0.4 mL pen and PFS, 20 mg/0.2 mL PFS, 10 mg/0.1 mL PFS for various conditions | No benefit to adding for any line of business. | NF: all lines of business |
| Xolair (omalizumab) 75 mg/0.5 mL, 150 mg/1 mL, & 300 mg/2 mL auto-injectors and 300 mg/2 mL prefilled syringe for asthma, chronic spontaneous urticaria, & IgE-mediated food allergy | New dosage forms for omalizumab were launched, including auto-injectors in the 75 mg/0.5 mL and 150 mg/1 mL concentrations, adding to existing prefilled syringes in those strengths. A new 300 mg/2 mL concentration was also launched in both prefilled syringe and auto-injector forms. | F: all lines of business |
| Hemlibra (emicizumab) 12 mg/0.4 mL subcutaneous injection for hemophilia | New strength added to formulary | F: all lines of business |
| Yuflyma (adalimumab) 20 mg/0.2 mL for various inflammatory condition | PDL controlled. Not adding this biosimilar to other lines of business at this time. | Medicare – NF, PPO – NF, IFP – NF, Medicaid - NP |
| Sovuna (hydroxychloroquine) 200 & 300 mg tablets for rheumatoid arthritis | Branded hydroxychloroquine. Generic is <$1 per tab vs $16.65 for Sovuna | NF: all lines of business |
| RiVive (naloxone) 3 mg/0.1 mL nasal spray for opioid overdose | Adding another OTC naloxone option for IFP and Medicaid.  Not Part D eligible | Medicare – NF, PPO – NF, IFP – F, Medicaid - F |
| Opill (norgestrel) 0.075 mg tablet for contraception | OTC oral contraceptive. Adding for IFP and Medicaid in alignment with ACA. Not MedD eligible. | Medicare – NF, PPO – NF, IFP – F, Medicaid - F |
| Simlandi (adalimumab)  40 mg/0.4 mL for various inflammatory conditions | PDL controlled (not addressed yet). Not adding this biosimilar to other lines of business at this time. | NF: all lines of business |

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| Additional Items Reviewed |

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| **Item** | **Drugs with New Policies** |
| New Medical Drug Policies (effective 07/01/2024) | * Ycanth |