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

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| New Drug Review |

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| **Drug** | **Indication** | **Formulary Coverage** | **Effective Date** |
| **Rezdiffra** (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. | Medicare: Formulary w/PA  Medicaid: Formulary w/PA Exchange: Formulary w/PA | NA |
| **Winrevair** (sotatercept-csrk) | 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. | Medicare: Formulary w/PA  Medicaid: Formulary w/PA  Exchange: Formulary w/PA | NA |
| **Ojemda** (tovorafenib) Protected Class Drug | 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 | Medicare: Formulary w/PA  Medicaid: Formulary w/PA  Exchange: Formulary w/PA | NA |
| **Duvyzat** (givinostat) | Treatment of Duchenne muscular dystrophy (DMD) in patients 6 years of age and older | Medicare: Non-Formulary  Medicaid: Non-Formulary  Exchange: Non-Formulary | NA |
| **Lazcluze** (Lazertinib) Protected Class Drug | 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. | Medicare: Formulary  Medicaid: Formulary  Exchange: Formulary | NA |
| **Voydeya** (danicopan) | Add-on therapy to ravulizumab or eculizumab for the treatment of extravascular hemolysis (EVH) in adults with paroxysmal nocturnal hemoglobinuria (PNH) | Medicare: Non-Formulary  Medicaid: Non-Formulary  Exchange: Non-Formulary | NA |
| **Xolremdi** (mavorixafor) | To increase the number of circulating mature neutrophils and lymphocytes in patients ≥ 12 years of age with warts, hypogammaglobulinemia, infections, and myelokathexis (WHIM) syndrome | Medicare: Non-Formulary  Medicaid: Non-Formulary  Exchange: Non-Formulary | NA |

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

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| New Indications Review |

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| **Drug** | **Current formulary status** | **Recommendation** |
| **Fabhalta** (iptacopan) 200 mg capsule – accelerated approval for a new indivation for the reduction of proteinuria in adults with primary immunoglobulin A nephrophathy (IgAN) at risk for rapid disease progression | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Palforzia** [peanut (Arachis hypogaea) allergen powder for peanut allergy desensitization age expansion down to age 1 | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Vyvgart Hytrulo** (efgartigimod alfa and hyaluronidase) SQ vial for treatment of adults with chronic inflammatory demyelinating polyneuropathy (CIDP) | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Fibryga** [fibrinogen (human)] 1 gm IV vial – acute bleeding episodes (BEs) for patients with acquired fibrinogen deficiency | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Imfinzi** (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 tremelimummab and platinum-based chemotherapy, for the treatment of adult patients with metastatic NSCLC with no sensitizing EGFR mutations or ALK genomic tumor aberrations. | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Darzalex Faspro** (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 | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Rybrevant** (amiivantamab) 50 mg/mL IV injection in combination with Lazcluze (lazertinib) tablets for EGFR mutated NSCLC | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Brineura** (cerliponase alfa) 150 mg/5 mL intraventricular injection kit for tripeptidyl 1 deficiency age expansion to all ages (previously 3+) | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Filspari** (sparsentan) 200 & 400 mg tablets for primary immunoglobulin A nephropathy full approval | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Dupixent** (dupilumab) 300 mg/2 mL SQ injection for chronic rhinosinusitis with nasal polyps (CRSwNP) in patients > 12 years age expansion | Medicare –F, PPO – F, Medicaid – F, HIX – F | No change |
| **Bimzelx** (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 | Medicare –NF, PPO – NF, Medicaid – NP, HIX – NF | No change |
| **Fasenra** (benralizumab) 160 mg/mL injection – treat adults with eosinophilic granulomatosis with polyangiitis (EGPA) | Medicare –F, PPO – F, Medicaid – NP, HIX – F | No change |
| **Rybrevant** (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 favtor 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 | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Keytruda** (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 | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Sarclisa** (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 | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Cimzia** (certolizumab) 200 mg/mL SQ injection – treatment of active polyarticular juvenile idiopathic arthritis (pJIA) in patients > 2 years of age | Medicare –NF, PPO – NF, Medicaid – NP, HIX – F | No change |
| **Jylamvo** (methotrexate) 2 mg/mL oral solution for polyarticular juvenile idiopathic arthritis & for pediatric patients with acute lymphoblastic leukemia | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Prevymis** (letermovir) 240 & 480 mg tablets for CMV prophylaxis in patients > months who are CMW-seropositive recipients of allogenic stem cell transplant & patients > 12 years who are kidney transplant recipients and high risk (age expansion) | Medicare –F, PPO – F, Medicaid – F, HIX – F | No change |
| **Dupixent** (dupilumab) 300 mg/2mL SQ injection for add-on maintenance treatment of inadequately controlled COPD with an eosinophilic phenotype | Medicare –F, PPO – F, Medicaid – F, HIX – F | No change |
| **Kisqali** (ribociclib) 200 mg tablets – adjuvant treatment of HR+, HER2-, stage II and III early breast cancer at high risk of recurrence | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Retevmo** (selpercatinib) 40 & 80 mg capsules and 40, 80, 12, & 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 | Medicare –F, PPO – F, Medicaid – F, HIX – F | No change |
| **Fragmin** (dalteparin) SQ injection – for treatment of symptomatic venous thromboembolism (VTE) to reduce recurrence in pediatric patients from birth > 35 weeks of gestation. Age expansion from > 1 month of age | Medicare –NF, PPO – NF, Medicaid – NP, HIX – F | No change |
| **Abrysvo** (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 | Medicare –F, PPO – F, Medicaid – F, HIX – F | No change |
| **Lumryz** (sodium oxybate) 4.5, 6, 7.5, & 9 gram ER packets for oral suspension for cataplexy or excessive daytime sleepiness in patients aged > 7 years – age expansion | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Opdivo** (nivolumab) 10 mg/mL IV vials – adult patients with resectable (tumors > 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 as adjuvant treatment after surgery | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |
| **Botox Cosmetic** (onabotulinumtoxinA) 50 & 100 unit vials – for temporary improvement in the appearance of moderate to severe platysma bands in adults | Medicare –NF, PPO – NF, Medicaid – NF, HIX – NF | No change |

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| New Generics Review |

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| **Drug** | **Rationale/Alternative** | **Recommendation** |
| **Adalimuman-aacf** 40mg/0.8 mL prefilled syringe for various inflammatory conditions (Idacio biosimilar) | A low-WAC version of the biosimilar Idacio has launched | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Lucemyra** (lofexidine) 0.18 mg tablet for opioid withdrawal symptoms | A single manufacturer has released a generic alternative to Lucemyra | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Sprycel** (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 | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| **Oxtellar XR** (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 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Adalimumab-aacf** 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 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Tazorac** (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 | Medicare: NF, PPO: NF, Medicaid: NP, HIX: NF |
| **Solu-cortef** (hydrocortisone) 100 mg injection anti-inflammatory | Brand currently covered. Add generic alongside | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| **Sandostatin LAR Depot** (ocreotide) 20 mg & 30 mg IM kit for acromegaly & severe diarrhea with certain tumors | Brand Kit not covered. Other octretide products are on formulary | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Stendra** (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 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |

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| New or Expanded Formulations |

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| **Drug** | **Rationale/Alternative** | **Recommendation** |
| **Entresto sprinkle** (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 | Medicare: NF, PPO: NF, Medicaid: P, HIX: NF |
| **Crexont** (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 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Mydcombi** (tropicamide-phenylephrine) 1-2.5% ophthalmic solution for pupil dilation | In clinic product for pupil dilation | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Retevmo** (selpercatinib) 40, 80, 120, & 160 mg tablets for RET mutated cancer | New tablet formulary joins capsules | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| **Zepbound** (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 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Vigafyde** (vigabatrin) 100 mg/mL oral solution for infantile spasms | New oral solution | Medicare: F, PPO: F, Medicaid: NF, HIX: NF |
| **Vabysmo** (faricimab) 6 mg/0.05 mL intravitreal prefilled syringe for Wet nAMD, and macular edema | Medical Drug | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Glimepiride** 3mg tablet for type 2 diabetes mellitus | High-cost strength approx. 42x the cost of 3 x 1mg tabs | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Onyda XR** (clonidine) 0.1 mg/mL ER suspension for ADHD | High-cost suspension approx. 40x the cost of tablets | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Potassium chloride ER** 15 mEq tablet for hypokalemia | New branded strength. Generic strength (8, 10 and 20 mEq) are covered | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Veltassa** (patiromer) 1g packet for hyperkalemia | New lower strength to accommodate pediatric dosing | Medicare: F, PPO: F, Medicaid: F, HIX: NF |
| **Femlyv** (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 | Medicare: NF, PPO: NF, Medicaid: F, HIX: F |
| **Tremfya** (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 | Medicare: NF, PPO: NF, Medicaid: F, HIX: F |
| **Dolobid** (diflunisal) 250 mg tablet for pain | High-cost strength. 500 mg generic on formulary | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Tuqap** (capivasertib) 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 | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| **Lumryz** (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 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Tecentriq Hybreza** (atezolizumab-hyaluronidase) 1,875 mg-30,000 units/15 mL SQ vial for various cancers | Medical Drug | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Ocrevus Zunovo** (ocrelizumab-hyaluronidase) 920 mg-23,000 units/23 mL SQ vial for multiple sclerosis (MS) | Medical Drug | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Zituvimet** (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 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Freestyle Libre 2-Plus Sensor** for glucose monitoring | 1 day longer wear time compared to Libre 2 | Medicare: F, PPO: F, Medicaid: P, HIX: F |
| **Carbamazepine** 200 mg chewable tablet for epilepsy | New strength of chew tab. More expensive than 2x 100 mg chew | Medicare: NF, PPO: NF, Medicaid: P, HIX: NF |

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| Additional Items Reviewed |

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| **Item** | **Drugs with New Policies** |
| New Medical Drug Policies (effective 1/1/2025) | * Lymphir * Niktimvo * Ocrevus Zunovo * Tecentriq Hybreza * Tremfya Intravenous * Vyalev * Vyloy |