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** |
| Wainua (eplontersen) | for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR) in adults | Medicare: Non-Formulary  Medicaid: Non-Formulary  Exchange: Non-Formulary | NA |
| 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 | Medicare: Non-Formulary  Medicaid: Non-Formulary  Exchange: Non-Formulary | NA |
| Iwilfin (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. | Medicare: Formulary w/PA  Medicaid: Formulary w/PA  Exchange: Formulary w/PA | NA |
| 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 m2) | Medicare: Non-Formulary  Medicaid: Non-Formulary  Exchange: Non-Formulary | NA |
| Ogsiveo | Adults with progressing desmoid tumors (DT) who require systemic treatment | Medicare: Formulary w/PA  Medicaid: Formulary w/PA  Exchange: Formulary w/PA | NA |
| Fabhalta | Treatment of adults with paroxysmal nocturnal hemoglobinuria (PNH) | Medicare: Non-Formulary  Medicaid: Non-Formulary  Exchange: Non-Formulary | NA |
| Zilbrysq | treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive (Ab+). | Medicare: Non-Formulary  Medicaid: Non-Formulary  Exchange: Non-Formulary | NA |

**Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 10/01/2024.**

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| New Indications Review |

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| **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 | Medicare –F, PPO – F, Medicaid – F, HIX – F | 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 | Medicare –F, PPO – F, Medicaid – F, HIX – F | No change |
| **Otezla** (apremilast) 10, 20, & 30 mg tablets for plaque psoriasis in patients ≥ 6 years age expansion | Medicare –NF, PPO –NF, Medicaid – P, HIX –F | No change |
| **Alecensa** (alectinib) for adjuvant treatment following tumor resection of anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC) | Medicare –F, PPO – F, Medicaid – F, HIX – F | No change |
| **Rinvoq** (upadacitinib) **15 mg ER tablets** for active polyarticular juvenile idiopathic arthritis in patients ≥ 2 years & psoriatic arthritis in patients ≥ 2 years age expansion | Medicare –F, PPO – F, Medicaid – NP/NF, HIX – F | No change |
| **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 | Medicare – NF, PPO – NF, Medicaid – NP/NF, HIX – F | No change |
| **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 | Medicare –F, PPO – F, Medicaid – F, HIX - F | No change |
| **Motpoly XR** (lacosamide) 100, 150, & 200 mg ER capsules for primary generalized tonic-clonic seizures | Medicare –NF, PPO – NF, Medicaid – NP, HIX - NF | No change |
| **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 | Medicare –NF, PPO – NF, Medicaid – P/NP, HIX - F | No change |
| **Kevzara** (sarilumab) 150 mg/1.14 mL & 200 mg/1.14 mL prefilled syringe & pen for pJIA | Medicare –F, PPO – F, Medicaid – NP, HIX - NF | No change |
| **Retevmo** (selpercatinib) 40 & 80 mg capsules for thyroid cancer & solid tumors in patients ≥ 2 years age expansion | Medicare –F, PPO – F, Medicaid – F, HIX - F | No change |
| **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 | Medicare –F, PPO – F, Medicaid – NP, HIX - F | No change |
| **Wakix** (pitolisant) 4.45 & 17.8 mg tablets for excessive daytime sleepiness in patients ≥ 6 years with narcolepsy age expansion | Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF | No change |
| **Krazati** (adagrasib) 200 mg tablet for colorectal cancer | Medicare –F, PPO – F, Medicaid – F, HIX - F | No change |
| **Augtyro** (repotrectinib) 40 mg capsules for NTRK-positive solid tumors | Medicare –F, PPO – F, Medicaid – F, HIX - F | No change |
| **Velphoro** (sucroferric oxyhydroxide) 500 mg chewable tablets for control of serum phosphorous in patients ≥ 9 years age expansion | Medicare –NF, PPO – NF, Medicaid – NP, HIX - NF | No change |
| **Voquezna** (vonoprazan) 10 mg tablets for the relief of heartburn associated with non-erosive gastroesophageal reflux in adults | Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF | No change |
| **Kisqali** (ribociclib) 200 mg tablets for adults with HR-positive HER2-negative advanced or metastatic breast cancer indication expansion | Medicare –F, PPO – F, Medicaid – F, HIX - F | No change |
| **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 | Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF | No change |
| **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 | Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF | No change |
| **Imfinzi** (durvalumab) 50 mg/mL IV solution for primary advanced or recurrent endometrial cancer following treatment with carboplatin and paclitaxel | Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF | No change |
| **Epkinly** (epcoritamab) 4 mg/0.8 mL & 48 mg/0.8 mL SQ vials for follicular lymphoma | Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF | No change |
| **Erbitux** (cetuximab) 2 mg/mL IV solution for colorectal cancer | Medicare –NF, PPO – NF, Medicaid – NP, HIX - NF | No change |
| **Jemperli** (dostarlimab) 50 mg/mL IV vial for endometrial cancer updated indication | Medicare –NF, PPO – NF, Medicaid – NF, HIX - NF | No change |
| **Xeomin** (incobotulinumtoxinA) 50, 100, & 200 unit vials for temporary improvement in the appearance of upper facial lines | 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** |
| **Cyltezo** (adalimumab-adbm) and **Adalimumab-adbm** 40 mg/0.4 mL autoinjector kits for various inflammatory conditions | New high-concentration formulation. Not part of current MedD/IFP adalimumab strategy. PDL controlled | Medicare: NF, PPO: NF, Medicaid: NP, HIX: NF |
| Emflaza (**deflazacort**) 22.75 mg/mL oral suspension for Duchenne muscular dystrophy | High-cost product. Little benefit over prednisone | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Liraglutide** 18 mg/3 mL pens for type 2 diabetes (Victoza AG) | Victoza contracting prohibits adding for MedD/IFP  Added for Medicaid | Medicare: NF, PPO: NF, Medicaid: AD, HIX: NF |
| Corlanor (**ivabradine**) 5 & 7 mg tablets for heart failure | Added for Med D and Medicaid  Brand was not on formulary for IFP | Medicare: F, PPO: F, Medicaid: F, HIX: NF |
| **Tyenne** (tocilizumab) 162 mg/0.9 mL SQ autoinjector and prefilled syringe for arthritis (Actemra biosimilar) | Added for all lines of business | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| Endari (**L-glutamine**) 5 gram powder packets for sickle cell disease | Added for all lines of business | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| **Adalimumab-fkjp** 40 mg/0.8 mL prefilled syringe and autoinjector for various inflammatory conditions (Hulio biosimilars) | Not part of current MedD/IFP adalimumab strategy. PDL controlled | Medicare: NF, PPO: NF, Medicaid: NP, HIX: NF |
| **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 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| Halaven (**eribulin mesylate**) 1 mg/2 mL IV injection for breast cancer & liposarcoma | Medical Drug | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| Somatuline Depot (**lanreotide acetate**) 120 mg/0.5 mL ER SQ injection for acromegaly, GEP-NETs & carcinoid syndrome | Octreotide is currently preferred | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| Radicava (**edaravone**) 30 mg/100 mL injection for amyotrophic lateral sclerosis | Medical Drug | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |

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| New or Expanded Formulations |

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| **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) | Medicare: NF, PPO: NF, Medicaid: NP, HIX: NF |
| **Kionex** (sodium polystyrene sulfonate) 15 gm/60 mL suspension for hyperkalemia | SPS on formulary | Medicare: NF, PPO: NF, Medicaid: NP, HIX: NF |
| **Rextovy** (naloxone) 4 mg/0.25 mL nasal spray for opioid overdose | Rx only. Same dose but lower concentration as Narcan | Medicare: NF, PPO: NF, Medicaid: AD, HIX: F |
| **Ogsiveo** (nirogacestat) 100 & 150 mg tablets for desmoid tumors | Matching coverage of 50mg tab | Medicare: F, PPO: F, Medicaid: NF, HIX: NF |
| **Rinvoq** (upadacitinib) 1 mg/mL oral solution for pJIA and PsA pediatric dosing | PDL controlled category  Matching coverage of Rinvoq on IFP | Medicare: NF, PPO: NF, Medicaid: NF, HIX: F |
| **Sitagliptin and metformin** 50-1000 mg tablet for type 2 diabetes | High-cost authorized generic of Janumet | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Freestyle Libre 3-Plus Sensor** for glucose monitoring | Matching coverage of Freestyle Libre 3 | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| **Ingrezza** (valbenazine) 40, 60, & 80 mg sprinkle capsules for tardive dyskinesia and chorea associated with Huntington’s disease | Matching coverage of Ingrezza caps | Medicare: F, PPO: F, Medicaid: NF, HIX: F |
| **Vijoice** (alpelisib) 50 mg oral granules for PIK3CA-Related Overgrowth Spectrum (PROS) | Matching current Vijoice coverage | Medicare: NF, PPO: NF, Medicaid: AD, HIX: F |
| **Adbry** (tralokinumab) 300 mg/2 mL autoinjector for atopic dermatitis | Matching current Adbry coverage | Medicare: NF, PPO: NF, Medicaid: NP, HIX: F |
| **Naloxone** 0.4 mg/mL prefilled syringe for opioid overdose | Matching coverage of other naloxone products | Medicare: F, PPO: F, Medicaid: P, HIX: NF |
| **Scemblix** (asciminib) 100 mg tablet for chronic myeloid leukemia | Matching coverage of 20mg and 40mg tabs | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| **Austedo XR** (deutetrabenazine) 30, 36, 42, & 48 mg ER tablets for Huntington’s disease & tardive dyskinesia | Matching current Austedo XR coverage | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| **Myhibbin** (mycophenolate mofetil) 200 mg/mL oral suspension | High-cost mycophenolate suspension. Generic Cellcept powder for suspension is currently covered | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Libervant** (diazepam) 5, 7.5, 10, 12.5, & 15 mg buccal films for seizures in patients 2-5 years old | Added to MedD - PCD | Medicare: F, PPO: F, Medicaid: NF, HIX: NF |
| **Ondansetron** 16 mg orally disintegrating tablet for nausea and vomiting | High-cost strength. 100x the cost of generic 8mg ODT  PDL controlled | Medicare: NF, PPO: NF, Medicaid: P, HIX: NF |
| **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 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Austedo XR** (deutetrabenazine) 18 mg ER tablet & 12/18/24/30 mg ER tablet titration pack for Huntington’s disease & tardive dyskinesia | Matching current Austedo XR coverage | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| **Clobetasol** 0.05% ophthalmic suspension for post-operative inflammation | High-cost. No advantage over generic ophthalmic steroids | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Zoryve** (roflumilast) 0.15% cream for atopic dermatitis | Matching coverage of 0.3% Zoryve | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **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 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Taltz** (ixekizumab) 20 mg/0.25 mL & 40 mg/0.5 mL prefilled syringes for pediatric plaque psoriasis | Matching current Taltz coverage | Medicare: NF, PPO: NF, Medicaid: NP, HIX: F |
| **Tanlor** (methocarbamol) 1000 mg tablet for musculoskeletal conditions | High-cost brand methocarbamol. Generic strengths are currently covered | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Otezla** (apremilast) 20 mg tablet and 10 & 20 mg therapy pack for plaque psoriasis pediatric dosing | Matching current Otezla coverage | Medicare: NF, PPO: NF, Medicaid: P, HIX: F |
| **Fasenra** (benralizumab) 10 mg/0.5 mL prefilled syringes for severe asthma with eosinophilic phenotype | Matching current Fasenra coverage | Medicare: F, PPO: F, Medicaid: F, HIX: F |
| **Focinvez** (fosaprepitant) 150 mg/50 mL IV solution for CINV | Medical Drug | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| **Rystiggo** (rozanolixizumab) 420 mg/3 ml, 560 mg/4 mL, & 840 mg/6 mL SQ vials for generalized myasthenia gravis (gMG) | Medical Drug | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |

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| Additional Items Reviewed |

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| **Item** | **Drugs with New Policies** |
| New Medical Drug Policies (effective 11/15/2024) | * Imdelltra * Kisunla * PiaSky * Rytelo * Teceltra * Tevimbra |
| 2025 Medical Drug Policies | * Approved all current policies for 2025 |