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

Medical Assistance: 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** |
| **Ebglyss** (lebrikizumab) | for the treatment of adults and pediatric patients 12 years of age and older who weigh at least 40 kg with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. | Medicare: Non-Formulary  Medical Assistance: Non-Formulary Exchange: Non-Formulary | NA |
| **Nemluvio** (nemolizumab) | for the treatment of adults and pediatric patients 12 years of age and older with moderate-to-severe atopic dermatitis in combination with topical corticosteroids and/or calcineurin inhibitors when the disease is not adequately controlled with topical prescription therapies. | Medicare: Formulary w/PA  Medical Assistance: Formulary w/PA  Exchange: Formulary w/PA | NA |
| **Iquirvo** (elafibranor) | Primary biliary cholangitis (PBC) in combination with ursodiol in adults who have an inadequate response to ursodiol, or as monotherapy in patients unable to tolerate ursodiol | Medicare: Non-Formulary  Medical Assistance: Non-Formulary Exchange: Non-Formulary | NA |
| **Livdelzi** (seladelpar) | Primary biliary cholangitis (PBC) in combination with ursodiol in adults who have an inadequate response to ursodiol, or as monotherapy in patients unable to tolerate ursodiol | Medicare: Non-Formulary  Medical Assistance: Non-Formulary Exchange: Non-Formulary | NA |
| **Journavx** (suzetrigine) | treatment of moderate to severe acute pain in adults | Medicare: Non-Formulary  Medical Assistance: Non-Formulary Exchange: Non-Formulary | NA |
| **Agamree** (vamorolone) | the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older | Medicare: Non-Formulary  Medical Assistance: Non-Formulary Exchange: Non-Formulary | NA |
| **Ohtuvayre** (ensifentrine) | Maintenance treatment of chronic obstructive pulmonary disease (COPD) in adult patients | Medicare: Non-Formulary  Medical Assistance: Non-Formulary Exchange: Non-Formulary | NA |
| **Velsipity** (etrasimod) | the treatment of moderately to severely active UC in adults | Medicare: Non-Formulary  Medical Assistance: Non-Preferred Exchange: Non-Formulary | NA |
| **Omvoh** (mirikizumab-mrkz) | the treatment of adults with moderately to severely active ulcerative colitis (UC) | Medicare: Non-Formulary  Medical Assistance: Non-Preferred Exchange: Non-Formulary | NA |
| **Voranigo (vorasidenib) PROTECTED CLASS DRUG** | Treatment of adult and pediatric patients age ≥ 12 years with grade 2 astrocytoma or oligodendroglioma with a susceptible isocitrate dehydrogenase (IDH)-1 and -2 (IDH1 and IDH2) mutation following surgery including biopsy, sub-total resection, or gross total resection. | Medicare: Formulary w/PA  Medical Assistance: Formulary w/PA  Exchange: Formulary w/PA | NA |
| **Yorvipath** (palopegteriparatide) | Treatment of hypoparathyroidism (HypoPT) in adults | Medicare: Non-Formulary  Medical Assistance: Non-Formulary Exchange: Non-Formulary | NA |

**Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 4/1/2025.**

|  |
| --- |
| New Indications Review |

|  |  |  |
| --- | --- | --- |
| **Drug** | **Current formulary status** | **Recommendation** |
| **Tagrisso** (osimertinib) 40 mg & 80 mg tablets received a new indication for adults with locally advanced, unresectable (stage III) NSCLC whose disease has not progressed during or following platinum-based chemoradiation and whose tumors have EGFR exon 19 deletions or exon 21 L858R mutations. | F: all lines of business | No change |
| **Scemblix** (asciminib) 20, 40, & 100 mg tablets was recently granted an accelerated approval for the first-line treatment of chronic phase chronic myeloid leukemia, previously only approved for 3rd-line use or for patients harboring the T315I mutation. | F: all lines of business | No change |
| **Bimzelx** (bimekizumab) 160 mg/mL SQ injection was recently granted an approval for the treatment of adults with moderate to severe hidradenitis suppurativa (HS). | NF: Medicare, PPO, IFP  NP: Medical Assistance | No change |
| **Vtama** (tapinarof) 1% cream received approval for the treatment of atopic dermatitis in adults and pediatric patients ≥ 2 years of age. | NF: all lines of business | No change |
| **Braftovi** (encorafenib) 75 mg capsule for use in combination with cetuximab and mFOLFOX6 therapy for patients with mCRC and a BRAF V600E mutation. | F: all lines of business | No change |
| **Imcivree** (setmelanotide) 10 mg/mL SC injection for syndromic or monogenic obesity due to Bardet-Biedl syndrome (BBS) or POMC, PCSK1, LEPR deficiency. Age expansion – reduced from 6 years to 2 years of age | NF: all lines of business | No change |
| **Zepbound** (tirzepatide) SC injections for moderate to severe obstructive sleep apnea (OSA) in adults with obesity | NF: Medicare, PPO, IFP  NP: Medical Assistance | No change |
| **Trikafta** (elexacaftor-tezacaftor-ivacaftor) tablets & oral granules received a label expansion for 94 additional CFTR mutations that are responsive to treatment in patients with cystic fibrosis. | F: all lines of business | No change |
| **Arixtra** (fondaparinux) SC prefilled syringes for venous thromboembolism in pediatric patients ≥ 1 year old (age expansion) | F: Medicare, PPO, IFP  NP: Medical Assistance | No change |
| **Invokana** (canagliflozin) & **Invokamet** [XR] (canagliflozin/metformin) for type 2 diabetes in patients ≥ 10 years age expansion | NF: Medicare, PPO, IFP  Medical Assistance: Invokana – PDL, Invokamet XR - NP | No change |
| **Gemtesa** (vibegron) 75 mg tablet for overactive bladder (OAB) in adult males on pharmacologic therapy for benign prostatic hyperplasia (BPH) | F: Medicare, PPO  NF: IFP  NP: Medical Assistance | No change |
| **Omvoh** (mirikizumab) 100mg/mL SQ injection for moderately to severely active  Crohn's disease | NF: Medicare, PPO, IFP  NP: Medical Assistance | No change |
| **Lumakras** (sotorasib) and **Vectibix** (panitumumab) received a new indication to be used in combination to treat patients with KRAS G72-C mutated metastatic colorectal cancer (mCRC) who have progressed on standard chemotherapy regimens. Vectibix is a medical drug. | F: all lines of business | No change |
| **Calquence** (acalalbrutinib) for MCL in adults who have received 1 prior therapy traditional approval & in combination with bendamustine and rituximab for adults with previously untreated MCL who are ineligible for autologous HSCT. | F: all lines of business | No change |
| **Ozempic** (semaglutide) to reduce the risk of kidney disease worsening, kidney failure, and death from CV disease in adults with type 2 diabetes and CKD | F: Medicare, IFP  NF: PPO  PDL: Medical Assistance | No change |
| **Spravato** (esketamine) 28 mg nasal spray received an expanded indication to be used as monotherapy for treatment resistant depression (TRD). | F: IFP, Medical Assistance  NF: Medicare, PPO | No change |

|  |
| --- |
| New Generics Review |

|  |  |  |
| --- | --- | --- |
| **Drug** | **Rationale/Alternative** | **Recommendation** |
| Betimol (**timolol**) 0.5% ophthalmic solution for elevated intraocular pressure in glaucoma | A generic timolol hemihydrate 0.5% ophthalmic solution has launched | NF: Medicare, PPO, IFP  PDL: Medical Assistance |
| **Simlandi** (adalimumab-ryvk) 40 mg/0.4 mL, 20mg/0.2 mL & 80 mg/0.8 mL prefilled syringe for various inflammatory conditions | Prefilled syringes of Simlandi are now available. They are priced at parity with the currently covered pen devices. Not addressed by the PDL currently | F: all lines of business |
| **Adalimumab-adaz** 20 mg/0.2 mL prefilled syringe & 80 mg/0.8 mL autoinjector for various inflammatory condition (Hyrimoz biosimilar) | New 20 mg/0.2 mL prefilled syringe and 80 mg/0.8 mL auto-injector dosage forms of adalimumab-adaz (generically named Hyrimoz equivalent) | NF: Medicare, PPO, IFP  NP: Medical Assistance |
| **Wezlana** (ustekinumab-auub) 45 mg/0.5 mL & 90 mg/mL SC vials & prefilled syringes for various inflammatory conditions | Amgen will only be distributing Wezlana through a private labeler associated with Optum, and the product will only be available at their specialty pharmacy. | NF: all lines of business |
| Victoza **(liraglutide)** 18 mg/3 mL pen for type 2 diabetes | The first true generic of liraglutide has launched to join the authorized generic product that has been available since late June. | NF: Medicare, IFP  F: PPO  NP: Medical Assistance |
| Motegrity **(prucalopride)** 1 & 2 mg tablets for chronic idiopathic constipation | A generic prucalopride has launched from a single manufacturer. The product has launched at a small 15% discount to brand. | NF: all lines of business |
| **Nypozi** (filgrastim-txid) 300  mcg/0.5 mL & 480 mcg/0.8 mL  prefilled syringe for neutropenia | New biosimilar for Neupogen, higher net cost than formulary products | NF: all lines of business |
| Nexium **(esomeprazole)** 2.5 mg & 5 mg DR granules for GERD and hypersecretory conditions | The last 2 brand-only strengths of Nexium granules for oral suspension have seen generic launches. | NF: Medicare, PPO, IFP  NP: Medical Assistance |
| Namzaric **(memantine-donepezil)** 14-10 mg & 28-10 mg ER capsules for Alzheimer’s disease | A generic version of the extended-release formulation of Namzaric has launched at a nominal price reduction. | NF: all lines of business |
| Mesnex **(mesna)** 400 mg tablet  for ifosfamide induced  hemorrhagic cystitis | A generic version of Mesnex has launched at approximately a 20% discount to the branded product. | F: all lines of business |
| Spritam **(levetiracetam)** 250 mg disintegrating tablet for seizures (authorized generic) | Prasco has launched an authorized generic for Spritam, with a substantially higher WAC price. | NF: IFP, Medical Assistance  F: Medicare, PPO |
| Fulvicin **(griseofulvin)** 165 mg  tablet for dermatophyte  infections | The new 165mg generic strength is approximately 10-20x higher cost than similar strength tablets or the oral suspension | NF: Medicare, PPO, IFP  NP: Medical Assistance |

|  |
| --- |
| New or Expanded Formulations |

|  |  |  |
| --- | --- | --- |
| **Drug** | **Rationale/Alternative** | **Recommendation** |
| **Neffy** (epinephrine) 2 mg/0.1 mL nasal spray for allergic reactions | Neffy is the first non-injectable (nasal spray) form of epinephrine for treatment of anaphylaxis | F: all lines of business |
| **Augtyro** (repotrectinib) 160 mg capsule for ROS1+ NSCLC and NTRK solid tumors | A new 160 mg strength of repotrectinib launched joining the 40 mg capsule. | F: all lines of business |
| **Lumakras** (sotorasib) 240 mg tablet for KRAS G12C-mutated NSCLC | A new 240 mg strength of sotorasib launched at the same cost per milligram as the 120 mg and 320 mg tablet. | F: all lines of business |
| **Emrosi** (minocycline) 40 mg ER capsule for rosacea | Branded minocycline product specifically indicated for the treatment of rosacea in adults. Generic minocycline available. | NF: all lines of business |
| **Tramadol** 75 mg tablet for pain | A new 75 mg tramadol tablet has launched at $4.34 per tablet. | NF: all lines of business |
| **Opipza** (aripiprazole) 2, 5, & 10 mg oral films for schizophrenia, MDD, Tourette’s disorder, & irritability associated with autistic disorder | Opipza is a 505(b)(2) approved version of aripiprazole that is available as an oral film in 2 mg, 5 mg, and 10 mg strengths. Cover tablets and ODT versions. | NF: all lines of business |
| **Danziten** (nilotinib tartrate) 71 mg & 95 mg tablets for Ph+ CML | Danziten is a 505(b)(2) pathway-approved tartrate salt formulation of Tasigna (nilotinib). | NF: all lines of business |
| **Imkeldi** (imatinib) 80 mg/mL oral solution for various cancers | Liquid formulation at a much higher cost than the generic 100 mg and 400 mg imatinib tablets. | NF: all lines of business |
| **Labetalol** 400 mg tablet for hypertension | New strength at ~4x the cost of 200mg tablets | NF: Medicare, PPO, IFP  PDL: Medical Assistance |
| **Qlosi** (pilocarpine) 0.4% ophthalmic solution for presbyopia | A new strength of pilocarpine (0.4%) indicated for presbyopia (inability to focus sight on near objects) has launched. | NF: all lines of business |
| **Bimzelx** (bimekizumab) 320 mg/2 mL prefilled syringe & auto-injector for plaque psoriasis & hidradenitis suppurativa | A new 320 mg strength launched for bimekizumab | F: Medicare, PPO, IFP  NP: Medical Assistance |
| **Erzofri** (paliperidone pamoate) ER suspension prefilled syringes for schizophrenia | New paliperidone palmitate ER prefilled syringes. Invega Sustenna is covered | NF: all lines of business |
| **Methotrexate** 100 mg/40 mL IV solution for autoimmune &  inflammatory disorders | New IV formulation that can be used orally | F: all lines of business |
| **Gabarone** (gabapentin) 100 mg & 400 mg tablets for seizures and postherpetic neuralgia | Gabarone is a recently launched branded gabapentin product. Gabarone has a higher price vs generically available gabapentin capsules. | NF: all lines of business |
| **Jivi** (recombinant antihemophilic  factor, pegylated-aucl) 4000 unit IV vials for hemophilia A | New strength | F: all lines of business |
| **Esperoct** (recombinant  antihemophilic factor,  glycopegylated-exei) 4000 unit IV vials for hemophilia A | A new strength vial of Esperoct has recently launched. | NF: IFP  F: Medicare, PPO  PDL: Medical Assistance |
| **Metformin** 750 mg tablet for type 2 diabetes | New strength with WAC of $61.11/tablet | NF: all lines of business |
| **Topiramate** 50 mg sprinkle  capsule for seizures & migraine | A new branded 50 mg topiramate sprinkle capsule launched, previously generically available as 15 mg and 25 mg sprinkle capsules. WAC is 5x higher than other strengths | NF: Medicare, PPO, IFP  PDL: Medical Assistance |
| **Amantadine** 50 mg/5 mL & 100mg/10 mL oral solution for influenza A, Parkinson’s disease, & drug-induced extrapyramidal reactions | An additional NDC for 50 mg/5 mL oral solution of amantadine recently launched | F: all lines of business |
| **Fenopron** (fenoprofen) 300 mg  capsule for pain | New branded fenoprofen | NF: all lines of business |
| **Prevymis** (letermovir) 20 mg &  120 mg pellet packs for CMV  prophylaxis | Oral pellet packets containing 20 mg or 120 mg of letermovir per packet have launched, following the recently reported pediatric age expansion. | 120mg: F all lines of business  20mg: NF: Medicare, PPO  F: IFP, Medical Assistance |
| **Metronidazole** 125 mg tablet to treat infections | A new 125 mg strength tablet at over 100x the cost per mg compared to alternative tablet strengths. | NF: all lines of business |

|  |
| --- |
| Additional Items Reviewed |

|  |  |
| --- | --- |
| **Item** | **Drugs with New Policies** |
| New Medical Drug Policies (effective 4/1/2025) | * Bizengri * Aucatzyl * Ziihera * Datroway * Kebilidi * Ryoncil * Unloxcyt * Opdivo Qvantig |