



January 2021 Pharmacy & Therapeutics Committee Decisions

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

New Drug Review			
Drug	Indication	Formulary Coverage	Effective Date
Kesimpta (ofatumumab)	Treatment of relapsing forms of multiple sclerosis (MS) to include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease in adults.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Mycapssa DR (octreotide acetate)	Long-term maintenance treatment in patients with acromegaly who have responded to and tolerated treatment with octreotide or lanreotide.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Evrysdi (risdiplam)	Treatment of spinal muscular atrophy in patients ≥ 2 months of age	Medicare: Formulary w/PA Medicaid: Formulary w/PA Exchange: Formulary w/PA	3/1/2021
Monoferric (ferric derisomaltose)	Treatment of iron deficiency anemia in patients ≥ 18 years of age with non-hemodialysis chronic kidney disease, have an intolerance to oral iron, or have had unsatisfactory response to oral iron.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Ongentys (opicapone)	Adjunctive treatment to levodopa/carbidopa in patients with Parkinson’s disease experiencing “off” episodes.	Medicare: Formulary w/PA Medicaid: Formulary w/PA Exchange: Formulary w/PA	3/1/2021

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Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 3/1/2021.

New Generics Review		
Drug	Current formulary status	Recommendation
Deferiprone (Ferriprox)	Medicare - F, Medicaid - P, HIX - F	Medicare - F, Medicaid - NF, HIX - F (no change)
Dimethyl fumarate starter kit (Tecfidera)	Medicare - F, Medicaid - NP, HIX - F	Medicare - F, Medicaid - NF, HIX - F (no change)
Lapatinib (Tykerb)	Medicare - F, Medicaid - P, HIX - F	Medicare - F, Medicaid - P, HIX - F (no change)
Baclofen 5mg tablet (Brand obsolete)	Medicare - F, Medicaid - NF, HIX - NF	Medicare - F, Medicaid - NF, HIX - NF (no change)
Efavir-Emtri-Tenof 600-200-300 (Atripla)	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F (no change)
Emtricitabine-Tenofovir 200-300 (Truvada)	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F (no change)
Fosfomycin (Monurol)	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - F, Medicaid - F, HIX - F
Rufinamide suspension (Banzel)	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - F, Medicaid - P, HIX - F (no change)
Icosapent ethyl capsule (Vascepa)	Medicare - F, Medicaid - NP, HIX - F	Medicare - F, Medicaid - NP, HIX - F (no change)
Methylphenidate ER (Aptensio XR)	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NP, HIX - NF (no change)
Tavaborole 5% (Kerydin)	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF (no change)
Timolol 0.5% eye drop (Timoptic)	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NP, HIX - NF (no change)
Gemmily 1mg - 20 mcg NE-estradiol-FE (Taytulla)	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF (no change)

New Indications Review		
Drug	Current formulary status	Recommendation
Ixinity	Medicare - NF, Medicaid - NF, HIX - F	Medicare - NF, Medicaid - NF, HIX - F (no change)
Selzentry	Medicare - F, Medicaid - P, HIX - F	Medicare - F, Medicaid - P, HIX - F (no change)
Brilinta	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F (no change)
Vimpat	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F (no change)
Xofluza	Medicare - F, Medicaid - NP, HIX - F	Medicare - F, Medicaid - NP, HIX - F (no change)

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Xolair	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F (no change)
Gavreto	Medicare - F, Medicaid - NF, HIX - NF	Medicare - F, Medicaid - NF, HIX - NF (no change)
Hetlioz	Medicare - F, Medicaid - NF, HIX - NF	Medicare - F, Medicaid - NF, HIX - NF (no change)
Wakix	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF (no change)
Krintafel	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF (no change)
Saxenda	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF (no change)
Opdivo	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF (no change)
Keytruda	Medicare - NF, Medicaid - NF, HIX - F	Medicare - NF, Medicaid - NF, HIX - F (no change)
Totect	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF (no change)

Miscellaneous Previously Reviewed Items

Drug	Rationale/Alternative	Recommendation
Ortikos ER	Budesonide EC	NF all lines of business (no change)
Diclofenac submicronized capsules	Diclofenac, diclofenac ER	NF all lines of business (no change)
Airduo Digihaler	Symbicort, Advair HFA, Breo Ellipta, fluticasone-salmeterol diskus	NF all lines of business (no change)
Armonair Digihaler	Qvar, Flovent, Asmanex	NF all lines of business (no change)
Semglee	Basaglar, Lantus, Levemir, Toujeo	NF all lines of business (no change)
Xywav	Xyrem	NF all lines of business (no change)
Tolvaptan	Samsca, Jynarque	Medicare: F , Medicaid: NF, HIX: NF
Bafiertam DR	Dimethyl fumarate, Aubagio, Gilenya, Mayzent, Vumerity, Zeposia	NF all lines of business (no change)

Additional Items Reviewed

Item	Action
Policy Review	Reviewed Aspirus Policy PHM 012: Opioid Drug Management Program
New Medical Drug Policies	Reviewed new policies for Danyelza, Oxlummo, Panhematin, Unituxin
IBS/Chronic Constipation and Acute Migraine Categories.	Removed Linzess from Medicaid formulary – effective 4/1. Reviewed Ubrelvy – not adding to formulary at this time.