



November 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
Brexafemme (ibrexafungerp citrate)	for the treatment of vulvovaginal candidiasis in adult and post-menarchal pediatric patients.	Medicare: Non-Formulary Medicaid: Formulary Exchange: Non-Formulary	N/A
Empaveli (pegcetacoplan)	paroxysmal nocturnal hemoglobinuria.	Medicare: Formulary w/PA Medicaid: Formulary w/PA Exchange: Formulary w/PA	12/1/2021
Lumakras (sotorasib) PROTECTED CLASS	KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC) in adults as determined by an FDA-approved test, who have received at least one prior systemic therapy.	Medicare: Formulary w/PA Medicaid: Formulary w/PA Exchange: Formulary w/PA	12/1/2021
Truseltiq (infigratinib phosphate) PROTECTED CLASS	treatment of previously treated, unresectable, locally advanced, or metastatic cholangiocarcinoma in adults with fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement as detected by an FDA-approved test	Medicare: Formulary w/PA Medicaid: Formulary w/PA Exchange: Formulary w/PA	12/1/2021

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Saphnelo (anifrolumab-fnia)	treatment of moderate to severe systemic lupus erythematosus (SLE) in adults who are receiving standard therapy	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Rezurock (belumosudil mesylate)	patients \geq 12 years old with chronic graft-versus-host disease (GVHD) after failure of \geq two prior lines of systemic therapy.	Medicare: Formulary w/PA Medicaid: Formulary w/PA Exchange: Formulary w/PA	12/1/2021
Rylaze (asparaginase erwinia-rywn) PROTECTED CLASS	the treatment of acute lymphoblastic leukemia (ALL) and lymphoblastic lymphoma (LBL) in adult and pediatric patients \geq 1 month who have developed hypersensitivity to Escherichia coli-derived asparaginase.	Medicare: Formulary w/PA Medicaid: Non-Formulary Exchange: Non-Formulary	12/1/2021
Welireg (belzutifan) PROTECTED CLASS	treatment of von Hippel-Lindau (VHL) disease in adults who require therapy for associated renal cell carcinoma (RCC), central nervous system (CNS) hemangioblastomas, or pancreatic neuroendocrine tumors (pNET), not requiring immediate surgery	Medicare: Formulary w/PA Medicaid: Formulary w/PA Exchange: Formulary w/PA	12/1/2021
Zynlonta (loncastuximab tesirine) Protected Class	relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy in adults. This includes DLBCL not otherwise specified, DLBCL arising from low-grade lymphoma, and high-grade B-cell lymphoma.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Nexviazyme (avalglucosidase alfa)	late-onset Pompe disease (lysosomal acid α -glucosidase deficiency) in patients \geq 1 year of age	Medicare: Formulary w/PA Medicaid: Formulary w/PA Exchange: Formulary w/PA	12/1/2021
Kerendia (finerenone)	to reduce the risk of sustained eGFR decline, end-stage kidney disease, CV death, non-fatal MI, and hospitalization for heart	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

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	failure in adults with CKD and type 2 diabetes		
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Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 12/1/2021.

New Generics Review

Drug	Current formulary status	Recommendation
Lopinavir-Rotonavir (Kaletra)	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F
Etravirine (Intelence)	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F
Sunitinib (Sutent)	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F
Tiopronin (Thiola)	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - F, Medicaid - F, HIX - F
Sod Sulfacetamide-Sulfur (Plexion)	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NP, HIX - F
Ferumoxytol (Feraheme)	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF
Ibuprofen-Famotidine (Duexis)	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF
Enalapril solution (Epaned)	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF
Nebivolol (Bystolic)	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF

New Indications Review

Drug	Current formulary status	Recommendation
Lenvima	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F
Bydureon BCise	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F
Bydureon	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F
Shingrix	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F
Briviact	Medicare - F, Medicaid - NP, HIX - F	Medicare - F, Medicaid - NP, HIX - F
Tibsovo	Medicare - F, Medicaid - F, HIX - F	Medicare - F, Medicaid - F, HIX - F
Jardiance	Medicare - F, Medicaid - P, HIX - F	Medicare - F, Medicaid - P, HIX - F

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Xarelto	Medicare - F, Medicaid - P, HIX - F	Medicare - F, Medicaid - P, HIX - F
Nucala	Medicare - NF, Medicaid - F, HIX - F	Medicare - NF, Medicaid - F, HIX - F
Drizalma Sprinkle	Medicare - F, Medicaid - NF, HIX - NF	Medicare - F, Medicaid - NF, HIX - NF
Brukinsa	Medicare - F, Medicaid - F, HIX - F	Medicare - NF, Medicaid - NF, HIX - NF
Cabometyx	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - F, Medicaid - NP, HIX - NF
Prograf capsules/granules	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NP, HIX - NF
Solosec	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NP, HIX - NF
Armonair Respiclick	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NP, HIX - NF
Xywav	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - F, HIX - F
Evomela	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NP, HIX - NF
Mirena	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NP, HIX - NF
Lexette	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NP, HIX - NF
Segluromet	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NP, HIX - NF
Steglujan	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NP, HIX - NF
Padcev	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF
Darzalex Faspro	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF
Octagam	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF
Opdivo	Medicare - NF, Medicaid - NP, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF
Jemperli	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF
Keytruda	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF
Tecentriq	Medicare - NF, Medicaid - NF, HIX - NF	Medicare - NF, Medicaid - NF, HIX - NF

Miscellaneous Previously Reviewed Items

Drug	Rationale/Alternative	Recommendation
Elepsia XR	Levetiracetam ER	NF all lines of business

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Accrufer Capsule	Ferrous Fumarate, Ferrous Gluconate, Auryxia	NF all lines of business
Exervan Film	Riluzole, Tiglutik	NF all lines of business
Azstarys capsule	Dextroamphetamine/Amphetamine ER, Methylphenidate ER, Vyvanse, Adderall XR	NF all lines of business
Semglee	Lantus, Toujeo, Basaglar, Tresiba, Levemir	NF all lines of business

Additional Items Reviewed

Item	Action
2022 Medicaid Formulary	<ul style="list-style-type: none"> Approved 2022 Medicaid formulary changes
Medical Drug Policy Updates	<ul style="list-style-type: none"> Approved update to Aduhelm criteria for Medicaid Approved removing authorization requirement for botulinum toxin products for all lines of business Approved implementation of Advanced Clinical Evaluation (ACE) Utilization Management Policy for Soliris and Ultomiris
New Medical Drug Policies	<ul style="list-style-type: none"> Approved adding new policies for Nipent and Tivdak