



November 2023 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
Adstiladrin (nadofaragene firadenovec-vncg)	for the treatment of high-risk Bacillus Calmette-Guerin (BCG)-unresponsive non-muscle invasive bladder cancer (NMIBC) in adults with carcinoma in situ (CIS) with or without papillary tumors	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	NA
Epkinly (epcoritamab-bysp)	for the treatment of relapsed or refractory diffuse large B-cell lymphoma (DLBCL) not otherwise specified, including DLBCL arising from indolent lymphoma, and high-grade B-cell lymphoma, in adults after two or more lines of systemic therapy.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Vyjuvek Gel (beremagene geperpavec)	for the treatment of wounds in patients ≥ 6 months of age with dystrophic epidermolysis bullosa (DEB) with mutation(s) in the collagen type VII alpha 1 chain (COL7A1) gene.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Rystiggo (rozanolixizumab-noli)	treatment of generalized myasthenia gravis in adults who are anti-acetylcholine	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

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	receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody-positive.		
Roctavian (valoctocogene roxaparvovc-rvox)	indicated for the treatment of adults with severe hemophilia A without antibodies to adeno-associated virus serotype 5 (AAV5) detected by an FDA-approved test.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Vyvgart Hytrulo (efgartigimod-hyaluronidas-qvfc)	indicated for the treatment of generalized myasthenia gravis in adults who are anti-acetylcholine receptor antibody-positive.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Columvi (glofitamab-gxbm) PROTECTED CLASS DRUG	relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified or large B-cell lymphoma (LBCL) arising from follicular lymphoma, in adults after two or more lines of systemic therapy.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Miebo (perfluorohexyloctane/pf)	semifluorinated alkane that forms a monolayer at the air-liquid interface of the tear film, which is expected to reduce evaporation	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Veozah (fezolinetant) Tablet	Treatment of moderate to severe vasomotor symptoms (VMS) due to menopause	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Brenzavvy (bexagliflozin)	as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Inpefa (sotagliflozin)	to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visit in adults with heart failure or type 2 diabetes mellitus, chronic kidney disease, and other cardiovascular risk factors	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Litfulo (ritlecitinib tosylate)	for the treatment of severe alopecia areata in adults and adolescents 12 years and	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

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	older. Litfulo is not recommended for use in combination with other Janus kinase (JAK) inhibitors, biologic immunomodulators, cyclosporine or other potent immunosuppressants.		
Abrysvo (RSV vaccine intramuscular injection)	Abrysvo is a respiratory syncytial virus (RSV) vaccine indicated for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by RSV in individuals \geq 60 years of age. Abrysvo received Priority Review and Breakthrough Therapy designations from the FDA.	Medicare: Formulary Medicaid: Formulary Exchange: Formulary	08/01/2023
Arexvy (rsvpref3 antigen/as01e/pf)	AREXVY is indicated for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus in individuals 60 years of age and older.	Medicare: Formulary Medicaid: Formulary Exchange: Formulary	08/01/2023
Zavzpret (zavegepant hcl)	Zavzpret, a calcitonin gene-related peptide (CGRP) receptor antagonist, is indicated for the acute treatment of migraine with or without aura in adults.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 12/01/2023.

New Indications Review

Drug	Current formulary status	Recommendation
Amjevita – treatment of non-infectious intermediate, posterior, and panuveitis in adults	Medicare –F, Medicaid – NF, HIX – NF	Medicare –F, Medicaid – NF, HIX – NF
Zetia (ezetimibe) – in combination with a	Medicare –F, Medicaid – F, HIX – F	Medicare –F, Medicaid – F, HIX – F

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<p>statin, or alone when additional low-density lipoprotein cholesterol (LDL-C) lowering therapy is not possible, as an adjunct to diet to reduce elevated LDL-C in adults with primary hyperlipidemia</p>		
<p>Eligard– indicated for the treatment of advanced prostatic cancer (previously palliative treatment)</p>	<p>Medicare –F, Medicaid – F, HIX – F</p>	<p>Medicare –F, Medicaid – F, HIX – F</p>
<p>Gavreto - Removal of indication for the treatment of advanced or metastatic rearranged during transfection (RET)-mutant medullary thyroid ca. (MTC) in adult and pediatric patients ≥ 12 years of age who require systemic therapy</p>	<p>Medicare –F, Medicaid – F, HIX – F</p>	<p>Medicare –F, Medicaid – F, HIX – F</p>
<p>Lonsurf – single agent or with bevacizumab for the tx of metastatic colorectal ca.</p>	<p>Medicare –F, Medicaid – F, HIX - F</p>	<p>Medicare –F, Medicaid – F, HIX - F</p>
<p>Ezallor Sprinkle – -Expanded age indication to include pediatric patients ≥ 7 years of age with homozygous familial hypercholesterolemia (HoFH) -reduce the risk of stroke, MI, and arterial revascularization procedures in adults without established</p>	<p>Medicare –NF, Medicaid – NP, HIX - NF</p>	<p>Medicare –NF, Medicaid – NP, HIX - NF</p>

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<p>coronary heart disease -Adj. to diet to reduce LDL-C in adults with primary hyperlipidemia -Adj. to diet to reduce LDL-C / slow the prog. of atherosclerosis in adults -Adj. to diet to reduce LDL-C in adults and ped. pts ≥ 8 yrs of age with heterozygous familial hypercholesterolemia (HeFH)</p>		
<p>Abrysvo – active immunization of pregnant individuals at 32-36 wks for the prevention of LRTD caused by RSV in infants birth–6 mo.</p>	<p>Medicare –F, Medicaid – F, HIX - F</p>	<p>Medicare –F, Medicaid – F, HIX - F</p>
<p>Ilaris – symptomatic tx of gout flares</p>	<p>Medicare –NF, Medicaid – NP, HIX - NF</p>	<p>Medicare –NF, Medicaid – NP, HIX - NF</p>
<p>Reblozyl – tx of anemia (ESA-naïve) in adults with very low- to intermediate-risk (MDS) who may require regular (RBC) transfusions</p>	<p>Medicare –NF, Medicaid – NP, HIX - NF</p>	<p>Medicare –NF, Medicaid – NP, HIX - NF</p>
<p>Mekinist – age expanded to 1-<6 yrs for use with Tafinlar for tx of unresectable or metastatic solid tumors with BRAF V600E mutation</p>	<p>Medicare – F, Medicaid – F, HIX - F</p>	<p>Medicare – F, Medicaid – F, HIX - F</p>
<p>Tafinlar – age expanded to 1-<6 yrs for use with Mekinist for tx of unresectable or metastatic solid</p>	<p>Medicare –F, Medicaid – F, HIX - F</p>	<p>Medicare –F, Medicaid – F, HIX - F</p>

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tumors with BRAF V600E mutation.		
Ervebo – now indicated for the prevention of disease caused by Zaire ebolavirus in individuals ≥ 12 months of age	Medicare –NF, Medicaid – NF, HIX - NF	Medicare –NF, Medicaid – NF, HIX - NF
Jemperli – w/ carboplatin and paclitaxel, then Jemperli as a single agent for the tx of primary advanced or recurrent endometrial ca. in adults	Medicare –NF, Medicaid – NF, HIX - NF	Medicare –NF, Medicaid – NF, HIX - NF
Ingrezza – tx of chorea associated with Huntington’s disease in adults	Medicare –NF, Medicaid – NF, HIX - NF	Medicare –NF, Medicaid – NF, HIX - NF
Abrilada – tx of non-infectious intermediate, posterior and panuveitis in adults	Medicare –NF, Medicaid – NF, HIX - NF	Medicare –NF, Medicaid – NF, HIX - NF
Hulio – tx of non-infectious intermediate, posterior and panuveitis in adults	Medicare –NF, Medicaid – NF, HIX - NF	Medicare –NF, Medicaid – NF, HIX - NF
Bavencio – tx metastatic MCC	Medicare –NF, Medicaid – NF, HIX - NF	Medicare –NF, Medicaid – NF, HIX - NF
Hyrimoz – tx of non-infectious intermediate, posterior and panuveitis in adults	Medicare –NF, Medicaid – NF, HIX - NF	Medicare –NF, Medicaid – NF, HIX - NF

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Drug	Current formulary status	Recommendation
VIGADRONE (SABRIL)	Medicare: NF , Medicaid: NP, HIX: NF	Medicare: F , Medicaid: NP, HIX: NF
BACLOFEN SUSPENSION (FLEQSUVY)	Medicare: NF, Medicaid: NF, HIX: NF	Medicare: NF, Medicaid: NF, HIX: NF
LEVOCARNITINE VIAL (CARNITOR)	Medicare: NF, Medicaid: NF, HIX: NF	Medicare: NF, Medicaid: NF, HIX: NF
BREYNA (SYMBICORT)	Medicare: F , Medicaid: P , HIX: F	Medicare: NF , Medicaid: F , HIX: NF
TIOTROPIUM (SPIRIVA)	Medicare: F , Medicaid: P , HIX: F	Medicare: NF , Medicaid: F , HIX: NF
SAXAGLIPTIN (ONGLYZA)	Medicare: NF, Medicaid: P , HIX: NF	Medicare: NF, Medicaid: NF , HIX: NF
SAXAGLIPTIN- METFORMIN ER (KOMBIGLYZE)	Medicare: NF, Medicaid: P , HIX: NF	Medicare: NF, Medicaid: NF , HIX: NF
PLERIXAFOR (MOZOBIL)	Medicare: NF, Medicaid: F, HIX: F	Medicare: NF, Medicaid: F, HIX: F
VANCOMYCIN ORAL SOLN (FIRVANQ & Brand VANCOMYCIN)	Medicare: NF, Medicaid: F, HIX: NF	Medicare: NF, Medicaid: F, HIX: NF
INDOMETHACIN SUPPOSITORY (INDOCIN)	Medicare: NF, Medicaid: F, HIX: NF	Medicare: NF, Medicaid: F, HIX: NF
LISDEXAMFETAMINE CHEWABLE TABLETS & CAPSULES (VYVANSE)	Medicare: NF, Medicaid: NP , HIX: F	Medicare: NF, Medicaid: F , HIX: F
BRIMONIDINE TARTRATE DROP (ALPHAGAN P)	Medicare: F , Medicaid: P, HIX: NF	Medicare: NF , Medicaid: P, HIX: NF
JOYEAUX-28 TABLET LEVONORG-EE-FE BIS 0.1-0.02-36 (BALCOLTRA)	Medicare: NF, Medicaid: F, HIX: F	Medicare: NF, Medicaid: F, HIX: F

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TRETINOIN GEL MICRO 0.08% PUMP (RETIN-A MICRO)	Medicare: NF, Medicaid: NP , HIX: NF	Medicare: NF, Medicaid: NF , HIX: NF
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Miscellaneous Previously Reviewed Items

Drug	Rationale/Alternative	Recommendation
OLPRUVA (SODIUM PHENYLBUTYRATE)	SODIUM PHENYLBUTYRATE	NF all lines of business
ZOLPIDEM TARTRATE 7.5 MG CAPSULE	ZOLPIDEM TARTRATE TABLETS	Medicare: NF, Medicaid: P (PDL controlled), HIX: NF
MECLIZINE 50 MG TABLET	MECLIZINE 25 MG TABLET	NF all lines of business
URNEVA (METH/MEBLUE/SOD PHOS/PSAL/HYOS) CAPSULE	N/A	NF all lines of business
URIMAR-T (METH/MEBLUE/SOD PHOS/PSAL/HYOS) CAPSULE	N/A	NF all lines of business
SODIUM OXYBATE 0.5 G/ML SOLUTION	LUMRYZ ER, SODIUM OXYBATE (by Hikma), WAKIX, XYREM, XYWAV, SUNOSI	Medicare: F, Medicaid: NF, HIX: NF
BRIXADI WEEKLY & MONTH (MULTIPLE STRENGTHS) (BUPRENORPHINE) SYRINGES	BUPRENORPHINE film/syringe/tablet/patch	NF all lines of business
ELFABRIO 20 MG/10 ML (PEGUNIGALSIDASE ALFA-IWXJ) VIAL	FABRAZYME	NF all lines of business
SUFLAVE (PEG 3350/SOD SULF,CHLR/POT/MAG) POWDER	GAVILYTE-C, GAVILYTE-G, PEG-3350 AND ELECTROLYTES, PEG3350	F all lines of business
OPVEE 2.7 MG (NALMEFENE HCL) NASAL SPRAY	NALOXONE/HCL. KLOXXADO, ZIMHI	Medicare: NF, Medicaid: F, HIX: F

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Additional Items Reviewed	
Item	Action
New Medical Drug Policies (effective 01/01/2024)	<ul style="list-style-type: none">• Pombiliti• Veopoz