

September 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
Qalsody (tofersen)	for the treatment of amyotrophic lateral sclerosis (ALS) in adults who have a mutation in the superoxide dismutase 1 (SOD1) gene	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	NA
Sogroya (somapacitan-beco)	treatment of growth failure due to inadequate secretion of growth hormone (GH) in pediatric patients ≥ 2.5 years. Sogroya is also indicated for the replacement of endogenous GH in adults with GH deficiency.	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A
Omisirge (omidubicel-onlv)	a nicotinamide modified allogeneic hematopoietic progenitor cell therapy derived from cord blood, is indicated for use in patients with hematologic malignancies who are planned to undergo umbilical cord blood transplantation following myeloablative conditioning to reduce the time to neutrophil recovery and the incidence of infection	Medicare: Non-Formulary Medicaid: Non-Formulary Exchange: Non-Formulary	N/A

September 2023 Pharmacy & Therapeutics Committee Decisions

	in adults and pediatric patients ≥ 12 years of age.		
Vowst (fecal microbio spore, live-brpk)	for preventing subsequent reinfections with Clostridioides difficile (CDI) for adults who have had antibacterial treatment for recurrent CDIs. Vowst is not indicated for treatment of CDI.	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 10/01/2023.

New Indications Review

Drug	Current formulary status	Recommendation
Farxiga – Tx Heart Failure in patients with mildly reduced or preserved ejection fraction.	Medicare –NF, Medicaid – NF, HIX – NF	Medicare –NF, Medicaid – NF, HIX - NF
Rexulti – tx agitation associated with dementia	Medicare –F, Medicaid – F, HIX – NF	Medicare –F, Medicaid – F, HIX - NF
Breo Elipta – expanded age to include 5 and older.	Medicare –F, Medicaid – NP, HIX - F	Medicare –F, Medicaid – NP, HIX - F
Lexapro (escitalopram) – expanded age to include 7 and older for tx of GAD.	Medicare –F, Medicaid – P/NP(brand), HIX – F	Medicare –F, Medicaid – P/NP(brand), HIX – F
Rinvoq – tx. Mod-severe Crohn’s in adults with inadequate response to 1 or mor TNFis	Medicare –F, Medicaid – NP, HIX - F	Medicare –F, Medicaid – NP, HIX - F
Imbruvica – removed indications for MCL and MZL	Medicare –F, Medicaid – F, HIX - F	Medicare –F, Medicaid – F, HIX - F

September 2023 Pharmacy & Therapeutics Committee Decisions

Ayvakit – tx indolent systemic mastocytosis in adults	Medicare –F, Medicaid – F, HIX - F	Medicare –F, Medicaid – F, HIX - F
Paxlovid – mild to moderate COVID-19 in adults at high risk for progression to severe – previous approved under EUA	Medicare –NF, Medicaid – F, HIX - F	Medicare –NF, Medicaid – F, HIX - F
Lynparza – BRCA-mutated metastatic castration-resistant prostate cancer	Medicare –F, Medicaid – F, HIX - F	Medicare –F, Medicaid – F, HIX - F
Injectafer – iron deficiency in adults with Class II/III heart failure to improve exercise capacity	Medicare – NF, Medicaid – NF, HIX - NF	Medicare – NF, Medicaid – NF, HIX - NF
Prevymis – prophylaxis of CMV in adult kidney transplant recipients at high risk.	Medicare –F, Medicaid – NF, HIX - F	Medicare –F, Medicaid – NF, HIX - F
Linzess – functional constipation in pts ages 6-17	Medicare –F, Medicaid – NF, HIX - F	Medicare –F, Medicaid – NF, HIX - F
Hadlima - mod. to severe hidradenitis suppurativa in adults	Medicare –NF, Medicaid – NF, HIX - NF	Medicare –NF, Medicaid – NF, HIX - NF
Bylvy – cholestatic pruritus in pts 12 months and older with Alagille syndrome.	Medicare –NF, Medicaid – NF, HIX - NF	Medicare –NF, Medicaid – NF, HIX - NF
Abrilada – mod. to severe hidradenitis suppurativa in adults	Medicare –NF, Medicaid – NF, HIX - NF	Medicare –NF, Medicaid – NF, HIX - NF
Triumeq – expanded age indication to 3 months and older weighing 6 or more kg for tx of HIV-1	Medicare –F, Medicaid – F, HIX - F	Medicare –F, Medicaid – F, HIX - F

September 2023 Pharmacy & Therapeutics Committee Decisions

Jardiance – expanded age indication to pts age 10 and up with DMII to improve glycemic control	Medicare –F, Medicaid – P, HIX - F	Medicare –F, Medicaid – P, HIX - F
Synjardy - expanded age indication to pts age 10 and up with DMII to improve glycemic control	Medicare –F, Medicaid – NP, HIX - F	Medicare –F, Medicaid – NP, HIX - F
Talzenna – homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer	Medicare –F, Medicaid – F, HIX - F	Medicare –F, Medicaid – F, HIX - F

New Generics Review

Drug	Current formulary status	Recommendation
DARUNAVIR (PREZISTA)	Medicare: NF , Medicaid: F , HIX: F	Medicare: F , Medicaid: F , HIX: F
Methsuximide (Celontin)	Medicare: F , Medicaid: P , HIX: NF	Medicare: F , Medicaid: NF , HIX: F
KCL 40 MEQ/L-D5W-0.45% NAACL	N/A	Medicare: F , Medicaid: F , HIX: F
NITISINONE 20 MG CAPSULE Generic for ORFADIN	Medicare: NF , Medicaid: NF , HIX: NF	Medicare: F , Medicaid: F , HIX: F

Miscellaneous Previously Reviewed Items

Drug	Rationale/Alternative	Recommendation
IDACIO(CF) (ADALIMUMAB-AACF)	HUMIRA, AMJEVITA	NF all lines of business
HULIO(Cf) (ADALIMUMAB-FKJP)	HUMIRA, AMJEVITA	NF all lines of business
ADALIMUMAB-FKJP (CF)	HUMIRA, AMJEVITA	NF all lines of business

September 2023 Pharmacy & Therapeutics Committee Decisions

CYLTEZO(CF) (ADALIMUMAB-ADB M)	HUMIRA, AMJEVITA	NF all lines of business
YUFLYMA(CF) (ADALIMUMAB- AATY)	HUMIRA, AMJEVITA	NF all lines of business
YUSIMRY(CF) (ADALIMUMAB- AQVH)	HUMIRA, AMJEVITA	NF all lines of business
HADLIMA (ADALIMUMAB- BWW D)	HUMIRA, AMJEVITA	NF all lines of business
HYRIMOZ(CF) (ADALIMUMAB- ADAZ)	HUMIRA, AMJEVITA	NF all lines of business
ADALIMUMAB-ADAZ(CF)	HUMIRA, AMJEVITA	F all lines of business
ABILIFY ASIMTUFII (ARIPIPRAZOLE) SYRINGE	ABILIFY MAINTENA ER, INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA, RISPERDAL CONSTA	Medicare: F Medicaid: NF (PDL controlled) HIX: F
UZEDY ER (RISPERIDONE) SYRINGE	ABILIFY MAINTENA ER, INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA, RISPERDAL CONSTA	Medicare: F Medicaid: NF (PDL controlled) HIX: F
LIQREV 10 MG/ML (SILDENAFIL CITRATE) ORAL SUSPENSION	SILDENAFIL	NF all lines of business

Additional Items Reviewed

Item	Action
New Medical Drug Policies (effective 11/15/2023)	<ul style="list-style-type: none"> • Adstiladrin • Columvi • Elevidys • Elfabrio • Elrexfio • Epkinly • Izervay • Omisirge • Roctavian • Qalsody • Rystiggo • Talvey • Vyjuvek • Vyvgart Hytrulo