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** |
| Xdemvy (lotilaner) | For the treatment of Demodex blepharitis (DB) | Medicare: Formulary  Medicaid: Formulary  Exchange: Formulary | NA |

**Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 05/01/2024.**

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

|  |  |  |
| --- | --- | --- |
| **Drug** | **Current formulary status** | **Recommendation** |
| Jaypirca (pirtobrutinib) 50 & 100 mg tablets for chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) | Medicare –F, PPO – F, Medicaid – F, HIX –F | Medicare –F, PPO – F, Medicaid – F, HIX –F |
| Cresemba (isavuconazonium sulfate) 74.5 & 186 mg capsules and 372 mg vial for injection for invasive aspergillosis and invasive mucormycosis age expansion | Medicare –NF, PPO – NF, Medicaid – NP, HIX – NF | Medicare –NF, PPO – NF, Medicaid – NP, HIX – NF |
| Tarpeyo (budesonide) 4 mg DR capsules to reduce the loss of kidney function in adults with primary immunoglobulin A nephropathy (IgAN) | Medicare –F, PPO – F, Medicaid – F, HIX –F | Medicare –F, PPO – F, Medicaid – F, HIX –F |
| Adbry (tralokinumab) 150 mg/mL injection for subcutaneous administration for moderate-severe atopic dermatitis age expansion | Medicare –F, PPO – F, Medicaid – NP, HIX – NF | Medicare –F, PPO – F, Medicaid – NP, HIX – NF |
| Welireg (belzutifan) 40 mg tablets for advanced renal cell carcinoma (RCC) | Medicare –F, PPO – F, Medicaid – F, HIX – F | Medicare –F, PPO – F, Medicaid – F, HIX – F |
| Nexletol (bempedoic acid) 180 mg tablets and Nexlizet (bempedoic acid and ezetimibe) 180 mg-10 mg tablets for primary  hyperlipidemia in adults with heterozygous familial hypercholesterolemia or atherosclerotic cardiovascular disease (ASCVD) as an adjunct to statin therapy | Medicare –NF, PPO – NF, Medicaid – NP, HIX - NF | Medicare –NF, PPO – NF, Medicaid – NP, HIX - NF |
| Xtandi (enzalutamide) 40 mg capsules and 40 & 80 mg tablets for non-metastatic castration-sensitive prostate cancer | Medicare –F, PPO – F, Medicaid – F, HIX - F | Medicare –F, PPO – F, Medicaid – F, HIX - F |
| Hyqvia (human immune globulin) 100 mg/mL subcutaneous kits for maintenance therapy in adults with chronic inflammatory demyelinating polyneuropathy | Medicare –F, PPO – F, Medicaid – NF, HIX - F | Medicare –F, PPO – F, Medicaid – NF, HIX - F |
| Piqray (alpelisib) 50, 150, & 200 mg tablets expanded approval for pre- and peri-menopausal women | Medicare –F, PPO – F, Medicaid – F, HIX - F | Medicare –F, PPO – F, Medicaid – F, HIX - F |
| Balversa (erdafitinib) 3,4, & 5 mg tablets for adults with locally advanced/metastatic urothelial carcinoma with FGFR3 genetic alterations after platinum-containing chemotherapy | Medicare –F, PPO –F, Medicaid – F, HIX - F | Medicare –F, PPO –F, Medicaid – F, HIX - F |
| Dupixent (dupilumab) 200 mg/1.14 mL and 300 mg/2 mL injections for eosinophilic esophagitis in patients ≥ 1 year age expansion | Medicare –F, PPO – F, Medicaid – F, HIX - F | Medicare –F, PPO – F, Medicaid – F, HIX - F |

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

|  |  |  |
| --- | --- | --- |
| **Drug** | **Rationale/Alternative** | **Recommendation** |
| Cyanocobalamin (Nascobal) 500 mcg/0.1 mL nasal spray vitamin B12 therapy | Brand is NF for all LOB  Oral options available at a much lower cost | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| Podofilox (Condylox) 0.5% gel for anogenital warts | Podofilox solution is available on all formularies | Medicare: NF, PPO: NF, Medicaid: NP, HIX: NF |
| Insulin glargine (Toujeo AG) 300 unit/mL pen-injector for diabetes | MedD and PPO include Toujeo on the $35 insulin program  IFP prefers Basaglar | Medicare: NF, PPO: NF, Medicaid: NP, HIX: NF |
| Dapagliflozin (Farxiga AG) 5 & 10 mg tablets for type 2 diabetes, heart failure, & chronic kidney disease | Multisource brand product. True generic expected end of 2025 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| Dapagliflozin-metformin ER (Xigduo XR AG) 5-1000 & 10-1000 mg tablets for type 2 diabetes | Multisource brand product. True generic expected end of 2025 | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| Bromfenac (Prolensa) 0.07% ophthalmic solution for postoperative inflammation & ocular pain | Brand is NF for MedD, PPO, and IFP  Medicaid: PDL controlled (Brand 0.07% and Generic 0.09% NP) | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| Indomethacin (Indocin) 25 mg/5 mL oral suspension for pain | Brand is NF for all LOB  Oral options available at a much lower cost | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| Udenyca Onbody (pegfilgrastim) 6 mg/0.6 mL syringe for febrile neutropenia | Udenyca covered for all LOB. Onbody injector must be filled by a healthcare provider | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| Gabapentin (Gralise) 300 & 600 mg tablets for postherpetic neuralgia | At over $9 per tablet, the generic Gralise is still 60-90 times the cost of the generic tablets. | Medicare: NF, PPO: NF, Medicaid: NF, HIX: NF |
| mifepristone (Korlym) 300 mg tablet for hyperglycemia secondary to hypercortisolism | Medicaid / IFP cover 200mg dose  MedD covers Brand Korlym | Medicare: F, PPO: F, Medicaid: NF, HIX: NF |

|  |
| --- |
| Miscellaneous Previously Reviewed Items |

|  |  |  |
| --- | --- | --- |
| **Drug** | **Rationale/Alternative** | **Recommendation** |
| Prolia (denosumab) 60 mg/mL injection | * new boxed warning for severe hypocalcemia in those with advanced chronic kidney disease (CKD) * Severe hypocalcemia resulting in hospitalization, life-threatening events and fatal cases have been reported * CKD-mineral bone disorder (CKD-MBD) markedly increases the risk of hypocalcemia | Medicare: NF, PPO: NF, Medicaid: NP, HIX: NF |
| Paxlovid | * FDA announced all Paxlovid (nirmatrelvir/ritonavir) labeled for emergency use authorization (EUA) will no longer be authorized for use after 3/8/24 regardless of expiration date * The transition to commercialized, non-government supplied product will be complete | F all lines of business |
| Novo Nordisk Levemir (insulin detemir) and Glucagen HypoKit (glucagon) | * Novo Nordisk is discontinuing Levemir (insulin detemir) and GlucaGen HypoKit (glucagon) * Global manufacturing constraints, formulary losses impacting patient access, and availability of alternatives are cited for the product discontinuations * Levemir FlexPen will be discontinued on April 1, 2024 and the 10 mL vial will be discontinued on December 31, 2024, although supply disruptions may occur earlier * GlucaGen HypoKit will be discontinued on July 1, 2024 | Levemir - Medicare: NF, PPO: NF, Medicaid: F, HIX: NF  Glucagen HypoKit - Medicare: NF, PPO: NF, Medicaid: F, HIX: NF |

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

|  |  |
| --- | --- |
| **Item** | **Drugs with New Policies** |
| New Medical Drug Policies (effective 05/15/2024) | * Wainua * Lyfgenia * Casgevy * Amtagvi * iDose TR |