

Aspirus' Pharmacy and Therapeutics Committee (P&T) is a group of physicians and pharmacists that meet throughout the year to review and make changes to the Aspirus Medicare Formulary (approved drug list). These changes are reviewed based on clinical evidence, safety, and therapeutic guidelines. All changes that are recommended by P&T for Medicare formularies are tentative until Aspirus receives final CMS approval.

Key

PA: Prior Authorization QL: Quantity Limit ST: Step Therapy

NEW DRUG REVIEW			
DRUG	INDICATION	FORMULARY COVERAGE	EFFECTIVE DATE
Sotyktu (deucravacitinib)	Moderate-to-severe plaque psoriasis treatable by systemic therapy or phototherapy	Non- Formulary	N/A
Tecvayli (teclistamab-cqyv) PROTECTED CLASS	treatment of adults with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody.	Non- Formulary	N/A
Zynteglo (betibeglogene autotemcel)	Gene therapy to treat adult and pediatric patients who have transfusion-dependent beta-thalassemia	Non- Formulary	N/A
Rolvedon (eflapegrastim- xnst)	Gene therapy to treat adult and pediatric patients who have transfusion-dependent beta- thalassemia	Non- Formulary	N/A
Skysona Infusion Bag- Cassette (elivaldogene autotemcel)	Delay neurologic decline for males between the ages of four years old and 17 years old who have mild symptoms or who are still symptomatic for the rare condition, cerebral adrenoleukodystrophy (CALD)	Non- Formulary	N/A
Xenpozyme (olipudase alfa- rpcp)	Non-central nervous system manifestations of acid sphingomyelinase deficiency (ASMD)	Non- Formulary	N/A

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Furoscix (furosemide)	Relieve worsening congestion that results from fluid overload associated with NYHA Class II or Class III chronic heart failure in adult patients	Non- Formulary	N/A
Lytgobi (futibatinib)	Advanced forms of intrahepatic cholangiocarcinoma that test positive for gene abnormalities in growth factor receptor 2 (FGFR2) and that cannot be surgically removed and have already received other treatments	Formulary w/ PA	04/01/2023
Relyvrio (sodium phenylbutyrate/taurursodiol)	Amyotrophic lateral sclerosis (ALS)	Non- Formulary	N/A
Imjudo (tremelimumab-actl)	Hepatocellular carcinoma (HCC) that cannot be removed by surgery	Non- Formulary	N/A
Pedmark (sodium thiosulfate)	Lower the risk of ototoxicity (hearing damage) for pediatric patients at least one month old who are receiving cisplatin to treat solid tumors that have not spread	Non- Formulary	N/A
Xelstrym (dextroamphetamine)	Attention deficit hyperactivity disorder (ADHD) for patients who are at least six years old	Non- Formulary	N/A

Formulary changes for New Generics, New Indications and Miscellaneous Previously Reviewed drugs are effective 04/1/2023.

NEW INDICATIONS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
Liletta – expanded duration of up to 8 years for pregnancy prevention	Non-Formulary	Non-Formulary
Ixinity – reinstatement of prophylaxis of bleeding episodes in pts ≥12 with hemophilia B	Non-Formulary	Non-Formulary

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Benefix - reinstatement of prophylaxis of bleeding episodes in children with hemophilia B	Non-Formulary	Non-Formulary
Trulicity – DM2 ≥10 years old	Formulary	Formulary
Udenyca – increase survival in pts acutely exposed to myelosuppressive doses of radiation	Formulary	Formulary
Zejula – BRCA+ ovarian, fallopian tube or primary peritoneal ca	Formulary	Formulary
Ibrance – pre/perimenopausal women, HR+, and HER2- breast cancer with aromatase inhibitor	Formulary	Formulary
Vraylar – adjunct tx with antidepressants for MDD	Formulary	Formulary
Tymlos – increase bone density in men with osteoporosis at high risk for fracture	Non-Formulary	Non-Formulary
Actemra – Covid-19 hospitalized pts	Non-Formulary	Non-Formulary
Rubraca - restricted to BRCA mutation+ ovarian, fallopian, or primary peritoneal cancer	Formulary	Formulary
Wegovy – pediatric indication. Weight loss age 12 and older	Non-Formulary	Non-Formulary
Imfinzi – metastatic NSCLC without EGFR mutations or ALK genomic tumor aberrations w/ Imjudo	Non-Formulary	Non-Formulary
Imjudo – metastatic NSCLC without EGFR mutations or ALK genomic tumor aberrations w/ Imfinzi	Non-Formulary	Non-Formulary
Adcetris – previously untreated high risk classical Hodgkin Lymphoma - pediatric	Non-Formulary	Non-Formulary
Librayo – NSCLC in adults with no EGFR, ALK or ROS1 aberrations.	Non-Formulary	Non-Formulary
Pemetrexed – metastatic non- squamous NSCLC in pts w/o EGFR or ALK genetic tumor aberrations w/Keytruda	Non-Formulary	Non-Formulary

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Brexafemme – recurrent vulvovaginal candidasis	Non-Formulary	Non-Formulary
Tecentriq – remove indication for urothelial carcinoma	Non-Formulary	Non-Formulary
Tascenso ODT – removed wt. restriction for treatment of MS	Non-Formulary	Non-Formulary
Tecentriq – metastatic alveolar soft part sarcoma age 2 and older	Non-Formulary	Non-Formulary
Bortezomib – initial treatment of mantle cell lymphoma	Non-Formulary	Non-Formulary
Xeloda – adjuvant tx stage III colon cancer	Non-Formulary	Non-Formulary
Pemfexy - metastatic non- squamous NSCLC in pts w/o EGFR or ALK genetic tumor aberrations w/Keytruda	Non-Formulary	Non-Formulary

NEW GENERICS REVIEW		
DRUG	CURRENT FORMULARY STATUS	RECOMMENDATION
Cetrorelix Acetate 0.25 MG VL Generic for Cetrotide	Non-Formulary	Non-Formulary
Naproxen SOD ER 750 MG Tablet Generic for Naprelan CR	Non-Formulary	Non-Formulary
Penciclovir 1% Cream Generic for Denavir	Non-Formulary	Non-Formulary
Dexlansoprazole Dr 60 MG Cap Generic for Dexilant	Non-Formulary	Non-Formulary

MISCELLANEOUS PREVIOUSLY REVIEWED ITEMS		
DRUG	RATIONALE/ALTERNATIVE	RECOMMENDATION
Ermeza solution (levothyroxine)	Levothyroxine, Levo-T, Levoxyl, Liothyronine	Non-Formulary
Leuprolide Depot 22.5mg vial	Lupron Depot	Formulary

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Pralatrexate vial	Methotrexate	Non-Formulary
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ADDITIONAL ITEMS REVIEWED		
ITEM	ACTION	
New Medical Drug Policies (effective 4/01/2023)	HemgenixSunlecaBriumvi	
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