UCare’s Pharmacy and Therapeutics Committee (P&T) is a group of physicians and pharmacists that meet throughout the year to make changes to the UCare 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 the Medicare formularies are tentative until UCare receives final CMS approval.

Key:
Medicare: UCare for Seniors, EssentiaCare, Minnesota Senior Health Options & Connect + Medicare and Employer Group
Medicaid: PMAP, MnCare, MSC+ & Connect
Exchange: UCare Choices & Fairview Choices

<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication</th>
<th>Formulary Coverage</th>
<th>Action</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biktarvy (Protected Class)</td>
<td>Indicated for HIV-1 infection in adults who have no antiretroviral treatment history or to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL).</td>
<td>Medicare: F Medicaid: F Exchange: F</td>
<td>Added to all formularies</td>
<td>8/1/18</td>
</tr>
<tr>
<td>Trogarzo (Protected Class)</td>
<td>In combination with other antiretroviral(s), is indicated for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen.</td>
<td>Medicare: F Medicaid: F Exchange: F</td>
<td>Added to all formularies</td>
<td>8/1/18</td>
</tr>
<tr>
<td>Aimovig</td>
<td>Indicated for the preventive treatment of migraine headaches in adults.</td>
<td>Medicare: F w/PA Medicaid: F w/PA Exchange: F w/PA</td>
<td>Added to all formularies with Prior Authorization</td>
<td>8/1/18</td>
</tr>
<tr>
<td>Lonhala Magnair</td>
<td>Indicated for long-term maintenance of airflow obstruction in patients with moderate to severe chronic obstructive pulmonary disease (COPD).</td>
<td>Medicare: NF Medicaid: NF Exchange: NF</td>
<td>Not added to formularies at this time.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Steglatro
- Indicated for type 2 diabetes mellitus to improve glycemic control in adults in adjunct to diet and exercise.
- Medicare: NF
- Medicaid: NF
- Exchange: NF
- Not added to formularies at this time.

### Lutathera
- Indicated for Somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut, and hindgut neuroendocrine tumors (NETs) in adults.
- Medicare: NF
- Medicaid: NF
- Exchange: NF
- Not added to formularies at this time.

### Erleada
- Non-metastatic, castration-resistant prostate cancer (NM-CRPC).
- Medicare: F w/PA
- Medicaid: F w/PA
- Exchange: F w/PA
- Added to all formularies with Prior Authorization.
- 8/1/18

### Symdeko
- Indicated for treatment of patients ≥ 12 yrs with cystic fibrosis (CF) who are homozygous for the F508del mutation or who have at least 1 mutation in the CF transmembrane conductance regulator (CFTR) gene that is responsive to Symdeko based on in vitro and/or clinical evidence.
- Medicare: F w/PA
- Medicaid: F w/PA
- Exchange: F w/PA
- Added to all formularies with Prior Authorization.
- 8/1/18

### Rhopressa
- Indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension.
- Medicare: NF
- Medicaid: NF
- Exchange: NF
- Not added to formularies at this time.

### New Generics Review
All formulary changes noted are effective 8/1/18.
Formulary coverage for plan listed: current formulary Status/proposed Formulary Status.
F=formulary NF=non-formulary

**FENTANYL 37.5 MCG/HR, 62.5 MCG/HR & 87.5 MCG/HR PATCH**
First Generic for FENTANYL
UFS: NF/NF  MSHO: NF/NF  SPP: NF/NF  HIX: NF/NF

**CYCLOPHOSPHAMIDE 25 MG & 50 MG CAPSULE**
First Generic for CYCLOPHOSPHAMIDE
UFS: F/F  MSHO: F/F  SPP: NF/NF  HIX: F/F
Pallonsetron 0.25 mg/5 ml vial
First Generic for ALOXI
UFS: NF/NF  MSHO: NF/NF  SPP: NF/NF  HIX: NF/NF

Methylenidate ER 10 mg cap & Methylenidate LA 10 mg cap
First Generic for RITALIN LA
UFS: NF/F  MSHO: NF/F  SPP: NF/F  HIX: NF/F

Lansoprazole ODT 15 mg & 30 mg tablet
First Generic for PREVACID RX
UFS: NF/NF  MSHO: NF/NF  SPP: NF/NF  HIX: NF/NF

Ritonavir 100 mg tablet
First Generic for NORVIR
UFS: F/F  MSHO: F/F  SPP: F/F  HIX: F/F

Tiagabine HCL 12 mg & 16 mg tablet
First Generic for GABITRIL
UFS: F/F  MSHO: F/F  SPP: F/F  HIX: F/F

Tydemy tablet
First Generic for SAFYRAL
UFS: NF/F  MSHO: NF/F  SPP: NF/NF  HIX: NF/NF

Belladonna-Phenobarbital elixr
First Generic for DONNATAL
UFS: F/F  MSHO: F/F  SPP: NF/NF  HIX: NF/NF

Phytonadione 5 mg tablet
First Generic for MEPHYTON
UFS: F/F  MSHO: F/F  SPP: F/F  HIX: F/F

New Indications Review
All formulary changes noted are effective 8/1/18.
Formulary coverage for each plan listed: Current Formulary Status/Proposed Formulary Status.
F=Formulary, NF=Non-Formulary

Latuda (lurasidone hydrochloride tablets)
UFS: F/F  MSHO: F/F  SPP: F/F  HIX: F/F

Hizentra (immune globulin subcutaneous [human] 20% liquid)
UFS: F/F  MSHO: F/F  SPP: F/F  HIX: NF/NF
Miscellaneous Previously Reviewed Items

All formulary changes noted are effective 8/1/18.
F=Formulary, NF=Non-Formulary

SEGLUROMET 2.5-1,000 MG, 2.5-500 MG & 7.5-1,000 MG (ERTUGLIFLOZIN/METFORMIN) TABLET
TABLET
UFS: NF  MSHO: NF  SPP: NF  HIX: NF

STEGLUJAN 15-100 MG & 5-100 MG (ERTUGLIFLOZIN/SITAGLIPTIN) TABLET
UFS: NF  MSHO: NF  SPP: NF  HIX: NF

BONJESTA ER 20-20 MG (DOXYLAMINE SUCCINATE/VIT 86) TABLET
UFS: NF  MSHO: NF  SPP: NF  HIX: NF
FIRVANQ 25 MG/ML (VANCOMYCIN HCL) SOLUTION
FIRVANQ 50 MG/ML (VANCOMYCIN HCL) SOLUTION
**UFS:** NF  **MSHO:** NF  **SPP:** NF  **HIX:** NF

AIMOVIG 140 MG DOSE-2 &70 MG/ML (ERENUMAB- AOOE) AUTOINJECTOR
**UFS:** F w/PA  **MSHO:** F w/PA  **SPP:** F w/PA  **HIX:** F w/PA