



ProCare Rx

Formulary Focus

March 2018

ProCare Rx's P&T Committee and team of dedicated clinicians has recommended the following changes to ProCare Rx's National Formulary as of the effective dates shown. These decisions follow their clinical guidance and are based on safety, efficacy, side effect profile, and potential for abuse. While financial impact does not play a key role in the decision of coverage and preliminary placement, the ultimate cost of therapy of the selected products versus that of the other available products in the same therapeutic class is taken into consideration during final placement.

New BRAND Name Drug Additions to the Formulary

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Antipsychotic Agent	Abilify Mycite (aripiprazole)	Oral (Specialty)	Used for treatment of adults with schizophrenia and bipolar 1 disorder.	Tier 3 P/A	3/1/18
Insulin	Admelog (insulin lispro)	Subcutaneous	Indicated to improve glycemic control in patients aged 3 and up with type 1 and type 2 diabetes.	Tier 3	3/1/18
Contraceptives	Balcoltra (levonorgestrel and eithinyl with ferrous bisglycinate)	Oral	Indicated to prevent pregnancy.	Tier 3	3/1/18
Cathartics and Laxatives	Clenpiq (sodium picosulfate, magnesium oxide, and anhydrous citric acid)	Oral	Used for cleansing of the colon as preparation for colonoscopy in adults.	Tier 3	3/1/18
Dermatological Agent	Eskata (hydrogen peroxide)	Topical	Indicated for the treatment of seborrheic keratosis that are raised.	Tier 3 P/A	3/1/18
Interleukin-5 Antagonists	Fasenra (benralizumab)	Subcutaneous (Specialty)	Indicated as an added maintenance treatment of severe asthma in adults and children 12 years of age and older with eosinophilic phenotype.	Tier 3 P/A	3/1/18
Antibacterial	Firvanq (vancomycin HCL)	Oral	Indicated for treatment of c.difficile-associated diarrhea in adults and pediatric patients less than 18 years of age. Also indicated for treatment of enterocolitis caused by staphylococcus aureus (including methicillin-resistant strains) in adults and pediatric patients less than 18 years of age.	Tier 3	3/1/18
Corticosteroids	Impoyz (clobetasol propionate)	Topical	Indicated for treatment of moderate to severe plaque psoriasis in patients 18 years of age and older.	Tier 3 P/A	3/1/18
Monoclonal Antibody	Ixifi (infliximab-qbtx)	Subcutaneous	Indicated for treatment of Crohn's Disease remission, reduction of number of draining enterocutaneous and rectovaginal fistulas and maintaining distula closure, pediatric CD, reduction of signs and symptoms of UC, RA in combination of methotrexate, Ankylosing apondylytic, psoriatic arthritis and plaque psoriasis.	Excluded	3/1/18
Antiretrovirals	Juluca (dolutegravir/rilpivirine)	Oral (Specialty)	Indicated for treatment of HIV type 1.	Tier 2 P/A	3/1/18
Anticholinergics	Lonhala Magnair (glycopyrrolate)	Inhalation	Indicated for the long-term maintenance treatment of airflow obstruction in patients with COPD, including chronic bronchitis and/or emphysema.	Tier 3 P/A	3/1/18
Antidiabetic Agent	Ozempic (semaglutide)	Subcutaneous	Indicated as an adjunct to diet and exercise to improve glycemic control in adult with T2DM.	Tier 2	3/1/18

New BRAND Name Drug Additions to the Formulary

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Antiviral	Prevmis (letermovir)	Oral & Subcutaneous	Indicated for prophylaxis of cytomegalovirus (CMV) infection and disease in adult CMV seropositive recipients (R+) of an allogeneic hematopoietic stem cell transplant (HSCT).	Tier 3 P/A	3/1/18
Angiotensin II Receptor Antagonist	Prexxartan (valsartan)	Oral	Indicated for treatment of hypertension, heart failure, post-myocardial infarction.	100 % Copay	3/1/18
Prostaglandin Analogs	Rhopressa (netarsudil)	Ophthalmic	Indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.	Tier 3	3/1/18
Antihyperglycemic	Segluromet (ertugliflozin/metformin)	Oral	Indicated for treatment as adjunct to diet and exercise to improve glycemic control with adults with type 2 diabetes mellitus.	Tier 3 P/A	3/1/18
Opiate partial agonists	Sublocade (buprenorphine)	Subcutaneous	Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for MINIMUM of 7 days.	Tier 3	3/1/18

Medical Benefit

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Antiemetic/Antivertigo Agent	Cinvanti (aprepitant)	Intraven	Treatment for chemo-induced nausea/vomiting.	Medical Benefit	3/1/18
Renin-Angiotensin-Aldosterone	Giapreza (angiotensin II acetate, human)	Intraven	Treatment of hypotension, shock.	Medical Benefit	3/1/18
Hemostatics	Hemlibra (emicizumab-kxwh)	Intraven	Treatment for hemophilia A.	Medical Benefit	3/1/18
Vaccine	Hepelisav-B (hep b vaccine)	Intraven	Treatment of Hep B.	Medical Benefit	3/1/18
Radioactive agent	Lutathera (lutetium lu 177 dotate)	Intraven	Treatment of gastroenteropancreatic neuroendocrine tumors.	Medical Benefit	3/1/18
Gene Therapy	Luxturna (voretigene neparvovec)	Intraven	Treatment for biallelic mediated inherited retinal disease.	Medical Benefit	3/1/18
Pituitary	Meacrlen (macimorelin)	Intraven	Indicated for adult growth hormone deficiency.	Medical Benefit	3/1/18
Enzymes	Mepsevii (vestronidase alfa-vjbk)	Intraven	Indicated for mucopolysaccharodpsis type VII.	Medical Benefit	3/1/18
Antineoplastic Agent	Ogivri (trastuzumab-dkst)	Intraven	Indicated for breast cancer & stomach cancer.	Medical Benefit	3/1/18
Corticosteroids	Sinuva (mometasone furoate)	Intraven	Indicated for nasal polyps.	Medical Benefit	3/1/18

Generic Releases & Updates Within the Next 90 Days

The following drugs are expected to lose their patents and become available generically within the next 90 days.

K-Tab	Sensipar	
Ultiva		
Xyzal Allergy 24hr		
Viread 150mg, 200mg, 250mg		
Syprine		
Treximet		

Additional Notes

Copies of ProCare RX's National Formulary and Pocket Formulary can be found on our website, <http://www.procarerx.com>, under the "PBM Resources/Drug and Formulary Lists" tab.