



# ProCare Rx

## Formulary Focus

June 2018

ProCare Rx's P&T Committee and team of dedicated clinicians have 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
Antiemetic/Antivertigo Agent	Akynzeo (fosnetupitant/palonosetron)	Intravenous	Indicated for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy.	Tier 3 P/A	6/1/18
Opiate Agonists	Apadaz (acetaminophen and benzhydrocodone)	Oral	Indicated for short-term (no more than 14 days) treatment for acute pain.	Tier 3 P/A	6/1/18
Antiretrovirals	Biktarvy (bictegravir, emtricitabine, and tenofovir alafenamide)	Oral (Specialty)	Indicated for complete regimen for treatment of HIV-1 infection in adults who have no antiretroviral treatment history or to replace the current antiretroviral regimen in those who are virologically suppressed.	Tier 2	6/1/18
Antiretrovirals	Cimduo (lamivudine and tenofovir disoproxil fumarate)	Oral (Specialty)	Indicated in combination with other antiretroviral agents for the treatment of HIV-1.	Tier 2	6/1/18
Fibroblast Growth Factor 23 (FGF23) Inhibitors	Crysvita (burosumab-twza)	Subcutaneous (Specialty)	Indicated for treatment of x-linked hypophosphatemia.	Tier 3 P/A	6/1/18
Corticosteroids (EENT)	Dexycu Intraocular Suspension (dexamethasone intraocular suspension)	Intraocular	Indicated for the treatment of postoperative inflammation.	Medical Benefit	6/1/18
Antineoplastic Agents	Erleada (apalutamide)	Oral (Specialty)	Indicated for the treatment of patients with non-metastatic castration-resistant prostate cancer.	Tier 2 P/A	6/1/18
Interleukin-23 Antagonists	Ilumya (tildrakizumab-asmn)	Subcutaneous (Specialty)	Indicated for treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.	Tier 3 P/A	6/1/18
Vasopressin Antagonists	Jynarque (tolvaptan)	Oral (Specialty)	Indicated to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD).	Tier 3 P/A	6/1/18
Adamantanes (CNS)	Osmolex ER (amantadine hydrochloride ER)	Oral	Indicated for the treatment of Parkinson's disease and drug-induced extrapyramidal reactions in adult patients.	Tier 3 P/A	6/1/18
Cystic Fibrosis (CFTR) Correctors	Symdeko (ivacaftor/tezacaftor)	Oral (Specialty)	Indicated for the treatment of patients with cystic fibrosis aged 12 and older who are homozygous for the F508del mutation or who have at least one mutation in the CFTR gene that is responsive to tezacaftor/ivacaftor based on in vitro data.	Tier 3 P/A	6/1/18
Antiretrovirals	Symfi Lo (efavirenz, lamivudine and tenofovir disoproxil fumarate)	Oral (Specialty)	Indicated for treatment of HIV-1 in adult and pediatric patients weighing at least 40kg.	Tier 2	6/1/18

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Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
SKY inhibitors	Tavealisse (fostamatinib)	Oral (Specialty)	Indicated for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia (ITP) who have had insufficient response to a previous treatment.	Tier 3 P/A	6/1/18
Antiretrovirals	Trogarzo (ibalizumab-uiyk)	Intravenous (Specialty)	Indicated for treatment of HIV-1 in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen.	Tier 2 P/A	6/1/18
Anesthetics	Ztildo Patch (lidocaine)	Transdermal	Indicated for relief of pain associated with post-herpetic neuralgia.	Tier 3 P/A	6/1/18

## Medical Benefit

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Corticosteroids (EENT)	Dexycu	Intraocular	Intraocular suspension kit.	Medical Benefit	6/1/18
Antiretrovirals	Trogarzo	Intravenous	Multidrug resistant HIV treatment.	Medical Benefit	6/1/18

## 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.**

Zortress	Cialis	
Invanz	Gelnique 10% (100mg/packet)	
Zavesca		
Mephyton		
Welchol 625mg		
Quillivant XR 5mg/mL		

## 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.