



ProCare Rx

Formulary Focus

September 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
Antineoplastic Agent	Braftovi (encorafenib)	Oral (Specialty)	Indicated for the treatment of patients with unresectable or metastatic melanoma with BRAF V600E or V600K mutation, as detected by an FDA-approved test.	Tier 2 P/A	9/1/18
Calcium Channel Blocking Agent	Consensi (amlodipine and celecoxib)	Oral	Indicated for treatment with both amlodipine for hypertension and celecoxib for osteoarthritis are appropriate.	100% Copay	9/1/18
Hematopoietic Agent	Doptelet (avatrombopag maleate)	Oral	Indicated for treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.	Tier 3 P/A	9/1/18
Anticonvulsant	Epidiolex (cannabidiol)	Oral	Indicated for treatment of seizures associated with Lennox-Gastaut Syndrome (LGS) or Dravet syndrome (DS) in patients \geq 2 years of age.	Tier 3 P/A	9/1/18
Hematopoietic Agent	Fulphila (pegfilgrastim-jmdb)	Subcutaneous (Specialty)	Indicated for treatment to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.	Tier 3 P/A	9/1/18
Estrogens	Imvexxy (estradiol)	Vaginal	Indicated for treatment of moderate-to-severe dyspareunia, a symptom of vulvar and vaginal atrophy associated with menopause.	Tier 3 P/A	9/1/18
Antimalarial Agent	Krintafel (tafenoquine)	Oral	Indicated for treatment of the radical cure (prevention of relapse) or plasmodium vivax malaria in patients aged 16 years and older who are receiving appropriate antimalarial therapy for acute P. vivax infection.	Tier 3 P/A	9/1/18
Potassium-Removing Agent	Lokelma (sodium zirconium cyclosilicate)	Oral	Indicated for treatment of hyperkalemia in adults.	Tier 3	9/1/18
Alpha-Adrenergic Agonists	Lucemyra (lofexidine hydrochloride)	Oral	Indicated for treatment mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults.	Tier 3 P/A	9/1/18
Antineoplastic Agent	Mektovi (binimetinid)	Oral (Specialty)	Indicated for treatment of unresectable or metastatic melanoma with BRAF V600K, as detected by an approved test.	Tier 2 P/A	9/1/18
Anthelmintic	Moxidectin (moxidectin)	Oral	Treatment of onchocerciasis due to onchocerca volvulus in patients aged 12 year and older.	Tier 3	9/1/18

New BRAND Name Drug Additions to the Formulary

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Hematopoietic Agent	Nivestym (filgrastim – aafi)	Injection (Specialty)	Indicated for treatment for patients with cancer receiving myelosuppressive chemotherapy, AML receiving induction or consolidation chemo, cancer undergoing bone marrow transplantation, patients undergoing autologous peripheral blood progenitor cell collection therapy, and patients with severe chronic neutropenia.	Tier 3 P/A	9/1/18
Pituitary	Nocdurna (desmopressin acetate)	Oral	Indicated for treatment of nocturia due to nocturnal polyuria in adults who awaken at least 2 times per night to void.	Tier 3 P/A	9/1/18
Antigonadotropins	Orilissa (elagolix)	Oral	Indicated for treatment management of moderate to severe pain associated with endometriosis.	Tier 3	9/1/18
Enzymes	Palynziq (pegvaliase-pqpz)	Subcutaneous (Specialty)	Indicated for treatment to reduce blood phenylalanine (PKU) concentrations in adult patients who have uncontrolled blood phenylalanine concentrations > 600 mcromol/L on existing management.	Tier 3 P/A	9/1/18
Anticholinergic Agent	Qbrexza (glycopyrronium)	Topical	Indicated for topical treatment of primary axillary hyperhidrosis in adult and pediatric patients 9 years of age and older.	Tier 3	9/1/18
Hematopoietic Agent	Retacrit (epoetin alfa-epbx)	Injection (Specialty)	Indicated for treatment of anemia due to CKD, zidovudine administered at <4200/week, patients with non-myeloid malignancies, and to reduce the need for allogenic RBC transfusions among patients with perioperative hemoglobin.	Tier 3 P/A	9/1/18
Antiretroviral	Symtuza (cobicistat, darunavir, emtricitabine and tenofovir alafenamide)	Oral (Specialty)	Indicated for treatment of HIV type 1 infection in adults who have no prior antiretroviral treatment history or who are virologically suppressed (HIV-1 RNA lses than 50 copies per mL) on a stable antiretroviral regimen for at least 6 months and have no known substitutions associated with resistance to darunavir or tenofovir.	Tier 2	9/1/18
Antineoplastic Agent	Tibovo (ivosidenib)	Oral (Specialty)	Indicated for treatment of adults with relapsed or refractory acute myeloid leukemia (AML) with a susceptible isocitrate dehydrogenase-q (IDH1) mutation, as detected by an FDA-approved test.	Tier 2 P/A	9/1/18
Vaccine	Tpoxx (tecovirimat)	Oral	Indicated for treatment of human smallpox disease caused by variola virus in adults and pediatric patients weighing at least 13kg.	Tier 3	9/1/18
Antineoplastic Agent	Yonsa (abiraterone acetate)	Oral (Specialty)	Indicated for treatment of patient with metastatic castration-resistant prostate cancer.	Tier 2 P/A	9/1/18

Medical Benefit

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Antihemorrhagic Agent	Andexxa (coagulation factor Xa (recombinant))	Intraocular	Treatment for reversal of anticoagulant.	Medical Benefit	9/1/18
Aminoglycoside Antibiotics	Zemdri (plazomicin)	Intravenous	Treatment for urinary tract infection.	Medical Benefit	9/1/18

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.

Emtriva	Torisel	
Uceris Extended-Release Tablets	Adcirca	
Daliresp	EpiPen Jr and EpiPen	
Welchol for Oral Suspension	Atripla	
Saphris	Brilinta	
Aubagio		

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.