



ProCare Rx

Formulary Focus

December 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
Antimigraine Agent	Ajovy (fremanezumab-vfrm)	Subcutaneous (Specialty)	Indicated for the preventative treatment of migraine in adults	Tier 3 P/A	12/1/18
Vitamin A Derivatives	Altreno (tretinoin)	Topical	Indicated for treatment of acne vulgaris in patients aged 9 years of age and older	Tier 3 P/A	12/1/18
Contraceptive Agent	Annovera (ethinyl estradiol and segestrone acetate)	Vaginal Ring	Indicated for use by females of reproductive potential to prevent pregnancy	Tier 3	12/1/18
Antimalarial	Arakoda (tafenoquine)	Oral	Indicated for the prophylaxis of malaria in patients aged 18 years and older	Tier 3	12/1/18
Aminoglycoside Antibiotics	Arikayce (amikacin liposome)	Inhalation	Antibacterial drug regimen in patients who do not achieve negative sputum cultures after minimum of 6 consecutive months of multidrug background regimen therapy	Tier 3 P/A	12/1/18
Opioid Withdrawal Therapy	Cassipia (buprenorphine and naloxone)	Oral	Indicated for the maintenance treatment of opioid dependence	Tier 3 P/A	12/1/18
Ophthalmic Anti- Inflammatory Agent	Cequa (cyclosporine)	Ophthalmic	Indicated to increase tear production in patients with keratoconjunctivitis sicca (dry eye)	Tier 3	12/1/18
Antineoplastic Agent	Copiktra (duvelisib)	Oral (Specialty)	Indicated for treatment of adult patients with relapsed or refractory chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL) or refractory follicular lymphoma (FL)	Tier 2 P/A	12/1/18
Antiretrovirals	Delstrigo (doravirin, lamivudine and tenofovir disoproxil fumarate)	Oral (Specialty)	Indicated for the treatment of HIV-1 infection in adults with no antiretroviral treatment history	Tier 2 P/A	12/1/18
Anticonvulsant	Diacomit (stripentol)	Oral	Indicated for treatment of seizures associated with dravet syndrome in patients 2 years of age and older taking clobazam	Tier 3 P/A	12/1/18
Antimigraine Agent	Emgality (galcanezumab-gnlm)	Subcutaneous (Specialty)	Indicated for the preventive treatment of migraine in adults	Tier 3 P/A	12/1/18
Therapeutic Agent	Galafold (migalastat)	Oral (Specialty)	Indicated for treatment of adults with confirmed diagnosis of Fabry disease and is amenable GLA variant based on in vitro assay data	Tier 3 P/A	12/1/18
Corticosteroids (EENT)	Inveltys (loteprednol etabonate)	Ophthalmic	Indicated for treatment of post-operative inflammation and pain following ocular surgery	Tier 3 P/A	12/1/18
Hematopoietic Agent	Mulpleta (lusuromopag)	Oral	Indicated for treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure	Tier 3 P/A	12/1/18
Ophthalmic Agent	Oxervate (cenergemine-bkbj)	Ophthalmic	Indicated for the treatment of neurotrophic keratitis	Tier 3 P/A	12/1/18
Antipsychotic Agent	Perseris (risperidone ER)	Subcutaneous (Specialty)	Indicated for treatment of schizophrenia in adults	Tier 3 P/A	12/1/18
Antiretrovirals	Pifeltro (doravirine)	Oral (Specialty)	Indicated for treatment of HIV-1 infection in adult patients with no prior antiretroviral treatment history	Tier 2 P/A	12/1/18

New BRAND Name Drug Additions to the Formulary

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Antineoplastic Agent	Talzenna (talazoparib)	Oral (Specialty)	Indicated for treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated HER2 negative locally advanced or metastatic breast cancer	Tier 2 P/A	12/1/18
Antisense Oligonucleotides	Tegsedi (inotersen)	Subcutaneous (Specialty)	Indicated for treatment of stage 1 or stage 2 polneuropathy in adult patients with hereditary transthyretin amyloidosis (hATTR)	Tier 3 P/A	12/1/18
Amyotrophic Lateral Sclerosis Agent	Tiglutik (riluzole)	Oral (Specialty)	Indicated for treatment of amyotrophic lateral sclerosis (ALS)	Tier 2	12/1/18
Prostaglandin Analogs	Xelpros (latanoprost)	Ophthalmic	Indicated for treatment of ophthalmic emulsion for reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension	Tier 3	12/1/18
Androgenic Agent	Xyosted (testosterone enanthate)	Subcutaneous	Indicated as testosterone replacement therapy in adult males for conditions associated with deficiency or absence of endogenous testosterone. Conditions include primary hypogonadism and hypogonadotropic hypogonadism	Tier 3 P/A	12/1/18

Medical Benefit

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Antineoplastic Agent	Lumoxiti (moxetumomab pasudotox-tdfk)	Intravenous	Treatment for HCL	Medical Benefit	12/1/18
Amyloidosis Agent	Onpattro (patisiran)	Intravenous	Treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis	Medical Benefit	12/1/18
Antineoplastic Agent	Azedra (iobenguane L 131)	Intravenous	Treatment of pheochromocytoma	Medical Benefit	12/1/18
Hemostatics	Jivi (antuhemophilic factor [recombinant] PEGylated-aucl)	Intravenous	Treatment for Hemophilia A	Medical Benefit	12/1/18
Antineoplastic Agent	Poteligeo (mogamulizumab-kpkc)	Intravenous	Treatment for Mycosis Fungoides, Sezary syndrome	Medical Benefit	12/1/18
Complement inhibitors	TakhZyro (landelumab-fyo)	Intravenous	Treatment for HAE	Medical Benefit	12/1/18
Tetracycline Antibiotics	Xerava (eravacycline)	Intravenous	Treatment for complicated intra-abdominal infections	Medical Benefit	12/1/18
Corticosteroids	Yutiq (fluocinolone acetonide)	Intravenous	Treatment for Non-infection posterior segment uveitis	Medical Benefit	12/1/18

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.

Atripla	Onfi Tablets	
Brilinta	Onfi Oral Suspension	
BiCNU	Aleve PM	
Albenza	Zytiga	
Suprax Capsules		
Epiduo Forte		

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.