



ProCare Rx

Formulary Focus

March 2019

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
Antibacterial Agent	Aemcolo (rifamycin)	Oral	Indicated for treatment of traveler's diarrhea	Tier 3 P/A	3/1/19
Estrogen Agent	Bijuva (estradiol and progesterone)	Oral	Indicated for the treatment for menopausal vasomotor symptoms	Tier 3 P/A	3/1/19
Corticosteroid Agent	Bryhali (halobetsol propionate)	Topical	Indicated for the treatment for plaque psoriasis	Tier 3 P/A	3/1/19
Antineoplastic Agent	Daurismo (glasdegib)	Oral (Specialty)	Indicated for the treatment of Acute Myeloid Leukemia	Tier 2 P/A	3/1/19
Therapeutic Agent	Firdapse (amifampridine phosphate)	Oral (Specialty)	Indicated for treatment of Lambert Eaton Myasthenias Syndrome	Tier 3 P/A	3/1/19
Antirheumatic Agent	Hyrimoz (adalimumab-adaz)	Subcutaneous (Specialty)	Indicated for treatment for Rheumatoid Arthritis	E	3/1/19
Antiparkinsonism Agent	Inbrija (levodopa)	Inhalation (Specialty)	Indicated for treatment for Parkinson's disease	Tier 3	3/1/19
Antineoplastic Agent	Lorbrena (lortanib)	Oral	Indicated for treatment for non-small cell lung cancer	Tier 2 P/A	3/1/19
Prokinetic Agent	Motegrity (prucalopride)	Oral	Indicated for the treatment for chronic idiopathic constipation	Tier 3 P/A	3/1/19
Beta-Adrenergic Agent	ProAir Digihaler (albuterol sulfate)	Inhalation	Indicated for treatment for Bronchospasm Prophylaxis	Tier 3 P/A	3/1/19
Enzyme Agent	Revcovi (elapegedemas-livr)	Intramuscular (Specialty)	Indicated for treatment for adenosine deaminase severe combined immune deficiency (ADA-SCID)	Tier 3 P/A	3/1/19
Tetracycline Antibiotics	Seysara (sarecycline)	Oral	Indicated for the treatment for Acne	Tier 3 P/A	3/1/19
Antiretroviral Agent	Temixys (lamivudine and tenofovir disoproxil fumarate)	Oral (Specialty)	Indicated for treatment for HIV	Tier 2 P/A	3/1/19
Antifungal Agent	Tolsura (itraconazole)	Oral	Indicated treatment for fungal infections in immunocompromised and non-compromised adult patients	Tier 3 P/A	3/1/19
Hematopoietic Agent	Udenyca (pegfilgrastim-cbqv)	Subcutaneous (Specialty)	Indicated treatment for incidence of infection as manifested by febrile neutropenia	Tier 3 P/A	3/1/19
Vaccine	Vaxelis	Intramuscular	Indicated treatment for Diphtheria Prophylaxis, Tetanus Prophylaxis, Pertussis Prophylaxis, Poliomyelitis Prophylaxis, Hepatitis B Prophylaxis, Haemophilus influenza Prophylaxis	Tier 2 P/A	3/1/19
Antineoplastic Agent	Vitrakvi (larotrectinib)	Oral (Specialty)	Indicated treatment for solid tumors that have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity or have satisfactory alternatives	Tier 2 P/A	3/1/19

New BRAND Name Drug Additions to the Formulary

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Antineoplastic Agent	Vizimpro (dacomitinib)	Oral (Specialty)	Indicated treatment for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations as detected by FDA-approved test	Tier 2 P/A	3/1/19
Antiviral Agent	Xofluza (baloxavir marnoxil)	Oral	Indicated treatment of acute uncomplicated influenza in patients 12 years of age and older who have been symptomatic for no more than 48 hours	Tier 3	3/1/19
Antineoplastic Agent	Xospata (fingertinib)	Oral (Specialty)	Indicated treatment of adult patients who have relapsed or refractory Acute Myeloid Leukemia (AML) with FLT3 mutation as detected by an FDA-approved test	Tier 2 P/A	3/1/19
Antimuscarinics/Antispasmodics	Yupelri (revefenacin)	Inhalation	Indicated treatment for maintenance treatment of patients with COPD	Tier 3 P/A	3/1/19

Medical Benefit

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Enzyme Agent	Asparlas (calaspargase pegol – mknl)	Intravenous	Indicated treatment for Acute Lymphoblastic Leukemia	Medical Benefit	3/1/19
Corticosteroid Agent	Dextenza (dexamethasone)	Ophthalmic	Indicated treatment for postoperative ocular inflammation	Medical Benefit	3/1/19
Opiate Agent	Dsuvia (sufentanil)	Sublingual	Indicated treatment for pain	Medical Benefit	3/1/19
Antineoplastic Agent	Elzonris (tagraxofusp-erzs)	Intravenous	Indicated treatment for blastic plasmacytoid Dendritic Cell Neoplasm	Medical Benefit	3/1/19
Immunosuppressive Agent	Gamifant (emapalumab-lzsg)	Intravenous	Indicated treatment for hempphagocytic lymphohistiocytosis	Medical Benefit	3/1/19
Antidotes	Khapzory (lecoleucovorin)	Intravenous	Indicated treatment for methotrexate rescue	Medical Benefit	3/1/19
Antineoplastic Agent	Libtayo (cemiplimab-rwlc)	Intravenous	Indicated treatment for Squamos Cell Carcinoma	Medical Benefit	3/1/19
Tetracycline Antibiotics	Nuzyra (omadacycline)	Intravenous	Indicated treatment for skin and structure infection pneumonia	Medical Benefit	3/1/19
Antagonist Agent	Ontnruzant (trastuzumab-dttb)	Intravenous	Indicated treatment for Breast Cancer, Gastric Cancer	Medical Benefit	3/1/19
Antineoplastic Agent	Truxima (rituximab-abbs)	Intravenous	Indicated treatment for non-Hodgkin's lymphoma	Medical Benefit	3/1/19
Complement Inhibitors	Ultomiris (ravulizumab-cwvz)	Intravenous	Indicated treatment for paroxysmal nocturnal hemoglobinuria	Medical Benefit	3/1/19

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.

Latuda	Fetzima	Mestinon Syrup
Picato Gel	Renagel	Naftin Gel 1%
Sabril	Ferriprox Tablets	Tekturna
Rapamune Oral Solution	Iquix	Letairis
Advair Diskus	Faslodex	
Zovirax Cream	Bepreve	

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.