



Formulary Focus

June 2019

MC-Rx's P&T Committee and team of dedicated clinicians have recommended the following changes to MC-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
Amphetamines	Adhansia XR (methylphenidate hydrochloride)	Oral	Indicated for the treatment of ADHD in patients 6 years and older	Tier 3 P/A	7/1/19
Antineoplastic Agent	Balversa (erdafitinib)	Oral (Specialty)	Indicated in adults with locally advanced or metastatic urothelial carcinoma	Tier 2 P/A	7/1/19
Antiretrovirals	Dovato (dolutegravir and lamivudine)	Oral (Specialty)	Indicated as a complete regimen for the treatment of HIV-1 infections with no antiretroviral treatment history and with no known substitutions associated with resistance to the individual components of Dovato	Tier 2 P/A	7/1/19
Skin and Mucous Membrane Agent	Duobrii (halobetasol propionate and Tazarotene)	Topical	Indicated for the topical treatment of plaque psoriasis in adults	Tier 3 P/A	7/1/19
Anthelmintic	Egaten (triclabendazole)	Oral	Indicated for the treatment of fascioliasis in patients 6 years of age and older	Tier 3 QL 8/365	7/1/19
Disease-Modifying Antirheumatic Agents	Eticovo (etanercept-ykro)	Subcutaneous (Specialty)	Indicated for the treatment of RA, JIA, PsA, AS, PsO	Tier 3 P/A	7/1/19
Bone Anabolic Agent	Evenity (romosozumab-aqqg)	Subcutaneous (Specialty)	Indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy	Tier 3 P/A QL 1/365	7/1/19
Antigout Agent	Gloperba (colchicine)	Oral	Indicated for the prophylaxis of gout flares in adults	Tier 3 P/A	7/1/19
Androgens	Jatenzo (testosterone undecanoate)	Oral	Testosterone replacement therapy (TRT) in adult males for conditions associated with a deficiency or absence of endogenous testosterone	Tier 3 P/A	7/1/19
Multiple Sclerosis Agent	Mavenclad (cladribine)	Oral (Specialty)	Indicated for the treatment of relapsing forms of MS, including relapsing remitting disease and active secondary progressive disease in adults	Tier 3 P/A	7/1/19
Multiple Sclerosis Agent	Mayzent (siponimod)	Oral (Specialty)	Indicated for the treatment of relapsing forms of MS to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults	Tier 3 P/A	7/1/19
RHO Kinase Inhibitors/Prostaglandin	Rocklatan (netarsudil and latanoprost)	Ophthalmic	Ophthalmic agent for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension	Tier 3 P/A	7/1/19
Inflammatory/Immunomodulator	Skyrizi (risankizumab-rzaa)	Subcutaneous (Specialty)	Indicated for the treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy	Tier 2 P/A	7/1/19
Wakefulness-Promoting Agent	Sunosi (solriamfetol)	Oral	Treatment to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea	Tier 3 P/A	7/1/19
Antimigraine Preparation Agent	Tosymra (sumatriptan)	Nasal	Indicated for the acute treatment of migraines with or without aura in adults	Tier 3 P/A	7/1/19

New BRAND Name Drug Additions to the Formulary

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
LABA/ICS, Asthma COPD	Wixela (fluticasone propionate and salmeterol)	Inhalation	Twice-daily treatment of asthma in patients aged 4 years and older. Maintenance treatment of airflow obstruction and reducing exacerbation in patients with chronic obstructive pulmonary disorder	Tier 1	7/1/19

Medical Benefit

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Immune Globulin Agent	Asceniv (IVIG)	Intravenous	10% IVIG for the treatment of primary humoral immunodeficiency in adults and adolescents 12-17 years of age	Medical Benefit	7/1/19
Antithrombotic Agent	Cablivi (caplacizumab-yhdp)	Intravenous	Indicated for the treatment of adult patients with acquired thrombotic thrombocytopenic purpura (aTTP), in combination with plasma exchange and immunosuppressive therapy	Medical Benefit	7/1/19
Antineoplastic Agent	Herceptin Hylecta	Subcutaneous	Treatment of HER2- overexpressing breast cancer	Medical Benefit	7/1/19
Neuromuscular Blocking Agent	Jeaveau (prabotulinumtoxinA – xvfs)	Intravenous	Temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adult patients	Medical Benefit	7/1/19
Antineoplastic Agent	Trazimera (trastuzumab-qyyp)	Intravenous	Treatment of HER2-overexpressing breast cancer, metastatic gastric, or gastroesophageal junction adenocarcinoma	Medical Benefit	7/1/19
Antidepressant	Spravato (esketamine)	Nasal	Indicated in conjunction with an oral antidepressant, for the treatment of resistant depression in adults	Medical Benefit	7/1/19
Antihemophilic Agent	Esperoct (turoctocog alfa pegol)	Intravenous	Hemophilia Factor A	Medical Benefit	7/1/19
Antineoplastic Agent	Ontruzant (trastuzumab-dttb)	Intravenous	Treatment of HER2-overexpressing breast cancer, metastatic gastric, or gastroesophageal junction adenocarcinoma	Medical Benefit	7/1/19
Antidepressant	Zulresso (brexanolone)	Intravenous	Treatment of postpartum depression (PPD) in adults	Medical Benefit	7/1/19

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.

Naftin Gel 2%	Banzel Oral Suspension	Mycamine
Mifeprex	Nebupent	Revatio for Oral Suspension
Lotemax Ophthalmic Suspension 0.5%	Tracleer	Dyloject
Valstar	Cuprimine	Tarceva
Narcan Nasal Spray	Delzicol	Remodulin
Afinitor Disperz	Kuvan	Tektima (tablets)
Letairis	Vesicare	

Additional Notes

Copies of MC-Rx's National Formulary and Pocket Formulary can be found on our website, <http://www.mc-rx.com>, under the "PBM Resources/Drug and Formulary Lists" tab.