



Formulary Focus

December 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
Retinoic Acid Derivative	Aklief (trifarotene)	Topical	Indicated for topical treatment of acne vulgaris for patients 9 years of age and older.	Tier 3 P/A	1/1/20
Antibiotic, Tetracycline Derivative	Amzeeq (minocycline)	Topical	Indicated for topical treatment of inflammatory lesions on non-monocular moderate to severe acne vulgaris in patients 9 years of age and older.	Tier 3 P/A	1/1/20
Parathyroid Agent	Bonsity (teriparatide)	Subcutaneous	Indicated for treatment in postmenopausal women with osteoporosis at high risk for fracture. Indicated for increase of bone mass in men with primary or hypogonadal osteoporosis at high risk for fracture. Indicated for treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy at high risk of fracture.	Tier 3 P/A	1/1/20
Glycogenolytic Agent	Gvoke (glucagon)	Subcutaneous	Indicated for treatment of severe hypoglycemia in pediatric and adult patients with diabetes ages 2 years and above.	Tier 2 QLL 6/365	1/1/20
Sodium/Hydrogen Exchanger 3 (NHE3) Inhibitor	Ibsrela (tenapanor)	Oral	Indicated for treatment of IBS-C in adults.	Tier 3 P/A	1/1/20
Antineoplastic Agent	Inrebic (fedratinib)	Oral (Specialty)	Indicated for treatment of adult patients with intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF).	Tier 3 P/A	1/1/20
Vaccine	Jynneos (smallpox monkeypox vaccine)	Subcutaneous	Indicated for the prevention of small pox and monkeypox.	Tier 3	1/1/20
Anti-Parkinson Agent	Nourianz (istradefylline)	Oral	Indicated in adjunctive treatment to levodopa/carbidopa in adult patients with Parkinson's disease experiencing "off" episode.	Tier 3	1/1/20
Antimycobacterial	Pretomanid (pretomanid)	Oral	Indicated for part of combination regimen with bedaquiline and linezolid for treatment of adults with pulmonary extensively drug resistant (XDR), treatment-intolerant or non-responsive multi-drug resistant TB. Approval of this indication is based on limited clinical safety and efficacy data. This drug is indicated for use in a limited and specific population in adults.	Medical	1/1/20
Antimigraine Agent	Reyvow (lasmiditan)	Oral	Indicated for acute treatment of migraine with or without aura.	Tier 3 P/A QLL 4/30	1/1/20
Antineoplastic Agent	Rozlytrek (entrectinib)	Oral (Specialty)	Indicated for adult patients with NSCLC whose tumors are ROS1-positive and aged 12 and older that have NTRK gene fusion without a known acquired resistance mutation.	Tier 2 PA	1/1/20
Antidiabetic Agent	Rybelsus (semaglutide)	Subcutaneous	Indicated for treatment of type 2 diabetes.	Tier 2 P/A	1/1/20

New BRAND Name Drug Additions to the Formulary

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Antimanic Agent	Secuado (asenapine)	Transdermal /Sublingual	Indicated for treatment of adults with schizophrenia.	Tier 3 P/A	1/1/20
Antibiotic, Penicillin	Talicia (omeprazole magnesium, amoxicillin and rifabutin)	Oral	Indicated for treatment of helicobacter pylori infection in adults.	Tier 3 P/A	1/1/20
Cystic Fibrosis (CFTR) Corrector	Trikafta (elaxacaftor/texacaftor/invacaftor)	Oral (Specialty)	Indicated for treatment of cystic fibrosis in patients aged 12 years and older who have at least one F508del mutation in the CFTR gene.	Tier 3 P/A	1/1/20
Antineoplastic Agent	Turalio (pexidartinib)	Oral (Specialty)	Indicated in treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) associated with severe morbidity or functional limitations and not amenable to improvement with surgery.	Tier 2 P/A	1/1/20
Immunomodulatory Agent	Vumerity (dimethyl fumarate)	Oral (specialty)	Indicated for treatment of relapsing forms of MS, to include clinical isolated syndrome, relapsing remitting disease, and active secondary progressive disease in adults.	Tier 3 P/A	1/1/20
Hematopoietic Agent	Ziextenzo (pegfilgrastim-bmez)	Subcutaneous (Specialty)	Indicated treatment to decrease incidence of infection as manifested by febrile neutropenia in patients with non-myeloid malignancies.	Tier 3 P/A	1/1/20

Medical Benefit

Clinical Category	Brand Name Generic Name	Route	Indications	Formulary Placement	Effective Date
Alpha-Melanocyte Stimulating Hormone Analog, Synthetic	Scenesse (afamelanotide)	Intravenous	Indicated for the treatment of erythropoietic protoporphyria.	Medical Benefit	1/1/20
Ophthalmic Agent	Beovu (brolucizumab)	Intravenous	Indicated for the treatment of macular degeneration.	Medical Benefit	1/1/20
Alpha-Adrenergic Agonist	Biorphen (phenylephrine hydrochloride)	Intravenous	Indicated for the treatment of hypotension.	Medical Benefit	1/1/20

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.

Digoxin Oral Elixir	Soolantra	
Dotarem		
Apriso		
Jadenu		
Carafate Oral Suspension		
Gilenya		
NuvaRing		

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.