



MC-Rx
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In-Focus

January 2022

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	Route or Dose Form	Indications	Formulary Placement	Effective Date
Dermatology	Soanz	Tablet	Treatment of edema associated with heart failure or renal disease	Tier 3 with P/A	11/01/2021
Ophthalmics	Verkazia	Emulsion	Treatment of vernal keratoconjunctivitis (VKC)	Tier 3	11/01/2021
Chronic Kidney Disease	Kerendia	Tablet	Indicated to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease (CKD) associated with type 2 diabetes (T2D)	Tier 3 with Step	11/01/2021
Chronic Graft	Rezurock	Tablet	treatment of patients with chronic graft versus-host disease (chronic GVHD)	Tier 2 with P/A	11/01/2021
High Cholesterol	Bylvay	Capsule	Treatment of pruritus in patients with progressive familial intrahepatic cholestasis (PFIC).	Tier 3 with P/A	11/01/2021
Dermatology	Twyneo	Cream	Indicated for the topical treatment of acne vulgaris	Tier 3 with Step	11/01/2021
Lupus	Saphnelo	Injectable	Treatment of adult patients with moderate to severe systemic lupus erythematosus (SLE)	Tier 2 with P/A	11/01/2021
Oncology	Welireg	Tablet	Treatment of adult patients with von Hippel-Lindau (VHL) disease	Tier 2 with P/A	11/01/2021
COVID Vaccine	Comirnaty	Vaccine	Prevention of COVID-19	N/A	11/01/2021
Growth Hormone	Skytrofa	Injectable	Treatment of pediatric patients with growth failure due to inadequate secretion of endogenous growth hormone (GH)	Tier 3 with P/A	11/01/2021
Migraine	Trudhesa	Nasal Spray	Treatment of patients with acute migraine with or without aura	Tier 3	11/01/2021
Oncology	Exkivity	Capsule	Treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations	Tier 2 with P/A	11/01/2021
Anxiety	Loreev XR	Capsule	Treatment of adult patients with anxiety disorders who are receiving stable dosing of Lorazepam tablets three times daily	Tier 3 with P/A	11/01/2021
Atopic Dermatitis	Opzelura	Cream	Treatment of patients with topical short-term and non-continuous chronic mild-to-moderate atopic dermatitis	Tier 3 with Step	01/01/2022

New BRAND Name Drug Additions to the Formulary

Clinical Category	Brand Name	Route or Dose Form	Indications	Formulary Placement	Effective Date
Anti-Psychotic	Zercapli	Capsule	Treatment of patients with Major Depressive Disorder (MDD) or Obsessive-Compulsive Disorder (OCD) in adults	<i>Tier 3 with Step</i>	01/01/2022
Dry Eye	Tyrvaya	Nasal Spray	Treatment of patients with signs and symptoms of dry eye disease	<i>Tier 3</i>	01/01/2022
Acute Pain	Seglentis	Tablet	Management of adult patients with acute pain	<i>100% Copay</i>	01/01/2022
Opioid Overdose	Zimhi	Injectable	Emergency treatment of adult patients with known or suspected opioid overdose as manifested by respiratory and/or central nervous system depression	<i>Tier 3</i>	01/01/2022
Presbyopia	Vuity	Drops	Treatment of adult patients with age-related presbyopia (far-sightedness)	<i>Tier 2</i>	01/01/2022
Oncology	Scemblix	Tablets	Treatment of patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase (CP), previously treated with ≥2 tyrosine kinase inhibitors (TKIs); or Ph+ CML in CP with the T315I mutation	<i>Tier 2 with P/A</i>	01/01/2022

New Drugs for Medical Benefit

Clinical Category	Brand Name Generic Name	Route/DF	Indications	Formulary Placement	Effective Date
Oncology	Rylaze	Injectable	Indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of acute lymphoblastic leukemia (ALL) and lymphoblastic lymphoma (LBL)	<i>Medical</i>	11/01/2021
Pompe Disease	Nexviazyme	Injectable	Treatment of patients with late-onset Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency)	<i>Medical</i>	11/01/2021
Pruritus with CKD	Korsuva	Injectable	Treatment of moderate-to-severe pruritus associated with chronic kidney disease (CKD-aP) in adults undergoing hemodialysis (HD)	<i>Medical</i>	11/01/2021
Anti-Psychotic	Invega Hafyera	Injectable	Treatment of schizophrenia in adults after they have been adequately treated with either once-a-month paliperidone extended-release injectable suspension (e.g., INVEGA SUSTENNA) for at least four months, or an every-three-month paliperidone extended-release injectable suspension (e.g., INVEGA TRINZA) for at least one three-month cycle	<i>Medical</i>	11/01/2021
Oncology	Tivdak	Injectable	Treatment of adult patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy	<i>Medical</i>	01/01/2022
Pruritus in Alagille Syndrome	Livmarli	Solution	Treatment of patients with cholestatic pruritus with Alagille syndrome (ALGS)	<i>Medical</i>	01/01/2022
Vasculitis	Tavneos	Capsules	Adjunctive treatment of adult patients with severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (granulomatosis with polyangiitis [GPA] and microscopic polyangiitis [MPA])	<i>Medical</i>	01/01/2022
Macular Edema	Xipere	Injectable	Treatment of macular edema associated with uveitis	<i>Medical</i>	01/01/2022

New Drugs for Medical Benefit

Clinical Category	Brand Name Generic Name	Route/DF	Indications	Formulary Placement	Effective Date
Macular Degeneration	Susmivo	Injectable	For intravitreal use via ocular implant for the treatment of people with wet or neovascular, age-related macular degeneration (AMD) who have previously responded to at least two anti-vascular endothelial growth factor (VEGF) injections	Medical	01/01/2022

Generic Releases Within the Next 90 Days

Drug Name	Indication	New Tier/Restriction	Effective Date
Dexilant (Dexlansoprazole)	PPI to treat GERD and ulcers	Tier 3, OTC/Generics First	12/2021
Zubsolv (Buprenorphine)	Film to treat opioid dependency	Tier 3 with 1 Step	01/2022
Vigamox (Moxifloxacin)	Ophthalmic to treat eye infections	Tier 3, Generics First	01/2022
Lialda (Mesalamine)	Ulcerative colitis	Tier 3, Generics First	10/2021

Formulary Changes Within the Next 90 Days

Drug	Indication	New Tier	Effective Date
Qulipta Tablets	Prevention of migraines	Tier 2 with 1 step for Triptan	01/01/2022
Nextsellis	Oral contraceptive	Tier 3, Recommend Generics	10/01/2021

Additional Notes

The two (2) sections above show the expected changes that may occur in the upcoming 90 days. However, generic-equivalent drugs may not always be approved by the FDA, be manufactured by a generic company, or readily available for sale in pharmacies when the brand drug's patent expiration date is reached. In some cases, only one "authorized" generic may be released that costs the same, if not more, than the preferred brand – in such cases the preferred brand may remain in its current tier and the authorized generic may be deemed non-preferred until additional generic equivalent drugs come to market. Additionally, while we list formulary changes that are expected to occur, there may be times where these drugs or others that are not listed may change copay tiers or clinical management criteria due to market events and/or good clinical practice.

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.