



EXPRESS SCRIPTS®

**Express Scripts Holding Company
Pharmacy and Therapeutics Committee
Proceedings
March 18, 2017**

New Drug Evaluations

The Committee reviewed the following new drugs.

- A. **Emflaza™ (deflazacort tablets and oral suspension)** Marathon Pharmaceuticals/PTC Therapeutics
- B. **Rhofade™ (oxymetazoline hydrochloride cream 1%)** Allergan
- C. **Siliq™ (brodalumab for subcutaneous injection)** Valeant Pharmaceuticals
- D. **Trulance™ (plecanatide tablets)** Synergy Pharmaceuticals
- E. **Xermelo™ (telotristat ethyl tablets)** Lexicon Pharmaceuticals, Inc.

New Clinical Line Extensions

The Committee reviewed the following new clinical line extensions.

- A. **AirDuo™ RespiClick®** (fluticasone propionate and salmeterol inhalation powder) Teva
- B. **ArmonAir™ RespiClick®** (fluticasone propionate inhalation powder) Teva
- C. **Gammaplex® 10%** (immune globulin intravenous [human], 10% liquid) BPL Inc.
- D. **Otern®** (dapagliflozin and saxagliptin tablets) AstraZeneca
- E. **Tepadina®** (thiotepa injection for intravenous, intracavitary, or intravesical use) Adienne SA
- F. **Vyvanse®** (lisdexamfetamine dimesylate chewable tablets) Shire
- G. **Vantrela™ ER** (hydrocodone bitartrate extended-release tablets) Teva

New Indications for Existing Products

The Committee reviewed the following new indications for existing products: See product inserts for specific wording.

- A. **Imbruvica® (ibrutinib capsules)** Pharmacyclics/Janssen – New indication for the treatment of patients with marginal zone lymphoma who require systemic therapy and have received at least one prior anti-CD20-based therapy.
- B. **Latuda® (lurasidone hydrochloride tablets)** Sunovion – Expanded age indication for the treatment of adult and adolescent patients age 13 to 17 years of age with schizophrenia.
- C. **Opdivo® (nivolumab injection)** Bristol-Myers Squibb – New indication for the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.
- D. **Plaquenil® (hydroxychloroquine tablets)** Concordia Pharmaceuticals – Revised indications (rewording) for the treatment of uncomplicated malaria due to *Plasmodium falciparum*, *P. malariae*, *P. ovale*, and *P. vivax*; for the prophylaxis of malaria in geographic areas where chloroquine resistance is not reported; for the treatment of chronic discoid lupus



Public Information

erythematosus and systemic lupus erythematosus in adults; and for the treatment of acute and chronic rheumatoid arthritis in adults.

- E. **Revlimid[®] (lenalidomide capsules)** Celgene – New indication for use as maintenance therapy in patients with multiple myeloma following autologous hematopoietic stem cell transplantation.
- F. **RotaTeq[®] (rotavirus vaccine, live, oral, pentavalent)** – Expanded indication for the prevention of rotavirus gastroenteritis caused by type G9.
- G. **Spiriva[®] Respimat[®] (tiotropium bromide inhalation spray)** Boehringer Ingelheim – Expanded age indication for the long-term, once-daily, maintenance treatment of asthma in patients ≥ 6 years of age.
- H. **Stribild[®] (elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate tablets)** Gilead – Expanded age indication for use as a complete regimen for the treatment of human immunodeficiency virus-1 (HIV-1) infection in adults and pediatric patients ≥ 12 years of age weighing ≥ 35 kg who have no antiretroviral treatment history or to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA < 50 copies/mL) on a stable antiretroviral regimen for ≥ 6 months with no history of treatment failure and no known substitutions associated with resistance to the individual components of Stribild.
- I. **Symbicort[®] (budesonide and formoterol fumarate dihydrate inhalation aerosol)** AstraZeneca – Expanded age indication for the treatment of asthma in patients ≥ 6 years of age.
- J. **Technivie[®] (ombitasvir, paritaprevir and ritonavir tablets)** AbbVie – Expanded indication to include patients with genotype 4 chronic hepatitis C virus infection with compensated cirrhosis.
- K. **Xyzal[®] (levocetirizine dihydrochloride tablets)** UCB – Removal of indications for the relief of symptoms associated with seasonal allergic rhinitis and perennial allergic rhinitis in adults and children ≥ 2 years of age.
- L. **Xyzal[®] (levocetirizine dihydrochloride oral solution)** UCB – Removal of indications for the relief of symptoms associated with seasonal allergic rhinitis and perennial allergic rhinitis in adults and children ≥ 2 years of age.

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