

Updates to Utilization Management or Prior Authorization Criteria

Month	Drug/Class	Effective Date	Overview
January 2021	Wakix	3/1/2021	Update to add criteria for new indication (cataplexy with narcolepsy/
	Trikafta	3/1/2021	Expanding Covered Indication
	Symdoza	3/1/2021	Updating Criteria Language
	Kalydeco	3/1/2021	Updating Criteria Language
	Kineret	3/1/2021	New Indication Added
	Promacta	3/1/2021	Updating Criteria
Changes For	Miworet	3/1/2021	Updating Criteria
	Eplusia	3/1/2021	Updating Criteria
	Drug/Class	Effective Date	Overview
February 2021	Empirix	4/1/2021	Adding to formulary with PA
	Fintepla	4/1/2021	Adding to formulary with PA
	Ervynid	4/1/2021	Adding to formulary with PA
	Hepzi	4/1/2021	Adding to formulary with PA
	Dosoh	4/1/2021	Adding to formulary with PA
	Xalkori	4/1/2021	New indication added
	Cabometyx	4/1/2021	New indication added and conflicting criteria removed
Changes For	modafinil (PROVIGIL Equiv)	4/1/2021	New indication added
	Benlysta	4/1/2021	New indication added
	Drug	Effective Date	Overview
March 2021	Egipiso	5/1/2021	Adding indication to PA
	Epidolex	5/1/2021	Remove age restriction; align approval duration (one year)
	Diacomit	5/1/2021	Remove age restriction; align approval duration (one year)
	Fintepla	5/1/2021	Remove age restriction; align approval duration (one year)
	Palyves	5/1/2021	Update continuation criteria to account for new max dosing
April 2021	Drug	Effective Date	Overview
	LORRENA	6/1/2021	Adding indication to PA
	HEMIBRAM	6/1/2021	Updating criteria for patients without inhibitors
	STELARA	6/1/2021	Updating criteria for cost and safety
	NINLARO	6/1/2021	Updating criteria to align with guidelines
	EPANED	6/1/2021	Updating criteria to remove age restriction for patients 8 years
	OBRELIS	6/1/2021	Updating criteria to remove age restriction for patients 8 years
	TIROSINT-SOL	6/1/2021	Adding to formulary with PA
	GLOPERIA SOLN	6/1/2021	Adding to formulary with PA
	BARACTOL SOLN	6/1/2021	Adding to formulary with PA
	XATMEP SOLN	6/1/2021	Adding to formulary with PA
	SOTYZE SOLN SMG/JML	6/1/2021	Adding to formulary with PA
	KATREDA SUSP	6/1/2021	Adding to formulary with PA
	NIZATIDINE SOLN	6/1/2021	Adding to formulary with PA
	FIRST BACLOFEN SUSP KIT	6/1/2021	Adding to formulary with PA
	CAROSPIN SUSP	6/1/2021	Adding to formulary with PA
	May 2021	Drug	Effective Date
Veltassa Powder		7/1/2021	Moving to PB and remove step through Lixeltra
Actemra Sc Inj		7/1/2021	Add indication to PA
Praluent Inj		7/1/2021	Add indication to PA
Repatha Inj		7/1/2021	Updating criteria to align with Praluent
LAMPIT TAB		7/1/2021	Adding to formulary with PA
ONKENTS CAP		7/1/2021	Adding to formulary with PA
ONKOVIA TAB		7/1/2021	Adding to formulary with PA
LUPKYNIS CAP		7/1/2021	Adding to formulary with PA
IMCIVREE SOLN		7/1/2021	Adding to formulary with PA
GABRETO CAP		7/1/2021	Adding to formulary with PA
June 2021	Drug	Effective Date	Overview
	XOLAIR SYRINGE	8/1/2021	Adding to formulary with PA
	FERRIPROZ	8/1/2021	Adding indication to PA
	TYVASO IMH SOLN	8/1/2021	Adding indication to PA
	NURTEC ODT	8/1/2021	Updating PA form to clarify coverage for acute treatment
Changes For	CRONONE GEL	8/1/2021	Adding indication to PA
	Drug	Effective Date	Overview
	AVYAKIT TAB	9/1/2021	Adding indication to PA
July 2021	TRIKAFTA TAB	9/1/2021	Adding expanded age indication to PA
	BENLYSTA INJ	9/1/2021	Adding limit of use in combination with voclosporin to PA
	BENLYSTA AUTO INJECTOR	9/1/2021	Adding limit of use in combination with voclosporin to PA
	OCALIVA TAB	9/1/2021	Adding safety criteria to PA
	Drug	Effective Date	Overview
August 2021	topiramol (TRINLA Equiv)	10/1/2021	Adding to drug
	VENCLXETA TAB	10/1/2021	Updating PA form to align with FDA-approved indications
	VENCLXETA STARTER PACK	10/1/2021	Updating PA form to align with FDA-approved indications
	IBIRANCE CAP	10/1/2021	Updating criteria to align with Verzenio
	IBIRANCE TAB	10/1/2021	Updating criteria to align with Verzenio
	VERZENIO TAB	10/1/2021	Updating criteria to align with Ibrance
	KOJIVLY TAB	10/1/2021	Adding continuation criteria with 1 year approval to PA
	SOLODEC GRANULES PACKET	10/1/2021	Adding indication to PA
	Ukonisq	10/1/2021	Adding to formulary with PA
	Fotivda	10/1/2021	Adding to formulary with PA
	Tremfya	10/1/2021	Adding to formulary with PA
	Zokinvy	10/1/2021	Adding to formulary with PA
	Actemra	10/1/2021	Removing trial of 2 preferred medications to trial of 1 preferred medication
	Orencia	10/1/2021	Adding trial of 2 preferred alternatives
	Cimzia	10/1/2021	Adding Tremfya to alts for PdL, PaL, single ST (Humira) for Crohns
	Xeljanz	10/1/2021	Removing Xeljanz (tofacitinib) from a first-line preferred agent in ulcerative colitis to requiring a single step through a preferred agent, which is consistent with the approved indication requiring trial of a TNF inhibitor
	Simponi	10/1/2021	Adding to formulary with PA
	Tremfya	10/1/2021	Removing trial of 2 preferred medications to trial of 1 preferred medication
	Zeposia	10/1/2021	Remove Xeljanz as a preferred agent criteria
	October 2021	Drug/Class	Effective Date
Truvada		11/1/2021	Adding to formulary with PA due to clarifications from the federal government around ACA 50 preventive coverage of HIV medications used for pre-exposure prophylaxis (PrEP)
Invega		11/1/2021	Removing PA
Brukina		11/1/2021	Adding indication to PA
Tilvevo		11/1/2021	Adding indication to PA
Lenvima		11/1/2021	Adding indication to PA
Signifor	11/1/2021	Adding continuation criteria; modify approval duration	
Orkambi	11/1/2021	Updating continuation criteria to be consistent with other cystic fibrosis CFTR modulators	
November 2021	Drug/Class	Effective Date	Overview
	ambisentan	12/1/2021	Adding PA to drug
	Isosartan	12/1/2021	Adding PA to drug
	Nitrofurantoin susp	12/1/2021	Adding to formulary with PA
	Nucala	12/1/2021	Adding indication to PA
	Cabometyx	12/1/2021	Adding indication to PA
	Jakavi	12/1/2021	Adding indication to PA
	migliostat	12/1/2021	Updating criteria to align with other medications for Gaucher disease type 1
	Sunosi	12/1/2021	Adding indication to PA
	Wakix	12/1/2021	Adding indication to PA
	Xyrem	12/1/2021	Adding indication to PA
Oceverta	12/1/2021	Updating PA form to require documentation of which eye or eyes treatment is being received	
December-21	Drug/Class	Effective Date	Overview
	Truseltiq	1/1/2022	Adding to the formulary with PA
	Rembrave	1/1/2022	Updating progression criteria
	Empaveli	1/1/2022	Adding to the formulary with PA
	Lumakras	1/1/2022	Adding to the formulary with PA
	Myfembree	1/1/2022	Adding to the formulary with PA
	Acthar	1/1/2022	Adding to the formulary with PA
	Dipentrel	1/1/2022	Expanding indication for patients 1 year of age and older
Changes For	Orshanin	1/1/2022	Removing step through NSAID
	Otezla	1/1/2022	Updating PA criteria for Behcet's disease
	Drug/Class	Effective Date	Overview
December-21	Treacator	2/1/2022	Realigning PA with KS
	Eproonta	2/1/2022	Adding to the formulary with PA
	Verzenio	2/1/2022	Adding indications to PA
	C3 inhibitors (Iberinert, Cinryze, Ruconest)	3/1/2022	Adding step through icatibant
	Alimia	2/1/2022	Allowing trial of metronidazole or tinidazole
January-22	Drug/Class	Effective Date	Overview
	Carbagli	3/1/2022	Adding all approved FDA indications to PA
	Asenapine	3/1/2022	Removing PA
	Xifaxan 550 mg	3/1/2022	Removing PA
	Xeljanz	3/1/2022	Adding indication to PA and requiring step through TNF blocker for JAK inhibitors to match FDA indication
	Ritvoq	3/1/2022	Adding indication to PA and requiring step through TNF blocker for JAK inhibitors to match FDA indication
	Benlysta	3/1/2022	Adding anti-smith antibodies as option to confirm SLE diagnosis
February-22	Drug/Class	Effective Date	Overview
	Oxybta	4/1/2022	Adding new formulation with age expansion for use in patients aged 4 years and older
	Skyris	4/1/2022	Adding possible alternative to step through for PA form
	Orencia	4/1/2022	Adding Skyris as a possible alternative to step through for PA
	Cimzia	4/1/2022	Adding Skyris as a possible alternative to step through for PA
	Fetima	4/1/2022	Removing prescriber by specialist requirement from PA form
	Zovib	4/1/2022	Removing 4 indications (all oral) from PA form
	Bylvy	4/1/2022	Adding to the formulary with PA
	Kerendia	4/1/2022	Adding to the formulary with PA
	Reurock	5/1/2022*	Adding to the formulary with PA (*effective date of 5/1/22 due to CTR conversion)
	Aljovy	4/1/2022	Adding to the formulary with PA
	Alimovg	4/1/2022	Removing specialist requirement, reducing trial from two drug classes to one, updating Botox criteria
	Emgality	4/1/2022	Removing specialist requirement, reducing trial from two drug classes to one, updating Botox criteria
	Dipeprve	4/1/2022	Adding to the formulary with PA
	Wotring	4/1/2022	Adding to the formulary with PA
Exubyte	4/1/2022	Adding to the formulary with PA	