Updates to Utilization Management or Prior Authorization Criteria

Changes For	Drug	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
	Symdeko	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
	Mavyret	3/1/2021	Updating Criteria
	Epclusa	3/1/2021	Updating Criteria
Changes For	**Drug/Class**	**Effective Date**	**Overview**
February 2021	Enspryng	4/1/2021	Adding to formulary with PA
	Fintepla	4/1/2021	Adding to formulary with PA
	Evrysdi	4/1/2021	Adding to formulary with PA
	Inqovi	4/1/2021	Adding to formulary with PA
	Dojolvi	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
	modafinil (PROVIGIL Equiv)	4/1/2021	New indication added
	Benlysta	4/1/2021	New indication added
Changes For	**Drug**	**Effective Date**	**Overview**
March 2021	Tagrisso	5/1/2021	Adding indication to PA
	Epidiolex	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)
	Palynziq	5/1/2021	Update continuation criteria to account for new max dosing
Changes For	**Drug**	**Effective Date**	**Overview**
April 2021	LORBRENA	6/1/2021	Adding indication to PA
	HEMLIBRA	6/1/2021	Updating criteria for patients without inhibitors
	STELARA	5/1/2021	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
	QBRELIS	6/1/2021	Updating criteria to remove age restriction for patients ≤ 8 years
	TIROSINT-SOL	6/1/2021	Adding to formulary with PA
	GLOPERBA SOLN	6/1/2021	Adding to formulary with PA
	BARACLUDE SOLN	6/1/2021	Adding to formulary with PA
	XATMEP SOLN	6/1/2021	Adding to formulary with PA
	SOTYLIZE SOLN 5MG/ML	6/1/2021	Adding to formulary with PA
	KATERZIA 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
	CAROSPIR SUSP	6/1/2021	Adding to formulary with PA
Changes For	**Drug**	**Effective Date**	**Overview**
May 2021	Veltassa Powder	7/1/2021	Moving to PB and remove step through Lokelma
	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
	ONGENTYS CAP	7/1/2021	Adding to formulary with PA
	ORGOVYX 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
	GAVRETO CAP	7/1/2021	Adding to formulary with PA
Changes For	**Drug**	**Effective Date**	**Overview**
June 2021	XOLAIR SYRINGE	8/1/2021	Adding to formulary with PA
	FERRIPROX	8/1/2021	Adding indication to PA
	TYVASO INH SOLN	8/1/2021	Adding indication to PA
	NURTEC ODT	8/1/2021	Updating PA form to clarify coverage for acute treatment
	CRINONE GEL	8/1/2021	Adding indication to PA
Changes For	**Drug**	**Effective Date**	**Overview**
July 2021	AYVAKIT TAB	9/1/2021	Adding indication to PA
	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
Changes For	**Drug**	**Effective Date**	**Overview**
August 2021	tiopronin tab (THIOLA Equiv)	10/1/2021	Adding PA to drug
	VENCLEXTA TAB	10/1/2021	Updating PA form to align with FDA-approved indications
	VENCLEXTA STARTER PACK	10/1/2021	Updating PA form to align with FDA-approved indications
	IBRANCE CAP	10/1/2021	Updating criteria to align with Verzenio
	IBRANCE TAB	10/1/2021	Updating criteria to align with Verzenio
	VERZENIO TAB	10/1/2021	Updating criteria to align with Ibrance
	KORLYM TAB	10/1/2021	Adding continuation criteria with 1 year approval to PA
	SOLOSEC GRANULES PACKET	10/1/2021	Adding indication to PA
	Ukoniq	10/1/2021	Adding to formulary with PA
	Fotivda	10/1/2021	Adding to formulary with PA
	Tepmetko	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	12/1/2021	Adding trial of 2 preferred alternatives
	Cimzia	10/1/2021	Adding Tremfya to alts for PsO, PsA, 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
Changes For	**Drug/Class**	**Effective Date**	**Overview**
October 2021	Truvada	11/1/2021	Adding to formulary with PA due to clarifications from the federal government around ACA $0 preventive coverage of HIV medications used for pre-exposure prophylaxis (PrEP)
	Invega	11/1/2021	Removing PA
	Brukinsa	11/15/2021	Adding indication to PA
	Tibsovo	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
Changes For	**Drug/Class**	**Effective Date**	**Overview**
November 2021	ambrisentan	12/1/2021	Adding PA to drug
	bosentan	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
	Jakafi	12/1/2021	Adding indication to PA
	miglustat	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
	Oxervate	12/1/2021	Updating PA form to require documentation of which eye or eyes treatment is being requested
Changes For	**Drug/Class**	**Effective Date**	**Overview**
December-21	Truseltiq	1/1/2022	Adding to the formulary with PA
	Pemazyre	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
	Dupixent	1/1/2022	Expanding indication for patients 6 years of age and older
	Oriahnn	1/1/2022	Removing step through NSAID
	Otezla	1/1/2022	Updating PA criteria for Behcet's disease
Changes For	**Drug/Class**	**Effective Date**	**Overview**
December-21	Trecator	2/1/2022	Replacing PA with RS
	Eprontia	2/1/2022	Adding to the formulary with PA
	Verzenio	2/1/2022	Adding indications to PA
	C1-inhibitors (Berinert, Cinryze, Ruconest)	3/1/2022	Adding step through icatibant
	Alinia	2/1/2022	Allowing trial of metronidazole or tinidazole
	Isturisa	3/1/2022	Adding step through ketoconazole
Changes For	**Drug/Class**	**Effective Date**	**Overview**
January-22	Carbaglu	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
	Rinvoq	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
Changes For	**Drug/Class**	**Effective Date**	**Overview**
February-22	Oxbryta	4/1/2022	Adding new formulation with age expansion for use in patients aged 4 years and older
	Skyrizi	4/1/2022	Adding psoriatic arthritis (PsA) indication to PA form
	Orencia	4/1/2022	Adding Skyrizi as a possible alternative to step through for PsA
	Cimzia	4/1/2022	Adding Skyrizi as a possible alternative to step through for PsA
	Fetzima	4/1/2022	Removing prescribed by specialist requirement from PA form
	Zydelig	5/1/2022	Removing 2 indications (SLL and FL) from PA form
	Bylvay	4/1/2022	Adding to the formulary with PA
	Kerendia	4/1/2022	Adding to the formulary with PA
	Rezurock	5/1/2022*	Adding to the formulary with PA (*effective date of 5/1/22 due to GPI conversion)
	Ajovy	4/1/2022	Adding to the formulary with PA
	Aimovig	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
	Opzelura	4/1/2022	Adding to the formulary with PA
	Welireg	4/1/2022	Adding to the formulary with PA
	Exkivity	4/1/2022	Adding to the formulary with PA
Changes For	**Drug/Class**	**Effective Date**	**Overview**
March-22	Targeted Immunomodulators for Plaque Psoriasis (Skyrizi, Stelara, Humira, Enbrel, Tremfya, Taltz)	4/1/2022*	Updating Plaque Psoriasis criteria to allow for trial of phototherapy *or* systemic agent
	Otezla	4/1/2022*	Updating Plaque Psoriasis criteria to allow for trial of phototherapy *or* systemic agent and removing minimum BSA affected to allow for mild disease
	Rinvoq	4/15/2022*	Adding Atopic Dermatitis indication to PA form
	Afinitor (everolimus)	5/1/2022	Updating PA criteria to align with approved indications and NCCN guidelines
	Onfi (clobazam) susp	5/1/2022	Adding to the formulary with PA (if > 9 years old)
	Fleqsuvy (baclofen) susp	5/1/2022	New formulation replacing discontinued First-Baclofen Compounding Kits (same GPI/manufacturer)
	Sporanox (itraconazole) cap	5/1/2022	Removing PA
	Sporanox (itraconazole) soln	5/1/2022	Updating PA form with approved indications for oral solution
	Nucala	5/1/2022	Updating PA criteria to allow for home-administration for those 6 to 11 years old
	Firdapse	5/1/2022	Adding to the formulary with PA
	Dupixent	6/1/2022	Adding PA criteria to restrict combination use with other targeted immunomodulators
	Methyltestosterone	6/1/2022	Updating PA criteria to only allow hypogonadism diagnosis and require documentation of testosterone level
Changes For	**Drug/Class**	**Effective Date**	**Overview**
April-22	Ozobax (baclofen) susp	6/1/2022	Adding to the formulary with PA (if > 9 years old)
	Rinvoq	6/1/2022	Adding Ulcerative Colitis indication to PA form
	Fintepla	6/1/2022	Adding Lennox-Gastaut Syndrome indication to PA form
	Lynparza	6/1/2022	Adding new Breast Cancer indication to PA form
	Hepatitis C Agents (sofosbuvir/velpatasvir (Epclusa equiv), ledipasvir/sofosbuvir (Harvoni equiv), Mavyret, Vosevi)	6/1/2022	Updating PA criteria to align with treatment guidelines
	Humira	6/1/2022	Removing step through traditional DMARDs for Crohn's and UC indications to align with treatment guidelines
	Stelara	6/1/2022	Removing step through traditional DMARDs for Crohn's and UC indications to align with treatment guidelines
	Topical androgen products (Androgel, Androderm, Axiron, Testim, testosterone)	5/26/2022	Replacing lab value requirement with provider attestation on PA form
	Vijbryd	6/1/2022	Removing specialist requirement from PA form
	Promacta	6/1/2022	Adding continuation criteria for chronic immune thrombocytopenia
	Doptelet	6/1/2022	Adding continuation criteria for chronic immune thrombocytopenia
	Tavalisse	6/1/2022	Adding continuation criteria for chronic immune thrombocytopenia
	Corlanor	6/1/2022	Adding PA criteria for inappropriate sinus tachycardia and postural orthostatic tachycardia syndrome
Changes For	**Drug/Class**	**Effective Date**	**Overview**
May-22	Cialis (tadalafil) 2.5mg, 5mg	7/1/2022	Replacing PA with Step Therapy requirement
	Norliqva	7/1/2022	Adding to the formulary with PA (if > 9 years old)
	Donepezil	7/1/2022	Removing Step Therapy requirement
Changes For	**Drug/Class**	**Effective Date**	**Overview**
June-22	Livmarli	7/1/2022	Adding to the formulary with PA
	Skytrofa	7/1/2022	Adding to the formulary with PA
	Tavneos	7/1/2022	Adding to the formulary with PA
	Voxzogo	7/1/2022	Adding to the formulary with PA
	Prevymis	7/1/2022	Adding to the formulary with PA

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