Updates to Utilization Management or Prior Authorization Criteria

Changes For	Drug/Class	Effective Date	Overview
24-Jan	Zavzpret	1/1/2024	Adding to formulary with PA
	Skytrofa	1/1/2024	Removing step requirement
	Sogroya	1/1/2024	Adding to formulary with PA
	Vowst	1/1/2024	Adding to formulary with PA
	Veozah	1/1/2024	Adding to formulary with PA
	Hizentra	1/1/2024	Updating initial approval duration to 1 year for diagnosis of chronic inflammatory demyelinating polyneuropathy
	Uceris	1/1/2024	Updating approval duration to 1 year
	Nucala	1/1/2024	Updating initial approval durations to 1 year
	Xolair	1/1/2024	Updating initial approval durations to 1 year
	Cimzia	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis
	Stelara	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis and ulcerative colitis
	Zeposia	1/1/2024	Updating initial approval duration to 1 year for diagnosis of ulcerative colitis
	Humira biosimilars (adalimumab-adaz, adalimumab-fkjp, Hadlima), Humira	1/1/2024	Updating initial approval duration to 1 year for diagnosis of ulcerative colitis, plaque psoriasis, Hidradenitis suppurativa
	Kineret	1/1/2024	Updating initial approval durations to 1 year
	Otezla	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis and oral ulcers associated with Behcet's disease
	Olumiant	1/1/2024	Updating initial approval duration to 1 year for diagnosis of alopecia areata
	Enbrel	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis
	Simponi subq	1/1/2024	Updating initial approval duration to 1 year
	Xeljanz	1/1/2024	Updating initial approval duration to 1 year for diagnosis of ulcerative colitis
	Rinvoq	1/1/2024	Updating initial approval duration to 1 year for diagnosis of atopic dermatitis and ulcerative colitis
	Empaveli	1/1/2024	Updating initial approval duration to 1 year
	Dupixent	1/1/2024	Updating initial approval durations to 1 year
	Tremfya	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis
	Taltz	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis
	Skyrizi subq	1/1/2024	Updating initial approval duration to 1 year for diagnosis of plaque psoriasis
	Zoryve	1/1/2024	Updating initial approval duration to 1 year
	Opzelura	1/1/2024	Updating initial approval duration to 1 year for diagnosis of nonsegmental vitiligo
	Benlysta	1/1/2024	Updating initial approval duration to 1 year for diagnosis of active lupus nephritis
	Enspryng	1/1/2024	Updating initial approval duration to 1 year
Changes For	**Drug/Class**	**Effective Date**	**Overview**
24-Feb	tetrabenazine	2/1/2024	Removing PA
	Likmez susp	2/1/2024	Adding to formulary with PA (PA required for members age 9 years or older)
	Ozobax (baclofen) soln 10 mg/5 mL	2/1/2024	Adding to formulary with PA (PA required for members age 9 years or older)
	Braftovi	2/1/2024	Adding indication for non-small cell lung cancer
	Mektovi	2/1/2024	Adding indication for non-small cell lung cancer
	Zoryve cream	2/1/2024	Updating age indication based on FDA-approved age expansion
	Voxzogo inj	2/1/2024	Updating age requirement based on FDA-approved expansion to ages < 5
	Tibsovo	2/1/2024	Adding indication for use in relapsed or refractory myelodysplastic syndrome (MDS)
	Zejula	2/1/2024	Adding indication for prostate cancer
	Kerendia tab	2/1/2024	Removing SGLT2 requirement
	Kineret inj	2/1/2024	Adding indication for rhematoid arthritis and gout flares
	Cimzia	2/1/2024	Adding Xeljanz/Xeljanz XR and Rinvoq to step therapy options for diagnosis of ankylosing spondylitis and Rinvoq to options for diagnosis of psoriatic arthritis (PsA)
	Enbrel	2/1/2024	Adding diagnosis to continuation criteria for plaque psoriasis
	Lampit	2/1/2024	Removing PA
	Xalkori oral pellets	2/1/2024	Adding to formulary with PA
	Rozlytrek pak/cap	2/1/2024	Adding to formulary with PA (pak only); Updating age requirement based on FDA-approved age expansion to ages >/= 1 month old
	Bosulif tab	2/1/2024	Updating age expansion to pediatric patients >/= 1 year for the treatment of chronic myelogenous leukemia
	Tasigna cap	2/1/2024	Simplifying the criteria as Bosulif, Tasigna, and Sprycel now all have pediatric and adult indications
	Sprycel	2/1/2024	Simplifying the criteria as Bosulif, Tasigna, and Sprycel now all have pediatric and adult indications
	Dupixent	2/1/2024	Standardizing concomitant asthma treatment language; Adding diagnosis to continuation criteria
	Fasenra	4/1/2024	Adding criteria to continuation criteria to not use with other biologics for asthma
	Nucala	4/1/2024	Adding criteria to continuation criteria to not use with other biologics for asthma
	Tezspire	4/1/2024	Standardizing step criteria; Updating initial approval duration to 6 months
	Xolair	4/1/2024	Adding criteria to continuation criteria to not use with other biologics for asthma
	Fotivda	2/1/2024	Removing documentation requirement for trials
	Lenvima	2/1/2024	Updating mutation criteria for endometrial carcinoma
	Braftovi	4/1/2024	Removing mutation documentation requirement
	Mektovi	4/1/2024	Removing mutation documentation requirement
	Tibsovo	4/1/2024	Removing mutation documentation requirement
	Zejula	4/1/2024	Removing mutation documentation requirement
	Rozlytrek	4/1/2024	Removing mutation documentation requirement
Changes For	**Drug/Class**	**Effective Date**	**Overview**
24-Mar	Xphozah	3/1/2024	Adding to formulary with PA
	Jaypirca	5/1/2024	Adding indication for chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL); Adding requirement of two (2) prior lines of systemic therapy, which should include a covalent BTK inhibitor and a BCL-2 inhibitor to match FDA approval language
	Nexletol/Nexlizet	3/1/2024	Updating criteria to reflect indication expansion
	Adbry	3/1/2024	Adding diagnosis to continuation criteria
	Welireg	3/1/2024	Adding criteria for advanced renal cell carcinoma (RCC)
	Evrysdi	3/1/2024	Adding coverage of presymptomatic spinal muscular atrophy (SMA)
	Copiktra cap	5/1/2024	Removing follicular lymphoma indication
	Banzel susp (rufinamide susp/tab)	3/1/2024	Including new treatment guideline; Changing approval duration to lifetime from 1 year
	Cinryze	5/1/2024	Updating criteria to exclude any combination prophylaxis use
	Haegarda	5/1/2024	Updating criteria to exclude any combination prophylaxis use
	Berinert	5/1/2024	Updating criteria to exclude any combination prophylaxis use
	Ruconest	5/1/2024	Updating criteria to exclude any combination prophylaxis use
	Takhzyro	5/1/2024	Updating criteria to exclude any combination prophylaxis use
	Thalomid	3/1/2024	Removing PA
Changes For	**Drug/Class**	**Effective Date**	**Overview**
24-Apr	Bosulif cap	4/1/2024	Adding to formulary with PA
	Hyqvia inj	4/1/2024	Adding indication for chronic inflammatory demyelinating polyneuropathy (CIDP)
	Balversa	6/1/2024	Updating indication and criteria related to full FDA-approval and updated guidelines
	Dupixent	4/1/2024	Updating age and weight for eosinophilic esophagitis (EoE) based on indication expansion; Standardizing atopic dermatitis language
	Ubrelvy	4/1/2024	Updating step therapy requirements from trial of triptan plus NSAID combination therapy plus an additional triptan trial to trial of two triptans
	Reyvow	4/1/2024	Updating step therapy requirements from trial of triptan plus NSAID combination therapy plus an additional triptan trial to trial of two triptans
	Zavzpret nasal spray	4/1/2024	Updating step therapy requirements from trial of triptan plus NSAID combination therapy plus an additional triptan trial to trial of two triptans
	Veltassa powder	6/1/2024	Adding age limitations to PA criteria, based on FDA-approved indication
	Lokelma packet for oral suspension	6/1/2024	Adding age limitation to PA criteria
	Litfulo	4/1/2024	Adding to formulary with PA
	Sohonos	4/1/2024	Adding to formulary with PA
	Vanflyta	4/1/2024	Adding to formulary with PA
	Balversa	4/1/2024	Removing mutation documentation requirement
	Vitrakvi	4/1/2024	Removing mutation documentation requirement
	Xospata	4/1/2024	Removing mutation documentation requirement
	Iressa	4/1/2024	Removing mutation documentation requirement
	Lorbrena	4/1/2024	Removing mutation documentation requirement
	Stivarga	4/1/2024	Removing mutation documentation requirement
	Tepmetko	4/1/2024	Removing mutation documentation requirement
	Vizimpro	4/1/2024	Removing mutation documentation requirement
	Alecensa	4/1/2024	Removing mutation documentation requirement
	Alunbrig	4/1/2024	Removing mutation documentation requirement
	Ayvakit	4/1/2024	Removing mutation documentation requirement
	Gavreto	4/1/2024	Removing mutation documentation requirement
	Gilotrif	4/1/2024	Removing mutation documentation requirement
	Iclusig	4/1/2024	Removing mutation documentation requirement
	Idhifa	4/1/2024	Removing mutation documentation requirement
	Krazati	4/1/2024	Removing mutation documentation requirement
	Lonsurf	4/1/2024	Removing mutation documentation requirement
	Lumakras	4/1/2024	Removing mutation documentation requirement
	Lynparza	4/1/2024	Removing mutation documentation requirement
	Orserdu	4/1/2024	Removing mutation documentation requirement
	Pemazyre	4/1/2024	Removing mutation documentation requirement
	Piqray	4/1/2024	Removing mutation documentation requirement
	Retevmo	4/1/2024	Removing mutation documentation requirement
	Rezlidhia	4/1/2024	Removing mutation documentation requirement
	Rydapt	4/1/2024	Removing mutation documentation requirement
	Tabrecta	4/1/2024	Removing mutation documentation requirement
	Tafinlar	4/1/2024	Removing mutation documentation requirement
	Mekinist	4/1/2024	Removing mutation documentation requirement
	Tagrisso	4/1/2024	Removing mutation documentation requirement
	Talzenna 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	4/1/2024	Removing mutation documentation requirement
	Xalkori	4/1/2024	Removing mutation documentation requirement
	Zelboraf	4/1/2024	Removing mutation documentation requirement
	Cotellic	4/1/2024	Removing mutation documentation requirement
	Zykadia	4/1/2024	Removing mutation documentation requirement
Changes For	**Drug/Class**	**Effective Date**	**Overview**
24-May	Tremfya	5/1/2024	Standardizing diagnosis for psoriasis to continuation criteria (adding mention of palmoplantar psoriasis)
	Taltz	5/1/2024	Standardizing diagnosis for psoriasis to continuation criteria (adding mention of palmoplantar psoriasis)
	Skyrizi	5/1/2024	Adding diagnosis to continuation criteria for plaque psoriasis
	Stelara	5/1/2024	Adding diagnosis to continuation criteria for plaque psoriasis
	Otezla	5/1/2024	Adding diagnosis to continuation criteria
	Xolair	5/1/2024	Adding food allergy indication
	Tagrisso tab	5/1/2024	Adding indication for EGFR-mutated locally advanced or metastatic NSCLC in combo therapy
	Sogroya	5/1/2024	Removing daily somatropin step in adult patients
Changes For	**Drug/Class**	**Effective Date**	**Overview**
24-Jun	Adalimumab	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
	Cimzia	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
	Zeposia	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
	Orencia	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
	Olumiant	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products; Standardizing alopecia areata language
	Simponi	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
	Kevzara	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
	Actemra	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
	Xeljanz/Xeljanz XR	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
	Rinvoq	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products; Standardizing language for diagnosis of atopic dermatitis
	Kineret	6/1/2024	Adding Simlandi and adalimumab-aaty to preferred list of adalimumab products
	lithium oral solution	6/1/2024	Adding to formulary with PA (PA required for members age 9 years and older)
	Brukinsa	6/1/2024	Adding indication for treatment of adult patients with relapsed or refractory follicular lymphoma (FL)
	Livmarli	6/1/2024	Adding indication for treatment of cholestatic pruritis in patients 5 years of age and older with progressive familial intrahepatic cholestasis (PFIC)
	Iclusig	6/1/2024	Adding indication for newly diagnosed Ph+ALL; Updating the step requirement to >/= 2 alternative kinase inhibitors instead of 4 for diagnosis of chronic phase (CP) chronic myeloid leukemia (CML)
	Zokinvy	8/1/2024	Adding continuation criteria
	Cholbam	8/1/2024	Removing coverage of peroxisomal disorders due to lack of clinical benefit; Clarifying coverage of specific enzyme defects
	Venclexta	6/1/2024	Adding coverage for induction-eligible poor-risk acute myeloid leukemia (AML) and chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) combination with ibrutinib
	Viibryd (vilazodone)	6/1/2024	Removing PA
	Promacta	6/1/2024	Adding diagnosis to continuation criteria for diagnosis of chronic immune thrombocytopenia (ITP)
Changes For	**Drug/Class**	**Effective Date**	**Overview**
24-Jul	Nexletol/Nexlizet	7/1/2024	Removing PA
	Repatha	7/1/2024	Removing PA
	Ergomar	1/1/2025	Adding to formulary with PA
	Fanapt	7/1/2024	Adding indication for acute treatment of manic or mixed episodes associated with bipolar I disorder in adults
	Enspryng	9/1/2024	Updating criteria to not be used in combination with other biologic therapies (initial and continuation criteria); Adding diagnosis to continuation criteria
	Sunosi	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
	Wakix	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
	sodium oxybate oral soln (generic Xyrem)	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
	Lumryz	7/1/2024	Updating initial approval duration from the current 3-month duration to 1 year
	Augtyro	7/1/2024	Adding to formulary with PA
	Fruzaqla	7/1/2024	Adding to formulary with PA
	Ojjaara	7/1/2024	Adding to formulary with PA
	Truqap	7/1/2024	Adding to formulary with PA
	Zurzuvae	7/1/2024	Adding to formulary with PA
	Entyvio SC	7/1/2024	Adding to formulary with PA

Last updated 6/19/2024