Updates to Utilization Management or Prior Authorization Criteria

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

Changes for	Drug/Class	Effective Date	Overview
24-Aug	Fasenra	8/1/2024	Updating age restriction to >/= 6 years following recent age expansion
	Spevigo	8/1/2024	Adding to formulary with PA
	Alecensa	8/1/2024	Adding adjuvant treatment indication
	Rinvoq	8/1/2024	Adding indication for the treatment of patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis who have had an inadequate response or intolerance to one or more TNF blockers

Changes for	Drug/Class	Effective Date	Overview
24-Sep	Retevmo	9/1/2024	Removing age limitations
	Vonjo	9/1/2024	Removing age from criteria; Removing documentation requirement for platelets; Adding Ojjaara as step option with higher platelets
	Jakafi	9/1/2024	Standardizing myelofibrosis (MF) criteria, Adding diagnosis to GVHD continuation criteria; Updating continuation language; Standardizing all approval durations to 1 year
	Rezurock	9/1/2024	Removing age from criteria; Updating to 1 year initial approval duration
	Imbruvica	9/1/2024	Adding diagnosis to cGVHD continuation criteria; Standardizing indication language
	Ingrezza Sprinkle	9/1/2024	Adding to formulary with PA
	Vijoice Oral Granules	9/1/2024	Adding to formulary with PA
	Skyrizi	9/1/2024	Adding ulcerative colitis (UC) indication
	Scemblix	9/1/2024	Adding to formulary with PA
	Kevzara	9/1/2024	Adding new polyarticular juvenile idiopathic arthritis (pJIA) indication
	Orencia	9/1/2024	Adding Rinvoq as preferred product for polyarticular juvenile idiopathic arthritis (pJIA)

Changes For	Drug/Class	Effective Date	Overview
24-Oct	Livmarli	10/1/2024	Updating age expansion for progressive familial intrahepatic cholestasis (PFIC) down to 12 months; Adding new strength solution
	Taltz	10/1/2024	Adding information on new pediatric dosage forms
	Tyenne	11/1/2024	Adding to formulary with PA
	Krazati tab	12/1/2024	Adding colorectal cancer indication
	Augtyro cap	12/1/2024	Adding new solid tumor indication
	Lokelma pak	12/1/2024	Adding continuation criteria
	Veltassa powder	12/1/2024	Adding continuation criteria
	Entyvio SC	10/1/2024	Adding Skyrizi as a preferred option for diagnosis of ulcerative colitis (UC); Updating approval durations to 1 year
	Zeposia	10/1/2024	Adding Skyrizi to ulcerative colitis (UC) alternatives
	Stelara	12/1/2024	Updating approval duration for Crohn's disease to 1 year from lifetime; Adding Crohn's disease continuation criteria
	adalimumab	12/1/2024	Updating approval duration for Crohn's disease to year from lifetime; Adding Crohn's disease continuation criteria; Combining pediatric and adult ulcerative colitis (UC) into 1 set of criteria; Removing age minimum for Crohn's disease
	Cimzia	12/1/2024	Updating approval duration for Crohn's disease to 1 year from lifetime; Adding Crohn's disease continuation criteria
	Rinvoq	12/1/2024	Updating approval duration for Crohn's disease to 1 year from lifetime; Adding Crohn's disease continuation criteria
	Skyrizi	12/1/2024	Updating approval duration for Crohn's disease to 1 year from lifetime; Adding Crohn's disease continuation criteria
	Iwilfin	10/1/2024	Adding to formulary with PA
	Ogsiveo	10/1/2024	Adding to formulary with PA
	Rivfloza	10/1/2024	Adding to formulary with PA
	Wainua	10/1/2024	Adding to formulary with PA
	Zilbrysq	10/1/2024	Adding to formulary with PA

Changes For	Drug/Class	Effective Date	Overview
24-Nov	Palforzia	11/1/2024	Expanding age to 1 year of age
	Ofev	1/1/2025	Updating systemic sclerosis-associated interstitial lung disease (SSc-ILD) criteria based on new guidelines; Adding rituximab and tocilizumab step
	Aimovig	11/1/2024	Removing requirement for separate trials of CGRP and botulinum toxin before approving combination
	Ajovy	11/1/2024	Removing requirement for separate trials of CGRP and botulinum toxin before approving combination
	Emgality	11/1/2024	Removing requirement for separate trials of CGRP and botulinum toxin before approving combination
	sorafenib (Nexavar equiv)	11/1/2024	Adding criteria for off-label use for desmoid tumors
	Empaveli	11/1/2024	Updating criteria to match August 2024 P&T review of Febhalta and removing documentation; Adding diagnosis to continuation criteria
	Cimzia	11/1/2024	Adding Tyenne (biosimilar to Actemra) as a preferred product option where Actemra is listed as a step option
	Orencia	11/1/2024	Adding Tyenne (biosimilar to Actemra) as a preferred product option where Actemra is listed as a step option
	Kineret	11/1/2024	Adding Tyenne (biosimilar to Actemra) as a preferred product option where Actemra is listed as a step option
	Olumiant	11/1/2024	Adding Tyenne (biosimilar to Actemra) as a preferred product option where Actemra is listed as a step option
	Kevzara	11/1/2024	Adding Tyenne (biosimilar to Actemra) as a preferred product option where Actemra is listed as a step option