Updates to Utilization Management or Prior Authorization Criteria

Changes For	Drug/Class	Effective Date	Overview
April-22	Ocrelex (baricitinib) 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, ir... (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
	Vibryd	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	Lumakrii	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
Changes For	**Drug/Class**	**Effective Date**	**Overview**
July-22	Armodafinil	8/1/2022	Removing PA
	Modafinil	8/1/2022	Removing PA
	Alkindi 0.5mg, 1mg	8/1/2022	Adding to the formulary with PA (if > 9 years old)
	Vyjuice	8/1/2022	Adding to the formulary with PA
	Lyvispah	8/1/2022	Adding to the formulary with PA
	Rinvoq	7/28/2022	Adding Ankylosing Spondylitis indication to PA form
	Empaveli	8/1/2022	Updating PA form to clarify criteria and align with guidelines
	Humira	8/1/2022	Updating Uveitis PA criteria to allow for first-line use in severe cases
	Erivedge	8/1/2022	Removing step through Odomzo (sonidegib)
Changes For	**Drug/Class**	**Effective Date**	**Overview**
August-22	Stelara	9/1/2022	Updating PA form for Ulcerative Colitis continuation criteria to account for IV formulation
	Nevirapine ER	9/1/2022	Removing Step Therapy requirement
	Tyvaso	9/1/2022	Adding to the formulary with PA
	Skyrizi	9/1/2022	Adding new formulation to the formulary with PA and adding Crohn's disease indication to PA form
	Imcivree	9/1/2022	Adding new indication to PA form for obesity due to Bardet-Biedl syndrome (BBS)
	Tafinlar/Mekinist	9/1/2022	Adding new indication to PA form for solid tumors with the BRAF V600E mutation
	CGMs (Dexcom, Freestyle Libre)	9/1/2022	Removing three provider attestation-related criteria from PA form
	Jynarque	10/15/2022	Updating PA criteria to align with recent guideline updates on patient age and disease progression
	Xultophy	9/1/2022	Updating PA approval duration to lifetime
	Soliqua	9/1/2022	Updating PA approval duration to lifetime
	Nerlynx	9/1/2022	Changing 'high-risk of recurrence' PA criteria to simply a provider attestation and adding continuation PA criteria
	pyrimethamine	10/15/2022	Updating PA criteria to align with guidelines, which requires use with leucovorin for certain diagnoses
	Pomalyst	9/1/2022	Adding new indication to PA form for Kaposi sarcoma
	Rubraca	10/15/2022	Removing withdrawn indication from PA form for recurrent BRCA mutated advanced ovarian cancer
Changes For	**Drug/Class**	**Effective Date**	**Overview**
September-22	Freestyle Libre 3 Sensor	10/1/2022	Adding to formulary with PA
	Olumiant	10/1/2022	Adding new strength to formulary with PA and adding indication for Alopecia Areata to PA form
	Xalkori	9/15/2022	Adding new indication for Inflammatory Myofibroblastic Tumor (IMT) to PA form
	Genotropin - Adult	10/1/2022	Updating PA form to align with guidelines, removing age requirement for short bowel syndrome, and removing adherence criterion
	Genotropin - Pediatric	10/1/2022	Updating PA form to align with guidelines and removing adherence criterion
Changes For	**Drug/Class**	**Effective Date**	**Overview**
October-22	Listencity	10/1/2022	Adding to formulary with PA
	Pyrukynd	10/1/2022	Adding to formulary with PA
	Vonjo	10/1/2022	Adding to formulary with PA
	Dupixent	10/1/2022	Removing level of severity requirement from Atopic Dermatitis PA criteria, updating Asthma PA criteria to align with guidelines on controller medications, and adding Eosinophilic Esophagitis indication to PA form
	Adbry	10/1/2022	Adding to formulary with PA
	Rinvoq	10/1/2022	Removing level of severity requirement from Atopic Dermatitis PA criteria
	Cibinqo	10/1/2022	Adding to formulary with PA
	Xolair	10/1/2022	Updating Asthma PA criteria to align with guidelines on controller medications
	Nucala	10/1/2022	Updating Asthma PA criteria to align with guidelines on controller medications
	Fasenra	10/1/2022	Updating Asthma PA criteria to align with guidelines on controller medications
Changes For	**Drug/Class**	**Effective Date**	**Overview**
November-22	Opzelura	11/1/2022	Adding new indication to PA form for the topical treatment of nonsegmental vitiligo
	Nubeqa	11/1/2022	Adding new indication to PA form for the treatment of metastatic hormone-sensitive prostate cancer
	Stremsiq	1/1/2023	Updating PA criteria to require additional documentation to support diagnosis
	Benlysta	11/1/2022	Updating PA criteria to remove the requirement of corticosteroids use and to better align with guidelines
	Brafnavi/Mektovi	11/1/2022	Updating PA criteria to align with NCCN guidelines
Changes For	**Drug/Class**	**Effective Date**	**Overview**
December-22	Tadliq	12/1/2022	Adding to formulary with PA
	Zonisade	12/1/2022	Adding to formulary with PA
	Orkambi	12/1/2022	Removing age requirement from PA form
	Imbruvica (granules)	12/1/2022	Adding to formulary with PA
	Pemazyre	12/1/2022	Adding new indication for myeloid/lymphoid neoplasms
	Myfembree	12/1/2022	Adding new indication for endometriosis
	Stelara	12/1/2022	Updating weight requirements
	Retevmo	12/1/2022	Adding new indication for solid tumors and updating the indication for NSCLC
	Promacta	2/1/2023	Updating prescriber requirement for immune thrombocytopenia
	Esbriet	12/1/2022	Updating diagnosis criteria to allow use of transbronchial lung cryobiopsy
Changes For	**Drug/Class**	**Effective Date**	**Overview**
January-23	CAMZYOS CAP	1/1/2023	Adding to formulary with PA
	RADICAVA ORS STARTER KIT	1/1/2023	Adding to formulary with PA
	RADICAVA ORS SUSP	1/1/2023	Adding to formulary with PA
	ZTALMY SUSP	1/1/2023	Adding to formulary with PA
	DESCOVY TAB	1/1/2023	Add criterion for severe adverse event other than bone or renal AE
	OPEV CAP	1/1/2023	Adding step through piribedone
	SOLIQUA INJ	1/1/2023	Removing PA
	XULTOPHY INJ	1/1/2023	Removing PA
Changes For	**Drug/Class**	**Effective Date**	**Overview**
Febuary-23	sildenafil susp	2/1/2023	Adding to formulary with PA
	REVATIO susp	2/1/2023	Adding to formulary with PA
	Rinvoq	2/1/2023	Adding new indication for the treatment of adults with active nonradiographic axial spondyloarthritis with objective signs of inflammation who have had an inadequate response or intolerance to TNF blocker therapy
	Dupixent	2/1/2023	Adding new indication for the treatment of adult patients with prurigo nodularis
	Cotellic	2/1/2023	Adding new indication for the treatment of adult patients with histiocytic neoplasms
	Actemra	2/1/2023	Removing methotrexate and steroid steps for giant cell arteritis
Changes For	**Drug/Class**	**Effective Date**	**Overview**
March-23	Repatha	3/1/2023	Streamlining diagnostic criteria and step requirements
Changes For	**Drug/Class**	**Effective Date**	**Overview**
April-23	Tukysa	4/1/2023	Adding new indication for colorectal cancer
	Brukinsa	4/1/2023	Adding new indication for chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL)
	Epiduo (adapalene/benzoyl peroxide) 0.1-2.5% gel, adapalene/benzoyl peroxide gel 0.3-2.5% gel	4/1/2023	Removing PA
	benznidazole	4/1/2023	Removing PA
	Amjevita (adalimumab biosimilar) / Humira	4/1/2023	Adding Amjevita (adalimumab biosimilar) to the formulary with PA; Adding Amjevita to the Humira PA form
	Cimzia	4/1/2023	Adding Amjevita (adalimumab biosimilar) for any indications where Cimzia steps through adalimumab with its addition to the formulary
	Zeposia	4/1/2023	Adding Amjevita (adalimumab biosimilar) to adalimumab step with its addition to the formulary
	Orencia	4/1/2023	Adding Amjevita (adalimumab biosimilar) to adalimumab step with its addition to the formulary
	Olumiant	4/1/2023	Adding Amjevita (adalimumab biosimilar) to adalimumab step with its addition to the formulary
	Simponi 100 mg	4/1/2023	Adding Amjevita (adalimumab biosimilar) to adalimumab step with its addition to the formulary
	Kevzara	4/1/2023	Adding Amjevita (adalimumab biosimilar) to adalimumab step with its addition to the formulary
	Actemra subq injection	4/1/2023	Adding Amjevita (adalimumab biosimilar) to adalimumab step with its addition to the formulary
	Xeljanz	4/1/2023	Adding Amjevita (adalimumab biosimilar) to adalimumab step with its addition to the formulary
	Rinvoq	4/1/2023	Adding Amjevita (adalimumab biosimilar) to adalimumab step with its addition to the formulary
	Continuous Glucose Monitors (Dexcom G6, FreeStyle Libre)	4/1/2023	Removing PA (moving to Step Therapy)
	Kisqali	4/1/2023	Adding to formulary with PA
	Verzenio	4/1/2023	Updating criteria defining high-risk for early breast cancer indication
	Hyftor	4/1/2023	Adding to formulary with PA
	Zoryve	4/1/2023	Adding to formulary with PA
Changes For	**Drug/Class**	**Effective Date**	**Overview**
May-23	lubiprostone (generic Amitiza)	5/1/2023	Adding to formulary with PA
	Puroan	5/1/2023	Adding to formulary with PA (PA required for members age 9 years or older)
	Aimovig	5/1/2023	Updating criteria related to concurrent use with any botulinum toxin product
	Ajovy	5/1/2023	Updating criteria related to concurrent use with any botulinum toxin product
	Emgality	5/1/2023	Updating criteria related to concurrent use with any botulinum toxin product
	Linzess	7/1/2023	Adding generic lubiprostone step requirement
	Vyndaqel	5/1/2023	Updating diagnostic criteria requirements
	Vyndamax	5/1/2023	Updating diagnostic criteria requirements
Changes For	**Drug/Class**	**Effective Date**	**Overview**
June-23	Votrient	6/1/2023	Removing age criteria
	FloLipid	6/1/2023	Adding to formulary with PA (PA required for members age 9 years or older)
	Atoravallq	6/1/2023	Adding to formulary with PA (PA required for members age 9 years or older)
	Tezspire (pen)	6/1/2023	Adding to formulary with PA
	Cibinqo	6/1/2023	Updating age criteria - expanding age to 12 and older
	Tafinlar	6/1/2023	Adding new indication of low-grade glioma
	Mekinist	6/1/2023	Adding new indication of low-grade glioma
	Stremsiq	6/1/2023	Adding continuation criteria

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