

First Quarter 2020 Ad Hoc Drug Formulary and Clinical Updates

Date of Notice: 04/15/2020

Formulary Updates

Drug Name, Strength(s), & Dosage Form(s)	Description of Change	Formulary Status	Alternative Drug(s) (if applicable)	Effective Date (MM/DD/YYYY)
Piqray® (alpelisib)	Formulary addition; SP; PA	Preferred brand specialty		04/01/2020
Reyvow™ (lasmiditan)	Formulary addition; PA; QL	Non-preferred brand	sumatriptan, rizatriptan	04/01/2020
Trikafta® (elexacaftor/tezacaftor/ivacaftor)	Formulary addition; SP; PA	Preferred brand specialty		04/01/2020
Vyndamax™ (tafamidis)	Formulary addition; SP; PA	Preferred brand specialty		04/01/2020
Vyndaqel® (tafamidis)	Formulary addition; SP; PA	Preferred brand specialty		04/01/2020
Skyrizi™ (risankizumab-rzaa)	Formulary addition; SP; PA	Preferred brand specialty	Humira®, Otezla®	04/01/2020
Aklief® (trifarotene)	Formulary addition	Non-preferred brand	tretinoin, adapalene	04/01/2020
Balversa™ (erdafitinib)	Formulary addition; SP; PA	Preferred brand specialty	cisplatin	04/01/2020
Beovu® (brolucizumab-dbli)	Non-formulary	Non-formulary	Eylea™	04/01/2020
Cablivi® (caplacizumab-yhdp)	Non-formulary	Non-formulary	Rituxan®	04/01/2020
Duobrii™ (halobetasol/tazarotene)	Formulary addition	Non-preferred brand	generic steroid agents	04/01/2020
Ibsrela® (tenapanor)	Non-formulary	Non-formulary	Linzess	04/01/2020
Mavenclad® (cladribine)	Formulary addition; SP; PA	Preferred brand specialty	Gilenya®, Tecfidera®, Lemtrada®	04/01/2020

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Mayzent® (siponimod)	Non-formulary	Non-formulary	Gilenya®, Tecfidera®, Lemtrada®	
Amazon Customized Formulary and Clinical Edits	New formulary	N/A	N/A	04/01/2020

Legend: AL=Age Limit; OTC=Over-The-Counter; PA=Prior Authorization; SP=Specialty; ST=Step Therapy; QL=Quantity Limit; NF=Non-Formulary

New Prior Authorization Policies

- Neulasta®, Fulphila™, Udenyca®, Ziextenzo® (pegfilgrastim) (RxA.131)
- Brukinsa® (zanubrutinib) (RxA.620)
- Caplyta® (lumateperone) (RxA.621)
- Dayvigo® (Lemborexant) (RxA.622)
- Givlaari® (givosiran) (RxA.623)
- Oxbryta® (voxelotor) (RxA.624)
- Akliief® (trifarotene) (RxA.625)
- Ayvakit™ (avapritinib) (RxA.626)
- Arazlo™ (tazarotene) (RxA.627)
- Reblozyl® (luspatercept-aamt) (RxA.628)
- Tazverik™ (tazemetostat) (RxA.629)
- Ubrelvy™ (ubrogepant) (RxA.630)
- Xcopri® (cenobamate) (RxA.624)

Updated Prior Authorization Policies

Policy Name	Policy Changes	Effective Date (MM/DD/YYYY)
RxA.003 Hepatitis C Treatment	Policy archived.	04/01/2020
RxA.004 Repatha	Policy archived.	04/01/2020
RxA.005 Praluent	Policy archived.	04/01/2020
RxA.061 Onfi	Policy archived	04/01/2020
RxA.062 Agents for Atopic Dermatitis	Policy archived.	04/01/2020
RxA.063 PAH Agents	Policy archived.	04/01/2020
RxA.064 Juxtapid & Kynamro	Policy archived.	04/01/2020
RxA.069 Oral CF Agents	Policy archived.	04/01/2020
RxA.070 Inhaled CF Agents	Policy archived.	04/01/2020

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