

## Second Quarter 2020 Drug Formulary and Clinical Updates

Date of Notice: 05/25/2020

### Formulary Updates

Drug Name, Strength(s), & Dosage Form(s)	Description of Change	Formulary Status	Alternative Drug(s) (if applicable)	Effective Date (MM/DD/YYYY)
Tazverik™ (tazemetostat)	Formulary addition; SP, PA; QL	Preferred brand specialty		06/01/2020
Ayvakit™ (avapritinib)	Formulary addition; SP; PA; QL	Preferred brand specialty		06/01/2020
Brukinsa™ (zanubrutinib)	Formulary addition; SP; PA; QL	Non-preferred brand specialty	Calquence, Imbruvica	06/01/2020
Dayvigo™ (lemborexant)	Formulary addition; PA; QL	Non-preferred brand	temazepam, zolpidem, zaleplon, ramelteon	06/01/2020
Givlaari® (givosiran)	Formulary addition; SP; PA; QL	Non-preferred brand specialty		06/01/2020
Oxbryta® (voxelotor)	Formulary addition; SP; PA; QL	Non-preferred brand specialty	hydroxyurea	06/01/2020
Caplyta® (lumateperone)	Formulary addition; PA	Non-preferred brand	aripiprazole, Latuda, Rexulti, Vraylar	06/01/2020
Xcopri® (cenobamate)	Formulary addition; PA; QL	Non-preferred brand	gabapentin, lamotrigine, levetiracetam, oxcarbazepine, zonisamide	06/01/2020
Conjupri® (levamlodipine)	Non-formulary; QL	Non-formulary	amlodipine, felodipine, nifedipine	06/01/2020
Aklief® (trifarotene)	Formulary addition; PA; QL; AL	Non-preferred brand	benzoyl peroxide, tretinoin topicals, adapalene, tazarotene	06/01/2020

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Arazlo™ (tazarotene)	Formulary addition; PA; QL; AL	Non-preferred brand	benzoyl peroxide, tretinoin topicals, adapalene, tazarotene	06/01/2020
Reblozyl® (luspatercept-aamt)	Non-formulary; PA; QL	Non-formulary		06/01/2020
Ziextenzo™ (pegfilgrastim-bmez)	Formulary addition; SP; PA	Non-preferred brand specialty	Granix, Zarxio, Nivestym, Neulasta	06/01/2020
Ubrelvy™ (ubrogepant)	Formulary addition; SP; ST; QL	Non-preferred brand specialty		06/01/2020

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

- Tazverik™ (tazemetostat) (RxA.629)
- Ayvakit™ (avapritinib) (RxA.626)
- Brukinsa® (zanubrutinib) (RxA.620)
- Dayvigo™ (lemborexant) (RxA.622)
- Givlaari® (givosiran) (RxA.623)
- Oxybryta® (voxelotor) (RxA.624)
- Caplyta® (lumateperone) (RxA.621)
- Xcopri® (cenobamate) (RxA.624)
- Aklief® (trifarotene) (RxA.625)
- Arazlo™ (tazarotene) (RxA.627)
- Reblozyl® (luspatercept-aamt) (RxA.628)
- Ubrelvy™ (ubrogepant) (RxA.630)

### Updated Prior Authorization Policies

Policy Name	Policy Changes	Effective Date (MM/DD/YYYY)
RxA.131 pegfilgrastim	Ziextenzo™ added to the drug policy.	06/01/2020
RxA.104 Diacomit	Initial and continued therapy criteria updated.	06/01/2020
RxA.105 etidronate	Initial and continued therapy criteria updated.	06/01/2020
RxA.107 Duobrii	Initial criteria for approval updated	06/01/2020
RxA.109 Edluar, Intermezzo, Zolpimist	Dosing updated.	06/01/2020
RxA.11 Aliqopa	Indications updated.	06/01/2020
RxA.119 Ferriprox	Dosing updated.	06/01/2020

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RxA.120 Firdapse, Ruzurgi	Dosing updated.	06/01/2020
RxA.121 Folutyn	Initial and continued therapy criteria updated.	06/01/2020
RxA.122 Fortamet, Glumetza	Criteria for continued therapy updated.	06/01/2020
RxA.123 Binosto, Fosamax Plus D	Initial criteria for approval updated.	06/01/2020
RxA.125 Fuzeon	Criteria for continued therapy updated.	06/01/2020
RxA.135 Feraheme	Criteria for continued therapy updated.	06/01/2020
RxA.136 Firazyr	Initial and continued therapy criteria updated.	06/01/2020
RxA.137 Formulary Exceptions	Initial, continued therapy criteria and approval duration updated.	06/01/2020
RxA.138 Forteo	Criteria for continued therapy updated.	06/01/2020
RxA.140 Fusilev	Dosing updated.	06/01/2020
RxA.141 Gablofen, Lioresal, Ozobax	Initial criteria for approval and dosing updated.	06/01/2020
RxA.142 Gamifant	Initial and continued therapy criteria updated.	06/01/2020
RxA.143 Immune Globulins	Dosing updated.	06/01/2020
RxA.144 Hyaluronate Derivatives	Initial criteria for approval updated	06/01/2020
RxA.146 Copaxone, Glatopa	Criteria for continued therapy updated.	06/01/2020
RxA.16 Arcalyst	Dosing updated.	06/01/2020
RxA.18 Aubagio	Indications updated.	06/01/2020
RxA.2 Onexton	Contraindications updated.	06/01/2020
RxA.207 Minastrin 24 Fe, Taytulla	Initial and continued therapy criteria updated.	06/01/2020
RxA.22 Actimmune	Criteria for continued therapy updated.	06/01/2020
RxA.23 Balversa	Initial and continued therapy criteria updated.	06/01/2020
RxA.25 Beleodaq	Initial and continued therapy criteria updated.	06/01/2020
RxA.256 Quantity Limit Exceptions	Initial and continued therapy criteria updated.	06/01/2020
RxA.26 Weight Loss Medications	Indications, initial and continued therapy criteria updated.	06/01/2020
RxA.273 Rayaldee	Criteria for continued therapy updated.	06/01/2020
RxA.28 Step Therapy Exceptions	Criteria for continued therapy updated.	06/01/2020

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RxA.29 Bevyxxa	Initial and continued therapy criteria updated.	06/01/2020
RxA.31 Bosulif	initial and continued therapy criteria and duration approval updated.	06/01/2020
RxA.368 Entresto	Dosing updated.	06/01/2020
RxA.379 Eucrisa	Initial and continued therapy criteria updated.	06/01/2020
RxA.40 Infertility and Fertility Preservation	Indications, dosing information, initial and continued therapy criteria updated.	06/01/2020
RxA.478 Signifor, Signifor LAR	Duration for approval and continued therapy criteria updated.	06/01/2020
RxA.5 Actonel, Atelvia	Initial and continued therapy criteria updated.	06/01/2020
RxA.52 Cabometyx, Cometriq	Duration for approval and continued therapy criteria updated.	06/01/2020
RxA.53 Caduet	Duration for approval and continued therapy criteria updated.	06/01/2020
RxA.531 Tymlos	Criteria for continued therapy updated.	06/01/2020
RxA.55 Cambia, Zipsor, Pennsaid, Solaraze, Zorvolex	Criteria for continued therapy updated.	06/01/2020
RxA.561 Vraylar	Criteria for continued therapy and duration of approval updated.	06/01/2020
RxA.58 Caverject, Edex, Muse	Criteria for continued therapy updated.	06/01/2020
RxA.60 Celebrex	Criteria for continued therapy and dosing updated.	06/01/2020
RxA.61 Ceprotin	Criteria for continued therapy updated.	06/01/2020
RxA.62 Cerdelga	Criteria for continued therapy updated.	06/01/2020
RxA.63 Cerezyme	Criteria for continued therapy updated.	06/01/2020
RxA.64 Cesamet	Initial criteria for approval updated.	06/01/2020
RxA.65 Chenodal	Boxed warnings updated.	06/01/2020
RxA.66 Chloramphenicol	Indications clarified and dosing updated.	06/01/2020
RxA.68 Tadalafil	Duration of approval updated.	06/01/2020
RxA.71 Claravis, Absorica, Myorisan, Zenatane, Amnesteem	Indications, dosing information, initial and continued therapy criteria updated.	06/01/2020
RxA.74 Colonoscopy Preparation Products	Criteria for continued therapy updated.	06/01/2020
RxA.76 Cortrosyn	Dosing updated.	06/01/2020
RxA.77 Dose Optimization	Criteria for continued therapy updated.	06/01/2020

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RxA.8 Afinitor, Afinitor Disperz, Zortress	Initial and continued therapy criteria updated.	06/01/2020
RxA.84 Cystagon, Procysbi	Dosage forms updated.	06/01/2020
RxA.86 Compounded Medications	Duration for approval and continued therapy criteria updated.	06/01/2020
RxA.88 Daraprim	Initial criteria for approval and dosing updated.	06/01/2020
RxA.94 DDAVP, Stimate, Nocdurna, Noctiva	Dosing updated.	06/01/2020
RxA.96 Desoxyn	Contraindications and boxed warnings updated.	06/01/2020
RxA.99 Duexis	Therapeutic alternatives and boxed warnings updated.	06/01/2020

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