RXADVANCE
2 Park Central Drive
Southborough, MA 01772

Ad Hoc P&T July 2020 Drug Formulary and Clinical Updates

Date of Notice: 08/11/2020

Formulary Updates

Drug Name, Strength(s), & Dosage Form(s)	Description of Change	Formulary Status	Alternative Drug(s) (if applicable)	Effective Date (MM/DD/YYYY)
Cimduo® 300-300 mg tablet	Formulary Removal	NF	Temixys	08/01/2020
Metadate® ER 20 mg tablet ER	Tier change	Tier 3	methyphenidate	08/01/2020
Fasenra® 30 mg/mL subcutaneous syringe	PA addition	Tier 2		08/01/2020
Fasenra® pen 30 mg/mL subcutaneous auto-injector	Formulary addition; PA addition	Tier 2		08/01/2020
Pomalyst® 1 mg, 2 mg, 3 mg & 4 mg capsules	PA addition	Tier 2		08/01/2020
Odomzo® 200 mg capsule	PA addition	Tier 2		08/01/2020
Kuvan® 100 mg & 500 mg powder packets, Kuvan® 100 mg soluble tablet	PA addition	Tier 2		08/01/2020
Erivedge® 150 mg capsule	PA addition	Tier 2		08/01/2020
Gleevec® 100 mg & 400 mg tablets	PA addition	Tier 3	imatinib	08/01/2020
Jakafi® 5 mg, 10 mg, 15 mg, 20 mg & 25 mg tablets	PA addition	Tier 2		08/01/2020
Eucrisa® 2% ointment	PA deletion; ST addition	Tier 2		08/01/2020

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

- Fasenra® (benralizumab)

Updated Prior Authorization Policies

Policy Name	Policy Changes	Effective Date (MM/DD/YYYY)
RxA.561.Vraylar	Specified the type of bipolar disorder (bipolar I disorder) in the initial approval criteria.	08/01/2020
RxA.594.Dupixent	Updated age criteria for atopic dermatitis; Updated approval criteria I.B.4 from "≥ 2 exacerbations in the past 12 months" to "at least one exacerbation in the past 12 months"; Added following treatment options to I.B.4: tiotropium, anti-IgE (SC omalizumab) for severe allergic asthma, anti-IL5 (SC mepolizumab or IV reslizumab), anti-IL5R (SC benralizumab); Added new dosage form (pre-filled pen); Updated dosing information.	08/01/2020

New Step Therapy

- None

Updated Step Therapy

Drug Name, Strength(s), & Dosage Form(s)	Step Edit Details	Effective Date (MM/DD/YYYY)
Eucrisa® 2% ointment	Member must have at least a 14 day supply of one generic medium-to-very high potency topical steroid in the past 60 days	08/01/2020