Pharmacy and Therapeutics / Drug Policy / Formulary Change Update Highlights

Highlights of recent drug policy revisions, as well as any new drug policies approved by WellFirst Health Medical Policy Committee, are listed below. *Drug policies are applicable to all WellFirst Health products, unless directly specified within the policy.* NOTE: All changes to the policies may not be reflected in the written highlights below. **We encourage all prescribers to review the current policies.**

All drugs with documented WellFirst Health policies must be prior authorized, unless otherwise noted in the policy. Please note that most drugs noted below and with policies require specialists to prescribe and request authorization.

To view WellFirst Health pharmacy medical benefit policies, visit wellfirstbenefits.com ➤ select the Providers link at the top of the web page ➤ Pharmacy Services. From the Pharmacy services for health care providers page, click the See library link located under the Current policies section.

Criteria for pharmacy benefit medications may be found on the associated prior authorization form located in the Prescriber Portal.

Please note that the name of the drug (either brand or generic name) must be spelled completely and correctly when using the search bar.

Pharmacy and Therapeutics / Drug Policy / Formulary Change Update Highlights are published alongside our quarterly newsletters. The Summer 2022 Provider News is published on the WellFirst Health Provider news page at wellfirstbenefits.com/providers/news. Please call the Customer Care Center at **866-514-4194** if you have questions about accessing our newsletters.

Pharmacy Drug Prior Authorization Form Updates

Effective for dates of service on and after August 1, 2022:

- Alkindi (hydrocortisone) 0.5, 1, 2, & 5 mg sprinkle capsule — 0.5 & 1 mg: Changed to Non-Preferred Brand (NPB), Quantity Limit (QL), and prior authorization required for patients 9 years and older.
- Armodafinil 50, 150, 200, & 250 mg tablets and modafinil 100 & 200 mg tablets — Removal of prior authorization requirement.
- Lyvispah (baclofen) 5, 10, 20 mg oral granules — Changed to non-preferred brand (NPB) and prior authorization required for patients 9 years and older.
- Modafinil (PROVIGIL eqiv) 100 & 200 mg tablets — Removal of prior authorization requirement.
- Nucala (mepolizumab) 40 mg/0.4 mL prefilled syringe — Changed to Non-Preferred Brand (NPB), Specialty Tier (SP), Quantity Limit (QL), and prior authorization required.
- Nuvigil TAB — Removal of prior authorization requirement.
- Vijoice (alpelisib) 50, 125, & 200 mg tablets — Available as Preferred Brand (PB), Specialty Tier (SP), Mandatory Specialty Pharmacy (MSP), Quantity Limit (QL), and prior authorization required.

Effective for dates of service on and after September 1, 2022:

- Nevirapine ER (Viramune XR equiv) 100 & 400 mg extended-release tablets – Step Therapy removal from the coverage of the extended-release products.
- Antifungals- Voriconzole susp and tabs removed restriction to specialist.
- Tyvaso DPI (treprostinil) 16, 32, 48, & 64 mcg powder cartridges — Formulary coverage will be aligned with this product at the preferred brand or specialty tier with prior authorization to specialist (pulmonologist/cardiologist) and diagnosis confirmed by right heart catheterization (PAH) or high-resolution computed tomography (PAH due to ILD). A quantity limit based on titration and maintenance packaging will also be applied.

Effective for dates of service on and after October 1, 2022:

- Praluent (alirocumab) 75 & 150 mg/mL – Removal from formulary and moved to non-covered.
- Meloxicam 7.5 mg/5 mL oral suspension – Removal from formulary and moved to non-covered.

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- Rubraca (rucaparib) – Withdrawal of indication for the treatment of adult patients with a deleterious BRCA-mutation associated epithelial ovarian, fallopian tube, or primary peritoneal cancer after two or more prior lines of platinum-based chemotherapy was withdrawn and will be removed from the prior authorization form.
- Xifaxan (rifaximin) 550 mg tablet – Quantity limit added of 60 tablets per 30 days.
- Priorix (Measles, Mumps, and Rubella Vaccine, Live) subcutaneous injection – Added to the standard vaccine list.
- FreeStyle Libre 3 continuous glucose monitor (sensors) – Prior authorization required and quantity limit added.
- Olumiant (baricitinib) 4 mg tablet - Prior authorization required and quantity limit added.
- Hypnotics (Ambien, Ambien CR Intermezzo, Sonata, Lunesta) – Quantity limit added.
- Ramelteon (Rozerem equivalent) 8 mg tablet – Quantity limit added.

Effective for dates of service on and after November 1, 2022

- Phospholine iodide (echothiophate iodide) 0.125% ophthalmic solution – Changed from Preferred Brand to Not-Covered.

Pharmacy Drug Prior Authorization Form Updates

Effective for dates of service on and after August 1, 2022:

- Empaveli (pegcetacoplan) — Three semantic changes to the prior authorization requirements to clarify and align the criteria more closely with U.S. Food and Drug Administration (FDA) guidelines.
- Humira (adalimumab) — Update uveitis criteria to allow for first-line use in severe cases.
- Erivedge (vismodegib) — Removing trial of Odomzo (sonidegib).

Effective for dates of service on and after September 1, 2022:

- Continuous Glucose Monitors (Dexcom, Freestyle Libre) – Removal of provider attestation of potential for benefit, instruction on use, and patient motivation on prior authorization form.
- Leuprolide products (Eligard, Lupron Depot) – Removal of weight requirement from products that do not have weight-based dosing on prior authorization form.
- Jynarque (tolvaptan) – Criteria update to align with guidelines on prior authorization form.
- Xultophy (insulin degludec and liraglutide) – Updating approval duration to lifetime on prior authorization form.
- Soliqua (insulin glargine and lixisenatide) — Updating approval duration to lifetime on prior authorization form.
- Nerlynx (neratinib) — Criteria update to align with guidelines on prior authorization form.
- Daraprim (pyrimethamine) — Criteria update to align with guidelines on prior authorization form.
- Pomalyst (pomalidomide) — Criteria update for Food and Drug Administration (FDA) for the indication of Kaposi sarcoma on prior authorization form.
- Infliximab products (Renflexis, Avsola) – Alignment of approved criteria for Crohn's Disease and Ulcerative Colitis with treatment guidelines.

Effective for dates of service on and after October 1, 2022:

- Genotropin (somatropin) - Criteria update to align with guidelines on prior authorization form for growth hormone.
- Eylea (aflibercept) & Beovu (brolucizumab) – Step for Byooviz (ranibizumab) added to prior authorization form.

Pharmacy Drug New Indications

Effective for dates of service on and after August 1, 2022:

- Rinvoq (upadacitinib) 15 mg tablets — Indication addition of failure of at least one Tumor Necrosis Factor (TNF) blocker agent (Enbrel or Humira) fitting the restriction in the labeling to prior authorization.

Effective for dates of service on and after September 1, 2022:

- Skyrizi (risankizumab) 360 mg/2.4 mL subcutaneous injection – New indication for prior authorization for use in Crohn's disease.
- Imcivree (setmelanotide) 10 mg/mL subcutaneous injection – New indication for prior authorization for chronic weight management in adult and pediatric patients 6 years of age and older with obesity due to Bardet-Biedl Syndrome (BBS).
- Vaxneuvance (pneumococcal 15-valent conjugate vaccine) suspension – Removal of age restriction to prior authorization.
- Tafinlar (dabrafenib) 50 and 75 mg capsules – New indication for prior authorization for the treatment of adult and pediatric patients six years of age and older with unresectable or metastatic solid tumors with the BRAF V600E mutation who have progressed following prior treatment and have no satisfactory alternative treatment options.

- Mekinist (trametinib) 0.5 & 2 mg tablets - New indication for prior authorization for the treatment of adult and pediatric patients six years of age and older with unresectable or metastatic solid tumors with the BRAF V600E mutation who have progressed following prior treatment and have no satisfactory alternative treatment options.
- Tafinlar (dabrafenib) 50 and 75 mg capsules – New indication for prior authorization for the treatment of adult and pediatric patients six years of age and older with unresectable or metastatic solid tumors with the BRAF V600E mutation who have progressed following prior treatment and have no satisfactory alternative treatment options.

Effective for dates of service on and after October 1, 2022:

- Olumiant (baricitinib) 2 & 4 mg tablet – New indication alopecia areata added to prior authorization.
- Xalkori (crizotinib) 200 & 250 mg capsules – New indication for use in adult and pediatric patients 1 year of age and older with unresectable, recurrent, or refractory ALK-positive inflammatory myofibroblastic tumor (IMT). Requires prescription by an oncologist, diagnosis of unresectable, recurrent, or refractory IMT, and documentation of ALK positive disease.
- Dupixent (dupilumab) 300 mg/2 mL subcutaneous injection – New indication for the treatment of eosinophilic esophagitis (EoE) in patients 12 years of age and older weighing at least 40 kg.

New Medical Drug Policies

Effective for dates of service on and after July 1, 2022:

BREYANZI (lisocabtagene maraleucel) MB2209

New medical policy created from June 2022 Pharmacy and Therapeutics (P&T) Committee. Prior authorization is required.

BRINEURA (cerliponase alfa) MB2212

New medical policy created from June 2022 P&T Committee. Prior authorization is required and is restricted to a specialist who treats the Late infantile Ceroid lipofucinosis.

KORSUVA (difelikefalin) MB2213

New medical policy created from June 2022 P&T Committee. Prior authorization is required and is restricted to a medical Nephrologist prescriber.

LUXTURNA (voretigene neparvovec-rzyl) MB2214

New medical policy created from June 2022 P&T Committee. Prior authorization is required and is restricted to a specialist who treats the retinal dystrophy.

RETISERT (fluocinolone acetonide intravitreal implant) MB2215

New medical policy created from June 2022 P&T Committee. Non-covered benefit and prior authorization is not required.

RYPLAZIM (plasminogen, human-tvmh) MB2216

New medical policy created from June 2022 P&T Committee. Prior authorization is required and is restricted to a hematologist or MD specializing in plasminogen deficiency (PLGD).

XIPERE (triamcinolone acetonide injectable suspension) MB2217

New medical policy created from June 2022 P&T Committee. Prior authorization is required and is restricted to an ophthalmologist prescriber.

Effective for dates of service on and after August 1, 2022:

COMPOUNDED SLIT PA2219

New pharmacy policy for Compounded Sublingual, Oral, or Intranasal Allergenic Extracts for Allergy Diagnosis and/or Immunotherapy. Non-covered benefit and prior authorization not applicable.

Effective for dates of service on and after September 1, 2022:

SKYRIZI IV (risankizumab) MB2220

New medical policy to include new intravenous (IV) formulation for Chron's Disease (CD). Prior authorization is required and is restricted to a gastroenterology specialist.

Effective for dates of service on and after November 3, 2022:

New to Market Medical Pharmacy Products MB2211

New medical policy overview for new-to-market professionally administered medical pharmacy products until they are reviewed and approved for coverage by the U.S. Food and Drug Administration (FDA). Prior authorization is not applicable and the plan does not cover services that are not medically necessary and/or are investigative. Individual cases may be considered by the Medical Director.

New to Market Medical Pharmacy Products Currently Under Clinical Review MB2210

New medical policy for listing drugs under current clinical review by the U.S. Food and Drug Administration (FDA).

Changes To Medical Drug Policy

Effective for dates of service on and after July 1, 2022:

Botulinum Toxin MB9020

Dosing limitation changed from 155 units to 200 units per visit for migraine headaches (Policy: 8.10). No prior authorization required.

SUBLINGUAL IMMUNOTHERAPY (SLIT) MB1814

Clarified in comments that compounded SLIT products are not covered as they are not FDA approved and therefore considered investigational. Prior authorization is required and is restricted to an allergist, immunologist, or physician with active and ongoing experience in the diagnosis and treatment of allergic disease and use of immunotherapy products.

Medically Administered Oncology Products MB2112

Prior Authorization requirement removed and drugs retired for: ASPARLAS (calaspargase pegol), ISOTODAX (romidepsin), ONCASPAR (pegaspargase), and UNITUXIN (dinutuximab). Prior authorization is required and is restricted to oncology prescribers.

Effective for dates of service on and after August 1, 2022:

Epoetin Alpha Products MB9715

Preferred product updated to Retacrit only. Prior authorization is restricted to an oncology, infectious disease, hematology, or nephrology specialist.

Immune Globulin (SCIG) MB2208

J Code update for product Cutaquig from J3590 to J1551. Prior authorization is required.

LUMIZYME, Myozyme (alglucosidase alfa), Nexviazyme (avalglucosidase alfa) MB2107

Updated age requirement criteria for drug Lumizyme. Prior authorization is required is restricted to a medical geneticist or other prescriber specialized in the treatment of Pompe DX.

Medically Administered Oncology Products MB2112

Prior Authorization requirement removed and drugs retired for: Arzerra (ofatumumab), Folotyn (pralatrexate), Halaven (eribulin mesylate), Kyprolis (carfilzomib), Synribo (omacetaxine), Zaltrap (ziv-aflibercept) Prior authorization is required and is restricted to oncology prescribers.

Parenteral Iron Products MB2134

Indication correction update for non-preferred drug Monoferric. Prior authorization is not required for preferred products (Venofer, INFeD, Ferrlecit, Feraheme). Prior authorization is required for non-preferred products (Injectafer, Monoferric, Triferic, Triferic AVNU).

Effective for dates of service on and after September 1, 2022:

Botulinum Toxin MB9020

Removal of Hyperhidrosis Treatment statement. No prior authorization is required.

Continuous Glucose Monitoring Supplies-Freestyle and Dexcom MB2135

Addition of new ruling for adjunctive continuous glucose monitoring supplies (CGMs). Prior authorization is required and restricted to specialist.

Infliximab Infusions MB9231

Removal of requirement for use of conventional therapies in low-risk ulcerative colitis (UC)/Crohn's disease to align with updated guidelines and other preferred biologics. Prior authorization is required and is restricted to a dermatology, rheumatology, or gastroenterology specialist.

NULOJIX (belatacept) MB1937

Updated criteria for members who used Calcineurin inhibitor (CNI) prior to Nulogix, member needs to be intolerant to start on Nulojix. Prior authorization is restricted to a renal transplant or immunosuppressive therapy specialist.

Pegfilgrastim Products MB1808

Addition of new biosimilar FYLNETRA (pegfilgrastim-pbbk) as non-preferred product. Prior authorization is required for Neulasta, Neulasta OnPro, Nyvepria, Fylnetra, or Udenyca only. No prior authorization is required for Fulphila, or Ziextenzo. Restricted to a hematologist or oncologist specialist.

RYBREVANT (amivantamab-vmjw) MB2200

Updated indication and criteria for non-small cell lung cancer. Prior authorization is required and is restricted to an oncologist or hematologist specialist.

TIVDAK (tisotumab vedotin-tftv) MB2207

Removal of step therapy requirement. Prior authorization is required and is restricted to an oncology specialist.

ZOLGENSMA (onasemnogene abeparvovec-xioi) MB1941

Removal of specific assessment needed to diagnosis disease. Prior authorization is required.

Effective for dates of service on and after October 1, 2022:

Medically Administered Oncology Products MB2112

Generic paclitaxel protein-bound and bortezomib will be preferred products. Brands Abraxane and Velcade will not be covered. Prior authorization is required and is restricted to oncology prescribers.

Retired Policies

- Effective July 1, 2022: **COSMEGEN (dactinomycin) MB1904**
- Effective July 1, 2022: **ERWINAZE (asparaginase erwinia chrysanthemi) MB1919**
- Effective July 1, 2022: **ORGOVYX (relugolix) MB2127**
- Effective August 1, 2022: **SLIT MB1814**