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 Formulary Maintenance

Effective for dates of service on and after February 1, 2023:

- **Midazolam injection for the treatment of seizures —** Addition of restriction for neurologist and generic injectable products moved to the preferred generic tier.
- **Non-steroidal anti-inflammatory drug (NSAID) updates:**
  - **celecoxib 50, 100, 200 & 400 mg caps —** Removal of quantity limit.
  - **piroxicam 10 & 20 mg cap —** Moved to preferred generic.
  - **diclofenac 1% gel —** Moved to preferred generic and addition of quantity limit.
  - **Revatio (sildenafil) 10 mg/mL oral suspension —** Addition of prior authorization requirement.

Effective for dates of service on and after March 1, 2023:

- **H. pylori treatment packs (Helidac, Pylera, Prevpac equiv, Talicia, Voquezna) —** Removal from Formulary and changed to not covered.
- **Non-steroidal anti-inflammatory drug (NSAID) updates:**
  - **Voltaren 1% gel —** Addition of quantity limit (5 tubes per fill).
- **Lice products —** Ivermectin 0.5% lotion & Sklice 0.5% lotion will be moved to not covered.
- **Liquid ferrous sulfate products —** Removal of $0 coverage for members less than 1 year old.
- **Semglee (insulin glargine) 100 units/mL injection —** Single pen (NDC: 49502025171 & 49502039471) will be moved to not covered. Five (5)-pen package has no change with the preferred brand.
- **Trintellix (vortioxetine) 5, 10, & 20 mg tablets —** Will be added to the RxCents program, will require prior authorization, quantity limit, and non-preferred brand.

Effective for dates of service on and after April 1, 2023:

- **benznidazole 12.5 & 100 mg —** Removal of prior authorization and addition of restriction specialist for infectious disease.
- **adapalene/benzoyl peroxide gel 0.1-2.5% (Epiduo equiv) & adapalene/benzoyl peroxide gel 0.3-2.5% (Epiduo Forte equiv) —** Removal of prior authorization.
- **Infertility drug list updates (Trelstar, clomiphene citrate powder, leuprolide 1 mg/0.2 mL) —** Trelstar and clomiphene will be removed from INF drug list while Leuprolide 1 mg/0.2 mL will be removed from the MAP formulary.

WellFirst Health™

Pharmacy Drug New or Expanded Formulations

Effective for dates of service on and after February 1, 2023:

- **Menveo (meningococcal [Groups A, C, Y, and W-135] oligosaccharide diphtheria CRM197 conjugate vaccine) —** Addition to the standard vaccine list and will require an exception to coverage.
- **Relexxii (methylphenidate) 45 & 63 mg extended-release tablets —** Moved to not covered.

Effective for dates of service on and after March 1, 2023:

- **Furoscix (furosemide) 80 mg/10 mL subcutaneous injection —** Moved to preferred brand or specialty tier, quantity limit, and limited distribution.
- **Noxafil (posaconazole) 300 mg powder packet for delayed release oral suspension —** Will be set at the Non-Preferred Brand tier.
- **Oxbryta (voxelotor) 300 mg tablets —** Moved to preferred brand or specialty tier with a prior authorization, quantity limit, and limited distribution requirements.
- **Ozempic (semaglutide) 2 mg/3 mL injection —** Moved to preferred brand tier with a quantity limit restriction of 1 pack per 28 days and will also include the diagnosis restriction to ensure use for an FDA-approved indication.
- **Skyrizi (risankizumab) 180 mg/1.2 mL injection —** Moved to preferred brand or specialty tier with a prior authorization, quantity limit, and mandatory specialty pharmacy requirements.
- **Tascenso ODT (fingolimod) 0.5 mg orally disintegrating tablets —** Will be moved to not covered.
- **Tempo Diabetes Management Platform (Basaglar Tempo pen, Humalog Tempo pen, Lyumjev Tempo pen, Tempo Smart Button, welcome kit, & refill kit) —** Will be moved to not covered.
- **Xelstrym (dextroamphetamine) 4.5 mg/9 hrs, 9 mg/9 hrs, 13.5 mg/9 hrs, & 18 mg/9 hrs transdermal system —** Will be moved to not covered.

Effective for dates of service on and after April 1, 2023:

- **Rotarix (Rotavirus Vaccine, live) suspension for oral use —** Added to the Standard Vaccine list and EXC.
- **Turalio (pexidartinib) 125 mg capsules —** Moved to preferred brand or specialty tier with prior authorization, quantity limit, and split fill eligible.

Effective for dates of service on and after May 1, 2023:

- **Oxybutynin 5 mg/5mL solution —** Moved to not covered.
- **Ermeza (levothyroxine) 150 mcg/5 mL —** Moved to not covered.

Pharmacy Drug New Indications

Effective for dates of service on and after February 1, 2023:

- **Cotellic (cobimetinib) 20 mg tablets —** New indication for use as a single agent for the treatment of histiocytic neoplasms in adults. Criteria will require that the drug is prescribed by an oncologist or hematologist as well as require an appropriate diagnosis.
- **Dupixent (dupilumab) 300 mg/2 mL injection —** New indication to the Dupixent PA form with criteria that will limit use to adults with a prurigo nodularis diagnosis that has persisted for 6 or more weeks, more than 20 nodules at baseline, attestation to a quality-of-life impact due to the disease, prescribing by an allergist, immunologist, or dermatologist, and trial and failure of 2 prior treatments that are recommended in a consensus statement developed for treatment of prurigo.
- **Rinvoq (upadacitinib) 15 mg tablets —** New indication with a requirement of prescribing by a rheumatology specialist and trial and failure or intolerance to Cimzia, which is the only TNF blocker approved for this indication.

Effective for dates of service on and after April 1, 2023:

- **Brukinsa (zanubrutinib) 80 mg capsules —** Added indication to include diagnosis of chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL). Also, prior authorization requires prescription by, or in consultation with, an oncologist or hematologist.
- **Tukysa (tucatinib) 50 & 150 mg tablets —** Added indication allowing Tukysa to be used in combination with trastuzumab for the treatment of adult patients with RAS wild-type, HER2-positive unresectable or metastatic colorectal cancer that has progressed following treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy. Initial criteria will be updated based upon the label, along with having a prescriber specialty of an oncologist.

Continuation criteria will remain the same and be "member is being monitored, has not experienced progression, and is appropriate to continue therapy.

Pharmacy Drug Prior Authorization Form Updates

Effective for dates of service on and after February 1, 2023:

- **Actemra (tocilizumab) —** Removal of methotrexate and steroid steps for giant cell arteritis.
- **Botulinum toxins (Botox, Dysport, Myobloc, Xeomin) —** Updated continuation approval duration to lifetime for chronic migraine, updated approval duration to one year for other indications, and removal of weight submission requirement for adults.
- **Keveyis (dichlorphenamide) —** Approval duration changed from one year to lifetime.

Effective for dates of service on and after March 1, 2023:

- **Repatha (evolocumab) —** Streamline diagnostic criteria and step requirements: changes include removal of specialist restrictions, removal of requirements to try a second statin therapy in patients with intolerance, trial of ezetimibe, and checkboxes indicating the specific atherosclerotic cardiovascular disease (ASCVD) event experienced or familial hypercholesterolemia markers present. Additionally, primary hyperlipidemia will now be a covered diagnosis for those with an untreated LDL = 190 mg/dL remaining = 70 mg/dL with maximally tolerated treatment. Finally, the continuation criteria utilizes a more standard general attestation of benefit without requiring specific LDL level achievement.

New Medical Benefit Drug Policies

Effective for dates of service on and after February 1, 2023:

- **SYLVANT (siltuximab) —** New Medical Policy and Prior Authorization is required.

Effective for dates of service on and after March 1, 2023:

- **KALBITOR (ecallantide) —** New medical policy and prior authorization is required.
- **PEDMARK (sodium thiosulfate) —** New medical policy and prior authorization is required.
- **ROLVEDON (eflapegrastim-xnst) —** New medical policy and prior authorization is required.
- **SKYSONA (elivaldogene autotemcel) —** New medical policy and prior authorization is required.
- **SPEVIGO (spesolimab) —** New medical policy and prior authorization is required.
- **XENPOZYME (olipudase alfa) —** New medical policy and prior authorization is required.
- **ZYNTEGLO (betibeglogene) —** New medical policy and prior authorization is required.

Effective for dates of service on and after April 1, 2023:

- **ELAHERE (mirvetuximab soravtansine-gynx) —** New medical policy and prior authorization is required.
- **IMJUDO (tremelimumab-actl) —** New medical policy and prior authorization is required.
- **TECVAYLI (teclistamab-cqyv) —** New medical policy and prior authorization is required.

Effective for dates of service on and after May 1, 2023:

- **HEMGENIX (etranacogene dezaparvovec-drlb) —** New medical policy and prior authorization is required.
- **TZIELD (teplizumab-mzwv) —** New medical policy and prior authorization is required.

Effective for dates of service on and after June 1, 2023:

- **IV Ketamine for Chronic Pain and Mental Health and Substance Related Disorders —** New Not Covered Medical Policy.
- **IV Lidocaine for Chronic Pain —** New Not Covered Medical Policy.

Changes to Medical Benefit Drug Policies

Effective for dates of service on and after January 1, 2023:

Continuous Glucose Monitoring Supplies-Freestyle and Dexcom MAPD2135

Criteria change for insulin treatment of 2 or more times daily and prior authorization approval time frame change of 2 years for insulin delivery and lifetime for pump insulin delivery.

Parenteral Iron Products MB2134

Dosage criteria change. Prior authorization is not required for preferred products (Venofer, INFeD, Ferrlecit, Feraheme). Prior authorization is required for non-preferred products (Injectafer, Monoferric)

TROGARZO (ibalizumab) MB2014

Addition of age requirement criteria, a baseline viral load requirement and decrease viral load for continuation criteria. Prior authorization is required and must be prescribed by (or in consultation with) an infectious disease specialist.

Effective for dates of service on and after February 1, 2023:

GAMIFANT (emapalumab-lzsg)

Addition of examples of unacceptable toxicities and other typographical information and minor format/language changes.

GIVLAARI (givosiran) MB2001

Criteria changes including intravenous hemin therapy discontinuing within 3-6 months following initiation, no specialist requirement, and continuation criteria.

LUXTURNA (voretigene neparvovec-rzyl) MB2214

Criteria change including exclusion that patient has not received subretinal admin of gene therapy vector or Luxturna in the intended eye.

NULIBRY (fosdenopterin) MB2133

Criteria change including to not use in combination with other substrate replacement therapy, patient has biochemical features suggestive of MOCD Type A, a baseline value elevated of s-sulfocysteine (SSC), and clinical notes which include signs and symptoms of disease, and addition of continuation criteria.

SCENESSE (afamelanotide) MB2002

Criteria change including addition of age requirement of 18 years or older, no specialist requirement, and no malignant or premalignant skin lesions.

SPINRAZA (nusinersen) MB9949

Criteria change including initial approval duration from 4 months to 12 months, less than or equal to 3 copies of SMN2 gene, no specialist requirement and no specific criteria for those who have previously used Zolgensma.

TECENTRIQ (atezolizumab)

Addition of new expanded indication for unresectable or metastatic alveolar soft part sarcoma (ASPS) in patients at least 2 years of age along with dosing and ICD-10 codes.

Effective for dates of service on and after March 1, 2023:

AMVUTTRA (vutrisiran)

J code update from J3490, C9399 to J0225.

CABAZITAXEL-Jevtana

Newly approved product cabazitaxel added, updated dosing limits, updated dosage/administration guidelines, and billing code/ availability criteria added.

Keytruda-pembrolizumab

Addition of expanded indication for adjuvant treatment following resection and platinum-based chemotherapy for stage IB, II, or IIIA NSCLC.

MAPD 2135 Continuous Glucose Monitoring Supplies-Freestyle and Dexcom

New CMS codes for CGMs - removed K0554 and K0553 and replaced with A4359 for K0553 and E2103 for K0554. Prior authorization is required.

Nplate-romiplostim

Clarified usage criteria if limited to decreasing risk of bleeding from thrombocytopenia, removal of clinical trials for MDS, updated list of examples of unacceptable toxicities, and updated diagnosis codes table per NCCN guidelines.

PROLIA-XGEVA (denosumab) MB9409

Removal of prior authorization requirement for XGEVA. PROLIA still requires prior authorization.

Sandostatin LAR - octreotide suspension

Removal of step therapy requirement through lanreotide.

SKYRIZI IV (Risankizumab) MB22220

J Code update from J3590 to J2327.

Somatuline (lanreotide depot) MB2202

Addition of branded product Cipla for lanreotide.

UPTRAVI IV (selexipag) MB2130

Updated policy and criteria for prior authorization requirements.

VYVGART(efgartigmoid) MB2224

Step therapy change requirement from three medication classes to two medication classes.

Effective for dates of service on and after May 1, 2023:

Bendamustine: Treanda; Bendeka; Belrapzo

Addition of new product Vivimusta and new indication for haematopoietic stem cell transplant (HSCT) conditioning. Policy updated to make allowance for future approvals of 505(b)(2) approvals in perpetuity by adding a notation in the Billing/Coding section with a link to the FDA's Orange Book.

VYEPTI (eptinezumab)

Criteria changes including no use in combination with Botox, addition of age requirement of 18 years or older, baseline scores with an objective measure, additional criteria specifically for either chronic or episodic migraines,

trial of 1 to 2 classes of preventive oral medications, and continued authorization of duration changes from lifetime to 6 months.

Effective for dates of service on and after June 1, 2023:

LANREOTIDE-Somatuline depot-Lanreotide

Criteria change including a trial of octreotide LAR was ineffective, contraindicated, or not tolerated.

Retired Medical Benefit Drug Policies

Effective January 1, 2023:

- **ANDEXXA (andexanet alfa) MB1843**
- **ALOXI (palonosetron)**

Effective February 1, 2023:

- **SPRAVATO (esketamine) MB1921**

Effective March 1, 2023:

- **CABENUVA (cabotegravir and rilpivirine) MB2131**
- **LUPRON-ELIGARD-leuprolide MB1842**

Effective June 1, 2023:

- **IV Lidocaine and Ketamine for Chronic Pain MB2203**