Fall 2023

Pharmacy and Therapeutics / Drug Policy / Formulary Change Update Highlights

Highlights of recent drug policy revisions, as well as any new drug policies approved by Dean Health Plan's Medical Policy Committee, are listed below. Drug policies are applicable to all Dean Health Plan 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 Dean Health Plan 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.

Policies regarding medical benefit medications may be found on deancare.com. From the home page, hover over **For Providers** located on the top, right of the screen and click **Pharmacy Services**. Under Current Drug Policies, click **See Library**.

Criteria for pharmacy benefit medications may be found on the prior authorization form located in the provider portal. Pharmacy benefit changes may be found on deancare.com. From the home page, hover over **For Providers** located on the top, right of the screen and click **Pharmacy Services**. Under Covered Drugs/Formulary, click **See Drug Formularies**. Select appropriate plan type and then benefit plan to open formulary document.

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

The Pharmacy and Therapeutics / Drug Policy / Formulary Change Update Highlights in this document are published alongside our quarterly newsletters on the Dean Health Plan Provider news page at deancare.com/providers/news. Please call the Customer Care Center at 800-279-1301 if you have questions about accessing our newsletters.

Pharmacy Drug Formulary Maintenance

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

- **Alendronate:** 70 mg/75 mL oral solution — Moved to non-preferred brand tier.
- **Atomoxetine** (Strattera equivalent) 10, 18, 25, 40, 60, 80, & 100 mg capsules: Moved to preferred generic tier.
- **Cortrophin (corticotropin) 80 units/mL gel:** Moved to not covered.
- **sulfacetamide acne formulations**
  - **Ovace Plus Gel:** Moved to not covered.
  - **Ovace Plus Shampoo:** Moved to not covered.
  - **Rosula Wash:** Removed from formulary as it is no longer available.
  - **sodium sulfacetamide gel:** Moved to not covered.
  - **sodium sulfacetamide shampoo:** Moved to not covered.
  - **sodium sulfacetamide/sulfur wash:** Moved to not covered.
  - **Sumaxin Wash:** Moved to not covered.
- **teriparatide (Forteo equivalent) 620 mcg/2.48 mL pen:**
  - **Forteo:** Moved to not covered.
  - **teriparatide:** Moved to preferred brand/specialty tier and mandatory specialty pharmacy.
  - **Tymlos:** No change; staying as preferred brand/specialty tier and mandatory specialty pharmacy.

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

- **Clotrimazole/betamethasone 1%/0.05% lotion:** Moved to not covered.

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- **Crotan (crotamiton) 10% lotion:** Moved to not covered.
- **Cystic Fibrosis disease modifying agents:**
  - **Kalydeco:** Split fill program restriction removed.
  - **Orkambi:** Split fill program restriction removed.
  - **Symdeko:** Split fill program restriction removed.
- **Zejula (niraparib) 100 mg capsules:** Split fill program restriction removed.

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

- **Specialty generic program:**
  - **dalfampridine:** Moved to non-preferred generic/ preferred brand tier and retained specialty network management.
  - **dimethyl fumarate:** Moved to non-preferred generic/ preferred brand tier and retained specialty network management.
  - **fingolimod:** Moved to non-preferred generic/ preferred brand tier and retained specialty network management.
  - **glatiramer:** Moved to non-preferred generic/ preferred brand tier and retained specialty network management.
  - **icatibant:** Moved to non-preferred generic/ preferred brand tier and retained specialty network management.
  - **sapropterin:** Moved to non-preferred generic/ preferred brand tier and retained specialty network management.
  - **teriflunomide:** Moved to preferred generic tier and retained specialty network management.

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

- **Restasis (cyclosporine) 0.05% ophthalmic emulsion:** End of post-patent for brand product. Generic will replace the brand at the generic tier listed for the formulary and will retain the restricted to specialist edit (ophthalmology or optometry specialists).

Pharmacy Drug New Indications

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

- **Rinvoq (upadacitinib) 15, 30, & 45 mg tablets:** Added indication approved for the treatment of moderately to severely active Crohn's disease in patients who have had inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers.

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

- **Ayvakit (avapritinib) 25 mg tablets:** Added indication approved for adult patients with indolent systemic mastocytosis (ISM) with a limitation that use is not recommended for patients with platelet counts < 50 x 109/L.
- **Linzess (linaclotide) 72 mcg capsule:** Added indication approved for age expansion and is now approved for use in pediatric patients from 6 to 17 years of age for the treatment of functional constipation (FC) who have failed ≥ 1 month of prior OTC treatment of polyethylene glycol 3350 (Miralax equiv) or docusate stool softener.
- **Prevymis (letermovir) 240 & 480 mg tablets:** Added indication approved for prophylaxis of cytomegalovirus (CMV) in adult kidney transplant recipients at high risk (donor CMV-seropositive/ recipient CMV-seronegative).

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

- **Bylvay (odevixibat) 200, 400, 600 & 1200 mcg capsules/ oral pellets:** Added new indication Alagille syndrome for odevixibat to the prior authorization form, with the same criteria as maralixibat, and will also add a step through therapy of maralixibat.
- **Lynparza (olaparib) 100 & 150 mg tablets:** Added indication for the treatment of BRCA-mutated metastatic castration resistant prostate cancer (mCRPC). For this new indication, olaparib is used in combination with abiraterone and prednisone or prednisolone.

- **Talzenna (talazoparib) 0.1 & 0.35 mg capsules:** Exclude new indication for the treatment of mCRPC in patients with homologous recombination repair (HRR) gene-mutated disease on prior authorization.

Pharmacy Drug New or Expanded Formulations

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

- **Amjevita (adalimumab-atto) 10 mg/0.2 mL syringe:** Moved to not covered.
- **Kalydeco (ivacaftor) 13.4 mg packet:** Moved to preferred brand/specialty tier, with prior authorization required, quantity limit (2 packs per day), split fill and limited distribution.
- **Liqrev (sildenafil) 10 mg/mL oral suspension:** Moved to not covered.
- **Udenyca (pegfilgrastim) 6 mg autoinjector:** Moved to not covered.
- **Zolpidem 7.5 mg capsule:** Moved to not covered.

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

- **Austedo XR (deutetrabenazine) 6, 12 & 24 mg tablets:** Moved to preferred brand/specialty tier, with prior authorization required, and quantity limit (2 tablets per day).
- **Omnipod GO insulin delivery device:** Moved to preferred brand and quantity limit (10 pods per month).
- **Zejula (niraparib) 100, 200 & 300 mg tablets:** Moved to preferred brand/specialty tier, with prior authorization required, and quantity limit (1 tablet per day).

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

- **Austedo XR (deutetrabenazine) 6, 12 & 24 mg ER tablet titration pack:** Added coverage with prior authorization requirement, preferred brand/specialty tier, and quantity limit (Titration Pack 1 pack/28 days; Tablets 3 tabs/day).
- **Hydroxym (hydrocortisone) 2% gel:** Moved to not covered.
- **Lumryz (sodium oxybate) 4.5, 6, 7.5 & 9 gram packs for ER oral suspension:** Added coverage with prior authorization requirement, preferred brand/specialty tier, limited distribution, and quantity limit (1 packet/day).
- **Olpruva (sodium phenylbutyrate) 2, 3, 4, 5, 6 & 6.67 gram packets:** Moved to not covered.
- **Suflave (PEG3350, NaSO4, KCl, MgSO4, NaCl) bowel prep:** Moved to not covered.
- **Talzenna (talazoparib) 0.1 & 0.35 mg capsules:** Moved to not covered.

Pharmacy Drug Prior Authorization Form Updates

Effective for dates of service on and after July 15, 2023:

- **Continuous Blood Glucose MB2302:** Zeposia (ozanimod) — Updated step through agents for ulcerative colitis allowing prior use of Rinvoq to qualify a member for access.

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

- **Cimzia (certolizumab pegol):** Updated step-through criteria for Crohn's disease indication: The current trial of adalimumab will be expanded to include a trial of two preferred products—including adalimumab, Rinvoq (upadacitinib), Stelara (ustekinumab) or Skyrizi (risankizumab)—that are currently approved for treatment of Crohn's disease.
- **Diacomit (stiripentol):** Initial criteria will be updated to include "or in consultation with" to provider criterion.
- **Epidiolex (cannabidiol):** Initial criteria will be updated to include "in consultation with" to provider criterion and continuation criteria will require attestation of a meaningful reduction in seizure frequency and/or severity.

Extended products update:

  - **Fetzima (levomilnacipran):** Retained trial/failure of alternatives and changed approval duration to lifetime eligibility.
  - **Qbrexza (glycopyrronium):** Retained trial/failure of alternatives, changed approval duration to lifetime eligibility, and removed specialist requirement.

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- **Winlevi (clascoterone):** Retained trial/failure of alternatives and changed approval duration to lifetime eligibility.

- **Lumakras (sotorasib):** Added criterion: Patient has not experienced disease progression with previous KRAS G12C inhibitor.

- **Xgeva (denosumab):** Added specialist prescriber requirement to hypercalcemia of malignancy indication and removed IV bisphosphonate step.

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

- **Austedo/Austedo XR (deutetrabenazine):** Removal of step-through criteria tetrabenazine for Huntington's disease.

- **Lapatinib (Tykerb equiv):** Addition of continuation criteria requiring prescriber attestation that the member is being monitored, has not experienced progression, and that it is appropriate for them to continue therapy.

- **Opzelura (ruxolitinib) cream:** Added specialist prescriber requirement of allergist and immunologist to allowable specialists for atopic dermatitis.

PARP inhibitor updates

- **Lynparza (olaparib):** Removal late-line treatment indication for ovarian cancer.

- **Zejula (niraparib):** Removal late-line treatment indication for ovarian cancer and removal of capsule specific quantity limit criteria (2 capsules per day).

- **Radicava (edaravone):** Criteria change of forced vital capacity (FVC) criterion to ≥ 60%.

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

- **Liquid formulation policy update:** Removal of age requirements from prior authorizations form regarding language for members who are unable to swallow tablets or capsules.

Pharmacy Drug Miscellaneous Updates

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

- **Abrysvo & Arexvy (RSV vaccines):** Added to standard vaccine list.

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

- **Gavreto (pralsetinib):** Indication withdrawal for accelerated approval for treating patients ≥ 12 years of age with advanced or metastatic RET-mutant medullary thyroid cancer who require systemic therapy.

New Medical Benefit Drug Policies

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

- **Elfabrio (pegunigalsidase-alfa-iwxj):** New medical policy and prior authorization is required.

- **Omisirge (omidubicel-onlv):** New medical policy and prior authorization is required.

- **Qalsody (tofersen):** New medical policy and prior authorization is required.

- **Self-Administrated Drug Policy 2023:** New pharmacy benefit reimbursement guideline policy.

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

- **Columvi (glofitamab-gxbm):** New medical policy and prior authorization is required.

- **Epkinly (epcoritamab-bysp):** New medical policy and prior authorization is required.

- **Vyjuvek (bermagene geperpavec-svdt):** New medical policy and prior authorization is required.

- **Vyvgart Hytrulo (efgartigimod alfa-fcab and hyaluronidase-qvfc):** New medical policy and prior authorization is required.

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

- **Leqembi (lecanemab-irmb):** New medical policy and prior authorization is required.

Changes to Medical Benefit Drug Policies

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

- **Hemgenix (etranacogene dezaparovec-drlb):** Criteria language updated.

Effective for dates of service on and after July 28, 2023:

- **Oncology policies with Magellan Rx:** The medical benefit drug policy documents for the drugs listed below will be updated and accessible via the "Medical Oncology Drugs" link on our Health Medical Management web page:
  - **Adcetris (brentuximab vedotin)**
  - **Anti-Inhibitor_Ab**
  - **Anti-Inhibitor_Complex**
  - **Bavencio (avelumab)**
  - **bevacizumab (Avastin, Mvasi, Zirabev, Alymsys, Vegzelma)**
  - **Coagulation Factor XIII A subunit Tretten**
  - **Cyramza (ramucirumab)**
  - **Enhertu (fam-trastuzumab deruxtecan-nxk)**
  - **Erbitux (cetuximab)**
  - **Gazyva (obinutuzumab)**
  - **Hemophilia Products Factor VIIa (NovoSeven RT, Sevenfact)**
  - **Hemophilia Products Factor VIII (Advate, Adynovate, Afstyla, Eloctate)**
  - **Hemophilia Products Factor VIII VWF Complex (Alphanate, Humate P, Wilate)**
  - **Hemophilia Products Factor IX (AlphaNine SD, Alprolix, BeneFIX, Idelvion, Ixinity, Mononine)**
  - **Hemophilia Products Factor X (Coagadex)**
  - **Hemophilia Products Factor XIII (Corifact)**
  - **Hemophilia Products von Willebrand Factor (Vonvendi)**
  - **Imfinzi (durvalumab)**
  - **Imjudo (tremelimumab-actl)**
  - **Jemperli (dostarlimab-gxly)**
  - **Kyprolis (carfilzimib)**
  - **Libtayo (cemiplimab-rwlc)**
  - **Opdivo (nivolumab)**
  - **Paclitaxel Albumin-Bound**
  - **Perjeta (pertuzumab)**
  - **Rituximab IV**
  - **Ryplazim (plasminogen, human-tvmh)**
  - **Spravato (esketamine)**
  - **Tecentriq (atezolizumab)**
  - **Trastuzumab IV**
  - **Vectibix (panitumumab)**
  - **Yervoy (ipilimumab)**
  - **Yondelis (trabectedin)**

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

- **bendamustine (Treanda; Bendeka; Belrapzo; Vivimusta; Bendamustine):** Updated HCPC codes
- **Parenteral Iron Products MB2134:** updated indication for non-preferred product Injectafer.
- **Syfovre (pegcetacoplan):** Prior authorization is not required.

Effective for dates of service on and after Aug. 25, 2023:

- **Oncology policies with Magellan Rx:** The medical benefit drug policy documents for the drugs listed below will be updated and accessible via the "Medical Oncology Drugs" link on our Health Medical Management web page:
  - **Azedra-iobenguane I-131**
  - **Lutathera-lutetium Lu 177-dotatate**
  - **Pemetrexed (Alimta; Pemfexy; Pemetrexed)**
  - **Pluvicto (lutetium Lu 177-vipivotide tetraxetan)**
  - **Rolvedon (elfapegrastim-xnst)**
  - **Vyxeos (daunorubicin and cytarabine-liposome)**

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

- **Duchenne NMN MB2118:** Added drug ELEVIDYS (delandistrogene moxeparvovec-rokl) with no prior authorization required and not a covered service.
- **MAPD 2122 Insulin Pump Policy (MAPD Only):** J Code updates within policy.
- **Oncology Policies with Magellan Rx (MRx):** The medical benefit drug policy documents for the drugs listed below will be updated and accessible via the Medical Oncology Drugs link on the Dean Health Plan Medical Management web page.

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- **Jemperli (dostarlimab-gxly)**
- **Keytruda (pembrolizumab)**

- **Sandostatin Lar (octreotide suspension):** Criteria removal from universal criteria section 'patient has been treated with octreotide acetate subcutaneously for at least 2 weeks and has shown a response and no adverse effects prior to starting therapy with the LAR formulation.

Providers are encouraged to refer to the Magellan Rx website for a complete list of co-branded policies. In addition to co-branding and reformatting, some policies will also be revised for new criteria effective Oct. 1, 2023. Providers should review drug policies for any changes to authorization criteria and/or length of authorization that may impact a provider's care plan for a patient. For example, some drugs that previously had approval periods of 12 months may be approved for a shorter period of time, and may or may not be renewed upon review according to clinical indication.

Retired Medical Benefit Drug Policies

Effective Aug. 1, 2023:

- **Pepaxto (melphalan flufenamide)**