



## May 2023 P&T Updates

### **NEW DRUG SPECIFIC POLICIES** Effective 7/1/2023

|                                                                         |                                                              |                                                             |
|-------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|
| Abilify Asimtufii (aripiprazole) extended-release injectable suspension | Lumby™ (sodium oxybate) for extended-release oral suspension | Syfovre (pegcetacoplan injection)                           |
| Daybue (trofinetide) oral solution                                      | Omisirge (omidubicel-only)                                   | Uzedy™ (risperidone) extended-release injectable suspension |
| Filspari (sparsentan)                                                   | Qalsody (tofersen)                                           | Vowst™ (fecal microbiota spores, live-brpk)                 |
| Joenja (leniolisib)                                                     | Rezzayo (rezafungin) injection                               | Zynyz (retifanlimab-dlwr) injection                         |
| Lamzede (velmanase alphas-tycv)                                         | Skyclarys (omaveloxolone)                                    |                                                             |

### **EXISTING DRUG SPECIFIC POLICIES WITH CLINICAL CHANGES** Effective 7/1/2023

|                                                                                                                                                          |                                                              |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|
| Austedo and Austedo XR                                                                                                                                   | Continuous glucose monitors and supplies- Medicare           | Sildenafil – Applies to Revatio and Liqrev |
| BDAID – Self-Administered                                                                                                                                | Cyclosporine Ophthalmic Drop (Applies to Cequa and Restasis) | Subcutaneous Immunoglobulins (SCIG)        |
| Briumvi™ (ublituximab-xiyy)                                                                                                                              | Enjamo                                                       | Tafinlar                                   |
| Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonist for Prophylaxis- Applies to Aimovig, Ajovy, Emgality, Nurtec, and Qulipta – Child Health Plus | Evkeeza                                                      | Tagrisso                                   |
| Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonist for Prophylaxis- Applies to Aimovig, Ajovy, Emgality, Nurtec, and Qulipta                     | Eylea                                                        | Takhzyro                                   |
| Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists for Acute Treatment (Applies to Nurtec, Ubrelvy, and Zavzpret)                               | Fingolimod – Applies to Gilenya and Tascenso ODT             | Tepezza                                    |
|                                                                                                                                                          | Jemperli                                                     | Tezspire                                   |
|                                                                                                                                                          | Kalydeco                                                     | Trikafta                                   |
|                                                                                                                                                          | Livmarli                                                     | Ventavis                                   |
|                                                                                                                                                          | Mekinist                                                     | Verzenio                                   |
|                                                                                                                                                          | Remodulin                                                    | Vraylar (cariprazine)                      |
|                                                                                                                                                          | Rexulti                                                      | Weight loss Medications                    |
|                                                                                                                                                          | Rubraca                                                      | Xiidra                                     |
|                                                                                                                                                          |                                                              | Zejula                                     |

**EXISTING DRUG SPECIFIC POLICIES WITH ADMINISTRATIVE CHANGES** Effective 7/1/2023

|                                               |                                   |                           |
|-----------------------------------------------|-----------------------------------|---------------------------|
| BDAID – In-Office Administered                | Hetlioz                           | Samsca                    |
| Boniva Injection                              | Imbruvica                         | Signifor and Signifor LAR |
| Cablivi                                       | Isotretinoin                      | Synarel                   |
| Diabetic Supply                               | Luxterna                          | Teriparatide              |
| Enteral Formula – State Plans                 | Oriahnn                           | Trogarzo                  |
| Eucrisa                                       | Pylera – Child Health Plus        | Uptravi                   |
| Gender Dysphoria Treatment – Commercial Plans | Risperidone long-acting injection | Xiaflex<br>Zinplava       |

**EXISTING DRUG SPECIFIC POLICIES WITH ADMINISTRATIVE CHANGES DUE TO MEDICAID CARVE-OUT**

|                                         |                                                              |                                  |
|-----------------------------------------|--------------------------------------------------------------|----------------------------------|
| Afinitor and Afinitor Disperz           | High Risk Medication in the Elderly                          | Natpara                          |
| Arazlo                                  | Hyftor                                                       | Nexletol and Nexlizet            |
| Arcalyst                                | Inbrija                                                      | Northera                         |
| Bafiertam                               | Ingrezza                                                     | Nuedexta                         |
| Benlysta                                | InPen Smart Insulin Pen                                      | Onychomycosis Topical Treatments |
| Calquence                               | Isturisa                                                     | Orenitram                        |
| Camzyos                                 | Ketoconazole tablets                                         | Osmolex ER                       |
| Carbaglu                                | Korlym                                                       | Palforzia                        |
| Cystadane                               | Koselugo                                                     | PCSK9 Inhibitor Policy           |
| Cystagon                                | Kynmobi                                                      | Pemazyre                         |
| Dayvigo                                 | Levalbuterol HCl Inhalation Solution                         | Phenoxybenzamine                 |
| Deferasirox                             | Levocarnitine                                                | Ponvory                          |
| Doxycycline Monohydrate Oral Suspension | Methotrexate Subcutaneous Injection                          | Pyrukynd                         |
| Dupixent                                | Migraine Medication Dosage Limit for 5-HT1 Receptor Agonists | Qinlock                          |
| Emflaza                                 | Modified Solid foods                                         | Relistor                         |
| Firvanq                                 | Myalept                                                      | Retevmo                          |
| Fotivda                                 | Mytesi                                                       | Sabril and Vigadrone             |
| Gattex                                  |                                                              | Serostim                         |
| High Potency Narcotic Step Therapy      |                                                              | Siklos                           |

|                                                  |             |           |
|--------------------------------------------------|-------------|-----------|
| Sodium Phenylbutyrate                            | Tukysa      | Zavesca   |
| Sublingual Allergy Immunotherapy                 | Tyvaso      | Zelapar   |
| Sucraid                                          | Vesicare LS | Zeposia   |
| Symdeko                                          | Vijoice     | Zontivity |
| Tabrecta                                         | Vivjoa      | Zorbtiv   |
| Tetrabenazine                                    | Vonjo       | Ztalmy    |
| Topical Dermatological Medications – State Plans | Vuity       |           |
|                                                  | Xuriden     |           |

**EXISTING DRUG SPECIFIC POLICIES REVIEW ONLY/NO CHANGES**

|            |             |                                                                  |
|------------|-------------|------------------------------------------------------------------|
| Aduhelm    | Imlygic     | State Plans Sexual and Erectile Dysfunction Medication Exclusion |
| Amondys 45 | IVIG        |                                                                  |
| Briviact   | Jelmyto     | Tazorac Cream and Gel                                            |
| Crysvita   | Kitabis Pak | Ultomris                                                         |
| Duopa      | Mepsevii    | Vyondys 53                                                       |
| Durysta    | Nulibry     | Zerbaxa                                                          |
| Empaveli   | Opdualag    | Zoladex                                                          |
| Exondys 51 | Ozurdex     | Zometa                                                           |
| Fasenra    | Qelbree     | Zulresso                                                         |
| Horizant   | Soolantra   |                                                                  |
| Ilaris     | Spravato    |                                                                  |

**NEW ADMINISTRATIVE POLICIES**

Pharmacy Authorization Timeliness Policy- Medicaid and Child Health Plus

**EXISTING ADMINISTRATIVE POLICIES WITH CHANGES**

Non Participating Prescribers of ER or Discharge Prescriptions

Pharmacy Audit

Pharmacy Authorization Timeliness Policy

**EXISTING ADMINISTRATIVE POLICIES REVIEW ONLY/NO CHANGES**

Experimental or Investigational Treatment

Pharmacy & Therapeutics Committee Integrity Policy

Specialty Pharmacy – Minimum terms and Conditions Policy

**POLICIES TO BE ARCHIVED**

|                       |           |
|-----------------------|-----------|
| Hectorol              | Rhophylac |
| Melatonin- Medisource | Truseltiq |

**PBD NEW DRUG SPECIFIC POLICIES** Effective 7/1/2023

Sucraid

**PBD EXISTING DRUG SPECIFIC POLICIES WITH CLINICAL CHANGES** Effective 7/1/2023

|          |                                            |                                                                       |
|----------|--------------------------------------------|-----------------------------------------------------------------------|
| Erleada  | Oral Contraceptives for<br>Medical Reasons | Weight Loss Medication for<br>the Labor-Management<br>Healthcare Fund |
| Revlimid | Weight Loss Medication                     |                                                                       |

**PBD EXISTING DRUG SPECIFIC POLICIES WITH ADMINISTRATIVE CHANGES**

Cambia

**PBD EXISTING DRUG SPECIFIC POLICIES REVIEW ONLY/NO CHANGES**

Braftovi  
Mektovi  
Tasigna

**PBD EXISTING ADMINISTRATIVE POLICIES REVIEW ONLY/NO CHANGES**

EGWP PBD IDPN

PBD ST exception E2CC Boces

**Magellan RX Management Drug Specific Policies for Expansion** Effective 7/1/2023

Hemophilia Products – Factor VIII

**Existing Magellan RX Management Drug Specific Policies w/Clinical Changes** Effective 4/28/2023

**Medical PA Only**

|                  |             |                |
|------------------|-------------|----------------|
| Abraxane         | Cyramza     | Imfinzi        |
| Adcetris         | Darzalex_IV | Jemperli       |
| Bavencio         | Darzalex_SQ | Keytruda       |
| Beleodaq         | Erbitux     | Levoleucovorin |
| Bendamustine     | Eylea       | Libtayo        |
| Bevacizumab_ONCO | Fulvestrant | Margenza       |
| Blincyto         | Gazyva      | Opdivo         |

|              |                |          |
|--------------|----------------|----------|
| Pemetrexed   | Tivdak         | Zaltrap  |
| Perjeta      | Trastuzumab_IV | Zepzelca |
| Rituximab_IV | Trodelvy       | Zynlonta |
| Rituximab_SQ | Yervoy         |          |
| Tecentriq    | Yondelis       |          |

**Pharmacy PA Only**

Erleada

Takhzyro

**Retired Policies**

Blenrep

**Existing Magellan RX Management Drug Specific Policies w/Clinical Changes Effective 5/1/2023**

**Medical PA Only**

|                  |                  |                 |
|------------------|------------------|-----------------|
| Abraxane         | Elzonris         | Pemetrexed      |
| ACTH             | Erbitux          | Reblozyl        |
| Adcetris         | Evenity          | Rituximab_IV    |
| Akynzeo_IV       | Factor VIII      | Sandostatin_LAR |
| Alpha-1_PI       | Filgrastims      | Saphnelo        |
| Beleodaq         | Halaven          | Sustol          |
| Benlysta_IV      | Keytruda         | Trastuzumab_IV  |
| Berinert         | Leukine          | Yervoy)         |
| Bevacizumab_ONCO | Leuprolide_depot | Yondelis        |
| Cosela           | Mepsevii         | Zoledronic_Acid |
| Cyramza          | Opdivo           |                 |
| Denosumab        | Pegfilgrastim    |                 |

**Pharmacy PA Only**

|             |          |         |
|-------------|----------|---------|
| Benlysta_SQ | Rydapt   | Xospata |
| Lynparza    | Tafinlar |         |
| Mekinist    | Turalio  |         |

**PSCE only**

Fosaprepitant

Zoladex

**Existing Magellan RX Management Drug Specific Policies w/Clinical Changes** \*Effective 6/1/2023

**Pharmacy PA Only**

|              |          |           |
|--------------|----------|-----------|
| Alunbrig     | Lumakras | Tepmetko  |
| Balversa     | Nubeqa   | Venclexta |
| Cabozantinib | Orgovyx  | Xalkori   |
| Exkivity     | Retevmo  | Xermelo   |
| Gavreto      | Tabrecta | Xtandi    |
| Gilotrif     | Tagrisso | Zykadia   |
| Lorbrena     |          |           |

**Medical PA Only**

|              |                  |         |
|--------------|------------------|---------|
| Aranesp      | Imlygic          | Onivyde |
| Epoetin_alfa | Jelmyto          | Padcev  |
| Eylea        | Kadcyla          | Polivy  |
| Factor X     | Keytruda         | SCIG    |
| Fyarro       | Leuprolide_depot | Tepezza |
| Gazyva       | Mircera          |         |

**PSCE only**

|             |         |
|-------------|---------|
| Botox       | Infugem |
| Gemcitabine | Xeomin  |

**Retired Policies**

|           |
|-----------|
| Arzerra   |
| Truseltiq |