



**Commercial Business**

**BULLETIN (1/1/2019) Updated**

**Pharmacy Update - Notice of Changes to Prior Authorization Requirements and Coverage Criteria for United Healthcare Commercial & Oxford**

Guideline/Policy Name	UM Type	Trade Name (Generic Name)	Summary of Changes	Implementation Date	Oxford Implementation Date
<b>Amitiza</b>	Medical Necessity	Amitiza (lubiprostone)	Removed Movantik as a first line option and added Symproic. Updated references.	1/1/2019	1/1/2019
<b>Amitiza</b>	Step Therapy	Amitiza (lubiprostone)	Removed Movantik as a first line option and added Symproic. References updated.	1/1/2019	N/A
<b>COPD</b>	Step Therapy	Seebri Neohaler (glycopyrrolate), Tudorza Pressair (aclidinium)	New program.	1/1/2019	1/1/2019
<b>Hemlibra</b>	Notification	Hemlibra® (emicizumab-kxwh)	Updated program to align with new labeled indication in patients with hemophilia A without inhibitors. Updated references.	1/1/2019	N/A
<b>Hemlibra</b>	Medical Necessity	Hemlibra® (emicizumab-kxwh)	New program.	1/1/2019	2/1/2019
<b>Insulin</b>	Step Therapy	Apidra (insulin glulisine), Apidra SoloStar (insulin glulisine), Fiasp (insulin aspart), Novolin N (NPH, human insulin isophane), Novolin R (regular, human insulin), Novolin 70/30 (70% NPH, human insulin isophane and 30% regular, human insulin), Novolog (insulin aspart), Novolog Mix 70/30 (70% insulin aspart protamine and 30% insulin aspart)	Archive program.	1/1/2019	N/A
<b>Movantik</b>	Medical Necessity	Movantik (naloxegol)	New program.	1/1/2019	1/1/2019

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<b>Orilissa</b>	Medical Necessity	Orilissa (elagolix)	New program	1/1/2019	1/1/2019
<b>Relistor</b>	Medical Necessity	Relistor (methylnaltrexone bromide)	Removed Movantik as a first line option and added Symproic. Updated references.	1/1/2019	1/1/2019
<b>Supply Limits - greater than 35 day supply for opioids at retail</b>	Misc	Supply Limits - Greater than 35 day supply for opioids at retail Includes all salt forms, single and combination ingredient products short-acting and long-acting opioid formulations, and all brand and generic formulations	New program.	1/1/2019	1/1/2019
<b>Tobacco Cessation</b>	Medical Necessity	Bupropion SR (generic Zyban), Chantix (varenicline), nicotine gum (e.g. Nicorette, Thrive), nicotine lozenge (e.g. Commit, Nicorette), nicotine patch (e.g. Nicoderm CQ), Nicotrol Inhaler (nicotine inhalation system), and Nicotrol NS (nicotine nasal spray)	Removed Commit and Thrive as examples of therapy. Brand names off the market. Revised language around concomitant use	1/1/2019	1/1/2019
<b>Tobacco Cessation - HCR</b>	Medical Necessity	Bupropion SR (generic Zyban), Chantix (varenicline), nicotine gum (e.g. Nicorette), nicotine lozenge (e.g. Nicorette), nicotine patch (e.g. Nicoderm CQ), Nicotrol Inhaler (nicotine inhalation system), and Nicotrol NS (nicotine nasal spray)	Add West Virginia to bypass of prior authorization requirements	1/1/2019	2/1/2019
<b>Tresiba</b>	Non-Formulary	Tresiba (insulin degludec)	Archive program.	1/1/2019	1/1/2019
<b>Advate</b>	Medical Necessity	Advate (antihemophilic factor [recombinant])	Annual review with no changes to coverage criteria. Updated reference.	2/1/2019	2/1/2109
<b>Advate</b>	Step Therapy	Advate (antihemophilic factor [recombinant])	Annual review with no changes to coverage criteria. Updated references.	2/1/2019	N/A
<b>Adynovate</b>	Medical Necessity	Adynovate (antihemophilic factor [recombinant], pegylated)	Annual review with no changes to coverage criteria. Updated reference	2/1/2019	2/1/2109

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<b>Adynovate</b>	Step Therapy	Adynovate (antihemophilic factor [recombinant], pegylated)	Annual review with no changes to coverage criteria. Updated reference	2/1/2019	N/A
<b>Arikayce</b>	Notification	Arikayce® (amikacin liposome inhalation suspension)	New program	2/1/2019	2/1/2019
<b>Austedo</b>	Notification	Austedo® (deutetrabenazine)	Annual review. No changes to clinical coverage criteria.	2/1/2019	N/A
<b>Austedo</b>	Medical Necessity	Austedo® (deutetrabenazine)	Annual review. No changes to clinical coverage criteria.	2/1/2019	2/1/2019
<b>Azilect (Essential PDL)</b>	Step Therapy	Azilect (rasagiline)	Annual review. Updated references.	2/1/2019	2/1/2019
<b>Buprenorphine Products - Belbuca and Butrans</b>	Medical Necessity	Belbuca (buprenorphine hydrochloride film) and Butrans^ (buprenorphine patch, extended-release)	Annual review. Revised requirements to allow provider attestation on initial authorization and reauthorization	2/1/2019	2/1/2019
<b>Butrans</b>	Step Therapy	Butrans® (buprenorphine patch)	Annual review. Revised documentation for date of use.	2/1/2019	N/A
<b>Calquence</b>	Notification	Calquence® (acalabrutinib)	Annual review. Added criteria for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma.	2/1/2019	2/1/2019
<b>Compounds and Bulk Powders</b>	Notification	Compounds and Bulk Powders	Annual review. No changes	2/1/2019	2/1/2019
<b>Continuous Glucose Monitors, sensors, transmitters</b>	Medical Necessity	Continuous Glucose Monitors, sensors and transmitters (all brands)	Archive program	2/1/2019	2/1/2019
<b>Continuous Glucose Monitors, sensors, transmitters</b>	Notification	Continuous Glucose Monitors, sensors and transmitters (all brands)	Annual review. Revised authorization timeline, added criteria for insulin use.	2/1/2019	N/A
<b>Contraceptives</b>	Notification	Contraceptive Medications: medroxyprogesterone acetate (Depo-Provera®), etonogestrel/ethinyl estradiol (NuvaRing®), Oral Contraceptives, norelgestromin/ethinyl estradiol (OrthoEvra®)	Annual review. No changes.	2/1/2019	N/A

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<b>Copiktra</b>	Notification	Copiktra® (duvelisib)	New program	2/1/2019	2/1/2019
<b>Corlanor</b>	Notification	Corlanor® (ivabradine)	Annual review. Updated references.	2/1/2019	2/1/2019
<b>Cotellic</b>	Notification	Cotellic® (cobimetinib)	Annual review. Added coverage for CNS cancers per NCCN guidelines. Updated background and references.	2/1/2019	2/1/2019
<b>Daklinza</b>	Medical Necessity	Daklinza® (daclatasvir)	Annual review with no changes to clinical criteria. Updated references.	2/1/2019	2/1/2019
<b>Daliresp</b>	Notification	Daliresp® (roflumilast)	Annual Review. Updated references.	2/1/2019	2/1/2109
<b>Diabetes Medications - DPPT Inhibitors</b>	Step Therapy	Januvia (sitagliptin), Janumet (sitagliptin/metformin immediate-release), Janumet XR (sitagliptin/metformin extended-release)	Annual review. Updated references. Added Jentadueto XR as a Step 1 option.	2/1/2019	2/1/2019
<b>Dulera</b>	Step Therapy	Dulera (mometasone furoate/formoterol fumarate)	Annual Review. Updated background section and references.	2/1/2019	2/1/2019
<b>Dupixent</b>	Notification	Dupixent®(dupilumab)	Updated background and formatting and added criteria for new indication for moderate-to severe asthma.	2/1/2019	N/A
<b>Dupixent</b>	Medical Necessity	Dupixent®(dupilumab)	Updated background and formatting and added criteria for new indication for moderate-to-severe asthma.	2/1/2019	3/1/2019
<b>Dupixent</b>	Step Therapy	Dupixent®(dupilumab)	Updated background and formatting and added criteria for new indication for moderate-to-severe asthma. Updated references.	2/1/2019	N/A
<b>Eloctate</b>	Notification	Eloctate® [antihemophilic factor (recombinant), Fc fusion protein]	Annual review. No changes to clinical coverage criteria. Updated references.	2/1/2019	N/A
<b>Eloctate</b>	Medical Necessity	Eloctate® [antihemophilic factor (recombinant), Fc fusion protein]	Annual review. No changes to clinical coverage criteria. Updated references.	2/1/2019	2/1/2019
<b>Emflaza</b>	Medical Necessity	Emflaza™ (deflazacort)	Annual review. No changes to criteria. Updated reference.	2/1/2019	2/1/2109
<b>Emflaza</b>	Notification	Emflaza™ (deflazacort)	Annual review. No changes to criteria. Updated reference.	2/1/2019	N/A

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<b>Emflaza</b>	Step Therapy	Emflaza™ (deflazacort)	Annual review. No changes to criteria. Updated reference.	2/1/2019	N/A
<b>Epclusa</b>	Medical Necessity	Epclusa (sofosbuvir/velpatasvir)	Annual update with no changes to the criteria. Updated references.	2/1/2019	2/1/2019
<b>Extavia</b>	Step Therapy	Extavia® (interferon β-1b)	Annual review. Updated references.	2/1/2019	2/1/2019
<b>Fentanyl</b>	Medical Necessity	Abstral** (fentanyl sublingual tablets), Actiq (brand only)** (fentanyl transmucosal lozenge), Fentora** (fentanyl buccal tablet), Lazanda (fentanyl nasal spray), Subsys** (fentanyl sublingual spray), and fentanyl citrate bulk powder**	Updated formatting and references.	2/1/2019	2/1/2019
<b>Fentanyl</b>	Notification	Abstral* (fentanyl sublingual tablets), Actiq* (fentanyl transmucosal lozenge), Fentora* (fentanyl buccal tablet), Lazanda (fentanyl nasal spray), Subsys* (fentanyl sublingual spray), and fentanyl citrate*	Updated formatting and references. Added state mandate language.	2/1/2019	N/A
<b>Forteo</b>	Notification	Forteo™ (teriparatide)	Annual review with no change to clinical criteria. Updated references.	2/1/2019	2/1/2019
<b>GnRH Antagonists</b>	Notification	Cetrotide® (cetorelix acetate) and ganirelix acetate	Annual review. No changes to the program. Updated references.	2/1/2019	N/A
<b>Gonadotropins (Supported By Fertility Solutions)</b>	Medical Necessity	Follistim® AQ (follitropin beta), Gonal-f™ (follitropin alfa), Gonal-f™ RFF (follitropin alfa), Menopur® (menotropins)	Corrected maximum dosing for ovulation induction to 225 IU/day and controlled ovarian stimulation to 150 IU/day. Added definition of ART. Moved Follistim AQ criteria in to general requirements sections.	2/1/2019	N/A

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<b>Growth Hormones</b>	Notification	Human Growth Hormone: Somatropin (Genotropin <sup>®</sup> , Humatrope <sup>®</sup> , Norditropin <sup>®</sup> , NordiFlex <sup>®</sup> , Nutropin AQ <sup>®</sup> , Nutropin AQ <sup>®</sup> NuSpin™, Omnitrope <sup>®</sup> , Saizen <sup>®</sup> , Zomacton <sup>®</sup> , Zorbtive <sup>®</sup> , and Serostim <sup>®</sup> ) Growth Stimulating Products : Mecasermin (Increlex <sup>®</sup> )	Annual review. Added macrilen (macimorelin) as an option for the diagnosis of adult growth hormone deficiency and updated references.	2/1/2019	N/A
<b>Growth Hormones</b>	Medical Necessity	Human Growth Hormone: Somatropin (Genotropin <sup>®</sup> , Humatrope <sup>®</sup> , Norditropin <sup>®</sup> , NordiFlex <sup>®</sup> , Nutropin AQ <sup>®</sup> , Nutropin AQ <sup>®</sup> NuSpin™, Omnitrope <sup>®</sup> , Saizen <sup>®</sup> , Zomacton <sup>®</sup> , Zorbtive <sup>®</sup> , and Serostim <sup>®</sup> ) Growth Stimulating Products : Mecasermin (Increlex <sup>®</sup> )	Annual review. Added macrilen (macimorelin) as an option for the diagnosis of adult growth hormone deficiency and updated references.	2/1/2019	2/1/2019
<b>Helixate</b>	Step Therapy	Helixate FS (antihemophilic factor [recombinant])	Archive program.	2/1/2019	N/A
<b>Hepatitis C Direct Acting Antivirals</b>	Step Therapy	Daklinza <sup>®</sup> (daclatasvir), Eplclusa <sup>®</sup> (sofosbuvir/velpatasvir), Mavyret™ (glecaprevir/pibrentasvir), Sovaldi <sup>®</sup> (sofosbuvir), Technivie™ (ombitasvir, paritaprevir, and ritonavir tablets), Viekira Pak™ (ombitasvir, paritaprevir, and ritonavir tablets; dasabuvir tablets), Viekira XR™ (dasabuvir, ombitasvir, paritaprevir, and ritonavir extended-release tablets), Zepatier™ (elbasvir/grazoprevir)	Annual review. Removed Olysio. Updated references.	2/1/2019	N/A
<b>Hycamtin</b>	Notification	Hycamtin <sup>®</sup> (topotecan hydrochloride)	Annual review. Added coverage for Merkel cell carcinoma based on NCCN guidelines. Updated background and references.	2/1/2019	2/1/2019
<b>Iclusig</b>	Notification	Iclusig <sup>®</sup> (ponatinib)	Annual review. Added use with HyperCVAD (hyper-fractionated cyclophosphamide, vincristine, doxorubicin, and dexamethasone, alternating with high-dose methotrexate and cytarabine) induction or consolidation and as maintenance therapy in combination with vincristine and prednisone with or without methotrexate and mercaptopurine and post-hematopoietic stem cell transplant. Updated references based on NCCN recommendations.	2/1/2019	2/1/2019

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<b>Ingrezza</b>	Notification	Ingrezza® (valbenazine)	Annual review. No changes to clinical coverage criteria. Updated reference.	2/1/2019	N/A
<b>Ingrezza</b>	Medical Necessity	Ingrezza® (valbenazine)	Annual review. No changes to clinical coverage criteria. Updated reference.	2/1/2019	2/1/2019
<b>Ingrezza</b>	Step Therapy	Ingrezza® (valbenazine)	Annual review. No changes to clinical coverage criteria. Updated reference.	2/1/2019	N/A
<b>Interferon</b>	Notification	Intron A (interferon alfa-2b), Pegasys (peginterferon alfa-2a), PegIntron and Sylatron (peginterferon alfa-2b)	Annual review. Updated background and criteria to include NCCN recommended use for systemic mastocytosis. Updated references.	2/1/2019	2/1/2019
<b>Ixinity</b>	Medical Necessity	Ixinity [coagulation factor IX (recombinant)]	Annual review. No changes to clinical coverage criteria. Updated references.	2/1/2019	2/1/2019
<b>Ixinity</b>	Step Therapy	Ixinity [coagulation factor IX (recombinant)]	Annual review. No changes to clinical coverage criteria. Updated references.	2/1/2019	N/A
<b>Latuda</b>	Step Therapy	Latuda (lurasidone)	Annual review. Updated references.	2/1/2019	N/A
<b>Lenvima</b>	Notification	Lenvima™ (lenvatinib)	Updated background and criteria to include new indication for unresectable hepatocellular carcinoma.	2/1/2019	2/1/2019
<b>Lotronex</b>	Notification	Lotronex* (aloseteron)	Annual review. No changes.	2/1/2019	2/1/2109
<b>Lucemyra</b>	Medical Necessity	Lucemyra (lofexidine)	New program	2/1/2019	2/1/2019
<b>Mavyret</b>	Notification	Mavyret™ (glecaprevir/pibrentasvir)	Annual review with no changes to clinical criteria. Updated references.	2/1/2019	N/A
<b>Mavyret</b>	Medical Necessity	Mavyret™ (glecaprevir/pibrentasvir)	Annual review with no changes to clinical criteria. Updated references.	2/1/2019	2/1/2019

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<b>Noctiva/Nocdurna</b>	Medical Necessity	Noctiva (desmopressin acetate), Nocdurna (desmopressin acetate)	Added Nocdura to program. Updated references.	2/1/2019	2/1/2109
<b>Non-Oral Contraceptives</b>	Notification	Contraceptive Medications: Depo-Provera® (medroxyprogesterone acetate), Depo-Subq Provera 104 (medroxyprogesterone acetate), FemCap, Implanon (etonogestrel), Mirena (levonorgestrel), Nexplanon (etonogestrel), Paragard T 380-A, Ortho-Diaphragm, Wide Seal Diaphragm	Annual review. No changes.	2/1/2019	N/A
<b>Non-Solid Dosage Forms</b>	Medical Necessity	Carospir (spironolactone), Epaned (enalapril), Flolipid (simvastatin), Nexium for suspension (esomeprazole), Prevacid SoluTab (lansoprazole), Purixan (mercaptopurine), Qbrelis (lisinopril), Sotylize (sotalol), Syndros (dronabinol), Tiglutik (riluzole), Vanatol LQ (butalbital, acetaminophen and caffeine), Xatmep (methotrexate), Zegerid* for suspension (omeprazole and sodium bicarbonate)	Tiglutik added to criteria.	2/1/2019	2/1/2019
<b>Nuedexta</b>	Notification	Nuedexta (dextromethorphan/quinidine)	Annual review. Updated background section and references.	2/1/2019	2/1/2019
<b>Olysio</b>	Medical Necessity	Olysio® (simeprevir)	Archive program	2/1/2019	2/1/2019
<b>PAH</b>	Notification	Adcirca® (tadalafil), Adempas® (riociguat), Letairis® (ambrisentan), Opsumit® (macitentan), Orenitram™ (treprostinil), Revatio® Solution* (sildenafil citrate), Tracleer® (bosentan), Tyvaso® (treprostinil), Upravi® (selexipag), Ventavis® (iloprost)	Annual review. Added Adcirca brand tablets to exclusion. Updated background and references.	2/1/2019	N/A



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<b>PAH</b>	Medical Necessity	Adcirca® (tadalafil), Adempas® (riociguat), Letairis® (ambrisentan), Opsumit® (macitentan), Orenitram™ (treprostinil), Revatio® Solution* (sildenafil citrate), Tracleer® (bosentan), Tyvaso® (treprostinil), Upravi® (selexipag), Ventavis® (iloprost)	Annual review. Added Adcirca brand tablets to exclusion. Updated background and references.	2/1/2019	2/1/2019
<b>Pristiq (Essential PDL)</b>	Step Therapy	Pristiq (desvenlafaxine)	Archive program	2/1/2019	N/A
<b>Promacta</b>	Notification	Promacta® (eltrombopag)	Annual review. Revised coverage rationale to rename idiopathic thrombocytopenic purpura to immune thrombocytopenia. Updated background and references.	2/1/2019	2/1/2019
<b>Pulmicort Flexhaler</b>	Step Therapy	Pulmicort Flexhaler (budesonide inhalation powder)	Annual Review. Updated background section and references.	2/1/2019	2/1/2019
<b>Rebif</b>	Step Therapy	Rebif® (interferon β-1a)	Annual review. Updated references.	2/1/2019	2/1/2019
<b>Recombinate</b>	Medical Necessity	Recombinate (antihemophilic factor [recombinant])	Annual review with no changes to coverage criteria. Updated reference.	2/1/2019	2/1/2109
<b>Recombinate</b>	Step Therapy	Recombinate (antihemophilic factor [recombinant])	Annual review with no changes to coverage criteria. Updated reference.	2/1/2019	N/A
<b>Seroquel XR</b>	Step Therapy	Seroquel XR (quetiapine)	Annual review. Removed drug and date documentation requirement.	2/1/2019	2/1/2109
<b>Single Source Anticonvulsants</b>	Medical Necessity	Aptiom (eslicarbazepine), Briviact (brivaracetam), Epidiolex (cannabidiol), Fycompa (perampanel) and Vimpat (lacosamide)	Addition of Epidiolex to program.	2/1/2019	2/1/2019
<b>Sovaldi</b>	Medical Necessity	Sovaldi® (sofosbuvir)	Annual review. Removed Olysio. Updated references.	2/1/2019	2/1/2019
<b>Sprycel</b>	Step Therapy	Sprycel® (dasatinib)	Annual review with no changes to coverage criteria. Updated reference	2/1/2019	N/A

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<b>Sprycel</b>	Medical Necessity	Sprycel® (dasatinib)	Updated background and criteria to include NCCN recommended use in chordoma and chondrosarcoma	2/1/2019	2/1/2019
<b>Sprycel</b>	Notification	Sprycel® (dasatinib)	Updated background and criteria to include NCCN recommended use in chordoma and chondrosarcoma.	2/1/2019	N/A
<b>Statins</b>	Step Therapy	Lescol XL* (brand and generic fluvastatin extended-release), and Livalo* (pitavastatin calcium), Zypitamag* (pitavastatin magnesium)	Annual review. Added Zypitamag to program. Updated references.	2/1/2019	2/1/2109
<b>Stelara</b>	Notification	Stelara™ (ustekinumab)	Annual review. No changes to clinical coverage criteria. Updated background and reference.	2/1/2019	2/1/2019
<b>Strensiq</b>	Notification	Strensiq™ (asfotase alfa)	Annual Review. Updated references.	2/1/2019	N/A
<b>Tagrisso</b>	Notification	Tagrisso™ (osimertinib)	Annual review. Updated coverage rationale. Updated background and references.	2/1/2019	2/1/2019
<b>Takhzyro</b>	Notification	Takhzyro™ (lanadelumab-flyo)	New program.	2/1/2019	N/A
<b>Takhzyro</b>	Medical Necessity	Takhzyro™ (lanadelumab-flyo)	New program.	2/1/2019	2/1/2019
<b>Tarceva</b>	Notification	Tarceva® (erlotinib)	Annual review. Updating background and criteria to align with NCCN recommendations for the treatment of metastatic CNS cancer.	2/1/2019	2/1/2019
<b>Tasigna</b>	Step Therapy	Tasigna® (nilotinib)	Annual review with no changes to coverage criteria. Updated references.	2/1/2019	2/1/2019
<b>Tasigna</b>	Notification	Tasigna® (nilotinib)	Annual review. Minor change to coverage rationale for CML with no change in clinical intent. Updated background and references.	2/1/2019	2/1/2019
<b>Tavalisse</b>	Step Therapy	Tavalisse™ (fostamatinib)	New program.	2/1/2019	2/1/2019
<b>Technivie</b>	Medical Necessity	Technivie™ (ombitasvir, paritaprevir, and ritonavir tablets)	Annual review with no changes to the criteria. Updated references.	2/1/2019	2/1/2019

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<b>Tegsedi</b>	Medical Necessity	Tegsedi™ (inotersen)	New program.	2/1/2019	2/1/2019
<b>Tegsedi</b>	Notification	Tegsedi™ (inotersen)	New program.	2/1/2019	N/A
<b>Tymlos</b>	Notification	Tymlos™ (abaloparatide)	Annual review with no changes to clinical criteria. Updated references.	2/1/2019	2/1/2019
<b>Vemlidy</b>	Step Therapy	Vemlidy® (tenofovir alafenamide)	Annual review with update to references.	2/1/2019	2/1/2019
<b>Viekira Pak &amp; Viekira XR</b>	Medical Necessity	Viekira Pak™ (ombitasvir, paritaprevir, and ritonavir tablets; dasabuvir tablets), Viekira XR™ (dasabuvir, ombitasvir, paritaprevir, and ritonavir extended-release tablets)	Annual review with no changes to the criteria. Updated references.	2/1/2019	2/1/2018
<b>Vizimpro</b>	Notification	Vizimpro® (dacomitinib)	New program.	2/1/2019	2/1/2019
<b>Vosevi</b>	Notification	Vosevi™ (sofosbuvir, velpatasvir, and voxilaprevir)	Annual review with no changes to criteria. Updated references.	2/1/2019	N/A
<b>Vosevi</b>	Medical Necessity	Vosevi™ (sofosbuvir, velpatasvir, and voxilaprevir)	Annual review with no changes to the criteria. Updated references.	2/1/2019	2/1/2019
<b>Votrient</b>	Notification	Votrient™ (pazopanib)	Annual review. Updated criteria to align with NCCN recommendations for renal cell carcinoma. Updated background and references.	2/1/2019	2/1/2019
<b>Xadago</b>	Medical Necessity	Xadago (safinamide)	Annual review. Updated references.	2/1/2019	2/1/2019
<b>Xalkori</b>	Notification	Xalkori® (crizotinib)	Annual review. Updated background and criteria to align with NCCN recommendations for metastatic brain cancer and for ALK-positive anaplastic large cell lymphoma. Updated references.	2/1/2019	2/1/2019
<b>Xtandi</b>	Step Therapy	Xtandi® (enzalutamide)	Updated background and criteria to include criteria for non-metastatic castration-resistant prostate cancer. Updated references.	2/1/2019	2/1/2019

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<b>Xyntha</b>	Step Therapy	Xyntha (antihemophilic factor [recombinant])	Annual review with no changes to coverage criteria. Updated reference.	2/1/2019	N/A
<b>Absorbica</b>	Medical Necessity	Absorbica* (isotretinoin)	New program	3/1/2019	3/1/2019
<b>Diabetes Medications - SGLT2</b>	Step Therapy	Farxiga (dapagliflozin)*, Glyxambi (empagliflozin/linagliptan), Invokana (canagliflozin), Jardiance (empagliflozin), Qtern (dapagliflozin/saxagliptin)*, Segluromet (ertugliflozin/metformin)*, Steglatro (ertugliflozin)*, Steglujan (ertugliflozin/sitagliptin)*, Xigduo XR (dapagliflozin/metformin extended-release)	Removed the sulfonylurea and thiazolidinedione requirement. Updated references.	3/1/2019	3/1/2019
<b>Doxepin (Prudoxin, Zonalon)</b>	Notification	Prudoxin (doxepin), Zonalon (doxepin)	Annual review. Updated references.	3/1/2019	3/1/2019
<b>Evzio</b>	Medical Necessity	Evzio (naloxone hydrochloride)	Annual review. Updated references.	3/1/2019	3/1/2019
<b>Gout</b>	Notification	Zurampic® (lesinurad), Duzallo (lesinurad/allopurinol)	Annual review. No changes.	3/1/2019	3/1/2019
<b>Harvoni</b>	Notification	Harvoni™ (ledipasvir/sofosbuvir)	Annual review with no change to clinical coverage criteria. Updated reference.	3/1/2019	N/A
<b>Isotretinoin</b>	Notification	Absorbica* (isotretinoin), Myorisan (isotretinoin), Claravis (isotretinoin), Amnesteem (isotretinoin), Zenatane (isotretinoin)	Archive program	3/1/2019	3/1/2019
<b>Kevzara</b>	Step Therapy	Kevzara® (sarilumab)	Annual review. Updated formatting without changes to clinical intent. Updated references.	3/1/2019	3/1/2019
<b>Lorbrena</b>	Notification	Lorbrena® (lorlatinib)	New program	3/1/2019	3/1/2019
<b>Nuvigil/Provigil</b>	Notification	Modafinil (Provigil*) and armodafinil (Nuvigil*)	Annual review. No changes.	3/1/2019	3/1/2019

Guideline/Policy Name	UM Type	Trade Name (Generic Name)	Summary of Changes	Implementation Date	Oxford Implementation Date
<b>Orencia</b>	Step Therapy	Orencia® (abatacept)	Annual review. No changes to clinical coverage criteria. Updated references.	3/1/2019	3/1/2019
<b>Praluent</b>	Medical Necessity	Praluent™ (alirocumab)	Annual Review. Updated formatting without changes to clinical intent. Updated reference.	3/1/2019	3/1/2019
<b>Ravicti</b>	Notification	Ravicti™ (glycerol phenylbutyrate oral liquid)	Annual review. No changes to clinical coverage criteria.	3/1/2019	N/A
<b>Repatha</b>	Medical Necessity	Repatha™ (evolocumab)	Updated criteria providing clarity on criteria for use in patients for the primary prevention of cardiovascular events. Removed Kynamro from homozygous familial hypercholesterolemia criteria as no longer on market. Updated references.	3/1/2019	3/1/2019
<b>Rexulti</b>	Medical Necessity	Rexulti (brexpiprazole)	Added coverage criteria for continuation of current therapy when therapy was established via manufacturer supplied samples.	3/1/2019	3/1/2019
<b>Sodium phenylbutyrate</b>	Notification	Sodium phenylbutyrate (Buphenyl™)	Annual review. No changes to clinical coverage criteria.	3/1/2019	3/1/2019
<b>Talzenna</b>	Notification	Talzenna™ (talazoparib)	New program	3/1/2019	3/1/2019
<b>Tetrabenazine</b>	Notification	Tetrabenazine (Xenazine®*)	Annual review. No changes to clinical coverage criteria.	3/1/2019	3/1/2019
<b>Veltassa, Lokelma</b>	Medical Necessity	Lokelma (sodium zirconium cyclosilicate), Veltassa (patiromer)	Added Lokelma. Updated references.	3/1/2019	3/1/2019
<b>Atripla</b>	Step Therapy	Atripla® (efavirenz/emtricitabine/tenofovir disoproxil fumarate)	New program.	4/1/2019	4/1/2019
<b>Sucraid</b>	Notification	Sucraid (sacrosidase) oral solution	New program	7/1/2019	7/1/2019
<b>Symdeko</b>	Notification	(tezacaftor/ivacaftor)	New program.	At launch	N/A
<b>Symdeko</b>	Medical Necessity	(tezacaftor/ivacaftor)	New program.	At launch	At launch
<b>Diabetes Medications - DPPT Inhibitors - Oxford</b>	Notification	Januvia (sitagliptin), Janumet (sitagliptin/metformin immediate-release), Janumet XR (sitagliptin/metformin extended-release)	Annual review. Updated references. Added Jentadueto XR as a Step 1 option.	N/A	2/1/2019

Guideline/Policy Name	UM Type	Trade Name (Generic Name)	Summary of Changes	Implementation Date	Oxford Implementation Date
<b>Diabetes Medications - SGLT2 - Oxford SoNY and SoCT</b>	Notification	Farxiga (dapagliflozin)*, Glyxambi (empagliflozin/linagliptan), Invokana (canagliflozin), Jardiance (empagliflozin), Qtern (dapagliflozin/saxagliptin)*, Segluromet (ertugliflozin/metformin)*, Steglatro (ertugliflozin)*, Steglujan (ertugliflozin/sitagliptin)*, Xigduo XR (dapagliflozin/metformin extended-release)	Removed the sulfonylurea and thiazolidinedione requirement. Updated references.	N/A	3/1/2019
<b>Insulin - Oxford</b>	Notification	Apidra (insulin glulisine), Apidra SoloStar (insulin glulisine), Fiasp (insulin aspart), Novolin N (NPH, human insulin isophane), Novolin R (regular, human insulin), Novolin 70/30 (70% NPH, human insulin isophane and 30% regular, human insulin), Novolog (insulin aspart), Novolog Mix 70/30 (70% insulin aspart protamine and 30% insulin aspart)	Archive program	N/A	1/1/2019
<b>Select Brand Medications - Oxford</b>	Medical Necessity	Aplenzin (bupropion extended-release), Celexa (citalopram), Effexor XR (venlafaxine extended-release), Forfivo XL (bupropion extended-release) and Pexeva (paroxetine)	Annual review. Updated references.	N/A	2/1/2019