



Commercial Business

BULLETIN (5/1/2021)

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
Apokyn	Notification	Apokyn® (apomorphine) injection	New program	5/1/2021	N/A
Apokyn	Medical Necessity	Apokyn® (apomorphine) injection	New program	5/1/2021	5/1/2021
Arikayce	Medical Necessity	Arikayce® (amikacin liposome inhalation suspension)	Annual review with no changes to coverage criteria. Updated references.	5/1/2021	5/1/2021
Atripla	Step Therapy	Atripla® (efavirenz/emtricitabine/tenofovir disoproxil fumarate)	Annual review. Clarification added to Symfi/Symfi Lo to allow generic equivalent. Revised criteria to require use of generic Atripla prior to coverage of brand Atripla.	5/1/2021	5/1/2021
Ayvakit	Notification	Ayvakit™ (avapritinib)	Annual review. Updated criteria for GIST according to NCCN recommendations. Added criteria for Myeloid/Lymphoid neoplasms according to NCCN recommendations.	5/1/2021	5/1/2021
Benlysta	Notification	Benlysta® (belimumab)*	Off cycle review. Background and clinical criteria updated to align with updated FDA label for new indication for adult patients with active lupus nephritis who are receiving standard therapy. References updated.	5/1/2021	N/A
Bosulif	Notification	Bosulif® (bosutinib)	Annual review. Added NCCN recommendations for myeloid/lymphoid neoplasms. Updated criteria for Ph+ALL based on NCCN recommendations.	5/1/2021	5/1/2021
Bosulif	Step Therapy	Bosulif® (bosutinib)	Annual review. No changes to coverage criteria. Updated references.	5/1/2021	5/1/2021

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Braftovi	Step Therapy	Braftovi® (encorafenib)	Annual review with no changes to clinical coverage criteria. Updated references and manufacturer co-pay savings program name.	5/1/2021	5/1/2021
Cayston	Notification	Cayston® (aztreonam for inhalation solution)	Annual review. No changes to coverage criteria.	5/1/2021	5/1/2021
Cayston	Step Therapy	Cayston® (aztreonam for inhalation solution)	New program	5/1/2021	N/A
Crinone	Step Therapy	Crinone® (progesterone gel)	Annual review. Updated references.	5/1/2021	5/1/2021
Devices	Medical Necessity	Aquoral, Atopaderm, Caphosol, Eleton, Entty Spray, EpiCeram, Halucort, HPRPlus, Hyclodex, Hylaguard, Hylatopic Plus, KamDoy Rx, Neocera, Neosalus, NeutraSal, Nutraseb, Penlen, Promiseb, SalivaMax, Synerderm, Tetric	Hylaguard added to program.	5/1/2021	5/1/2021
Diabetic Meters and Test Strips	Medical Necessity	Abbott Diabetic Meters (e.g. FreeStyle Freedom Lite, FreeStyle InsuLinx, FreeStyle Lite, FreeStyle Neo, Precision Xtra,) Abbott Test Strips (e.g. FreeStyle Insulinx, FreeStyle Lite, FreeStyle, FreeStyle Precision Neo, Precision Xtra), Ascensia Diabetic Meters, excluding Contour Next Meters (e.g. Breeze2, Contour, Contour Next Link, Contour Next USB), Ascensia Test Strips, excluding Contour Next* Test Strips (e.g. Breeze2, Contour), Roche Diabetic Meters, excluding Accu-Chek Guide and Accu-Chek Guide Me (e.g. Accu-Chek Aviva Expert, Accu-Chek Aviva Plus, Accu-Chek Compact Plus, Accu-Chek Nano), Roche Test Strips, excluding Accu-Chek Guide (e.g. Accu-Chek Aviva Plus, Accu-Chek Compact, Accu-Chek Compact Plus, Accu-Chek Smartview)	Removed Lifescan from description of step one products since the step one products include both Lifescan OneTouch and Contour Next products.	5/1/2021	5/1/2021
Egrifta SV	Notification	Egrifta SV™ (tesamorelin for injection)	Annual review. No changes to clinical coverage. Updated background and references.	5/1/2021	5/1/2021
Elmiron	Step Therapy	Elmiron (pentosan polysulfate sodium)	New program	5/1/2021	5/1/2021
Endari	Medical Necessity	Endari (L-glutamine Powder for Solution)	Annual review. Updated references.	5/1/2021	5/1/2021
Fiasp	Non-Formulary	Fiasp (insulin aspart)*	New program	5/1/2021	N/A
Fuzeon	Notification	Fuzeon® (enfuvirtide)	New program.	5/1/2021	5/1/2021

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Harvoni	Notification	Harvoni® (ledipasvir/sofosbuvir)	Annual review. No changes to clinical coverage criteria. Updated references.	5/1/2021	N/A
Ilumya	Notification	Ilumya™ (tildrakizumab-asmn)	Annual review. Updated reauthorization duration.	5/1/2021	N/A
Insulin	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)	Updated criteria for Fiasp to require a trial of both Humalog and Lyumjev for patients 18 years old and older.	5/1/2021	N/A
Jivi	Notification	Jivi® (antihemophilic factor [recombinant], PEGylated-aucl)	Annual review with no changes to clinical coverage criteria.	5/1/2021	N/A
Juxtapid	Notification	Juxtapid™ (lomitapide)	Annual review with no changes to coverage criteria. Updated reference.	5/1/2021	N/A
Keveyis	Notification	Keveyis® (dichlorphenamide)	Annual review. No changes to coverage criteria.	5/1/2021	5/1/2021
Mektovi	Step Therapy	Mektovi™ (binimetinib)	Annual review with no changes to clinical coverage criteria. Updated references.	5/1/2021	5/1/2021
Mytesi	Notification	Mytesi™ (crofelemer)	Annual review. No change in clinical coverage. Updated reference.	5/1/2021	5/1/2021
New and Therapeutic Equivalent Medications - Excluded Drug	Notification	New and Therapeutic Equivalent Medications - Excluded Drug	Added Otrexup, Relafen, Relafen DS, Semglee, and brand Tecfidera.	5/1/2021	N/A
New and Therapeutic Equivalent Medications - Prior Authorization	Notification	New and Therapeutic Equivalent Medications - Prior Authorization	Added Otrexup, Relafen, Relafen DS, Semglee, and brand Tecfidera.	5/1/2021	5/1/2021
NocduRNA	Medical Necessity	NocduRNA (desmopressin acetate)	Noctiva removed from the criteria since product has been discontinued.	5/1/2021	5/1/2021

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Non-Solid Dosage Forms	Medical Necessity	Alkindi Sprinkle (hydrocortisone), Carafate (sucralfate) suspension, Carospir (spironolactone), Drizalma Sprinkle (duloxetine) Epaned (enalapril), Ezallor Sprinkle (rosuvastatin), Flolipid (simvastatin), Gloperba (colchicine), Katerzia (amlodipine), Naprosyn (naproxen) suspension, Nexium for suspension (esomeprazole), Ozobax (baclofen), Prevacid SoluTab (lansoprazole), Prograf Granules (tacrolimus), Purixan (mercaptapurine), Qbrelis (lisinopril), Qdolo (tramadol), Sotylize (sotalol), Syndros (dronabinol), Tiglutik (riluzole), Tirosint-Sol (levothyroxine), Vanatol LQ (butalbital, acetaminophen and caffeine), Xatmep (methotrexate), Zegerid* for suspension (omeprazole and sodium bicarbonate)	Qdolo added to criteria.	5/1/2021	5/1/2021
Orgovyx	Notification	Orgovyx™ (relugolix)	New program	5/1/2021	N/A
Orgovyx	Medical Necessity	Orgovyx™ (relugolix)	New program	5/1/2021	5/1/2021
Oxervate	Notification	Oxervate™ (cenegermin-bkbj) ophthalmic solution	Annual review with no changes to clinical coverage criteria.	5/1/2021	N/A
Oxervate	Medical Necessity	Oxervate™ (cenegermin-bkbj) ophthalmic solution	Annual review with no changes to clinical coverage criteria.	5/1/2021	5/1/2021
Praluent	Medical Necessity	Praluent™ (alirocumab)	Annual review with no change to coverage criteria. References updated.	5/1/2021	5/1/2021
Pulmozyme	Notification	Pulmozyme® (dornase alfa)	Annual review. No changes to coverage criteria.	5/1/2021	5/1/2021
Ravicti	Notification	Ravicti™ (glycerol phenylbutyrate oral liquid)	Annual review with no change to clinical coverage.	5/1/2021	N/A
Ravicti	Medical Necessity	Ravicti™ (glycerol phenylbutyrate oral liquid)	Annual review with no change to clinical coverage. Updated references.	5/1/2021	5/1/2021
Ravicti	Step Therapy	Ravicti™ (glycerol phenylbutyrate oral liquid)	Annual review with no change to clinical coverage.	5/1/2021	N/A

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Repatha	Medical Necessity	Repatha™ (evolocumab)	Annual review with no change to coverage criteria.	5/1/2021	5/1/2021
Selzentry	Notification	Selzentry® (maraviroc)	Annual review. No changes to coverage criteria.	5/1/2021	5/1/2021
Siliq	Notification	Siliq®™ (brodalumab)	Annual review. Updated reauthorization duration.	5/1/2021	N/A
Solodyn, Minocycline, Minolira, Ximino	Medical Necessity	minocycline extended-release tablet (generic Solodyn)*, Minolira* (minocycline extended-release tablet), Solodyn* (minocycline extended-release tablet), Ximino* (minocycline extended-release capsule)	Annual review. Updated references.	5/1/2021	5/1/2021
Sovaldi	Notification	Sovaldi® (sofosbuvir)	Annual review. No changes to clinical coverage criteria. Background and references updated.	5/1/2021	N/A
Tobramycin Inhalation	Notification	Bethkis®, Kitabis® Pak¥, TOBI™ Nebulizer Solution and TOBI® Podhaler™, tobramycin solution for inhalation	Annual review. Updated references. No changes to coverage criteria. Notation of exclusion for Kitabis Pak from the majority of our benefits.	5/1/2021	5/1/2021
Vascepa	Notification	Vascepa® (icosapent ethyl)	Modified pre-treatment triglyceride levels for cardiovascular risk reduction. Noted that Vascepa is typically excluded from coverage.	5/1/2021	N/A
Vascepa	Medical Necessity	Vascepa® (icosapent ethyl)	Modified pre-treatment triglyceride levels for cardiovascular risk reduction. Noted that Vascepa is typically excluded from coverage.	5/1/2021	5/1/2021
Viekira Pak	Notification	Viekira Pak (ombitasvir, paritaprevir, and ritonavir tablets; dasabuvir tablets)	Annual review with no changes to coverage criteria. Updated references.	5/1/2021	N/A
Vyndaqel & Vyndamax	Notification	Vyndaqel® (tafamidis meglumine) and Vyndamax™ (tafamidis)	Annual review with no change to coverage criteria. Updated reference.	5/1/2021	N/A
Vyndaqel & Vyndamax	Medical Necessity	Xalkori® (crizotinib)	Annual review with no change to coverage criteria. Updated references.	5/1/2021	5/1/2021

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Xalkori	Notification	Xalkori® (crizotinib)	Annual review with no changes to clinical coverage criteria. Updated references.	5/1/2021	5/1/2021
Xospata	Notification	Xospata® (gilteritinib)	Annual review. Added NCCN recommendation for Myeloid/Lymphoid Neoplasms to background and updated treatment criteria. References updated.	5/1/2021	5/1/2021
Yonsa	Step Therapy	Yonsa® (abiraterone acetate)	Annual review. Added patient has not shown progression of disease while on another formulation of abiraterone to coverage criteria per NCCN recommendations. Updated references.	5/1/2021	5/1/2021
Yonsa	Notification	Yonsa® (abiraterone acetate)	Annual review. Added patient has not shown progression of disease while on another formulation of abiraterone to coverage criteria per NCCN recommendations. Updated references.	5/1/2021	5/1/2021
Zepatier	Notification	Zepatier® (elbasvir/grazoprevir)	Annual review with no changes to coverage criteria. Updated references.	5/1/2021	N/A
Zilxi	Step Therapy	Zilxi (minocycline)	Updated criteria to trial of one. Removed metronidazole from step one options.	5/1/2021	5/1/2021
Zolinza	Notification	Zolinza® (vorinostat)	New program	5/1/2021	5/1/2021
Afstyla	Notification	Afstyla® (antihemophilic factor [recombinant], single chain)	Annual review with no changes to coverage criteria. Updated references.	6/1/2021	N/A
Benznidazole	Notification	Benznidazole	Annual review. No changes.	6/1/2021	6/1/2021
Bronchitol	Notification	Bronchitol® (mannitol)	New program.	6/1/2021	6/1/2021
Cabometyx	Notification	Cabometyx® (cabozantinib)	Annual review. Updated background and criteria to include new NCCN recommendations for osteosarcoma, Ewing sarcoma, GIST and kidney cancer.	6/1/2021	6/1/2021
Cardiovascular Disease Prevention Zero Cost Share - Health Care Reform	Notification	atorvastatin (generic Lipitor) 10 mg and 20 mg and simvastatin (generic Zocor) 5 mg, 10 mg, 20 mg, 40 mg	Annual review. No changes.	6/1/2021	6/1/2021
Cholbam	Notification	Cholbam (cholic acid)	Annual review. No changes to coverage criteria. Updated reference.	6/1/2021	6/1/2021
Cinryze	Medical Necessity	Cinryze® (C1 esterase inhibitor, human)	Added diagnosis criteria and aligned combination use language with prophylactic therapies. Updated references.	6/1/2021	6/1/2021

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Ciprodex, Cipro HC - Essential PDL Only	Step Therapy	Ciprodex (ciprofloxacin HCl/dexamethasone), Cipro HC (ciprofloxacin/hydrocortisone)	Annual Review. No changes.	6/1/2021	N/A
Descovy - Colorado	Medical Necessity	Descovy® (emtricitabine/tenofovir alafenamide)	New program	6/1/2021	N/A
Descovy - Colorado	Step Therapy	Descovy® (emtricitabine/tenofovir alafenamide)	New program	6/1/2021	N/A
Enbrel	Notification	Enbrel® (etanercept)	Annual review. Updated reauthorization approval length. Updated reference.	6/1/2021	N/A
Esperoct	Notification	Esperoct (antihemophilic factor [recombinant], glycopegylated-exei)	Annual review. No change to clinical criteria.	6/1/2021	N/A
Farydak	Notification	Farydak® (panobinostat)	Annual review with no changes to clinical criteria. Updated references.	6/1/2021	6/1/2021
Glaucoma Agents	Step Therapy	Vyzulta (latanoprostene)*, Zioptan (tafluprost)	Annual review. Updated references.	6/1/2021	6/1/2021
Haegarda	Medical Necessity	Haegarda® (C1 esterase inhibitor, human)	Added diagnosis criteria and aligned combination use language with prophylactic therapies. Updated references.	6/1/2021	6/1/2021
Impavido	Notification	Impavido (miltefosine)	Annual review. No changes.	6/1/2021	6/1/2021
Jakafi	Notification	Jakafi® (ruxolitinib)	Annual review. Coverage criteria added for Myeloid/Lymphoid Neoplasms and Myelodysplastic Syndromes per NCCN recommendations. Reference updated.	6/1/2021	6/1/2021
Kineret	Notification	Kineret® (anakinra)	Annual review. Updated background information to reflect package insert. Added coverage criteria for the treatment of Deficiency of Interleukin-1 Receptor Antagonist (DIRA). Updated reauthorization to 12 months to reflect other programs. Updated references.	6/1/2021	6/1/2021
Korlym	Notification	Korlym® (mifepristone)	Annual review with no changes to coverage criteria.	6/1/2021	6/1/2021
Lithobid	Medical Necessity	Lithobid	New program.	6/1/2021	6/1/2021

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Mavyret	Notification	Mavyret® (glecaprevir/pibrentasvir)	Annual review with no changes to clinical criteria. Updated references.	6/1/2021	N/A
Mekinist	Notification	Mekinist® (trametinib)	Annual review. Added coverage criteria for NCCN recommendations for infiltrative supratentorial astrocytoma/oligodendroglioma, distant metastatic uveal melanoma, and epithelial ovarian cancer/fallopian tube	6/1/2021	6/1/2021
Ninlaro	Notification	Ninlaro® (ixazomib)	Annual review. Updated references.	6/1/2021	6/1/2021
Nucala	Notification	Nucala® (mepolizumab)	Updated program to add HES indication and update age requirement for severe asthma indication. Added limitations of use. Updated references.	6/1/2021	N/A
Nucala	Medical Necessity	Nucala® (mepolizumab)	Updated program to add HES indication. Added limitations of use. Updated references.	6/1/2021	6/1/2021
Orladeyo	Notification	Orladeyo (berotralstat)	New program.	6/1/2021	N/A
Orladeyo	Medical Necessity	Orladeyo (berotralstat)	New program.	6/1/2021	6/1/2021
Osphena	Notification	Osphena (ospemifene)	Annual review. No changes.	6/1/2021	6/1/2021
Otezla	Notification	Otezla® (apremilast)	Annual review with no change to clinical criteria. Updated reauthorization from 24 months to 12 months to align with other programs. Reference updated.	6/1/2021	6/1/2021
Palforzia	Medical Necessity	Palforzia [Peanut (<i>Arachis hypogaea</i>) Allergen Powder-dnfp]	Annual review. Updated references.	6/1/2021	6/1/2021
Phexxi	Medical Necessity	Phexxi (lactic acid, citric acid, and potassium bitartrate) vaginal gel	Modified provider attestation statement.	6/1/2021	6/1/2021
Proton Pump Inhibitors	Step Therapy	Nexium for suspension (esomeprazole), Prevacid SoluTab (lansoprazole), Zegerid **for suspension (omeprazole and sodium bicarbonate)	Annual review. References updated.	6/1/2021	N/A
Prudoxin, Zonalon	Notification	Prudoxin (doxepin), Zonalon* (doxepin)	Updated to note brand Zonalon is typically excluded from coverage.	6/1/2021	6/1/2021
Simponi	Notification	Simponi® (golimumab)	Annual review. No changes to clinical criteria. Updated background.	6/1/2021	N/A

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Solosec	Step Therapy	Solosec (secnidazole)	Annual review. Updated references.	6/1/2021	6/1/2021
Spravato	Medical Necessity	Spravato™ (esketamine)	Clarified submission of clinical assessments to include medical record submission.	6/1/2021	7/1/2021
Sprycel	Medical Necessity	Sprycel® (dasatinib)	Annual review. Added diagnosis of myeloid/lymphoid neoplasms with eosinophilia per NCCN. Updated references.	6/1/2021	6/1/2021
Sublingual Immunotherapy (SLIT)	Notification	Grastek (Timothy grass pollen allergen extract), Odactra (Dermatophagoides farinae/Dermatophagoides pteronyssinus allergen extract), Oralair (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens allergen extract), Ragwitek (Short Ragweed Pollen allergen extract)	Annual review. Updated references.	6/1/2021	N/A
Sublingual Immunotherapy (SLIT)	Medical Necessity	Grastek (Timothy grass pollen allergen extract), Odactra (Dermatophagoides farinae/Dermatophagoides pteronyssinus allergen extract), Oralair (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens allergen extract), Ragwitek (Short Ragweed Pollen allergen extract)	Annual review. Updated references.	6/1/2021	6/1/2021
Sutent	Notification	Sutent® (sunitinib malate)	Annual review. Added NCCN recommendation for Myeloid/Lymphoid Neoplasms to background and updated treatment criteria. References updated.	6/1/2021	6/1/2021
Tafinlar	Notification	Tafinlar® (dabrafenib)	Annual review. Updated coverage criteria for CNS cancer based on NCCN recommendations. Updated references.	6/1/2021	6/1/2021
Takhzyro	Medical Necessity	Takhzyro™ (lanadelumab-flyo)	Added diagnosis criteria and aligned combination use language with prophylactic therapies. Updated references.	6/1/2021	6/1/2021
Tazverik	Notification	Tazverik®TM (tazemetostat)	Annual review. Added coverage criteria for new indication for follicular lymphoma. Updated references.	6/1/2021	6/1/2021

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Tobacco Cessatoin - Health Care Reform	Medical Necessity	Chantix (varenicline), Nicotrol Inhaler (nicotine inhalation system), and Nicotrol NS (nicotine nasal spray)	Added criteria for treatment duration not to exceed 2 (3 month) cycles of Tobacco Cessation Therapy per 12 month period.	6/1/2021	6/1/2021
Trikafta	Medical Necessity	Trikafta® (elexacaftor/tezacaftor/ivacaftor)	Updated criteria due to expanded indication approved for additional mutations.	6/1/2021	6/1/2021
Trikafta	Notification	Trikafta® (elexacaftor/tezacaftor/ivacaftor)	Updated criteria due to expanded indication approved for additional mutations.	6/1/2021	N/A
Viberzi	Medical Necessity	Viberzi (eluxadoline)	Annual review. Removed antispasmodic and antidiarrheal agent as a step 1 option based on updated ACG guidelines.	6/1/2021	6/1/2021
Wakix	Medical Necessity	Wakix® (pitolisant)	Added criteria for narcolepsy with cataplexy based on updated product labeling.	6/1/2021	6/1/2021
Wakix	Notification	Wakix® (pitolisant)	Updated to include coverage for narcolepsy with cataplexy based on new product labeling.	6/1/2021	N/A
Xtandi	Notification	Xtandi® (enzalutamide)	Annual review. No changes to coverage criteria. Updated references.	6/1/2021	6/1/2021
Zelboraf	Notification	Zelboraf™ (vemurafenib)	Annual review. Updated coverage criteria for CNS cancer per NCCN recommendations. Removed coverage criteria for colon and rectal cancer. These recommendations were not included in current version of NCCN guidelines for colon or rectal cancer. Updated references.	6/1/2021	6/1/2021
Zokinvy	Notification	Zokinvy™ (lonafarnib)	New program.	6/1/2021	6/1/2021
Zomig Nasal Spray	Step Therapy	Zomig (zolmitriptan) nasal spray	Annual Review. No changes.	6/1/2021	6/1/2021
Actemra	Notification	Actemra® (tocilizumab)	Added coverage criteria for systemic sclerosis-associated interstitial lung disease. Updated background and references.	7/1/2021	N/A
Actemra	Medical Necessity	Actemra® (tocilizumab)	Added coverage criteria for systemic sclerosis-associated interstitial lung disease. Updated background and references.	7/1/2021	7/1/2021
Amzeeq	Medical Necessity	Amzeeq (minocycline 4% topical foam)	Annual review. Updated references.	7/1/2021	7/1/2021
Berinert	Medical Necessity	Berinert® (C1 esterase inhibitor [human])	Added diagnosis criteria. Updated references.	7/1/2021	7/1/2021
Cablivi	Notification	Cablivi® (caplacizumab-yhdp)	Annual review. Updated clinical criteria from initial inpatient administration to a bolus intravenous injection administered by a healthcare provider. Updated reference.	7/1/2021	7/1/2021

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Dry Eye Disease	Notification	Cequa™ (cyclosporine 0.09% ophthalmic solution)*, Restasis® (cyclosporine 0.05% ophthalmic emulsion), Restasis MultiDose (cyclosporine 0.05% ophthalmic emulsion)*, Xiidra® (lifitegrast 5% ophthalmic solution)	Annual review. Updated references.	7/1/2021	N/A
Dry Eye Disease	Medical Necessity	Cequa™ (cyclosporine 0.09% ophthalmic solution)*, Restasis® (cyclosporine 0.05% ophthalmic emulsion), Restasis MultiDose (cyclosporine 0.05% ophthalmic emulsion)*, Xiidra® (lifitegrast 5% ophthalmic solution)	Annual review. Updated references.	7/1/2021	7/1/2021
EndeavorRx, reSET, reSET-O, Somryst	Medical Necessity	EndeavorRx, reSET, reSET-O, Somryst	New program	7/1/2021	7/1/2021
Entresto	Notification	Entresto (valsartan-sacubitril)	Updated to remove heart failure classification and ejection fraction requirements based on updated labeling.	7/1/2021	N/A
Entresto	Medical Necessity	Entresto (valsartan-sacubitril)	Updated criteria to allow coverage with ejection fraction greater than 40% with structural heart disease based on updated labeling.	7/1/2021	7/1/2021
Esbriet & Ofev	Notification	Esbriet® (pirfenidone) and Ofev® (nintedanib)	Annual Review. No change in coverage criteria. Updated references.	7/1/2021	N/A
Esbriet & Ofev	Medical Necessity	Esbriet® (pirfenidone) and Ofev® (nintedanib)	Annual Review. No change in coverage criteria. Updated references.	7/1/2021	7/1/2021
Fasenra	Notification	Fasenra® (benralizumab)	Annual review. No changes to clinical criteria. Added limitations of use. Updated references.	7/1/2021	N/A
Fasenra	Medical Necessity	Fasenra™ (benralizumab)	Annual review. No changes to clinical criteria. Added limitations of use. Updated references.	7/1/2021	7/1/2021
Firazyr	Medical Necessity	Firazyr® (icatibant)	Added diagnosis criteria. Updated references.	7/1/2021	7/1/2021
Inrebic	Step Therapy	Inrebic® (fedratinib)	Annual review without change to clinical intent. Updated background and references.	7/1/2021	7/1/2021
Jublia & Kerydin	Step Therapy	Jublia, Kerydin	Annual review. Administrative change for reformatting and clarity. Updated references.	7/1/2021	N/A

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Jublia & Kerydin	Medical Necessity	Jublia, Kerydin	Annual review. Administrative change for reformatting and clarity. Updated references.	7/1/2021	7/1/2021
Kisqali	Notification	Kisqali® (ribociclib)	Annual review without change to clinical intent. Updated references.	7/1/2021	7/1/2021
Kisqali	Step Therapy	Kisqali® (ribociclib)	Annual review. Added recurrent to diagnosis criteria. Updated references.	7/1/2021	7/1/2021
Lonsurf	Notification	Lonsurf® (trifluridine/tipiracil)	Annual review with no changes to coverage criteria. Updated background and references.	7/1/2021	7/1/2021
Northera	Medical Necessity	Northera (droxidopa)	Annual review. Noted that multi-source brand may be excluded from coverage.	7/1/2021	7/1/2021
Prudoxin, Zonalon	Medical Necessity	Prudoxin (doxepin), Zonalon (doxepin)	New program	7/1/2021	7/1/2021
Retinoids	Notification	Altreno® (tretinoin), Arazlo®, (tazarotene), Avita® (tretinoin)*, Atralin™ (tretinoin)*, Retin-A® (tretinoin) [brand only] *, Retin-A Micro® (tretinoin microspheres)*, Differin® (adapalene)*, Fabior™ (tazarotene)*, Tazorac® (tazarotene), and Akliel® (trifarotene)	Added Arazlo as target medication. Updated references.	7/1/2021	7/1/2021
Ruconest	Medical Necessity	Ruconest® (C1 esterase inhibitor [recombinant])	Added diagnosis criteria. Updated references.	7/1/2021	7/1/2021
Short-Acting Opioid Review Criteria for opioid naïve members	Misc	Short-Acting Opioid Review Criteria for opioid naïve members	Annual review. Administrative change for formatting.	7/1/2021	7/1/2021
Slynd	Medical Necessity	Slynd (drospirenone)	Simplified contraindication language and added documentation of contraindication.	7/1/2021	7/1/2021
Talzenna	Step Therapy	Talzenna™ (talazoparib)	Annual review. No changes to clinical criteria. Updated references.	7/1/2021	7/1/2021
Tempmetko	Notification	Tepmetko® (tepotinib)	New program	7/1/2021	7/1/2021
Ukoniq	Notification	Ukoniq™ (umbralisib)	New program	7/1/2021	7/1/2021
Venclexta	Notification	Venclexta®™ (venetoclax)	Annual review. Updated background and criteria for multiple myeloma based on NCCN recommendations. Updated references.	7/1/2021	7/1/2021

Guideline/Policy Name	UM Type	Trade Name (Generic Name)	Summary of Changes	Implementation Date	Oxford Implementation Date
Weight Loss - Regulatory Program, CA, MD, NY	Notification	Xenical (orlistat), benzphetamine, diethylpropion, phendimetrazine, phentermine (all brand products including Adipex-P and Lomaira) Contrave (naltrexone and bupropion), Imcivree (setmelanotide), Qsymia (phentermine and topiramate extended-release), and Saxenda (liraglutide)	Added Imcivree as in scope. Added Imcivree criteria. Updated references. Formatting changes.	7/1/2021	7/1/2021
Xifaxan	Medical Necessity	Xifaxan (rifaximin)	Annual review. Removed antispasmodic and antidiarrheal agent as a step 1 option for IBS-D based on updated ACG guidelines. Added reauthorization for hepatic encephalopathy. Updated references.	7/1/2021	7/1/2021
Tasmar	Medical Necessity	Tasmar® (tolcapone)	New program.	9/1/2021	9/1/2021
Zyflo, Zyflo CR, Zileuton	Step Therapy	Zileuton extended-release (generic Zyflo CR), Zyflo (zileuton)	Modified step to require a failure of one or a contraindication or intolerance to both step one medications.	9/1/2021	9/1/2021