

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
CLINICAL EDITS FOR IMPLEMENTATION		
Isturisa 1mg Tablet Isturisa 5mg Tablet Isturisa 10mg Tablet	Osilodrostat Phosphate	Indicated for the treatment of adult patients with Cushing’s disease for whom pituitary surgery is not an option or has not been curative. <u>Initial Therapy:</u> <ul style="list-style-type: none"> • Participants aged 18 years or older AND • Prescribed by or in consultation with an endocrinologist or other appropriate specialist for the disease state AND • Documented diagnosis of Cushing’s disease (ICD10 E24.0, E24.3, E24.8, E24.9) AND • Documentation of baseline electrocardiogram, potassium levels, magnesium levels, cortisol levels, and blood pressure AND • Documentation of failed pituitary surgery OR • Contraindication to pituitary surgery • Initial approval of 3 months <u>Continuation of Therapy:</u> <ul style="list-style-type: none"> • Documentation of recent cortisol levels demonstrating mUFC ≤ULN • Documentation of recent electrocardiogram • Documentation of recent potassium, magnesium, cortisol levels and blood pressure
Jynarque 15-15mg Tablet Jynarque 30-15mg Tablet	Tolvaptan	Indicated to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD). Jynarque Clinical Edit

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Koselugo 10mg Capsule Koselugo 25mg Capsule	Selumetinib/Vitamin E TPGS	<p>Indicated for the treatment of pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic, inoperable plexiform neurofibromas (PN).</p> <p>Initial Therapy:</p> <ul style="list-style-type: none"> • Participant aged 2 years or older AND • Documented diagnosis of neurofibromatosis type 1 AND • Documentation of inoperable plexiform neurofibromas (PN) defined as a PN that cannot be completely removed without risk for substantial morbidity due to encasement of or close proximity to vital structures, invasiveness, or high vascularity of the PN AND • Prescribed by or in consultation with an oncologist, neurologist, or other specialist familiar with the treated disease state AND • Documentation of baseline left ventricular ejection fraction (LVEF) AND • Documentation of baseline ophthalmic assessment AND • Documentation of baseline CPK level AND • Participant is not currently pregnant AND • Participant (male or female of appropriate age) is utilizing concurrent birth control methods <p>Continuation of Therapy:</p> <ul style="list-style-type: none"> • Initial approval is for 1 year, renewal of prior authorization may be given following documentation of the following: <ul style="list-style-type: none"> o Ophthalmic examinations for ocular toxicities at least once annually AND o LVEF assessed every 3 months during the first year of treatment and then every 6 months thereafter AND o Recent CPK level AND o Documentation of benefit of therapy, examples include: <ul style="list-style-type: none"> ☑ stabilization or reduction in PN size or number of PN ☑ improved quality of life

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<p>Oriahnn 300-1-0.5mg/300mg Capsule</p>	<p>Elagolix/Estradiol/Norethindrone</p>	<p>Indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.</p> <p>Approval criteria: Documented diagnosis of menorrhagia (ICD-10: N92.xxx) associated with uterine leiomyomas (ICD-10: D25.xxx) AND Prescribed by or in consultation with an Obstetrician or gynecologists or other specialist in the treated disease state AND Participants over the age of 35: D&C should be considered or other forms of uterine sampling Thrombophilia workup Baseline dual-energy X-ray absorptiometry (DEXA) scan AND Baseline mammography AND Absence of previous Orilissa therapy Documented trial of alternative therapy NSAIDs – trial defined as 30/180 days AND Combined contraceptive therapy – trial defined as 180/270 days Initial approval of 6 months</p>
<p>Xcopri 50mg Tablet Xcopri 100mg Tablet Xcopri 150mg Tablet Xcopri 200mg Tablet Xcopri 12.5-25mg Titration Pack Xcopri 50-100mg Titration Pack Xcopri 150-200mg Titration Pack Xcopri 250mg Daily Dose Pack Xcopri 350mg Daily Dose Pack</p>	<p>Cenobamate</p>	<p>Indicated for the treatment of partial-onset seizures in adult patients.</p> <p>Approval criteria: > 18 yrs, diagnosis of partial onset or focal seizures, t/f with 2 alternative anti-epileptics</p>

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OPEN ACCESS		
Anjeso 30mg/ml Vial	Meloxicam	Indicated for use in adults for the management of moderate-to-severe pain, alone or in combination with non-NSAID analgesics.
Bynfezia 2500mcg/ml Pen	Octreotide Acetate	indicated for: <ul style="list-style-type: none"> • Reduction of growth hormone (GH) and insulin-like growth factor 1 (IGF-1) [somatomedin C] in adult patients with acromegaly who have had inadequate response to or cannot be treated with surgical resection, pituitary irradiation, and bromocriptine mesylate at maximally tolerated doses • Treatment of severe diarrhea/flushing episodes associated with metastatic carcinoid tumors in adult patients • Treatment of profuse watery diarrhea associated with vasoactive intestinal peptide tumors (VIPomas) in adult patients
Dilaudid 0.2mg/ml Syringe	Hydromorphone HCl/PF	Indicated for the management of pain severe enough to require an opioid analgesic and for which alternate treatments are inadequate.
Fensolvi 45mg Syringe	Leuprolide Acetate	Indicated for the treatment of pediatric patients 2 years of age and older with central precocious puberty.
Hizentra 1gm/5ml Syringe Hizentra 2gm/10ml Syringe Hizentra 4gm/20ml Syringe	Immun Glob G(IgG)/pro/IgA 0-50	Indicated for the treatment of: <ul style="list-style-type: none"> • Primary immunodeficiency (PI) in adults and pediatric patients 2 years of age and older. • Maintenance therapy in adults with chronic inflammatory demyelinating polyneuropathy (CIDP).
PDL EDITS FOR IMPLEMENTATION		
Ajovy 225mg/1.5ml Auto Injector	Fremanezumab-Vfrm	Indicated for the preventive treatment of migraine in adults. Calcitonin Gene-Related Peptide (CGRP) Inhibitors PDL - Non-Preferred

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Avsola 100mg Vial	Infliximab-Axxq	<p>Indicated for:</p> <p>Crohn's Disease:</p> <ul style="list-style-type: none"> • reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. • reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease. <p>Pediatric Crohn's Disease: reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy.</p> <p>Ulcerative Colitis: reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy.</p> <p>Pediatric Ulcerative Colitis: reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy.</p> <p>Rheumatoid Arthritis in combination with methotrexate: reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active disease.</p> <p>Ankylosing Spondylitis: reducing signs and symptoms in patients with active disease.</p> <p>Psoriatic Arthritis: reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function.</p> <p>Plaque Psoriasis: treatment of adult patients with chronic severe (i.e., extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate.</p> <p>Targeted Immune Modulators PDL - Non-Preferred</p>
Dayvigo 5mg Tablet Dayvigo 10mg Tablet	Lemborexant	<p>Indicated for the treatment of adult patients with insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.</p> <p>Sedative Hypnotics PDL - Non-Preferred</p> <p>Limit 1 tab per day</p>

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Durysta 10mcg Implant	Bimatoprost	<p>Indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).</p> <p>Glaucoma Agents PDL - Non-Preferred</p> <p>Approval criteria:</p> <ul style="list-style-type: none"> • Diagnosis of open-angle glaucoma (ICD10 – H40.10, H40.11) or ocular hypertension (ICD10 – H40.059) • Adequate therapeutic trial of 2 prostaglandin topical agents • Documentation of intolerance, difficulty of administration, or non-compliance with topical prostaglandin therapy • Quantity limit of 2 implants per lifetime – 1 implant per eye
Harvoni 45-200mg Pellet Packet Harvoni 33.75-150mg Pellet Packet	Ledipasvir/Sofosbuvir	<p>Indicated for the treatment of chronic hepatitis C virus (HCV) in adults and pediatric patients 3 years of age and older:</p> <ul style="list-style-type: none"> • Genotype 1, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis. • Genotype 1 infection with decompensated cirrhosis, in combination with ribavirin. • Genotype 1 or 4 infection who are liver transplant recipients without cirrhosis or with compensated cirrhosis, in combination with ribavirin. <p>Hepatitis C (HCV) Therapy PDL - Non-Preferred</p>
Kynmobi 10mg Sublingual Film Kynmobi 15mg Sublingual Film Kynmobi 20mg Sublingual Film Kynmobi 25mg Sublingual Film Kynmobi 30mg Sublingual Film Kynmobi 10-15-20mg Titration Kit	Apomorphine HCl	<p>Indicated for the acute, intermittent treatment of “off” episodes in patients with Parkinson’s disease.</p> <p>Anti-Parkinsonism Non-Ergot Dopamine Agonists PDL - Non-Preferred</p> <p>Approval criteria:</p> <ul style="list-style-type: none"> • Documented diagnosis of Parkinson’s disease (ICD-10 code G20) AND • Documentation of current use of carbidopa/levodopa AND • Adequate trial of at least one of the following agents being added to carbidopa/levodopa therapy to reduce number and frequency of “off” episodes: Dopamine agonist, COMT inhibitor, or MAO-B inhibitor AND • Documented baseline occurrence of “off” episodes (number and frequency) AND • Documentation of attempts to adjust dosing to manage “off” episodes AND • Max daily dose of 5 sublingual films/day
Licart 1.3% Patch	Diclofenac Epolamine	<p>Indicated for the topical treatment of acute pain due to minor strains, sprains, and contusions.</p> <p>NSAID Agents PDL – Non-Preferred</p>

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Lyumjev 100 unit/ml Vial Lyumjev 100 unit/ml Kwikpen Lyumjev 200 unit/ml Kwikpen	Insulin Lispro-aabc	Indicated to improve glycemic control in adults with diabetes mellitus. Insulins – Rapid Acting PDL - Non-Preferred
Nexletol 180mg Tablet	Bempedoic Acid	Indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C. Statins and Combination Products PDL - Non-Preferred
Nexlizet 180-10mg Tablet	Bempedoic Acid/Ezetimibe	Indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C. Statins and Combination Products PDL - Non-Preferred
Nymalize 30mg/5ml Oral Syringe Nymalize 60mg/10ml Oral Syringe	Nimodipine	Indicated for the improvement of neurological outcome by reducing the incidence and severity of ischemic deficits in adult patients with subarachnoid hemorrhage (SAH) from ruptured intracranial berry aneurysms regardless of their post-ictus neurological condition (i.e., Hunt and Hess Grades I-V). Calcium Channel Blockers (DHP) - Non-Preferred
Osmolex ER 322mg/Day Tablet	Amantadine HCl	indicated for the treatment of: <ul style="list-style-type: none"> • Parkinson's disease • Drug-induced extrapyramidal reactions in adult patients Anti-Parkinsonism Non-Ergot Dopamine Agonists PDL - Non-Preferred

Promacta 25mg Suspension Packet	Eltrombopag Olamine	<p>Indicated:</p> <ul style="list-style-type: none">• for the treatment of thrombocytopenia in adult and pediatric patients 1 year and older with chronic immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.• for the treatment of thrombocytopenia in patients with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy.• in combination with standard immunosuppressive therapy for the first-line treatment of adult and pediatric patients 2 years and older with severe aplastic anemia.• for the treatment of patients with severe aplastic anemia who have had an insufficient response to immunosuppressive therapy. <p>Thrombocytopenia Treatment Agents PDL - Preferred</p> <p>If patient is 12 years or older, need to use tablet or provide explanation why can't they use tablet</p>
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Sovaldi 150mg Pellet Packet Sovaldi 200mg Pellet Packet	Sofosbuvir	Indicated for the treatment of: <ul style="list-style-type: none"> • Adult patients with genotype 1, 2, 3 or 4 chronic HCV infection without cirrhosis or with compensated cirrhosis as a component of a combination antiviral treatment regimen. • Pediatric patients 3 years of age and older with genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis in combination with ribavirin. Hepatitis C (HCV) Therapy PDL - Non-Preferred
Zeposia 0.23-0.46mg Starter Pack Zeposia 0.23-0.46-0.92mg Kit Zeposia 0.92 Capsule	Ozanimod Hydrochloride	Indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. Multiple Sclerosis Agents PDL - Non-Preferred
Zilxi 1.5% Foam	Minocycline HCl	Indicated for the treatment of inflammatory lesions of rosacea in adults. Tetracyclines PDL - Non-Preferred