COMMON TRADE NAME	GENERIC NAME	INDICATIONS
CLINICAL EDITS FOR IMPLEMENTATION		
Givlaari 189mg/ml Vial	Givosiran Sodium	Indicated for the treatment of adults with acute hepatic porphyria (AHP). **Approval criteria** **Initial Therapy:** **• Participant aged 18 years or older AND** **• Prescribed by or in consultation with a hepatologist, gastroenterologist, or other specialist in the treated disease state AND** **• Documented diagnosis of AHP (ICD10 E80.2X)** **o Documentation of genetic testing confirming the presence of a mutation for AHP AND** **o Documentation of labs used to verify diagnosis such as spot or 24 hour urine delta-aminolevulinic acid (ALA), porphobilinogen (PBG), and creatinine with results 4 times the upper limit of normal** **• Documentation of active disease defined as at least 1 porphyria attack within the past 6 months (defined by hospitalization, urgent healthcare visit, or intravenous hemin therapy) AND** **• Documentation of current LFTs and serum creatinine** **Continuation of Therapy:** **• Documentation of stabilized or decreased AHP attack frequency (i.e. decreased hospitalizations, urgent healthcare visits, or hemin therapy) AND** **• Documentation of current LFTs and serum creatinine (monthly during the first 6 months of therapy and then at least once annually)**

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
CLINICAL EDITS FOR IMPLEMENTATION CONTINUED		
Oxbryta 500mg Tablet	Voxelotor	Inhibitor indicated for the treatment of sickle cell disease in adults and pediatric patients 12 years of age and older. **Initial Therapy:** **• Age > 12 years** **• Diagnosis of sickle cell disease (ICD10: D57.xx)** **• Abnormal hemoglobin level > 5.5 to < 10.5 g/dL** **• Prescribed by a hematologist or in consultation with a hematologist or other appropriate specialist** **• Previous treatment, intolerance, insufficient response or contraindication with hydroxyurea or consultation with hematologist familiar with sickle cell disease within the last year and refused treatment with hydroxyurea** **• Absence of renal insufficiency and uncontrolled liver disease** **• Participant currently not pregnant or nursing** **• Approval granted for 6 months** **Additional Provider Diagnostic/Monitoring Criteria, if desired:** **• At this time there is no data on concomitant use with Adakveo** **• Absence of RBC transfusion in the past 60 days** **• Absence of erythropoietin within the past 28 days** **Continuation of Therapy:** **• Hb increase of > 1 g/dL from baseline to 24 weeks** **• Reduction in indirect bilirubin and a reduction in reticulocytes**

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
CLINICAL EDITS FOR IMPLEMENTATION CONTINUED		
Trikafta 100-50-75mg; 150mg Tablet	Elexacaftor/Tezacaftor/Ivacaftor; Ivacaftor	Indicated for the treatment of cystic fibrosis (CF) in patients aged 12 years and older who have at least one F508del mutation in the CFTR gene. If the patient's genotype is unknown, an FDA-cleared CF mutation test should be used to confirm the presence of at least one F508del mutation. **Cystic Fibrosis Clinical Edit** **Initial Therapy:** **• Documented diagnosis of cystic fibrosis (ICD-10: E84.xxx)** **• Prescribed by or in consultation with an appropriate specialist** **• Patient is > 12 years of age** **• FDA-approved CF mutation test to confirm presence of at least one F508del mutation** **• Documented recent baseline AST, ALT, and bilirubin** **• Documented recent baseline pulmonary function test results (ppFEV1)** **• Documented recent baseline eye exam for participants aged < 18 years** **• Absence of severe hepatic impairment Child-Pugh Class C** **Continuation of Therapy:** **Initial approval of prior authorization is 6 months or up to 12 months following documentation of the following:** **• Annual ophthalmic examinations for participants aged < 18 years** **• AST, ALT, and bilirubin at least every 3 months during the first year of treatment and annually thereafter:** **o Serum ALT or AST < 5 times the upper limit of normal (ULN) OR** **o Serum ALT or AST < 3 times the ULN with bilirubin < 2 times the ULN** **• Annual documentation of improvement or stability in at least one measurable objective goal:** **o Number percent increase in ppFEV1 and/or other lung functions tests** **o Decrease in pulmonary exacerbations** **o Decrease in pulmonary infections** **o Decrease in hospitalizations** **o Increase in weight gain** **o Improvement in sweat chloride**

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
CLINICAL EDITS FOR IMPLEMENTATION CONTINUED		
Vyondys-53 100mg/2ml Vial	Golodirsen	Indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 53 skipping. **Must meet the following criteria:** **Initial Therapy:** **• Documented diagnosis of DMD confirmed by:** **o Genetic testing for dystrophin gene deletion or duplication OR** **o Genetic sequencing screening for mutations attributed to DMD OR** **o Positive muscle biopsy showing absence of dystrophin protein AND** **• Prescribed by or in consultation with a neurologist or other appropriate specialist AND** **• Documentation of baseline clinical criteria [ex: BMI, weight, ambulatory status, 6-minute walk test (6MWT), North Star Ambulatory Assessment (NSAA), Brooke Upper Extremity Function Scale, Forced vital capacity (FVC)] AND** **• Age ≥6 years and ≤15 years (age range based on clinical trial entry criteria)** **• Genetic testing to confirm mutation of DMD gene amenable to exon 53 skipping AND** **• Dosed at 30mg/kg once weekly AND** **• Documentation of concurrent prednisone or deflazacort therapy, defined as 6 months in the past 9 months** **Continuation of Therapy:** **• Improvement or stabilization of motor or pulmonary function from baseline (ex: 6MWT, NSAA, Brooke Upper Extremity Scare, FVC) AND** **• Participant retains meaningful voluntary motor function (ex: able to speak, manipulate objects using upper extremities, ambulate)**
Wakix 4.45mg Tablet Wakix 17.8mg Tablet	Pitolisant HCl	Indicated for the treatment of excessive daytime sleepiness (EDS) in adult patients with narcolepsy. **Narcolepsy Inhibitors Clinical Edit**
OPEN ACCESS		
Asceniv 10% Vial	Immune globulin, gamma(IgG)slra	Indicated for the treatment of primary humoral immunodeficiency (PI) in adults and adolescents (12 to 17 years of age).
Beouvu 6mg/0.05ml Vial	Brolucizumab-Dbll	Indicated for the treatment of Neovascular (Wet) age-related macular degeneration.
Dexamethasone Sodium Phosphate 10mg/ml Syringe	dexamethasone sodium phosp/PF	

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
OPEN ACCESS CONTINUED		
Eylea 2mg/0.05ml Syringe	Aflibercept	Indicated for the treatment of patients with Neovascular (Wet) Age-Related Macular Degeneration (AMD).
Lanoxin 100mcg/ml Vial Lanoxin 500mcg/ml Vial	Digoxin	Indicated for: • Treatment of mild to moderate heart failure in adults. • Increasing myocardial contractility in pediatric patients with heart failure. • Control of resting ventricular rate in adults with chronic atrial fibrillation.
Pretomanid 200mg Tablet	Pretomanid	Indicated, as part of a combination regimen with bedaquiline and linezolid for the treatment of adults with pulmonary extensively drug resistant (XDR), treatment-intolerant or nonresponsive multidrug-resistant (MDR) tuberculosis (TB).
Vancomycin Hcl 500mg/0.1L Piggyback	Vancomycin/Water for inj (PEG)	Used to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.
Xembify 1g/5ml Vial Xembify 2g/10ml Vial Xembify 4g/20ml Vial Xembify 10g/50ml Vial	Immune Globulin,Gamma(IgG)klhw	Indicated for treatment of primary humoral immunodeficiency (PI) in patients 2 years of age and older. Includes, but is not limited to, congential agammaglobulinemia, common variable immunodeficiency, X-linked agammaglobulinemia, Wiskott-Aldrich syndrome, and severe combined immunodeficiencies.
PDL EDITS FOR IMPLEMENTATION		
Aklief 0.005% Cream	Trifarotene	Indicated for the treatment of acne vulgaris for ages 9 and above. **Topical Retinoids PDL - Non-Preferred**
Drizalma Sprinkle 20mg Capsule Drizalma Sprinkle 30mg Capsule Drizalma Sprinkle 40mg Capsule Drizalma Sprinkle 60mg Capsule	Duloxetine HCl	Indicated for: • Major Depressive Disorder (MDD) in adults • Generalized Anxiety Disorder (GAD) in adults and pediatric patients ages 7 years to 17 years old • Diabetic Peripheral Neuropathic Pain (DPNP) in adults • Chronic Musculoskeletal Pain in adults **Fibromyalgia Agents PDL - Non-Preferred**
Egrifta SV 2mg Vial	Tesamorelin Acetate	Indicated for the reduction of excess abdominal fat in HIV-infected adult patients with lipodystrophy. **Growth Hormones PDL - Non-Preferred**
Fasenra 30mg/ml Auto Injector	Benralizumab	Indicated for the add-on maintenance treatment of patients with severe asthma ages 12 years and older, and with an eosinophilic phenotype. **Monoclonal Antibiodies PDL - Non-Preferred**

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
PDL EDITS FOR IMPLEMENTATION CONTINUED		
Gloperba 0.6mg/5ml Solution	Colchicine	Indicated for prophylaxis of gout flares in adults. **Antihyperuricemic Agents PDL - Non-Preferred**
Gvoke 0.5mg/0.1ml Syringe Gvoke 1mg/0.2ml Syringe	Glucagon	Indicated for the treatment of severe hypoglycemia in pediatric and adult patients with diabetes ages 2 years and above. **Glucagon Agents PDL (New) - Non-Preferred**
Gvoke Hypopen 0.5mg/0.1ml Auto Injector Gvoke Hypopen 1mg/0.2ml Auto Injector	Glucagon	Indicated for the treatment of severe hypoglycemia in pediatric and adult patients with diabetes ages 2 years and above. **Glucagon Agents PDL (New) - Non-Preferred**
Harvoni 45mg-200mg Tablet	Ledipasvir/Sofosbuvir	Indicated for the treatment of adults and pediatric patients 3 years of age and older with chronic hepatitis C virus infection. **Hepatitis C Therapy PDL - Non-Preferred**
Nplate 125mcg Vial	Romiplostim	Indicated for the treatment of thrombocytopenia in: - Adult patients with immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. - Pediatric patients 1 year of age and older with ITP for at least 6 months who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. **Thrombocytopenia Treatment Agents PDL - Preferred**
Olumiant 1mg Tablet	Baricitinib	Indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies. **Targeted Immune Modulators PDL - Non-Preferred**
Proair Digihaler 90mcg Inhaler	Albuterol Sulfate	Indicated for: - Treatment or prevention of bronchospasm in patients 4 years of age and older with reversible obstructive airway disease. - Prevention of exercise-induced bronchospasm in patients 4 years of age and older. **Beta Adrenergic Agents – Short Acting PDL - Non-Preferred**
Relafen DS 1000mg Tablet	Nabumetone	Indicated for relief of signs and symptoms of osteoarthritis and rheumatoid arthritis. **NSAID Agents PDL - Non-Preferred**

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
PDL EDITS FOR IMPLEMENTATION CONTINUED		
Sovaldi 200mg Tablet	Sofosbuvir	Adults: Indicated for the treatment of adult patients with chronic hepatitis C virus injection. Pediatrics: Indicated for the treatment of chronic HCV genotype 2 or 3 infection in pediatric patients 3 years of age or older without cirrhosis or with compensated cirrhosis for use in combination with ribavirin. **Hepatitis C Therapy PDL - Non-Preferred**
Tovet 0.05% Foam	Clobetasol/Emollient no.65	Indicated for the treatment of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 12 years and older. **Corticosteroids – Topical PDL - Non-Preferred**
Vumerity 231mg Capsule	Diroximel Fumarate	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**
Ziextenzo 6mg/0.6ml Syringe	Pegfilgrastim-Bmez	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. **Colony Stimulating Factor PDL - Preferred**

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
PRIOR AUTHORIZATION		
Adakveo 100mg/10ml Vial	Crizanlizumab-Tmca	Indicated to reduce the frequency of vasoocclusive crises in adults and pediatric patients aged 16 years and older with sickle cell disease. **Must meet the following criteria:** **Initial Therapy:** **• Age > 16 years** **• Diagnosis of sickle cell disease (ICD-10: D57.xxx)** **• Prescribed by or in consultation with a hematologist or other appropriate specialist.** **• Absence of positive pregnancy test** **• Patient has experienced at least 2 sickle cell-related pain crises in the prior year** **• Quantity limit of one infusion every 4 weeks after initial titration** **• Patient has had previous treatment, intolerance, or contraindication with hydroxyurea** **Continuation of Therapy:** **• Documented reduction in number of VOCs**

COMMON TRADE NAME	GENERIC NAME	INDICATIONS
PRIOR AUTHORIZATION CONTINUED		
Reblozyl 25mg Vial Reblozyl 75mg Vial	Luspatercept-Aamt	Indicated for the treatment of anemia in: • Adult patients with beta thalassemia who require regular red blood cell (RBC) transfusions. **Initial Therapy:** **• Age ≥ 18 years of age** **• Documented diagnosis of Beta Thalassemia (D56.1) or Hemoglobin E-beta thalassemia (D56.5)** **• Prescribed by or in consultation with an appropriate specialist for the disease state** **• Patient requires regular red blood cell transfusions defined as 6-20 RBC units per 24 weeks, with no transfusion-free period greater than 35 days during that period** **• Patient is not pregnant** **• Patients lacks recent deep vein thrombosis, stroke or recent use of ESA, immunosuppressant, or hydroxyurea therapy** **Continuation of Therapy:** **Initial approval of prior authorization is 3 months or up to 12 months following documentation of the following:** **• Documentation of decrease in transfusion burden** **• If the pre-dose Hgb is ≥ 11.5 g/dL and the Hgb level is not influenced by recent transfusion, delay dosing until Hgb is ≤ 11 g/dL**
REFERENCE DRUG LIST FOR IMPLEMENTATION		
Secuado 3.8mg/24hr Patch Secuado 5.7mg/24hr Patch Secuado 7.6mg/24hr Patch	Asenapine	Indicated for the treatment of adults with schizophrenia. **Antipsychotics – 2nd Generation (Atypicals)**