

# PHC P & T ADDITIONS, CHANGES & DELETIONS: P & T COMMITTEE MEETING July 16, 2020

## Criteria Additions and Updates:

Criteria specifics are included in the [PHC Formulary Search Tool](#) (available on 10/01/20), and in the P & T Changes [Prior Auth Criteria](#) document for July 16, 2020.

Specific limitations (eg, specific age or fill limit) are included in the [PHC Formulary Search Tool](#). Brand names are shown in parentheses for reference only; generic substitution is required.

Drug Class	Action	Effective Date
Cardiology		
Alirocumab prefilled syringes & pens (Praluent™)	Revised/Update current criteria	10/01/20
Evolocumab pens, prefilled syringes, & cartridges (Repatha™)		10/01/20
Endocrinology		
Teriparatide pens (Forteo™)	Revised/Update current criteria	10/01/20
Abaloparatide pens (Tymlos™)		10/01/20
Romosozumab-aqqg prefilled syringe for SQ injection (Evenity™)	New criteria added	10/01/20
Etelcalcetide injection (Parsabiv™)		10/01/20
Endocrine: Enzyme Replacement		
Agalsidase beta injection, (Fabrazyme™)	New criteria added	10/01/20
Alglucosidase alfa inj, (Lumizyme™) injection		10/01/20

Update, continued

Drug Class	Action	Effective Date
Endocrine: Enzyme Replacement continued		
Cerliponase alfa injection, (Brineura™)	New criteria added	10/01/20
Elosulfase alfa injection, (Vimizim™)		10/01/20
Galsulfase injection, (Naglazyme™)		10/01/20
Idursulfase injection, (Elaprase™)		10/01/20
Imiglucerase injection, (Cerezyme™)		10/01/20
Laronidase injection, (Aldurazyme™)		10/01/20
Velaglucerase Alfa injection, (Vpriv™)		10/01/20
Vestronidase alfa-vjbc injection, (Mepsevii™)		10/01/20
Hematology/Oncology		
Anti-D immunoglobulin [Rho(D) immune globulin] (WinRho SDF™)	New criteria added	10/01/20
Crizanlizumab-tmca vials (Adakveo™)		10/01/20
Eltrombopag tablets, packets (Promacta™)		10/01/20
Pegfilgrastim injection (Neulasta™, Neulasta Onpro™)	Revised/Update current criteria	10/01/20
Pegfilgrastim-bmez injection (Ziextenzo™)	Added to existing criteria for pegfilgrastim biosimilars.	10/01/20

Update, continued

Drug Class	Action	Effective Date
Hematology/Oncology continued		
Romiplostim (Nplate™) injection	New criteria added	10/01/20
Voxelotor (Oxbryta™) tablets		10/01/20
Miscellaneous Agents		
Belimumab vial for IV infusion; pens and prefilled syringes for subcutaneous injection (Benlysta™)	Revised/Update current criteria	10/01/20
Neurology		
Alemtuzumab SDV for IV infusion (Lemtrada™)	New Criteria added	10/01/20
Edaravone IV bags (Radicava™)	Revised/Update current criteria	10/01/20
Dimethyl Fumarate Oral (Tecfidera™)	Revised/Update current criteria	10/01/20
Diroximel Fumarate 231 mg capsules (Vumerity™)	Added to existing revised/updated criteria for first line MS therapies.	10/01/20
Fingolimod Hydrochloride oral (Gilenya™)	Revised/Update current criteria	10/01/20
Glatiramer injection (Copaxone™)		10/01/20
Glatiramer Depot injection (name TBD)	Added to existing revised/updated criteria for first line MS therapies.	10/01/20
Inotersen prefilled syringes (Tegsedi™)	New criteria added	10/01/20

Update, continued

Drug Class	Action	Effective Date
Neurology continued		
Interferon beta-1a prefilled syringes & pens (Avonex™, Rebif™)	Revised/Update current criteria	10/01/20
Interferon Beta-1b Injection (Betaseron™, Extavia™)		10/01/20
Monomethyl Fumarate capsules (Bafiertam™)	Added to existing revised/updated criteria for first line MS therapies.	10/01/20
Natalizumab vials (Tysabri™)	New criteria added	10/01/20
Ocrelizumab vials (Ocrevus™)	Revised/Update current criteria	10/01/20
Patisiran IV vials (Onpattro™)	New criteria added	10/01/20
Peginterferon beta-1a pens (Plegridy™)	Added to existing revised/updated criteria for first line MS therapies.	10/01/20
Siponimod tablets (Mayzent™)		10/01/20
Teriflunomide tablets (Aubagio™)	Revised/Update current criteria	10/01/20
OB/GYN		
Hydroxyprogesterone Caproate IM vials and SC auto-injector (Makena™ and generics)	Revise/Update current criteria	04/01/2021