

To: Jai Medical Providers

From: ProCare Rx Date: July 1, 2023

Subject: Formulary Updates July 2023

## Effective 7/1/2023, the following products will be added to the formulary or have their PA restriction removed:

- Ezetimibe (generic Zetia) with QL of 30 units per 30 days PA removed
- Fenofibrate 134mg and 200mg PA removed
- Isosorbide Mononitrate PA removed
- Phytonadione PA removed
- Oxybutynin ER Added with QL 30 per 30 days
- Ambrisentan (Generic only) Added with PA Criteria
- Hadlima
   – Added with PA criteria replacing Humira for most indications
- Hyrimoz (unbranded) Added with PA criteria replacing Humira for most indications
- The generic of Suprep Bowel Prep Kit (magnesium sulfate / potassium sulfate / sodium sulfate) will be replacing replacing the branded product

## Effective 8/1/2023, the following products will be removed from the formulary:

- Cloxacillin
- Makena
- Isosorbide Dinitrate 40mg (any member currently receiving this medication will be provided a grandfather approval while their provider determines if they wish to switch to formulary Isosorbide Mononitrate.)
- Fenofibrate 50mg, 150mg, 30mg, 43mg, 90mg, 130mg Two other strengths were made formulary
- Brand Suprep Bowel Prep Kit (Being replaced by the generic product)

#### Effective 7/1/2023, the following changes will be made to medications on the formulary:

- Fenofibric acid 35mg, 105mg 45mg, and 135mg The PA was removed and a Step Therapy Edit was added; members already approved for the medication will be able to continue therapy
- Fesoterodine Fumarate The PA was removed and a Step Therapy Edit was added; members already approved for the medication will be able to continue therapy
- Solifenacin Succinate The PA was removed and a Step Therapy Edit was added; members already approved for the medication will be able to continue therapy
- Tolterodine Tartrate The PA was removed and a Step Therapy Edit was added; members already approved for the medication will be able to continue therapy



Trospium Chloride – The PA was removed and a Step Therapy Edit was added;
members already approved for the medication will be able to continue therapy

## **Step Therapy criteria:**

## Fenofibric Acid 35mg, 105,mg 45mg, and 135 mg Step Therapy Criteria:

Recent trial of formulary product generic Fenofibrate - Cumulative days supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill

# Fesoterodine Fumarate, Solifenacin Succinate, Tolterodine Tartrate, and Trospium Chloride Step Therapy Criteria:

Recent trial of formulary product generic Oxybutynin - Cumulative days supply for more than sixty (60) days within the last one-hundred and eighty (180) days with at least one (1) cumulative fill

#### **Prior Authorization Criteria:**

## Ambrisentan (generic only) PA Criteria:

**INDICATION:** 

 Indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1)

Criteria:

(a) Documentation of pulmonary arterial hypertension (PAH) (WHO Group 1)

## Updated Indication in Trulicity PA Criteria to reflect new pediatric indication:

Adjunct to diet and exercise to improve glycemic control in adult and pediatric patients 10 years of age and older with type II diabetes

## Important PA Criteria Update – Humira

Because two biosimilar products [Hadlima and Hyrimoz (unbranded)] are being added to the drug list with the same criteria as Humira, most indications are being removed from the PA criteria for Humira. Humira will only be available for request when the biosimilars are not appropriate (specifically for indications of Uveitis and pediatric Ulcerative Colitis (UC). Any members on Humira will be instructed to speak to their doctor about transitioning to one of the formulary biosimilar products.

Adalimumab - Hadlima and Hyrimoz (Humira for patent exclusive indications only) INDICATIONS:

- (1) Moderate to severely active rheumatoid arthritis (RA)
- (2) Moderately to severely Active Polyarticular Juvenile Idiopathic Arthritis (JIA)
- (3) Psoriatic arthritis (PsA)
- (4) Ankylosing spondylitis (AS)
- (5) Moderate to severely active Crohn's disease (CD)



- (6) Moderately to Severely Active Ulcerative Colitis (UC) in Adults
- (7) Moderately to Severely Active Plaque Psoriasis (Ps)
- (8) Moderately to Severely Active Hidradenitis Suppurativa (HS)

Humira Patent Exclusive Diagnoses:

- (9) Uveitis
- (10) Moderately to Severely Active Ulcerative Colitis (UC) in Pediatric Patients Criteria:

For all requests and for annual renewals:

- (a) The patient had a NEGATIVE tuberculin skin test, or if positive, has received treatment for latent TB prior to Humira therapy; and
- (b) The patient does not have a clinically important active infection Additional Criteria for RA, JIA, and PsA:
- (c) The patient has failed or is intolerant to one formulary NSAID and
- (d) The patient has failed or is intolerant to one formulary DMARD Additional Criteria for AS:
- (c) Physician documents that patient failed treatment with at least two NSAIDS for at least three months, except if NSAIDs are contraindicated or if patient has presented toxicity or intolerance.

#### Additional Criteria for CD and UC:

- (c) The patient has failed or is intolerant to infliximab; or
- (d) The patient has failed or is intolerant to mesalamine or sulfasalazine; and
- (e) The patient has failed or is intolerant to corticosteroids; and
- (f) The patient has failed or is intolerant to an immunomodulator (e.g., methotrexate,6-mercaptopurine or azathioprine)

#### Additional Criteria for Ps

(c) Document that the patient has an incomplete response or intolerance or contraindicated to one appropriate systemic agent (ex: MTX, cyclosporine, acitretin) or phototherapy or biologic agents.

#### Additional Criteria for Hs

(c) Documentation evidence failure with the previous treatment including antibiotics, hormonal therapies or oral retinoid at least for 90 days.

Providers can contact ProCare's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24 hour customer service department at 800-213-5640.