Summary of Utilization Management (UM) Program Changes

April 2020

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Palforzia	peanut allergen powder	Initial criteria requires: 1) Diagnosis and clinical history of peanut allergy as documented by all of the following: a) A serum peanut-specific IgE level test and b) A positive skin-prick test for peanut; 2) One of the following: a) Patient is 4 to 17 years of age and is in the initial dose escalation phase of therapy, or b) Patient is 4 years of age and older and is in the 2nd phase of therapy (up-dosing) or maintenance phase of therapy; 3) Patient does not have any of the following: a) History of eosinophilic esophagitis (EoE) or eosinophilic gastrointestinal disease, b) History of severe or life-threatening episode(s) of anaphylaxis or anaphylactic shock within the past 2 months, or c) Severe or poorly controlled asthma; and 4) Prescribed by or in consultation with an allergist/immunologist.	New	6/08/2020
Plaquenil	hydroxychloroquine	Quantity limits have been implemented for new prescriptions for hydroxychloroquine / Plaquenil (brand name) due to increased demand for use in COVID-19 disease. The effectiveness for this use has not been determined at this time. The quantity limits may be overridden for a diagnosis of rheumatoid arthritis, systemic lupus erythematosus, or discoid	New	4/01/2020

		lupus erythematosus which are FDA-approved uses.		
Aromasin Arimidex	exemestane anastrozole	These medications were added to the Healthcare Reform Copay Waiver. For primary prevention of breast cancer in postmenopausal women, one of these medications may be prescribed. If a woman has a risk of breast cancer (calculated to be at least 3 percent in the next 5 years) and has not had a diagnosis of blood clots in legs, lungs, or brain, a request to receive the drug with a $0 copay may be submitted.	Update	3/30/2020