Medication	Formulary	PA Requirements
Aduhelm	Excluded, PA Required for Medical Necessity Review	Excluded, requires medical necessity review.
Blincyto	Covered with PA	Confirmed diagnosis of one of the following: Relapsed or Refractory B-cell precursor ALL MRD-positive B-cell precursor ALL; AND Prescribed by provider specialized in hematology or oncology
Brineura	Covered with PA	Must be prescribed by, or in consultation with, a neurologist or physician that specializes in the treatment of CLN2 disease; AND Confirmation of CLN2 diagnosis via submission of one of the following: Laboratory testing demonstrating deficient TPP1 enzyme activity Molecular analysis that has detected two pathogenic variants/mutations in the TPP1/CLN2 gene; AND Pediatric patient is at least 3 years of age or older
Danyelza	Covered with PA	Confirmed diagnosis of relapsed or refractory high-risk neuroblastoma in the bone or bone marrow; AND Prescribed in combination with granulocyte-macrophage colony-stimulating factor; AND Patient is one year of age or older; AND Prescribed by provider specialized in oncology

Folotyn	Covered with PA	Peripheral T-cell lymphoma (must meet all): Diagnosis of peripheral T-cell lymphoma (relapsed or refractory); Prescribed by hematologist or oncologist; Patient is 18 years or older; Failure of at least one prior therapy; Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence) NCCN-Recommended Off-Label Indications (must meet all): Diagnosis of one of the following conditions: Primary cutaneous T-cell lymphomas - Mycosis fungoides or Sézary syndrome; Primary cutaneous anaplastic large cell lymphoma (ALCL) with multifocal lesions, or cutaneous ALCL with regional nodes; Adult T-cell leukemia/lymphoma (ATLL) after failure of first-line therapy Extranodal NK/T-cell lymphoma (NKTL), nasal type following asparaginase-based therapy Hepatosplenic gamma-delta T-cell lymphoma (HGTL) after failure of 2 prior treatment regimens; Prescribed by provider specialized in hematology or oncology Age ≥ 18 years; Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence)

Soliris	Covered with PA	Paroxysmal nocturnal hemoglobinuria (must meet all): Restrict to be prescribed by or in consultation with a hematologist or oncologist Would recommend as an option for first-line if diagnosis is confirmed. Confirmed with flow cytometry analysis confirming presence of PNH clones signs and symptoms attributed to PNH which may include laboratory results (dyspnea, anemia, abdominal pain, unexplained thrombosis, hemolysis, kidney disease, etc) Atypical hemolytic uremic syndrome (must meet all): Restrict to be prescribed by or in consultation with a hematologist or nephrologist The only indication approved for <18 years (>2 months of age) Documentation to show patient does not have either of the following: Shiga toxin E. coli related hemolytic syndrome (no indicated for use in these patients) Thrombotic thrombocytopenia purpura (rule out ADAMTS13 deficiency) Generalized myasthenia gravis in adults who are anti-acetylcholine receptor (AchR) antibody positive (must meet all): Restrict to be prescribed by or in consultation with a neurologist MGFA clinical classification of II, III, or IV prior to therapy initiation Documented failure of: 2 or more immunosuppressive agents (i.e. azathioprine, methotrexate, cyclosporine, mycophenolate, etc) OR At least one immunosuppressive therapy with IVIG or plasma exchange given at least 4 times per year, for 12 months without symptom control Patient should currently be on a stable dose of immunosuppressive therapy Neuromyelitis optica spectrum disorder (must meet all): Restrict to be prescribed by or in consultation with a neurologist Patients should have anti-AQP4 antibodies (only studied with this population) Patient should have failed or been unable to tolerate/had a contraindication to rituximab Patients should have 1 of the following: History of at least 2 relapses in the previous 12 months OR History of at least 3 relapses in the previous 24 months of which at least 1 occurred in the previous 12 months EDSS score of 7 or less