Summary of Utilization Management (UM) Program Changes

July 2020

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
Chenodal	chenodiol	Initial criteria requires: 1) Diagnosis of radiolucent stones; 2) Patient has a well-opacifying gallbladder visualized by oral cholecystography; 3) Trial and failure of ursodiol; 4) Patient is not a candidate for surgery, and 5) Stones are not calcified (radiopaque) or radiolucent bile pigment stones	New	9/15/2020
Tepezza	teprotumumab	Initial criteria requires: 1) Diagnosis of thyroid eye disease (TED); 2) Presence of moderately to severely active TED, associated with at least one of the following: a) Lid retraction greater than or equal to 2 mm, b) Moderate or severe soft tissue involvement, c) Exophthalmos (bulging eyes) greater than or equal to 3 mm above normal for race and gender, d) Double vision; 3) Prescribed by one of the following: Endocrinologist or a specialist with expertise in the treatment of TED; and 4) Treatment with Tepezza has not exceeded a total of 8 infusions.	New	9/15/2020
Reyvow	lasmiditan	Initial criteria requires: 1) Diagnosis of migraine with or without aura; 2) Will be used for the acute treatment of migraine; 3) Will not be used for preventive treatment of migraine; 4) Patient has less than 15 headache days per month; 5) Patient is 18 years of age or older; 6) Trial and failure or intolerance to two triptans (such as, rizatriptan, sumatriptan) or a contraindication to all triptans; 7) If patient has 4 or more headache days per month, patient must meet one of the following: a) Currently being treated with Elavil (amitriptyline) or Effexor (venlafaxine) unless there is a contraindication to these medications, OR b) Currently being treated with	New	9/15/2020

		Depakote/Depakote ER (divalproex sodium) or Topamax (topiramate) unless there is a contraindication to these medications, OR c) Currently being treated with a beta blocker (i.e., atenolol, propranolol, nadolol, timolol, or metoprolol) unless there is a contraindication to these medications; 8) Prescribed by one of the following specialists: neurologist or a pain specialist; 9) Will not be used concomitantly with central nervous system (CNS) depressants (such as alprazolam, phenobarbital, alcohol); and 10) Prescriber confirms that the patient has been counseled and has agreed to adhere to the following: Will follow instructions to not drive or operate machinery until at least 8 hours after taking each dose of Reyvow.		
Ubrelvy	ubrogepant	Initial criteria requires: 1) Diagnosis of migraine with or without aura; 2) Will be used for the acute treatment of migraine; 3) Will not be used for preventive treatment of migraine; 4) Patient has less than 15 headache days per month; 5) Patient is 18 years of age or older; 6) Trial and failure or intolerance to two triptans (such as, rizatriptan, sumatriptan) or a contraindication to all triptans; 7) If the patient has 4 or more headache days per month, patient must meet one of the following: a) Currently being treated with Elavil (amitriptyline) or Effexor (venlafaxine) unless there is a contraindication to these medications, OR b) Currently being treated with Depakote/Depakote ER (divalproex sodium) or Topamax (topiramate) unless there is a contraindication to these medications, OR c) Currently being treated with a beta blocker (i.e., atenolol, propranolol, nadolol, timolol, or metoprolol) unless there is a contraindication to these medications;	New	9/15/2020

		8) Prescribed by one of the following specialists: neurologist or a pain specialist; and 9) Medication will not be used in combination with another CGRP inhibitor		
Ruxience	rituximab	Ruxience is the second biosimilar for Rituxan. It is approved for adult patients with 1) non-Hodgkin's lymphoma (NHL), 2) chronic lymphocytic leukemia (CLL), and 3) Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA). Ruxience will be added to the guideline with Rituxan and Truxima (another biosimilar). For the approved indications above, Ruxience will be a preferred product. Other requirements will mirror what is currently in place for Rituxan.	Update	9/15/2020
Rituxan Hycela	rituximab and hyaluronidase	Rituxan Hycela to be a non-preferred product. Criteria requires: One of the following: a) Trial and failure to Ruxience, OR b) Continuation of therapy for patients currently in the midst of an ongoing prescribed treatment regimen. Removed requirement: *Patient will receive a full induction dose of intravenous rituximab prior to initiation of therapy*.	Update	9/15/2020
Lynparza	olparib	Lynparza has a new indication for the maintenance treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) metastatic pancreatic adenocarcinoma. Criteria for initial authorization: 1) Diagnosis of metastatic pancreatic adenocarcinoma; 2) Presence of a deleterious or suspected deleterious germline BRCA-mutation as detected by an FDA-approved test or approved lab; 3) Disease has not progressed while receiving at least 16 weeks of a first-line platinum-based chemotherapy regimen (such as, FOLFIRINOX, FOLFOX, etc.); and 4) Prescribed by an oncologist.	Update	9/15/2020

Xyrem	sodium oxybate	Xyrem must be prescribed by one of the following specialists: a neurologist, psychiatrist, or sleep medicine specialist.	Update	9/15/2020
Anti-Parkinson's Agents: Rytary, Neupro, and Xadago	Carbidopa/levodopa ER, rotigotine, safinamide	Each drug requires a trial and failure of a similar drug for approval. For Rytary: one of the following-- cardidopa/levodopa IR or ER For Neupro: one of the following-- pramipexole IR or ER, or ropinirole IR or ER For Xadaga: both of the following— rasagiline or selegiline (capsules or tablets)	Update	9/15/2020
Carbometyx	cabozantinib	For the treatment of renal (kidney) cell cancer, the specialist prescriber will now include a nephrologist as an option.	Update	9/15/2020
Migraine Quantity Limit	multiple	Updated wording to "patient will not be treating 15 or more headache days per month."	Update	9/15/2020
Tremfya	guselkumab	For reauthorization: Added objective measures to the psoriasis reauthorization criteria: "Documentation of positive clinical response to therapy as evidenced by ONE of the following: • Reduction in the body surface area (BSA) involvement from baseline • Improvement in symptoms (such as., itching, inflammation) from baseline"	Update	9/15/2020