

## Summary of Utilization Management (UM) Program Changes

May #2 2020

Brand Name	Generic Name	Utilization Update Summary	Type	Effective Date
<i>Adakveo</i>	crizanlizumab	Trial and failure or <b>inadequate response</b> , contraindication, or intolerance to one of the following: Hydroxyurea or L-glutamine (i.e., Endari)	Update	8/01/2020
<i>Oxbryta</i>	voxelotor	Clarified age to 12 years or older	Update	8/01/2020
<i>Givlaari</i>	givosiran	Removed requirement that <i>patient will not be anticipating liver transplantation</i> .	Update	8/01/2020
<i>Padcev</i>	enfortumab vedotin	Patient has received prior treatment with one immune checkpoint inhibitors (CPI) in the neoadjuvant/adjuvant, locally advanced or metastatic setting, <b>unless contraindicated</b> : i) Programmed death receptor-1 (PD-1) inhibitor [e.g., Opdivo (nivolumab), Keytruda (pembrolizumab)], or ii) Programmed death-ligand 1 (PD-L1) inhibitor [e.g., Tecentriq (atezolizumab), Imfinzi (durvalumab), Bavencio (avelumab)].	Update	8/01/2020
<i>Absorica LD</i>	isotretinoin	A new product that has the same requirements as Absorica: for patients who are unresponsive to conventional therapy, including oral antibiotics, and is prescribed by a dermatologist.	Update	8/01/2020
<i>Jatenzo</i>	testosterone undecanoate	New oral formulation of testosterone. Requires confirmation of diagnosis, testosterone lab values, and trial of both a testosterone patch and generic testosterone gel that are on formulary.	Update	8/01/2020
<i>Triluron</i>	sodium hyaluronate	This new product has been added to the prior authorization guideline with the other hyaluronic acid derivatives. Approval requires diagnosis of osteoarthritis of the knee, a trial of two oral or an oral and topical medication, and trial of a corticosteroid injection in the knee.  The 2019 American College of Rheumatology Osteoarthritis Guidelines now recommend use of duloxetine and topical capsaicin for knee osteoarthritis, so we will be adding these as alternatives to the oral/topical medications for each drug in this group.	Update	08/01/2020
<i>Calquence</i>	acalabrutinib	Calquence has a new indication: Treatment of adult patients with chronic	Update	8/01/2020

		<p>lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).</p> <p>Criteria for initial authorization requires:  1) Diagnosis of chronic lymphocytic leukemia or small lymphocytic lymphoma, and  2) Prescribed by or with an oncologist or hematologist.</p>		
<i>Rituxan, Truxima</i>	rituximab	<p>Truxima (a biosimilar of Rituxan) has the same indications and requirements as Rituxan for the following diseases: Non-Hodgkin's lymphoma, Chronic lymphocytic leukemia, and Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA).</p>	Update	8/01/2020
<i>Xtandi</i>	enzalutamide	<p>New indication for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC).</p> <p>Criteria for authorization requires:  1) Diagnosis of metastatic, castration-sensitive prostate cancer (mCSPC), and  2) Prescribed by or with an oncologist or urologist.</p> <p>Removed requirement:  <i>One of the following:</i></p> <ul style="list-style-type: none"> <li>• <i>Used in combination with a gonadotropin-releasing hormone (GnRH) analog</i></li> <li>• <i>Patient received bilateral orchiectomy</i></li> </ul>	Update	8/01/2020
<i>Erleada</i>	apalutamide	<p>Removed requirement:  <i>One of the following:</i></p> <ul style="list-style-type: none"> <li>• <i>Used in combination with a gonadotropin-releasing hormone (GnRH) analog</i></li> <li>• <i>Patient received bilateral orchiectomy</i></li> </ul>	Update	8/01/2020
<i>Nubeqa</i>	darolutamide	<p>Removed requirement:  <i>One of the following:</i></p> <ul style="list-style-type: none"> <li>• <i>Used in combination with a gonadotropin-releasing hormone (GnRH) analog</i></li> <li>• <i>Patient received bilateral orchiectomy</i></li> </ul>	Update	8/01/2020
<i>Yonsa</i>	abiraterone acetate	<p>Removed requirement:  <i>One of the following:</i></p>	Update	8/01/2020

		<ul style="list-style-type: none"> <li>• <i>Used in combination with a gonadotropin-releasing hormone (GnRH) analog</i></li> <li>• <i>Patient received bilateral orchiectomy</i></li> </ul>		
<i>Zytiga</i>	abiraterone acetate	<p>Plaque Psoriasis</p> <ul style="list-style-type: none"> <li>• No prior oral or topical drug therapy or phototherapy required</li> <li>• Trial of three from the following: Cimzia, Humira, Skyrizi, Stelara, Tremfya</li> <li>• Trial of Taltz</li> </ul>	Update	8/01/2020
<i>Qualaquin</i>	quinine	Use of quinine for treatment or prevention of nighttime leg cramps is an excluded use. The criteria were modified to make this exclusion clearer by having a specific section noting this use will not be approved.	Update	8/01/2020
<i>Firdapse</i>	amifampridine	Approval of Firdapse for Lambert-Easton myasthenic syndrome (LEMS) will require a trial of Ruzurgi first. This is another amifampridine product.	Update	8/01/2020
<i>Ingrezza</i>	valbenazine	The quantity limit for the 40 mg strength has been modified from 2 to 1 capsule per day. The 40 mg strength was on the market first, but now an 80 mg strength capsule and titration kits are available. This drug is taken once daily. If a member is using the 40 mg strength during the initiation phase, they can get a one time override.	Update	8/01/2020
<i>Elzonris</i> <i>Adcetris</i> <i>Lartruvo</i>	tagraxofusp brentuximab vedotin olaratumab	These three oncology drugs are rarely used. Individual prior authorization criteria will be retired and the drugs will be added to a prior authorization guideline: Oncology Injectable prior authorization guideline. The requirements have not changed.	Update	8/01/2020
<i>Nuedexta</i>	dextromorphan and quinidine	<p>Changes to the prior authorization criteria are:</p> <ul style="list-style-type: none"> <li>• Added requirement for one of the following conditions: amyotrophic lateral sclerosis, multiple sclerosis, Alzheimer's disease, Parkinson's disease, stroke, or traumatic brain injury</li> <li>• There is an absence of a cardiac rhythm disorder documented by a cardiac test (e.g., electrocardiogram)</li> </ul>	Update	8/01/2020

		<ul style="list-style-type: none"> <li>Removed <i>geriatrician</i> from the prescriber requirement to only leave neurologist or psychiatrist as specialist options</li> </ul>		
<i>Cinqair</i>	reslizumab	Replaced theophylline with tiotropium as an example of an additional asthma controller medication to align with 2019 Global Initiative for Asthma (GINA) practice guidelines.	Update	8/01/2020
<i>Fasenra</i>	benralizumab	Replaced theophylline with tiotropium as an example of an additional asthma controller medication to align with 2019 Global Initiative for Asthma (GINA) practice guidelines.	Update	8/01/2020
<i>Nucala</i>	mepolizumab	Replaced theophylline with tiotropium as an example of an additional asthma controller medication to align with 2019 Global Initiative for Asthma (GINA) practice guidelines.	Update	8/01/2020
<i>Xolair</i>	omalizumab	Replaced theophylline with tiotropium as an example of an additional asthma controller medication to align with 2019 Global Initiative for Asthma (GINA) practice guidelines.	Update	8/01/2020
<i>Ayvakit</i>	avapritinib	<ol style="list-style-type: none"> <li>1) Diagnosis of gastrointestinal stromal tumor (GIST);</li> <li>2) Disease is ONE of the following: a) Unresectable or b) Metastatic;</li> <li>3) Lab test showing presence of platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including PDGFRA D842V mutations; and</li> <li>4) Prescribed by or with an oncologist.</li> </ol>	New	8/01/2020
<i>Tazverik</i>	tazemetostat	<ol style="list-style-type: none"> <li>1) Diagnosis of epithelioid sarcoma;</li> <li>2) Disease is one of the following: a) metastatic, or b) locally advanced;</li> <li>3) Patient is not eligible for complete resection (surgery); and</li> <li>4) Prescribed by or with an oncologist.</li> </ol>	New	8/01/2020